



What is a Squamous Cell Carcinoma (SCC)? Squamous Cell Carcinoma (SCC) is a common form of skin cancer related to sun exposure. Those with a fair complexion with a history of cumulative sun exposure including sun burns are at risk.

What does a SCC look like? SCCs can vary in size from a few millimeters to centimeters in diameter. This type of cancer, although not as slow-growing as basal cell carcinoma (BCC), may take some time to fully develop. There are several different forms of SCC, and the appearance of each is distinct.

- **Superficial SCC** – Also known as SCC in Situ or Bowen’s Disease. This variant often presents as distinct red or pink scaly patches.
- **Invasive SCC** – This type of SCC often appears as a red or pink sore that never heals. It may bleed on occasion and develop a scab.
- **Keratoacanthoma (KA)** – The KA often presents as a rapidly growing pink, shiny domed shaped growth with central scab or “crater”. Despite it’s fast growth, KAs are considered less aggressive.

Does a SCC need to be treated? SCCs have the potential to spread to other parts of the body and thus removal and close monitoring of the site for recurrence is recommended.

How is SCC treated? The treatment for SCC depends on the type, size, location, and number of lesions to be treated, as well as the preference or experience of the doctor. Every technique produces scarring, however, the end result is usually excellent. Possible therapies include:

- **Electrodessication and curettage** – Some SCCs can be successfully removed by scraping out the cancer and the surrounding skin with a sharp instrument called a curette. The wound is then burned or cauterized with an electric needle and usually heals rapidly. Stitches are not required.
- **Simple excision** - The SCC is cut out along with several millimeters of surrounding normal skin. The wound is closed with stitches and the skin is sent to the lab to make sure the entire cancer was removed.
- **MOHS surgery** – This is a special technique where the skin is examined in layers as it is removed to make sure the entire SCC is removed. This minimizes recurrence and the amount of healthy tissue that needs to be removed. It has the highest cure rate of all therapies, however it is only

- indicated for lesions that are large, have recurred after previously being treated, and are in cosmetically sensitive areas (face). The wound is closed with stitches and may require the creation of a flap or graft to repair.
- **Radiotherapy** (X-ray treatment) - This is usually reserved for large SCCs that cannot be removed with surgical techniques or in patients unable to tolerate a surgical technique.
 - **Immune modulators** – For superficial SCCs, the newest type of treatment is with a topical cream such as imiquimod (Aldara) or 5-fluorouracil (5-FU). These are topical agents that destroy the abnormal cells in SCC. It is only approved for the superficial type of SCC and results in minimal scarring.

Does having a SCC put me at risk for developing more skin cancers in the future? Those who have had one SCC have an increased risk of developing another one in the future. While it is important to know that one type of skin cancer will not turn into another, the risk of developing other skin cancers such as basal cell carcinoma (BCC) or melanoma is also increased. Because of this, you should monitor your skin regularly for the remainder of your life.

How can I prevent BCC? Protecting yourself from the sun with clothing, hats, and sunscreen is the best way to prevent the development of all skin cancers. Your dermatologist can talk to you about good sun protection habits. Make sure you have a complete skin examination done periodically by your physician. Examine your own skin every month and bring any new or unusual growths to the attention of your doctor. SCCs that are detected early are easier to treat and result in less scarring.