

# Basal cell carcinoma and squamous cell carcinoma

Your guide to best cancer care



## About this guide

Being told you have a basal cell carcinoma (BCC) or squamous cell carcinoma (SCC) [a type of skin cancer] or could have a BCC or SCC is serious, but usually can be managed very effectively and easily. You might have lots of questions. This resource can help to guide you and your family and friends through this experience.

## Information and support

**Cancer Council:** For information and support, call Cancer Council on **13 11 20** to talk to an experienced healthcare professional or visit [www.cancer.org.au](http://www.cancer.org.au).

For more information about BCC and SCC, look for Cancer Council's Understanding Skin Cancer booklet on your local Cancer Council website.

**Translating and Interpreting Service (TIS):** If you need a translator, call TIS on **13 14 50** or visit [www.tisnational.gov.au](http://www.tisnational.gov.au).

If your GP is concerned, they will refer you to a GP more experienced in skin cancer or to a specialist, or will do one of the following tests:

**Complete excision biopsy.** The lesion and a small area around it are cut out and the area is stitched up. This is done with a local anaesthetic so you don't feel pain. This sample is sent to a pathology laboratory and tested to see if it is skin cancer. If all of the BCC or SCC can be taken out, you might not need any more treatment.

**Partial biopsy.** Part of the lesion is sampled either by shaving the lesion or using a punch biopsy instrument. This is done with a local anaesthetic so you don't feel pain. The sample is sent to a pathology laboratory and tested to see if it is skin cancer.

## Referrals

Most BCCs and SCCs are treated by GPs. If your GP refers you, you will be referred to a GP more experienced in skin cancer or to a specialist such as a dermatologist or surgeon. Specialists are doctors who are highly trained in a particular area of health care.



**You can bring a family member or friend with you to your appointments.**



## Timeframes

If a BCC or SCC is suspected and a biopsy is required, it should be done **within four weeks** of your first GP appointment or as soon as possible.

If needed, referral to a GP more experienced in skin cancer or specialist should happen as soon as possible (e.g. **within four weeks** for a suspected SCC or **within eight weeks** for a suspected BCC).

If you can't get an appointment within this time, follow up with your GP.



## Questions you might want to ask

- Can I choose whether I go to a public hospital or private practice?
- Can I choose the specialist I see?
- How much will appointments cost me?

## Initial tests and referral

### Symptoms

Your general practitioner (GP) will look at any lesions that are unusual, change or grow quickly. A lesion can be a spot, mole, scab, area of a different colour, lump, growth or anything different on your skin.

### Initial tests you may have

**Examination.** A complete skin check with a focus on any concerning lesions. For individual lesions the GP may use an instrument called a dermatoscope to see the lesions more clearly. The dermatoscope will magnify the lesion so it is larger. Your doctor may take a photograph and measurement, and talk to you about what to look for between visits.

## Diagnosis and staging

A **diagnosis** is the process of working out if you have a medical problem. Most biopsies sent to a pathology laboratory confirming a melanoma diagnosis happen in general practice.

In addition you might have the following:

**Complete excision biopsy** may be done if you have previously had a partial biopsy. If you have already had a complete excision biopsy, your specialist might recommend doing another excision to make sure enough normal skin has been removed. If the BCC or SCC and enough normal skin has been completely removed, you might not need any more treatment.

If the BCC or SCC was incompletely removed initially you might be advised to have further treatment.

The pathology testing will give information about the removed BCC or SCC, such as the risk of the BCC or SCC causing problems in the future.

**Imaging.** Some patients will need a set of detailed photographs for ongoing monitoring. Most patients do not require further imaging such as x-rays.

**For most BCC or SCC with a low risk (early stage) complete excision is adequate.**

In more advanced cases (higher risk BCC or SCC), the specialist may discuss and recommend more tests, to get more information about the cancer such as if it has spread to other areas of the body. This is called **staging**. **Staging** helps to work out the best treatment for you.

You might have a complete excision alone, with a margin of normal skin, or it might be recommended that you have other tests.



### Timeframes

Results should be available **within two weeks** from when you have the tests.



### Questions you might want to ask

- What is BCC or SCC?
- What tests will I have?
- Who should do the treatment?
- How much will tests/appointments cost?
- Where should I be treated? Do I have a choice?
- What stage is my cancer?
- What support services are available to me?

## Treatment

For most people, excision is all that is needed with no need for more advanced treatments.

Your GP or specialist should talk to you about your risk for getting more skin cancers. They should discuss a plan so that together you can look out for any BCCs or SCCs and other skin cancers if they grow and discuss how to prevent future skin cancers.

For high-risk BCC or SCC you may need specialised treatments. Your GP and/or specialist will talk to you about your treatment options.

You may be treated by a team of experts, and you may need more than one treatment type to get the best results. The team will work with you and your family or carer to plan your treatment.

You might have one treatment or a mix of treatments:

**Surgery.** The BCC or SCC and a small area around it is cut out and the area is stitched up. If the area can't be stitched up a skin graft/flap will be applied. A skin graft/skin flap is where healthy skin is removed from another area of the body and moved to a different area.

**Other treatments** may be used in some suitable cases:

**Curettage** is when the lesion is scraped off using a spoon-shaped instrument.

**Electrocautery** is where the lesion is burnt off.

**Cryotherapy** is where liquid nitrogen is used to freeze the lesion off.

**Creams** are used to kill cancer cells. Some creams that might be used are imiquimod or fluorouracil.

**Photodynamic therapy** is where a medicine is put on the lesion and a light is then used to activate the medicine to kill cancer cells.

For more advanced cases these procedures and treatments may be considered:

**Sentinel lymph node biopsy or regional lymph node removal** are rarely required but should be done by a surgeon in a specialist treatment centre.

**Sentinel lymph node biopsy.** A small amount of radioactive material is injected into the area where the BCC or SCC was cut out. This will assist the surgeon in identifying the correct node for that area of skin. Under general anaesthetic (you will be put to sleep), the lymph node will be cut out and checked for cancer.

**Regional lymph node removal.** If the skin cancer has spread, so that the lymph nodes are enlarged, the lymph nodes in that region are cut out.

**Radiation therapy** uses x-rays to kill cancer cells and stop the cancer growing. It is not often required but it might be used if surgery is not a good option, or after surgery.

**Drug therapy** uses drugs to kill cancer cells and stop the cancer growing. Rarely BCC or SCC require drug therapy. If required, you will be referred to a specialist centre.

For more information visit [www.cancer.org.au/cancer-information/treatment](http://www.cancer.org.au/cancer-information/treatment).

Supportive care (treatment or services that support you through a cancer experience) are also available.



### Timeframes

Surgery should start **within a three-month period**.

Other treatments should start **within four weeks** of agreeing to your treatment plan.



**You can ask your GP for a referral to another specialist for a second opinion.**

### Risk of lymphoedema

Some treatments for cancer, commonly surgery, involving the lymph node areas such as the armpit and the groin, may increase your risk of developing lymphoedema (swelling of a body region). Your specialist should discuss this risk with you and arrange for it to be managed appropriately.

### Clinical trials

You may be offered to take part in a clinical trial. Clinical trials are used to test whether new treatments are safe and work better than current treatments. Many people with cancer are now living longer, with a better quality of life, because of clinical trials.

For more information visit [www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au).

### Complementary therapies

Speak to your healthcare team about any complementary therapies (including dietary supplements like vitamins) you use or would like to use. Something as common as vitamins might not work well with your treatment.



### Questions you might want to ask

- What treatment do you recommend?
- Where will I have to go to have treatment?
- What will treatment cost and how much of the cost will I have to pay myself?
- What activities/exercise will help me during and after treatment?
- Can I still work?
- How will the treatment affect my day-to-day life?
- Who are the people in my team and who is my main contact person?
- What side effects could I have from treatment?
- Who do I contact if I am feeling unwell or have any questions?
- Will treatment affect my ability to have a child?



### Decisions about cost

You may have to pay for some appointments, tests, medications, accommodation, travel or parking.

Speak with your GP, specialist or private health insurer (if you have one) to understand what is covered and what your out-of-pocket costs may be.

If you have concerns about costs talk to your healthcare team or a social worker about:

- being bulk-billed or being treated in the public system
- help with accommodation during treatment
- the possible financial impact of your treatment.

You can call Cancer Council on **13 11 20** to speak to a healthcare professional about financial support.

For more information about costs, visit [www.cancer.org.au/support-and-services/practical-and-financial-assistance](http://www.cancer.org.au/support-and-services/practical-and-financial-assistance) and [www.cancer.org.au/support-and-services/practical-and-financial-assistance/what-will-i-have-to-pay-for-treatment](http://www.cancer.org.au/support-and-services/practical-and-financial-assistance/what-will-i-have-to-pay-for-treatment).

## Recovery

Cancer treatment can cause physical and emotional changes.

### Follow-up care plan

Your healthcare team will work with you to make a plan for you and your GP. This plan will explain:

- who your main contact person is after treatment
- how often you should have check-ups and what tests this will include
- understanding and dealing with side effects of treatment
- how to get help quickly if you think the cancer has returned or is worse
- how to prevent future skin cancers such as using a combination of five forms of sun protection during sun protection times.

Many people worry that the cancer will return. Your specialist and healthcare team will talk with you about your needs and can refer you to other healthcare professionals and community support services.

Other information you may get:

- signs and symptoms to look out for if the cancer returns
- late effects of treatment and the specialists you may need to see
- how to make healthy lifestyle choices to give you the best chance of recovery and staying well.

For more information visit [www.cancer.org.au/cancer-information/after-a-diagnosis/after-cancer-treatment](http://www.cancer.org.au/cancer-information/after-a-diagnosis/after-cancer-treatment).

For information about skin cancer prevention and early detection visit [www.sunsmart.com.au](http://www.sunsmart.com.au).



### Questions you might want to ask

- Who should I contact if I am feeling unwell?
- What can I do to be as healthy as possible?
- Where can I get more help?
- How can I reduce my chances of future skin cancers?

## Living with advanced cancer

### If cancer returns

Sometimes cancer can come back after treatment. BCC and SCC can occasionally come back in the same place, or an SCC can appear somewhere different in your body, however this is uncommon.

If cancer returns, you may be referred to the specialist or the hospital where you were first treated, or to a different specialist.

Treatment will depend on how far the cancer has spread, how fast-growing it might be and the symptoms you are experiencing.

**Although not relevant for the majority of people with a BCC or SCC, you may want to consider the following:**

### Advance care planning

If the cancer cannot be cured, your GP or healthcare team may talk with you, your carer and family about your future treatment and medical needs.

### Advance care directive

Sometimes known as a living will, an advance care directive is a legally binding document that you prepare to let your family and medical team know about the treatment and care you might want or not want in case you become too unwell to make those decisions yourself. For more information visit [www.advancecareplanning.org.au](http://www.advancecareplanning.org.au).

### Palliative care

Your specialist may refer you to palliative care services, but this doesn't always mean end-of-life care. Today people can be referred to these services much earlier if they're living with cancer or if their cancer returns. Palliative care can help you to live as well as you can including managing pain and symptoms. This care may be at home, in a hospital or at another location you choose.

Speak to your GP or specialist or visit [www.palliativecare.org.au](http://www.palliativecare.org.au).

## Making treatment decisions

You may decide not to have treatment at all, or to only have some treatment to reduce pain and discomfort. You may want to discuss your decision with your healthcare team, GP, family and carer. For more information visit [www.cancer.org.au/cancer-information/treatment/advanced-cancer-treatment](http://www.cancer.org.au/cancer-information/treatment/advanced-cancer-treatment).



### Questions you might want to ask

- What can you do to reduce my symptoms?
- What extra support can I get if my family and friends care for me at home?
- Can you help me to talk to my family about what is happening?
- What support is available for my family or carer?
- Can I be referred to a community support service?

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Disclaimer: Always consult your doctor about matters that affect your health. This guide is intended as a general introduction and is not a substitute for professional medical, legal or financial advice. Information about cancer is constantly being updated and revised by the medical and research communities. While all care is taken to ensure accuracy at the time of publication, Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided above.

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This resource is based on information from the optimal care pathway for people with keratinocyte cancer (basal cell carcinoma or squamous cell carcinoma) (2nd edition), available at [www.cancer.org.au/OCP](http://www.cancer.org.au/OCP).