

Basal Cell Carcinoma AKA BCC

Why is Skin Cancer Important?

Skin cancer is estimated to account for over 80% of new cancers in New Zealand each year. New Zealand has one of the highest rates of skin cancer in the world which is reflected in the relatively high rates of melanoma. In 2013, there were 2366 registrations of melanoma in New Zealand and 489 deaths due to melanoma and other malignant neoplasms of the skin.

What is a Basal Cell Carcinoma (BCC)?

A 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.

What causes BCC?

The commonest cause is too much exposure to ultraviolet (UV) light from the sun or from sunbeds. BCC's can occur anywhere on your body but is most common in areas that are often exposed to the sun, i.e. your face, head, neck and ears. BCC mainly affects 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.
- 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 such as NZ.
- People who use sunbeds or sunbathe
- People who have previously had a BCC.

What does a BCC look like?

BCC can vary greatly in their appearance, but people often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some BCC are very superficial and look like a scaly red flat mark; others have a pearl-like rim surrounding a central crater. If left for years the latter type can eventually erode the skin causing an ulcer; hence the name "rodent ulcer". Other BCC are quite lumpy, with one or more shiny nodules crossed by small but easily seen blood vessels. Most BCC are painless, although sometimes can be itchy or bleed if caught on clothes or picked up.



How will my BCC be diagnosed?

Sometimes the diagnosis is clear from its appearance. If further investigation is necessary to confirm the diagnosis then a small area of the abnormal skin (a biopsy) or the entire lesion (an excision biopsy) may be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin.



Can basal cell carcinomas be cured?

Yes, BCCs can be cured in almost every case, although treatment becomes complicated if they have been neglected for a very long time, or if they are in an awkward place, such as near the eye, nose or ear.

BCCs never spread to other parts of the body except very rarely (fewer than 1 in 20) if neglected for years, when it may spread to draining lymph nodes. It will, however, continue to grow and destroy surrounding tissues and can do so quite rapidly. Hence, although it is a type of skin cancer it never endangers life it is important to manage appropriately.

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 to numb the skin. The skin can usually be closed with a few stitches, but sometimes a small skin graft is needed.

Other types of treatment include:

- **Difficult or Neglected BCC:**
 - **Mohs micrographic surgery.** This involves the sequential excisions of the affected skin that is then examined under the microscope straight away to see if all the BCC has been removed. This is an expensive and time-consuming process and only undertaken in difficult anatomical areas if simple surgery is not suitable.
- **Very superficial BCC:**
 - **Cryotherapy** - freezing the BCC with liquid nitrogen.
 - **Creams** - The two most commonly used are Imiquimod (Aldara) and 5-fluorouracil (Efudix).
 - **Photodynamic therapy (PDT)** - 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

Self-care (What can I do?)

Treatment will be much easier if your BCC is detected early. BCC 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

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.
- When choosing a sunscreen look for a high protection SPF (SPF 15 or more) to protect against UVB, and the UVA circle logo to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply every 2 hours and straight after swimming and towel-drying.

For further information contact your Skin Cancer Doctor for advice or review of any lesions of concern.