Basal cell carcinoma (BCC) is the most frequently occurring form of skin cancer, with approximately 2.8 million cases diagnosed in the US each year. In fact, it is the most common of all cancers. Almost all BCCs occur on sun-exposed areas of the body — especially face, ears, neck, scalp, shoulders, and back.

Basal cells

BCCs are abnormal, uncontrolled growths or lesions arising in the basal cells lining the deepest layer of the epidermis (the outermost skin layer).

The number of women under age 40 with basal cell carcinoma has more than doubled in the last 35 years.

The five warning signs of basal cell carcinoma (BCC)

BCCs look like open sores, red patches, pink growths, shiny bumps, or scars. They sometimes appear as a raised, translucent, pearly nodule that may have broken skin and bleed, and may sometimes resemble noncancerous skin conditions such as psoriasis or eczema. If you observe any of the warning signs below, or any other worrisome, lasting change in your skin, consult a physician (ideally a specialist in skin diseases) as soon as possible.

An open sore that bleeds, oozes, or crusts and remains open for three or more weeks.

A shiny bump or nodule that is pearly or clear and often pink, red, or white. The bump can also be tan, black, or brown, especially in dark-haired people, and can be confused with a normal mole.

A pink growth with a slightly elevated, rolled border and a crusted central indentation. As the growth enlarges, tiny blood vessels may develop on the surface.

A white, yellow, or waxy scar-like area, generally shiny and taut, that often has poorly defined borders and can indicate the presence of an aggressive, invasive BCC larger than it seems on the surface.

A reddish, sometimes crusted patch or irritated area that may itch or hurt, frequently occurring on the face, chest, shoulders, arms, or legs.
Both long-term and occasional extended, intense sun exposure (typically causing sunburn) produce damage that can lead to BCC. In a few cases, exposure to arsenic or radiation, open sores that resist healing, chronic inflammatory skin conditions, and complications from burns, scars, infections, vaccinations, or even tattoos are contributing factors.

Anyone with a history of sun exposure can develop BCC. However, at highest risk are those with fair skin, blond or red hair, and blue, green, or grey eyes. Older people are especially at risk, but as incidence keeps rising, more people in their twenties and thirties are being treated. Men outnumber women with the disease, but more women are developing BCCs than in the past. Those who work long hours outdoors or spend leisure time in the sun are highly susceptible.

NOT TO BE IGNORED
BCC is easily treated in its early stages, with cure rates near 100 percent. Only in extremely rare cases does it spread beyond the original tumor and become life-threatening. However, the larger the tumor grows, the more surrounding tissue it damages, and the more extensive the treatment needed. It sometimes causes considerable disfigurement.

People who have had one BCC are at increased risk for developing more, as well as other types of skin cancer. Regular visits to a skin specialist for total-body exams should be routine.

BCCs on the scalp and nose frequently recur within two years. Should a cancer recur, the physician might recommend a different treatment from the one used initially. Some methods, such as Mohs micrographic surgery, are highly effective for recurrences.

TREATMENT OPTIONS
Whenever BCC cells are found, treatment is required. Fortunately, there are several effective methods. Choice of treatment is based on the type, size, location, and depth of the tumor, patient’s age and general health, and the likely impact on appearance.

Treatment can almost always be performed on an outpatient basis in a physician’s office or clinic. With the surgical techniques, a local anesthetic is commonly used. Pain or discomfort during the procedure is minimal, and pain afterwards is rare.

The major treatments include: curettage and electrodesiccation, Mohs micrographic surgery, excisional surgery, radiation, and cryosurgery. For superficial BCCs, topical medications (5-fluourouracil and imiquimod) can be used, and an oral medication, vismodegib, was approved in 2012 for extraordinarily rare cases of advanced BCC. Due to a risk of birth defects, vismodegib should not be used by women pregnant or attempting to conceive.

Your Smartest Move:
PREVENTION
While skin cancers — even melanomas — can almost always be cured if found and treated early, you can avoid getting them in the first place. Here are some sun safety practices that really work:

- Seek the shade, especially between 10 AM and 4 PM.
- Do not burn.
- Avoid tanning & UV tanning beds.
- Cover up with clothing, including a broad-brimmed hat and UV-blocking sunglasses.
- Use a broad spectrum (UVA/UVB) sunscreen with an SPF of 15 or higher every day. For extended outdoor activity, use a water-resistant, broad spectrum sunscreen with an SPF of 30 or higher.
- Apply 1 ounce (2 tablespoons) of sunscreen to your entire body 30 minutes before going outside. Reapply every two hours or after swimming or excessive sweating.
- Keep newborns out of the sun. Sunscreens should be used on babies over the age of six months.
- Examine your skin head-to-toe every month.
- See your doctor every year for a professional skin exam.

For more information: www.SkinCancer.org
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