PRIMARY CARE DERMATOLOGY SOCIETY

Promoting Confident Dermatology Since 1994

What is a basal cell carcinoma ?

A basal cell carcinoma (BCC), sometimes referred to as a rodent ulcer, is the most common form of skin cancer. The most important facts to know about BCCs are that:

- They are generally regarded as **NOT life-threatening** in that they do not spread to other parts of the body
- They are, however, **locally destructive** and can grow into nearby structures – for example, BCC found on or close to the **eyes, nose, lips, and ears** need to be dealt with more quickly, to reduce how much they damage these structures

What does a basal cell carcinoma look and feel like?

BCCs **grow slowly** (on average 2-4 mm a year) and are generally **not painful or tender.**

There are **different types of BCCs**, which can vary greatly in their appearance.

- **Solid (nodular or noduloulcerative) BCC**
    - Most commonly affect the head and neck although can affect any part of the body
    - Usually presents as a skin lesion that bleeds or crusts from time-to-time and does not heal
    - Often appear as a shiny 'pearly' lump that may have a central scab, which over times develops into an ulcer
    - Usually skin-coloured to pink, but can sometimes be brown

- **Superficial BCC**
    - Most commonly affect the trunk (chest, abdomen, back) or lower legs, but can affect any part of the body
    - Appear as a flat pink/red mark; as the BCC grows it usually develops small areas of crust
    - Will not respond to creams such as emollients (moisturisers), topical steroids, or antifungals

- **Infiltrative BCC**
    - Uncommon
    - Usually affect the face
    - Often presents as a subtle, white/yellow, flat, or slightly raised area, which is much firmer than the surrounding skin
    - They may be smooth or have areas of crust
    - If near to an eye, the BCC may pull on the eyelid causing the eye to water

What causes a basal cell carcinoma?

- The most common cause is exposure to ultraviolet (UV) light from the sun or from sunbeds
- The risk for developing BCC increases with age
- People most at risk are those with fair skin who burn easily and rarely tan
- A BCC can occasionally develop within a longstanding scar
- BCC is rarely hereditary (i.e. passed genetically from one family member to another)
- One of the rare genetic conditions associated with BCC is called Gorlin syndrome

Things you can do to help yourself

Protect yourself from UV damage

Just because you have had a BCC does not mean that you can't go outside and enjoy your hobbies, or that you have to stop going on holiday; however, it is **very important to employ adequate UV protection both in the UK and when abroad**. The most important UV protective measures are:

- Avoiding sitting or lying directly in the sun
- Wearing a broad-brimmed hat
- When in the sun use a 'high protection' sunscreen of at least SPF 30 which also has high UVA protection (4 or 5 star). Apply sunscreen generously 15 to 30 minutes before going out in the sun, or go swimming, and make sure you reapply frequently when in the sun

- For more detailed information on UV-protection and advice on increasing your vitamin D intake (your vitamin D levels will drop if you reduce your UV exposure significantly) please refer to ***Patient Information Leaflets*** at the bottom of the homepage at **www.pcds.org.uk** and read the leaflet ***Skin Cancer Prevention***

Self-examination

- Once you have had a BCC, you are at a **higher risk** of developing another BCC and/or other types of skin cancer
- Two of the most important skin cancers to be aware of are **melanoma and squamous cell carcinomas (SCC), which are potentially life-threatening**
- SCC can have a similar appearance to a BCC, although often have the following important differences - they tend to grow more quickly, are often tender to touch, and often have white-yellow scale on the surface
- For more information on different types of skin cancer please click on ***Patient Section Including How to Check your Moles*** on the bottom right of the homepage at **www.pcds.org.uk** – on the next page click the link ***Self-examination of Moles***
- If you are concerned that you may be developing another skin cancer you should either contact your specialist (if currently under the care of a specialist), or if this is not the case then please contact your GP surgery

Your mental health

Skin cancer can have a significant psychological impact. If your skin cancer is affecting your mental health, you should discuss this with a health professional.

Referral to a specialist

Most cases of BCC will be referred to a specialist, who will be either a Dermatologist, a GPwER/GPwSI in Dermatology (a GP who has also been trained in relevant areas of dermatology), or a plastic surgeon. Occasionally other specialists manage BCC.

Some low-risk cases of BCC (e.g. small BCCs not affecting the head or neck) may be managed by one of your local GPs.

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What will happen when you are referred?

The first appointment is **most likely to be face-to-face** (the person attends the clinics); occasionally the initial referral may be through **teledermoscopy**, where a picture of your skin lesion is sent to a specialist to advise the best course of action.

Management of basal cell carcinomas

When you see a specialist it is important to **ask for a full skin examination** to check for other possible skin cancers.

In terms of **treatment, this depends on various factors** including type of BCC, size & site (where the BCC is found), and your general health.

Treatment options include:

- **Skin surgery** (usually carried out under local anaesthetic)
    - **Excision** – **the most common treatment** in which the BCC and a small margin of surrounding normal skin is cut out and stitched back together
    - **Curettage** – the BCC is scooped out, the bleeding stopped, and the wound is left to heal itself without stitches. This technique is only suitable for certain lower-risk BCC, and takes longer to heal, especially on the lower legs
    - **MOHs surgery** – a very specialised technique sometimes used for higher-risk BCC e.g. BCCs on or close to important structures on the face and/or very large facial lesions. This technique is not available in all regions
- **Radiotherapy** – this involves shining X-rays onto the area containing the BCC and is delivered by an oncology team over a number of days. This treatment is usually reserved for some of the more complex BCCs that are less suited to skin surgery. Radiotherapy tends to cause significant scarring, although these changes only usually arise several years after treatment
- **Other treatments for superficial (thin) lesions** – whilst surgical removal of a BCC is associated with the best chance of it not recurring (i.e. not growing back at the same site), it does mean a period of avoiding sports and/or heavy lifting while the wound heals, and it will leave a scar. As a result, some superficial BCCs, especially those not on the head and neck, can be treated without surgery. **Approximately four out of five superficial BCCs treated in this way will respond successfully** and heal well. Non-surgical treatments include:
    - **Creams** – the two commonly used are imiquimod cream and 5-fluorouracil cream

  - **Photodynamic therapy** – this involves the combination of a cream with a special light source. A minimum of two treatments are needed one week apart. This treatment is not available in all areas
  - **Cryosurgery** – this is the same cold spray (liquid nitrogen) used to treat warts. Treatment is usually needed for 30-60 seconds, resulting in a blister, and often a pale scar

- **No treatment** – **watch and wait.** Sometimes the healthcare professional along with the patient and/or carer may decide to leave the BCC if they believe that the patient will not come to any harm. This may be the case if the lesion is not close to important facial structures in patients with a reduced life-expectancy

It is important that **you discuss treatment options** with your specialist (or GP) and ask about anything that you do not understand.

Can basal cell carcinomas be cured?

Yes, BCCs can be cured in almost every case, although treatment can be more complicated if the BCC has been neglected for a long time, or if it occurs in an awkward place to remove skin, such as close to the eye, nose, or ear.

No matter what treatment you have, there is always a small chance that a BCC can recur, so if you think it is starting to grow again after treatment you must report this to your GP/nurse, or specialist if still under their care.

Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit www.pcds.org.uk – if you click the purple tile near the top of the homepage that reads ***Take a Tour*** you can learn how best to use this website.