

# Squamous Cell Carcinoma

If you've been diagnosed with squamous cell carcinoma, you are not alone. SCC is the second most common form of skin cancer; however, it's highly treatable when detected early.



## What Does SCC Look Like?

SCC appears on the skin in many shapes. You may see a:

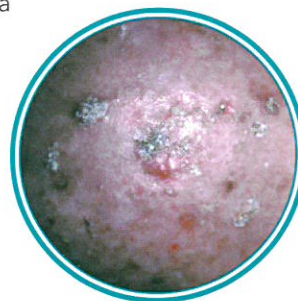
- Bump that feels crusty or rough.
- Flat patch that is red and rough.
- Dome-shaped bump that grows and may bleed.
- Sore that does not heal, or heals and returns.



SQUAMOUS CELL CARCINOMA

Most SCCs develop on skin that gets sun exposure, such as the face, ears, lips, back of the hands, arms and legs. SCC also can develop on areas of the body that do not get sun exposure, such as inside the mouth or on the genitals, and it may be associated with human papillomavirus.

Some SCCs begin as a growth called an actinic keratosis. Many AKs share common qualities with SCCs, such as being dry, scaly and rough-textured. A single AK may range from the size of a pinhead to larger than a quarter and can grow or shrink over time. You may feel tenderness at the site of an AK.



ACTINIC KERATOSIS

## Who Can Get SCC?

People of all skin colors get SCCs, although it is more common in people with light-colored skin. Your everyday activities expose you to ultraviolet rays from the sun, which damage your skin. You receive this exposure every time you go outdoors, even when driving your car.

People who use tanning beds have a much higher risk of getting SCC. They also tend to get SCC earlier in life.

Your risk of developing SCC increases if you have any of the following factors:

### PHYSICAL TRAITS

- Pale or light-colored skin.
- Blue, green or gray eyes.
- Blond or red hair.
- An inability to tan or a tendency to sunburn.

### LIFE EXPERIENCES

- A lot of time spent outdoors, for work or leisure, without using sunscreen or covering up with clothing.
- Tanning bed or sunlamp use.
- Exposure to cancer-causing chemicals (e.g., arsenic in drinking water, coal tar, some insecticides or herbicides).
- Tobacco use.

### MEDICAL HISTORY

- AK diagnosis.
- Badly burning your skin.
- An ulcer or sore on your skin that has been there for many months or years.
- Taking medicine that suppresses your immune system.
- Receiving an organ transplant.

- Infection with high-risk types of HPV in the anogenital area.
- Many PUVA light treatments.
- The medical conditions xeroderma pigmentosum, epidermolysis bullosa or albinism.
- Taking medications that increase sun sensitivity.

## How Is SCC Treated?

SCC is highly treatable when detected early.

Left untreated, however, SCC can spread to other parts of the body, making treatment difficult.

Proper treatment begins with the right diagnosis. To diagnose SCC, a dermatologist performs a skin biopsy. This is the only way to definitively diagnose skin cancer. Your dermatologist can perform a biopsy using local anesthesia during an office visit.

To perform a biopsy, your dermatologist will remove all or part of the suspected SCC for examination under a microscope.

If the diagnosis is SCC, your dermatologist will consider many factors to determine the best treatment for you, including where the SCC appears on your body, if the SCC has spread to another part of your body and your overall health.





## SQUAMOUS CELL CARCINOMA

Whether your skin needs medical, surgical or cosmetic treatment, trust the expert care of a board-certified dermatologist.



## To Learn More

The American Academy of Dermatology is your trusted source for expert information on skin, hair and nail health.

Visit [aad.org](http://aad.org) to:

- Learn the signs and symptoms of, treatments for, and tips for managing a variety of skin, hair and nail conditions.
- Learn how to prevent and detect skin cancer, including how to perform a skin self-exam; download a body mole map for tracking changes in your skin; and find free SPOTme® skin cancer screenings in your area.
- Watch videos with simple tips on how to care for your skin, hair and nails.
- Find updates on the latest medical and cosmetic treatments.
- Locate a board-certified dermatologist in your area.

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- Using extra caution near water, snow and sand. These reflect the damaging rays of the sun, which can increase your chance of sunburn.
- **Avoid tanning — both indoors and out.** UV rays from the sun and tanning beds can cause skin cancer and premature aging, like wrinkles. If you want to look tan, consider using a self-tanning product.
- **Use condoms.** This can prevent an HPV infection, which reduces the risk of getting SCC on the genitals. Consider also getting the HPV vaccine.
- **Limit the amount of alcohol you drink, and do not smoke.** Smoking tobacco and drinking alcohol can increase your risk of getting SCC in your mouth.

A board-certified dermatologist is a medical doctor who specializes in the diagnosis and medical, surgical and cosmetic treatment of skin, hair and nail conditions. To learn more about squamous cell carcinoma or to find a board-certified dermatologist in your area, visit [aad.org/SCC](http://aad.org/SCC) or call toll-free (888) 462-DERM (3376).



SQUAMOUS CELL  
CARCINOMA

- **Keep all appointments with your dermatologist.** When found early, skin cancer is highly treatable.
- **Perform skin self-examinations.** Examine your skin as often as your dermatologist recommends. Be sure to check your scalp, ears, genitals and buttocks.
- If you notice any new spots on your skin, any spots that look different from the rest, or anything that is changing, itching or bleeding, **make an appointment to see a board-certified dermatologist.** Tell the person who schedules the appointment why you want to see your dermatologist.
- **Protect your skin every day by:**
  - Seeking shade. Shade helps to protect your skin from the sun's harmful UV rays. This is especially important between 10 a.m. and 2 p.m. when the sun's rays are strongest.
  - Wearing protective clothing. Wear a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, when possible.
  - Generously applying sunscreen that offers broad-spectrum protection, water-resistance and an SPF of 30 or more. Apply the sunscreen to all exposed skin 15 minutes before going outside. Reapply your sunscreen every two hours, even on cloudy days, and after swimming or sweating.



## RADIATION

When a patient is not a good candidate for surgery to remove the cancer, radiation therapy may be recommended. A series of radiation treatments are used to destroy the cancer cells.

## CURETTAGE AND ELECTRODESICCATION

The dermatologist removes the cancer by first scraping (curettage) the growth from the skin and then intensely heating the treated area to destroy any remaining cancer cells.

## CHEMOTHERAPY OR IMMUNOTHERAPY CREAM

When SCC is caught early, a dermatologist may prescribe medicine that you apply to your skin at home to destroy the cancer cells.

## IMMUNOTHERAPY DRUG

The FDA has approved an immunotherapy infusion drug for the treatment of SCC that has spread to other parts of the body. Your doctor will tell you if this medication is right for you.

## CHEMOPREVENTION

If you have a condition that causes you to develop many SCCs, an oral medicine may be prescribed that can reduce the likelihood of developing future SCCs.

# Does Having SCC Increase Your Risk For Additional Skin Cancers?

Studies show that people who get skin cancer have a greater risk of developing another skin cancer. The following can help you detect and prevent new skin cancers:

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Treatment for SCC involves one or more of the following:

### EXCISION

This is a surgical procedure. Your dermatologist can often perform this during an office visit using local anesthesia. Excision involves removing the SCC and some normal-looking skin around it. You may need stitches to close the wound following treatment. Your dermatologist will send this skin off to a pathologist to ensure that the cancer has been completely removed. If the cancer has not been completely removed, you may need another excision at a later time.

### MOHS SURGERY

Mohs is usually performed by a dermatologist who has received specialized training to become a Mohs surgeon. Mohs is performed in a medical office under local anesthesia while you remain awake.

During the surgery, the Mohs surgeon first removes the SCC and some normal-looking skin around and below it.

While you wait, the Mohs surgeon uses a microscope to look at what was removed. If the surgeon sees cancer cells, he or she will continue to remove very small amounts of skin, looking at each layer of skin under the microscope. This process continues until cancer cells are no longer seen. You may need stitches to close the wound following treatment.



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