



Management of primary cutaneous squamous cell carcinoma

A booklet for patients and carers

July 2014



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What is this booklet about?

This booklet is based on evidence and aims to make patients, carers and families aware of the care and treatment they should expect to receive when they have a type of skin cancer known as squamous cell carcinoma (SCC). It is based on the SIGN guideline on management of primary cutaneous squamous cell carcinoma published in 2014. The booklet explains:

- ★ what SCC is;
- ★ the treatment options currently available for SCC;
- ★ how you will be followed up; and
- ★ what you can do help prevent further SCC in the future.

This booklet can help you work with those involved in your care to decide what treatments can help you.

What is squamous cell carcinoma?

Cutaneous squamous cell carcinoma (SCC) is a type of skin cancer that develops from the outer layer of the skin called the epidermis.

SCC normally appears as:

- ★ a growing bump that is either smooth or has a rough scaly surface;
- ★ a tender, flat red patch; or
- ★ a rapidly growing sore that does not heal.



SCC on the lip

It is the second most common skin cancer in the UK and the number of people getting it is increasing. SCCs can grow on any part of your body but are most commonly found on areas that have been exposed to the sun, including your head, neck, ear, lips and the back of your hands.

The most common cause of SCC is too much exposure to ultraviolet (UV) light from the sun or from sunbeds. This causes some cells in your skin to grow out of control into tumours. SCC is more commonly found in men and the risk of developing a SCC increases with age.

Other things that may increase your risk of developing this type of skin cancer include having a lowered immune system (immunosuppression). Many patients that have had an organ transplant or cancer of the blood may go on to develop multiple skin cancers.

It is important to know that most SCCs (95%) are harmless and easily treated with surgery. It is possible for SCCs to come back after surgery, especially in the same area or nearby. Only a very small number (5%) have the potential to spread to other areas of your body.

What if my doctor thinks I have squamous cell carcinoma?

If your doctor thinks you have squamous cell carcinoma, they should refer you to a skin specialist (either a dermatologist or a surgeon) who will do a skin biopsy to help decide whether or not it is SCC. A sample may be taken or the whole patch or bump may be removed first time and no more treatment will be needed.

To make sure that you are seen quickly and to prevent a delay in treating the SCC, your doctor will highlight any high-risk features when referring you to the specialist. A number of things can suggest to your doctor that the SCC may be at risk of spreading or may come back again at a later date, including:

- ★ the size (bigger than 2cm) and thickness of the SCC;
- ★ lowered functioning of your immune system (immunosuppression); and
- ★ whereabouts the SCC is on your body, for example, your ear, lip, nose, eyelid or scalp.



SCC on the scalp

Biopsies

The skin specialist will either cut out a small piece of abnormal skin (incision biopsy) or cut the whole area out (excision biopsy) and a specialist doctor (pathologist) will examine it under a microscope. You will be given a local anaesthetic when having a biopsy.

Side effects of a biopsy

After the biopsy, you may experience some of the side effects listed below. Scarring will be permanent but will improve with time, and you may be able to have reconstruction surgery to help with your appearance. All the other effects listed below will be temporary.

- ★ pain
- ★ swelling
- ★ bleeding
- ★ bruising
- ★ limited use of the area of your body where the biopsy has been taken.

For most people, surgery will usually result in a cure. Most SCCs have a low risk of spreading to other parts of your body. Only a very small number of SCCs (about 5%) have a higher risk of spreading.

Some people can have a SCC which might be difficult to treat or could lead to future problems. If your skin biopsy shows that this might be the case for you, a multidisciplinary team (MDT) may want to have a discussion about your treatment at a meeting. The MDT is a group of skilled professionals who specialise in diagnosing and treating cancer. The team may consist of:

- ★ a dermatologist (a doctor who specialises in skin and may carry out regular skin cancer surgery);
- ★ a pathologist (a doctor who looks at body tissues from biopsy or surgery under the microscope);
- ★ a plastic surgeon or other surgeon carrying out skin surgery regularly, for example a maxillofacial surgeon or oculoplastic surgeon;
- ★ a clinical nurse specialist;
- ★ an oncologist (doctor who specialises in treating people with cancer); and
- ★ the consultant responsible for your care (or their deputy).



SCC on the ear

There are a number of things that will help decide if your case will be discussed at the MDT meeting to assess if you need more treatment, including:

- ★ the size and thickness of your SCC;
- ★ its position on your body, for example, your ear, nose, lip, eyelid or scalp;
- ★ if the SCC has extended through the outer layer of your skin to the fatty tissue underneath or if it has reached muscle or bone;
- ★ if the SCC has spread to small nerve fibres in your skin;
- ★ if the SCC could show special growth patterns that have a high risk of spreading;
- ★ if the SCC has spread into your small blood vessels; and
- ★ the tissue around your SCC. If the SCC extends up to or very close to the edges of your biopsy, you may need more surgery.

Even if none of these features are present, your doctor may sometimes ask for your case to be discussed at a multidisciplinary meeting. Your doctor may need advice from other healthcare professionals about a specific issue.

Together, the MDT will agree the most effective personal treatment plan for you. You will have your treatment at an outpatient clinic at a local hospital.

How will my squamous cell carcinoma be treated?

Treatment will vary depending on the size of the SCC and the area of your body involved. The treatment choices in the table below may be discussed with you. Treatments are given by the wide variety of specialists listed on page 7.

Treatment options	
Type of treatment	When this may be offered
Surgery	<p>Usually, the surgeon will be able to remove the SCC completely and stitch the wound. The surgeon may use a 'flap' of skin or a skin graft from a different part of your body to close the wound. They will then send the removed tissue to the laboratory to be looked at under the microscope to confirm that all the cancerous cells have been removed. In a large number of people, no further treatment will be needed.</p> <p>When having surgery there is a risk of:</p> <ul style="list-style-type: none"> • nerve damage; and • infection.
Mohs micrographic surgery	<p>If your SCC is large or in a difficult area of your body, for example on your ear or lip, healthcare professionals may consider giving you an operation that removes a small piece of the skin cancer at a time. Your skin will be examined under a microscope each time until the surgeon is sure that it has all been removed.</p> <p>There is a low risk of:</p> <ul style="list-style-type: none"> • scarring where the cancerous cells have been removed; • infection; • a larger than expected wound created after surgery; and • nerve damage.

<p>Surgery using curettage and cautery</p>	<p>If your SCC is not very deep, your surgeon will consider scraping it away then sealing the surface of your skin (curettage and cautery). If your SCC turns out to be deeper than first thought, you may have to have surgery (as described above) to remove the area affected by the SCC.</p> <p>The removed skin would be sent to the laboratory to be looked at under the microscope. If the report from the laboratory tells your surgeon that your skin cancer has a high risk of spreading they would talk about it with your MDT to see what the best treatment would be for you.</p> <p>There is a risk of:</p> <ul style="list-style-type: none"> • scarring; and • infection.
<p>Radiotherapy</p>	<p>You may be offered radiotherapy if you:</p> <ul style="list-style-type: none"> • have a large SCC; • have an SCC in an area of your body that makes surgery difficult; or • cannot have surgery because of poor general health. <p>You may be offered just radiotherapy or radiotherapy and an operation. If you need radiotherapy, this would be arranged at a specialist centre.</p> <p>Common side effects of radiotherapy include:</p> <ul style="list-style-type: none"> • skin irritation; • redness of skin; • dry skin; and • hair loss in the area being treated.

Chemotherapy	<p>If your SCC has a high risk of spreading you may be offered chemotherapy and asked to take part in a clinical trial. Sometimes clinical trials offer treatments that may or may not help. Your healthcare professional would discuss this with you before you agreed to have the treatment.</p> <p>Common side effects of chemotherapy include:</p> <ul style="list-style-type: none">• loss of appetite;• feeling sick and being sick;• mouth sores;• diarrhoea and constipation;• increased risk of infection (from too few white blood cells which fight infection); and• feeling tired.
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Having surgery can change your appearance, particularly if your SCC is on your face or neck, for example. You can talk to your healthcare professional about using skin camouflage and special cosmetics.

Medication

If you have had an organ transplant, your consultant may talk to you about changes to your medicines that may stop your skin cancer from coming back.

How might having squamous cell carcinoma affect how I feel?

It is normal to feel down and worried when you are told that you have an SCC. Being treated for skin cancer can be very stressful, particularly if it changes the appearance of your face.

If you are finding this difficult to cope with, or if it is affecting your sleep, work or social life, speak to your doctor or nurse about it. Your doctor or nurse can refer you for help and support.

Will I have follow-up appointments?

SCC with a low risk of coming back

Most people with a low risk of SCC coming back may not need to be seen again or will only need to go for a follow-up appointment once more after treatment.

Before going to the clinic, examine your skin carefully and ask your doctor to look at anything you are concerned about. This will help you to learn what is normal and what may need more treatment. You should continue to check your skin regularly and return to your own doctor with anything that concerns you.

SCC with a high risk of coming back

If your SCC has a high risk of coming back and if your doctor feels it is necessary, you may be invited for check-ups every three to six months for two years. At these check-ups your skin will be examined to check that no other SCCs have developed. You will then have one final appointment a year later. In most people, if SCCs come back they appear within the first three years of follow-up so it is considered safe to stop having check-ups after this time.

You will be offered long-term follow-up if you have a lowered immune system or have a lot of sun-damaged skin as you may develop other skin cancers. Your doctor or nurse will teach you how to check your skin.

It is important that you check your skin carefully, between and before appointments. Ask your doctor to look at anything you are concerned about. This will help you to learn what is normal and what may need treatment.

If you find any other spots on your skin that you are worried about, do not wait for your next hospital appointment. Phone your own doctor or the person involved with your care and discuss your concerns with them so that they can advise you.

Follow-up appointments are a good opportunity for you to talk to your healthcare professionals about how you feel and look. If you are worried about the change SCC has had on your appearance, your healthcare professional can talk to you about using skin camouflage and cosmetics.

What can I do to stop squamous cell carcinoma from coming back in the future?

You can take some precautions to help prevent a further SCC. It is important that you always take care to avoid sunburn.

- ★ Aim to sit in the shade between 11am and 3pm (while in the UK, but if in a hot climate you will need to take particular care during daylight hours).
- ★ Cover up with clothing to protect your skin from sun.
- ★ Generously apply sun cream labelled SPF50 with UVA and UVB protection all over your skin before dressing and reapply it every two hours.
- ★ Wear a sun hat which will keep the sun from your face, neck and ears.
- ★ Wear good-quality sunglasses labelled 100% UVA protection or UV 400 or that have the 'CE Mark' and British Standard (BS EN 1836:1997).

Where can I find more information?

Organisations specific to skin conditions

British Association of Dermatologists

Willan House, 4 Fitzroy Square

London W1T 5HQ

Phone: 020 7383 0266

Email: admin@bad.org.uk • Website: www.bad.org.uk

One of the aims of the British Association of Dermatologists is to raise awareness of all aspects of skin disease. This charity provides a range of patient-information leaflets.

British Skin Foundation

4 Fitzroy Square

London W1T 5HQ

Phone: 020 7391 6341

Website: www.britishskinfoundation.org.uk

The British Skin Foundation supports research into skin conditions. It provides information on the treatment of squamous cell cancer.

Changing Faces Scotland

Phone: 0845 4500 640 (Monday to Thursday, 8.30am to 3pm)

Email: scotland@changingfaces.org.uk • Website: www.changingfaces.org.uk

Changing Faces provide psychological support to people and families who are living with conditions, marks or scars that affect their appearance.

MASScot (Melanoma Action and Support Scotland)

The ALLIANCE

349 Bath Street, Venlaw Building

Glasgow G2 4AA

Phone: 07738 231 260

Email: leigh@masscot.org.uk • Website: www.masscot.org.uk

MASScot is a Scottish charity run by skin cancer patient volunteers. They provide qualified and insured therapists, near to you, free of charge. MASScot campaigns for improvements in prevention, detection and care, and works with primary and secondary schools to promote sun awareness. They aim to make the public aware of the dangers of sunburn.

Organisations specific to cancer

Cancer Support Centre, Cancer Support Scotland

The Calman Centre

75 Shelley Road

Glasgow G12 0ZE

Freephone: 0800 652 4531 • Phone: 0141 337 8199

Email: info@cancersupportscotland.org

Website: www.cancersupportscotland.org

The Calman Cancer Support Centre provides emotional and practical support on a one-to-one basis and through community-based groups. It provides complementary and talking therapies to anyone affected by cancer.

Cancer Research UK

Angel Building, 407 St John Street

London EC1V 4AD

Phone: 0808 800 4040

Website: www.cancerresearchuk.org

CancerHelp UK is a free information service about cancer and cancer care for people with cancer and their families. It is provided by Cancer Research UK. The site includes a comprehensive range of information, including cancer prevention, diagnosis, treatment and follow-up.

Macmillan Cancer Support

89 Albert Embankment

London SE1 7UQ

Phone: 0800 808 0000

Website: www.macmillan.org.uk

Macmillan Cancer Relief supports people with cancer and their families with specialist information, treatment and care.

Maggie's Cancer Caring Centres Scotland

The Gatehouse, 10 Dumbarton Road

Glasgow G11 6PA

Phone: 0300 123 1801

Email: enquiries@maggiescentres.org • Website: www.maggiescentres.org

Maggie's provides practical, emotional and social support to people with cancer, their family and friends. Built alongside NHS cancer hospitals and staffed with professional experts, Maggie's Centres are warm and welcoming, full of light and open space, with a big kitchen table at their heart.

Marie Curie Cancer Care in Scotland

133 Balornock Road, Stobhill Hospital Grounds

Glasgow G21 3US

Phone: 0131 561 3900

Email: supporter.relations@mariecurie.org.uk

Website: www.mariecurie.org.uk/

Marie Curie Cancer Care is dedicated to the cure of people affected by cancer and improving their quality of life through its caring services, research and education.

Cancer networks in Scotland

Scotland's cancer networks offer a range of support and advice to patients and families, including support groups and written information.

North of Scotland Cancer Network (NOSCAN)

Rosehill Annexe, Aberdeen Royal Infirmary Site

Cornhill Road

Aberdeen AB25 2ZG

Phone: 01224 552745

Website: www.noscan.scot.nhs.uk

South East Scotland Cancer Network (SCAN)

Pentland House, 47 Robb's Loan

Edinburgh EH14 1TY

Phone: 0131 465 7681

Website: www.scan.scot.nhs.uk

West of Scotland Cancer Network (WOSCAN)

1st Floor, St Mungo Building, Glasgow Royal Infirmary

84 Castle Street

Glasgow G4 0SF

Phone: 0141 211 1145

Website: www.woscan.scot.nhs.uk

Further information

NHS Inform

Website: www.nhsinform.co.uk

This organisation provides quality-assured health information for the public.

Information leaflets for patients and healthcare professionals

www.bad.org.uk/for-the-public/patient-information-leaflets

www.bad.org.uk/healthcare-professionals

www.skincancer.org/squamous-cell-carcinoma.html

www.intelihealth.com/home

www.dermnetnz.org/lesions/squamous-cell-carcinoma.html

What is SIGN?

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice to healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public. The guidelines are based on the most up-to-date scientific evidence.

You can read more about us by visiting www.sign.ac.uk or you can phone and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'. If you would like a copy of this booklet in another language or format such as in large print, please phone Karen Graham, Patient Involvement Officer, on 0131 623 4740, or email her at karen.graham2@nhs.net

Please tell us what you think of this booklet and how it has helped you.

Email Karen Graham (karen.graham2@nhs.net) or phone her on 0131 623 4740.



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.

