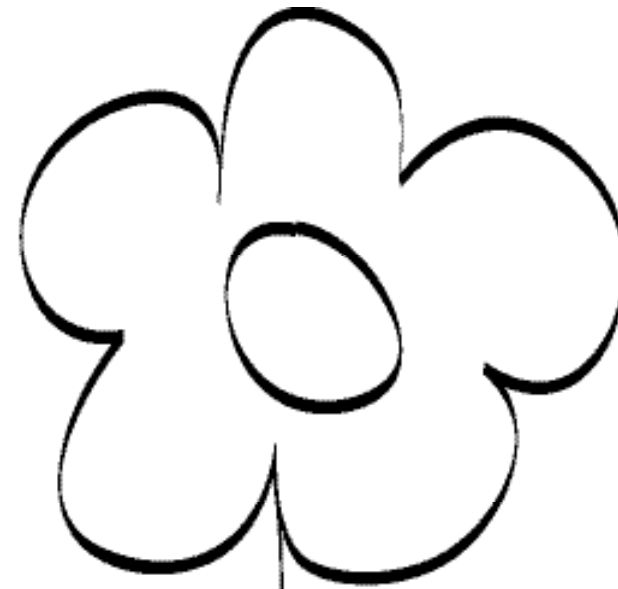


Useful Contacts

Dermatology Appointments	0207 830 2824
Radiotherapy Information Service	0207 472 6739
Royal Free Website	www.royalfree.nhs.uk
Macmillan Cancerline	0808 808 2020 www.macmillan.org.uk
Cancerbacup	0808 800 1234 www.cancerbacup.org.uk

The multidisciplinary team

Dermatologist	Dr F Child
Medical oncologist	Dr D Chao
Clinical Oncologist	Dr C Collis
Plastic Surgeon	Mr P Butler



Patient Information Leaflet

Basal Cell Carcinoma (Rodent ulcer)

What is basal cell carcinoma?

Basal cell carcinoma (BCC) is the most common form of skin cancer. An alternative name sometimes used for a BCC is a rodent ulcer. They are slowly-growing forms of skin cancer that virtually always remain in the skin and do not spread to other organs of the body.

What causes BCC?

Long-term exposure to sunlight is the most common cause of BCC. Other possible causes include previous radiation therapy (eg: people who were treated with X-rays for scalp ringworm many years ago) and previous ingestion of tonics containing arsenic (eg: Parish's Food).

Who is most at risk of developing a BCC?

They are seen most frequently in elderly adults with white skin. Those most at risk include outdoor workers, sailors and the very fair skinned (who burn easily in the sun).

People who take drugs to suppress the immune system (eg: following an organ transplant) are also at increased risk of developing BCCs, which often occur at an earlier age.

Where on the skin are they most likely to occur?

In the majority of patients they occur on sun-exposed skin, such as the face, neck, lips, ears, hands, shoulders and limbs.

What do BCCs look like?

A BCC may have a number of different appearances. Most commonly it starts as a small lump that gradually enlarges. The edges of the lesion are often shiny (described as a pearly appearance) and the centre of the lesion can be depressed and may form an ulcer that does not heal. Sometimes it can take the form of a superficial red scaly plaque. The lesions may not cause any symptoms but can be painful or itchy and tender when touched or knocked. Lesions that ulcerate may be prone to spontaneous bleeding.

How are BCCs treated?

In the early stages of disease they are usually treated by minor surgery. It may be appropriate to scrape (curette) the BCC off the skin with cautery to any small bleeding points. In the majority of cases it is cut out of the skin and the wound is stitched together. These procedures are performed on an outpatient basis under local anaesthetic (you are not put to sleep). It usually takes between 10-30

minutes to perform. The piece of skin removed is sent to the laboratory to be examined under the microscope. This is done to confirm the diagnosis and to ensure that the whole lesion has been removed.

Superficial BCCs (that normally take the form of thin scaly plaques) can be treated by freezing (cryotherapy), or a cream called 5-fluorouracil, which is a topical form of chemotherapy. The cream attacks the area being treated, causing the abnormal skin cells to die (but sparing the healthy skin cells) and is usually prescribed for daily use over a period of 4 weeks. Both therapies can be very effective but often make the skin sore during treatment.

If the lesion is too large to be removed by minor surgery, or in an area of the skin that makes surgery difficult, you will be asked to return to a multidisciplinary clinic. In this clinic, you may be seen by specialists from Dermatology, Plastic Surgery and Radiotherapy. The most appropriate treatment for you will be discussed. Sometimes more extensive surgery or radiotherapy will be necessary.

Does treatment result in a cure?

In the majority of cases a cure is achieved with the above treatments. Sometimes BCCs may recur at the same site on the body and will need to be retreated. In patients that

have had 1 BCC, it is likely that others will develop over the years, therefore it is important to remain vigilant following treatment.

How can they be prevented?

Reducing exposure of the skin to the sun is most important. Wearing protective clothing and wide-brimmed hats when outdoors will protect the skin areas most at risk.

Application of Sun Block (Sun Protection Factor (SPF) 25+) to exposed areas of skin before going out in the sun and re-application every 2-3 hours (more frequently if swimming or perspiring) is also very important. It is also advisable to avoid the sunshine during the mid-day hours. Sun beds should be avoided.

Are any other skin cancers associated with BCC?

Squamous cell carcinomas are also slow-growing cancers that are associated with long-term sun exposure and are sometimes seen in people that also have BCC. Excess sun exposure also leads to an increased risk of malignant melanoma. It is very important that you check the skin regularly (every 6-12 months) for any new lesions or changing moles.