BASAL CELL CARCINOMA

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, what can be done about them and where you can find out more 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%) of all skin cancer in the UK. BCCs are sometimes referred to as 'rodent ulcers'.

What causes basal cell carcinoma?

The commonest 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).
- Those 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.

4 Fitzroy Square, London W1T 5HQ
Tel: 020 7383 0266 Fax: 020 7388 5263 e-mail: admin@bad.org.uk
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- 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. a 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 commonest treatment for BCC is surgery. Usually, this means cutting away the BCC, along with some clear skin around it, using 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 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.
- *Vismodegib* – this is a type of chemotherapy that has recently become available for the treatment of very complex BCCs, e.g. locally advanced BCCs or the very rare BCC that has spread to other parts of the body.

- *Superficial BCCs*:
    - *Curettage and cautery* - the skin is numbed with local anaesthetic and the BCC is scraped away (curettage) and then the skin surface is sealed by heat (cautery).
    - *Cryotherapy* - freezing the BCC with liquid nitrogen.
    - *Creams* - these can be applied to the skin. The two most commonly used are 5-fluorouracil (5-FU) and imiquimod.
    - *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 treatment is only available in certain dermatology departments (see Patient Information Leaflet on Photodynamic Therapy).

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 number of BCC 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
- 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 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 4 or 5 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 Dermatologist – an expert in diagnosing skin cancer. Your doctor can refer you for free through the NHS.
- Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
- It may be worth taking Vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce Vitamin D levels.

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, 10-25 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.

Where can I get more information?

Web links to detailed leaflets:

http://www.skincancer.org/basal-cell-carcinoma.html
https://www.intelihealth.com/article/basal-cell-carcinoma
http://emedicine.medscape.com/article/276624-overview
http://www.dermnetnz.org/lesions/basal-cell-carcinoma.html

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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4 Fitzroy Square, London W1T 5HQ
Tel: 020 7383 0266 Fax: 020 7388 5263 e-mail: admin@bad.org.uk
Registered Charity No. 258474