

Patient leaflets from the BMJ Group

Skin cancer (squamous cell)

Squamous cell skin cancer usually looks like a crusted lump on the skin. It can be sore and tender and usually gets bigger over time. The lump won't heal or go away without treatment. In most people, surgery cures this cancer.

We've looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for you.

What is squamous cell skin cancer?

As its name suggests, this type of skin cancer starts in your squamous cells. These cells sit in the top layer of your skin, just under the surface. Sometimes they get damaged, usually by too much sun.

These damaged cells don't die off and get replaced by new cells in the normal way. Instead of flaking off, the damaged cells stay on your skin. They keep multiplying, making more cells. These cells may form a lump, which may be a tumour (a squamous cell cancer). If the tumour isn't treated, it can damage the tissues nearby and spread to other parts of your body.

Squamous cell skin cancer isn't the most serious type of skin cancer (that's melanoma), but it can spread if it's not treated. To learn more about melanoma see our information on this type of skin cancer.

Certain types of skin are more likely than others to get sun damage that can lead to this type of cancer. Fair skin that burns easily is more likely to be damaged in this way than darker skin that tans easily. And the more sun you get, the more likely you are to get this cancer.

What are the symptoms?

The main symptom of squamous cell skin cancer is having a lump on the skin that grows and looks different from the skin around it. The lump is usually raised, crusted and can be sore when you touch it. It might also bleed. Sometimes these types of cancer grow very quickly.

Squamous cell skin cancers can vary in size from a few millimeters (slightly more than 1/16 of an inch across) to 5 centimeters (up to 2 inches across). They can show up anywhere on your skin. But they usually show up on parts of the body that get the most sun, such as the face, lower legs and forearms. So be sure to check the skin in these areas especially carefully.

If you're worried about any unusual spots or patches on your skin, see your doctor.

If the doctor thinks you may have skin cancer, he or she may remove some or all of the spot and test it for cancer. This is called a biopsy.

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Your doctor may refer you to a specialist skin doctor (called a dermatologist) or to a surgeon to have the biopsy, or for more treatment.

What treatments work?

If you have squamous cell skin cancer, you'll need surgery to remove it. But if all the cancer was removed when you had a biopsy (see above), you may not need any more treatment. For most people, surgery is the only treatment they'll need.

Surgery for squamous cell skin cancer

During the operation to remove your skin cancer, your doctor will cut out the tumour and also some of the healthy-looking skin around it. This is called taking a margin. The doctor takes away some of the skin from around the cancer to make sure that all the cancer cells are gone. Doctors usually take out between 4 millimeters (1/6 of an inch) and 10 millimeters (1/2 of an inch) of healthy tissue from around the cancer.

The piece of skin is then sent off to the laboratory for testing. If there are no cancer cells in the tissue around the skin cancer (the margin), then all the skin cancer cells have been removed.

One of the biggest questions doctors face is: how much healthy skin should be removed? Unfortunately, there isn't enough research to say how much healthy-looking tissue your doctor should remove along with your squamous cell skin cancer.

Some doctors may advise you to have a special type of surgery called Mohs surgery (also called Mohs micrographic surgery). This type of surgery is performed by a specialist surgeon. The idea of Mohs surgery is to remove all the cancer cells while taking out as little healthy skin as possible. During this operation, the surgeon carefully takes out thin layers of tissue one by one, until the tumour is gone. Each layer of skin is checked under a microscope to make sure there aren't any cancer cells left. There isn't very good research on how this type of surgery compares with the usual surgery for squamous cell skin cancer. Some experts think that Mohs micrographic surgery might be the best option for some tumours, such as those that have been treated before (recurrent tumours), or those in places where it's important to reduce the risk of scarring, such as the face.

After your cancer is removed, your doctor will close your wound with stitches if needed. This step is usually very simple, and you'll be left with just a small scar after your stitches are gone. If the wound is bigger, you may need to have a piece of skin taken from another part of your body stitched over it. This is called a skin graft.

Radiotherapy

If your tumour cannot be completely removed with surgery, you may have radiotherapy to kill any cancer cells that might be left in your skin. Radiotherapy may also be used for tumours that are hard to treat with surgery alone. For example, the cancer may grow into nearby tissue along your nerves. If this happens, it may be impossible to have surgery to remove all of the cancer without damaging a lot of healthy tissue.

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You'll probably have radiotherapy treatments a few times a week. You'll have this treatment for several weeks. Treatments usually take about 30 minutes. You won't feel anything during this treatment, but after treatment you may get dry and red skin, a rash and blisters. Afterwards the patch of skin that's been treated may not be able to sweat, or it may be flaky and a different colour to the skin around it.

Things you can do for yourself

Protecting your skin when you go outdoors can reduce your risk of getting squamous cell skin cancer, or of getting it again. This means not just using a sun block, but covering up, staying in the shade as much as possible and wearing a hat and sunglasses.

You should use a sunscreen that has a sun protection factor (or SPF) of at least 15. It's important you apply sunscreen correctly and make sure you use plenty of it. Apply this evenly over the skin that's going to be in the sun and keep reapplying it every 60 minutes, or after you've been in water. But don't stay in the sun longer just because you're using sunscreen. You can still get burned.

What will happen to me?

Most people are cured completely after surgery. However, in about 1 in 100 people, the cancer spreads to other parts of the body. If this happens, the cancer is harder to cure. As with all cancers, the earlier your skin cancer is diagnosed and treated, the better your chance of a cure.

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