

## **BASAL CELL CARCINOMA (BCC)**

### **What is it?**

BCC is a common type of skin cancer. There are two main types of skin cancer: melanoma and non-melanoma skin cancer. BCC is a non-melanoma skin cancer.

A BCC will grow steadily and if left for a long time may cause trouble by invading soft tissues, bones or nerves, in the same region as the original lesion. They very rarely spread to lymph nodes or farther afield (metastasis). A BCC almost never endangers life.

Other names include: Rodent ulcer.

### **What does it look like?**

BCCs vary in their appearance. People often become aware of them as an area of discoloured skin, a lump, or area of skin that bleeds, scabs and then refuses to heal. Occasionally they are itchy. Usually BCCs are painless.

There are subtypes of BCC. The subtypes may have a different appearance and may require different treatment.

Nodular BCC: Form a nodule with a pearly rim and may have a central crater. Fine blood vessels (telangiectasia) are visible within the nodule.

Superficial BCC: Look like a scaly red patch on the skin with a thin translucent rolled border. Common on the upper trunk and shoulders.

Morphoeic BCC: Also known as sclerosing BCC. This resembles a scar with a waxy appearance and indistinct margins; it may be subtle. Often this type of BCC is much larger than it initially appears, it may invade deeply and infiltrate nerves (perineural invasion).

Basosquamous BCC: Mixed BCC and squamous cell carcinoma (SCC) that is potentially more aggressive than other forms of BCC.

### **Why does it occur?**

Risk factors for BCC include:

- Increasing age
- Cumulative UV exposure (sun, sunbeds, radiation treatment)
- Previous skin cancers (of any type)
- Fair skin, blue eyes, blond or red hair, tendency to freckle
- Previous injury to the skin or trauma leaving large scars

### **Is it inherited?**

For the vast majority of patients, BCCs are not inherited, however people may inherit a tendency towards BCC due to their complexion and ethnicity eg people with celtic ancestry.

There are a few, rare, inherited conditions that cause multiple BCCs. These include Gorlin's syndrome, Xeroderma pigmentosa, Rombo syndrome, Oley syndrome, Bazex-Dupre-Christol syndrome.

### **How is the BCC diagnosed?**

Usually they are diagnosed by inspection. Sometimes a biopsy is performed to confirm the diagnosis.

### **Does my BCC need treating?**

Yes. BCCs can be cured in almost every case. Treatment will become more difficult if the BCC is neglected for a long period of time, grows very large or invades into bones or nerves.

### **What are treatment options?**

The commonest treatment for BCC is surgery

#### **Surgery**

- Requires a general or local anaesthetic
- The BCC is removed with a margin of normal tissue around it and the wound closed with sutures
- Sometimes a skin graft or flap is required to reconstruct the area that has been excised
- A pathologist examines the specimen to confirm the diagnosis and ensure the lesion has been excised
- Possible complications
  - o Bleeding
  - o Infection
  - o Delayed wound healing
  - o Scarring
  - o Incomplete margins : leaving some of the cancer cells behind
  - o Recurrence
  - o Further surgery

#### **Imiquimod Cream**

- Suitable for superficial BCC
- Modifies the immune system
- Please see Rebecca Ayers' separate information sheet on Imiquimod

### **Will my BCC metastasise?**

BCC are almost always completely curable and metastasis is very unlikely. Extremely rarely BCC will spread to lymph nodes or to other organs. This is more common in BCCs that have been allowed to grow very large, BCCs that are recurrent, and have had multiple prior treatments.

### **What can I do to prevent BCCs?**

Prevention is better than cure!

- Avoid exposure to the sun, especially between 10am - 4pm
- Wear protective clothing, hats and sunglasses to prevent UV exposure
- Wear high sun protection factor (SPF) sunblock, at least SPF 50+. This needs to be applied 15-30 mins before going out into sunlight and then reapplied every 2 hours, or after swimming or heavy physical exertion
- Watch your skin carefully for changes and seek medical attention early if there are any changes. In particular watch for any mark or skin lesions that are
  - o Growing
  - o Bleeding and not completely healing
  - o Changing appearance

Once you have had one BCC you are at increased risk of developing other non-melanoma and melanoma skin cancers. Regular skin examination will identify lesions early and facilitate prompt treatment.