

DERMATOLOGY & ADVANCED SKIN CARE

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SQUAMOUS CELL CARCINOMA

THE SECOND MOST COMMON SKIN CANCER

SQUAMOUS CELL CARCINOMA

700,000

cases diagnosed every year

2,500

deaths every year

SCCs occur on all areas of the body, but most commonly in areas frequently exposed to the sun's ultraviolet (UV) light – the rim of the ear, lower lip, face, balding scalp, neck, hands, arms and legs. All sun exposure over one's lifetime adds to the cumulative damage that can lead to SCCs; they become increasingly common with advancing age.

People with fair skin, light hair, and blue, green, or gray eyes are at highest risk of developing SCC, but anyone with substantial sun exposure (or tanning bed exposure) is at increased risk. Inflammatory skin conditions, scars, ulcers, chronic infections, burns, X-rays, and certain chemicals also increase SCC risk. Though naturally dark-skinned people are less likely than fair-skinned people to get SCC, all skin types are vulnerable.

HIV and other immune deficiency diseases, chemotherapy, immunosuppressive (anti-rejection) drugs used in organ transplants, and even excessive sun exposure all weaken the immune system, increasing the risk of SCC. ☑

Frequent tanning bed users are
2.5 times more likely
to develop SCC than non-users

Squamous Cell Carcinoma (SCC) is the second most common skin cancer, with an estimated 700,000 new cases diagnosed every year in the US. SCCs are abnormal, uncontrolled growths or lesions arising in the squamous cells that make up most of the skin's outermost layer (epidermis).

SCCs typically appear as persistent thick, rough, scaly patches that can bleed if scratched, scraped, or bumped. They often look like warts or open sores with a raised border and crusted surface.



A persistent, scaly red patch with irregular borders that sometimes crusts or bleeds.



An elevated growth with a central depression that occasionally bleeds.



An open sore that bleeds and crusts and persists for weeks.



A wart-like growth that crusts and occasionally bleeds.

Remember, **ANY** change in a preexisting skin growth, such as an open sore that fails to heal, or the development of a new growth, should prompt an immediate visit to a physician.

SQUAMOUS CELL CARCINOMA

For more images and further information on skin cancer prevention, detection, and treatment, please visit SkinCancer.org.

Certain precancerous growths, or precancers – most resulting from cumulative sun damage – can be associated with the later development of SCC.

ACTINIC, OR SOLAR, KERATOSES

The most common form of skin precancer, they are rough, scaly, slightly raised growths most often found in older people. They can be the first step in the development of SCC.

Actinic Cheilitis

This form of actinic keratosis occurs most often on the lower lip, causing it to become dry, cracked, scaly and pale or white. If not treated promptly, it can lead to SCC on the lip.

LEUKOPLAKIA

These white patches on the tongue, gums, cheeks, or elsewhere inside the mouth can develop into SCC. They may be caused by chronic irritation, such as habitual alcohol consumption or tobacco use, and rough edges on teeth or dentures. Leukoplakias on the lips are mainly caused by sun damage.

BOWEN'S DISEASE

Considered an early, noninvasive squamous cell carcinoma, it appears as a persistent red-brown, scaly patch that may resemble psoriasis or eczema. If untreated, it may invade deeper structures. Exposure to the sun or arsenic is the main cause, but genetics, trauma, radiation, and chemical carcinogens can play a role. Human Papillomavirus (HPV), highly transmissible sexually, can cause one form of Bowen's disease affecting the genitals. New FDA-approved HPV vaccines for young people can prevent HPV and reduce the risk of Bowen's disease.

**40 to 60 %
of SCCs begin as
untreated AKs**

THE IMPORTANCE OF EARLY TREATMENT

SCCs detected early and removed promptly are almost always curable. Left untreated, they eventually penetrate the underlying tissues and can become disfiguring. A small percentage spread to local lymph nodes, distant tissues, and organs and can become fatal. Any suspicious growth should be biopsied by a physician without delay. If tumor cells are found, treatment is required. It can almost always be performed on an outpatient basis in a physician's office or clinic.

TREATMENT OPTIONS

Mohs micrographic surgery, excisional surgery, curettage and electrodesiccation (electrosurgery), cryosurgery, radiation, photodynamic therapy (PDT), and topical medications (5-fluorouracil (5-FU) and imiquimod). 

Remember, anyone who has had one SCC has an increased chance of developing another, usually because the skin has suffered irreversible sun damage. Pay particular attention to any previously treated site, and show any changes immediately to a physician. Regularly scheduled follow-up visits including total-body skin exams are also essential to post-treatment care.

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.



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For more information: SkinCancer.org

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