The Dudley Group
NHS Foundation Trust

Basal Cell Carcinoma

Skin Oncology

Patient Information Leaflet

What are the aims of this leaflet?

This leaflet has been written to help you understand more about basal cell carcinomas. It tells you about what they are, what causes them and what can be done about them.

What is a basal cell carcinoma?

A basal cell carcinoma (BCC) is a 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, and is the most common type (greater than 80 per cent) of all skin cancer in the UK. BCCs are sometimes referred to as ‘rodent ulcers’.

What causes basal cell carcinoma?

The most common cause is exposure to ultraviolet (UV) light from the sun or from sunbeds. BCCs can occur anywhere on the body, but are most common on areas that are exposed to the sun, such as your face, head, neck and ears. It is also possible for a BCC to develop in a longstanding scar. BCCs are not infectious.

BCCs mainly affect fair-skinned adults, but other skin types are also at risk. Those with the highest risk of developing a basal cell carcinoma are

• People with pale skin who burn easily and rarely tan (generally with light coloured or red hair, although some may have dark hair but still have fair skin).

• People who have had a lot of exposure to the sun, such as people with outdoor hobbies or outdoor workers, and people who have lived in sunny climates.

• People who have used sun beds or have regularly sunbathed.

• People who have previously had a basal cell carcinoma.

Are basal cell carcinomas hereditary?

Apart from a rare familial condition called Gorlin's syndrome, BCCs are not hereditary. However, some of the things that increase the risk of getting one (e.g. fair skin, a tendency to burn rather than tan, and freckling) do run in families.

What does a basal cell carcinoma look like?

BCCs can vary greatly in their appearance, but people often first become aware of them as a scab that bleeds and does not heal completely, or a new lump on the skin. Some BCCs are superficial and look like a scaly, red, flat mark on the skin. Others form a lump and have a pearl-like rim surrounding a central crater, and there may be small red blood vessels present across the surface.
If left untreated, BCCs can eventually cause an ulcer; hence the name "rodent ulcer". Most BCCs are painless, although sometimes they can be itchy or bleed if caught.

How will my basal cell carcinoma be diagnosed?

Sometimes, the diagnosis is clear from the clinical appearance. A skin biopsy can be performed under local anaesthetic to confirm the diagnosis.

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, such as close to the eye or on the nose or ear.

BCCs rarely spread to other parts of the body. Therefore, although it is a type of skin cancer, it is almost never a danger to life.

How can a basal cell carcinoma be treated?

The most common treatment for BCC is surgery. Usually, this means cutting away the BCC, along with some clear skin around it, using a local anaesthetic injection to numb the skin. The skin can usually be closed with a few stitches, but sometimes a skin graft is needed.

Other types of treatment include:

• **Mohs micrographic surgery** - this surgical procedure is used to treat more complex BCCs, such as those present at difficult anatomical sites or recurrent BCCs. The procedure involves excision of the affected skin, and an examination of the skin removed under the microscope straight away to see if all of the BCC has been removed. If any residual BCC is left at the edge of the excision, further skin is excised from that area and examined under the microscope, and this process is continued until all of the BCC is removed. The site is then often closed with a skin graft.
This is a time consuming process, and is only undertaken when simple surgery may not be suitable.

• **Radiotherapy** - shining X-rays onto the area containing the BCC.

•**Curettage and cautery** - the skin is numbed with local anaesthetic and the BCC is scraped away (curettage). The skin surface is then sealed by heat (cautery). This is only suitable for superficial BCCs.

•**Cryotherapy** - freezing the BCC with liquid nitrogen. This is only suitable for superficial BCCs.

• **Creams** - these can be applied to the skin. The two most commonly used are 5-fluorouracil (5-FU) and imiquimod. These are only suitable for superficial BCCs.

• **Photodynamic therapy** - a special cream is applied to the BCC, which is taken up by the cells that are then destroyed by exposure to a specific wavelength of light. This is only suitable for superficial BCCs.

Surgical excision is the preferred treatment, but the choice of other treatments depends on the site and size of the BCC, the condition of the surrounding skin and the number of BCCs to be treated (some people have multiple), as well as the overall state of health of each person to be treated.

Self-care (what can I do?)

Treatment will be much easier if your BCC is detected early. BCCs can vary in their appearance, but it is advisable to see your doctor if you have any marks or scabs on your skin which are

• growing,
• bleeding and never completely healing or
• changing appearance in any way.

Check your skin for changes once a month. A friend or family member can help you, particularly with checking areas that you cannot easily inspect, such as your back.

You can also take some simple precautions, such as being careful in the sun to help prevent a BCC appearing.

Top sun safety tips

• Protect your skin with clothing, and don’t forget to wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.

• Spend time in the shade between 11am and 3pm when it's sunny. Step out of the sun before your skin has a chance to redden or burn.

• When choosing a sunscreen, look for a high protection SPF (SPF 30 or more) to protect against UVB, and the UVA circle logo and/or four or five UVA stars to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply every two hours and straight after swimming and towel-drying.

• Keep babies and young children out of direct sunlight.

• The British Association of Dermatologists recommends that you tell your doctor about any changes to a mole or patch of skin. If your GP is concerned about your skin, make sure you see a consultant plastic surgeon/dermatologist – an expert in diagnosing skin cancer.

• Sunscreens should not be used as an alternative to clothing and shade, rather that they offer additional protection. No sunscreen will provide 100 per cent protection.

Vitamin D advice

The evidence relating to the health effects of serum vitamin D levels, sunlight exposure and vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with vitamin D deficiency.

Individuals avoiding all sun exposure should consider having their serum vitamin D measured.

If levels are reduced or deficient, they may wish to consider taking supplementary vitamin D3, 10 to 25 micrograms per day, and increasing their intake of foods high in vitamin D, such as oily fish, eggs, meat, fortified margarines and cereals. Vitamin D3 supplements are widely available from health food shops.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The skin cancer specialist nurses on 01384 456111 ext. 3088

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

http://dgft.nhs.uk/services-and-wards/oncology

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosura poate fi pusa la dispozitie tiparita cu caractere mari, versiune audio sau in alte limbi, pentru acest lucru va rugam sunati la 0800 073 0510.

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