SKIN SCHOOL

Evidence-based skincare, explained simply.

SQUAMOUS CELL CARCINOMA (SCC)

THE DEEP DIVE

A comprehensive guide for patients who want to understand squamous cell carcinoma in detail.

EARLY DETECTION SAVES LIVES

SCC is highly treatable when caught early. Regular skin checks can prevent serious complications.

1. WHAT IS SQUAMOUS CELL CARCINOMA?

Squamous cell carcinoma (SCC) is a type of skin cancer that begins in the squamous cells, which make up the middle and outer layers of the skin.

It most commonly occurs on skin that has been damaged by UV radiation from the sun or tanning beds.

GOOD NEWS: When detected early, SCC can almost always be treated successfully.

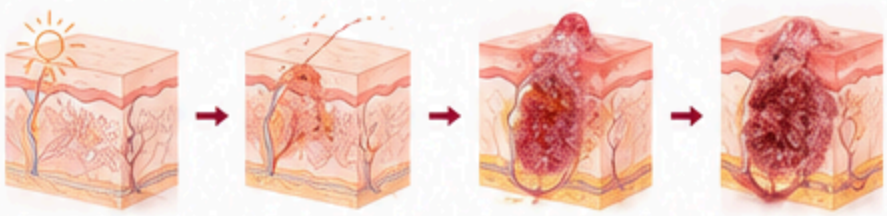


6. RISK FACTORS

- UV exposure (sun and tanning beds) is the biggest risk.
- Fair skin that burns easily.
- Age over 50.
- Weakened immune system.
- Exposure to certain chemicals (arsenic, tar, petroleum).
- History of radiation therapy.

2. HOW DOES SCC DEVELOP?

SCC develops slowly over time, often from long-term sun damage.



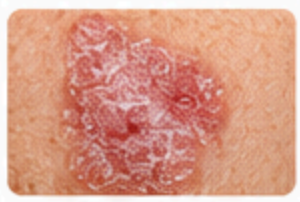
UV damage causes changes in skin cells. → Abnormal cells begin to grow in the upper layer of the skin. → The abnormal cells multiply and form a precancerous lesion. → SCC develops if the abnormal cells grow deeper into the skin.

7. WARNING SIGNS: LOOK FOR THESE

SCC can look different. Keep an eye out for:

- A scaly, rough red patch or sore that doesn't heal.
- A firm, red nodule or bump.
- A crusted sore or ulcer.
- A wart-like growth.
- Tenderness, itching or bleeding.
- Any new or changing spot on sun-exposed skin.

If you notice any of these signs, get it checked.



Scaly red patch



Crusted sore or nodule

3. WHERE SCC CAN APPEAR

Most common on sun-exposed areas:

Face · Ears · Scalp · Lips · Hands · Forearms · Lower legs

4. HOW IS SCC DIAGNOSED?

- Visual skin examination by a dermatologist.
- Dermoscopy (magnified skin check).
- A biopsy (small sample removed) to confirm the diagnosis.

A biopsy is the only way to confirm SCC.

8. TREATMENT OPTIONS

Treatment depends on the size, depth and location.

SURGERY	MOHS SURGERY	TOPICAL THERAPIES	CRYOTHERAPY	PHOTOTHERAPY
Complete removal of the cancer.	Layer-by-layer removal. Ideal for face and high-risk areas.	Medications (applied to skin) for superficial SCC.	Freezing the cancer cells with liquid nitrogen.	Light treatment for superficial lesions.

Most SCCs are highly treatable, especially when caught early.

5. SCC VS OTHER SKIN CANCERS

Know the difference.

TYPE	LOOKS LIKE		GROWS	SPREADS	TREATABILITY
SCC		Scaly red patch, nodule or crusted sore	Can grow deeper if untreated	Can spread to lymph nodes or organs	Highly treatable when early
BCC		Pearly bump, red patch or sore	Grows slowly, stays local	Rarely spreads	Highly treatable
MELANOMA		Often looks like a changing mole (ABCDE rule)	Can grow quickly	Can spread early	Serious but treatable when early

9. PREVENTION: PROTECT YOUR SKIN

- Use broad-spectrum sunscreen SPF 30+ every day.
- Wear protective clothing, wide-brim hats and UV sunglasses.
- Seek shade, especially between 10am and 4pm.
- Avoid tanning beds.
- Check your skin regularly.
- See a dermatologist for regular skin checks.

Prevention today can prevent skin cancer tomorrow.

10. SELF-CHECK: ONCE A MONTH

- Use a full-length mirror and a hand mirror.
- Check all sun-exposed areas.
- Look for new or changing spots.
- Ask a family member or friend to check hard-to-see places.

KEY TIP

Take photos of your skin to track changes over time.

11. USEFUL RESOURCES

- DermNet NZ — dermnetnz.org
- Cancer Association of South Africa — cancenet.co.za
- Skin Cancer Foundation — skincancer.org
- Melanoma Foundation of South Africa — melanomafoundation.co.za

12. FINAL TAKE-HOME MESSAGE

- SCC is common but highly treatable when caught early.
- Know your skin and act on changes.
- Protect your skin daily.
- Regular skin checks save lives.

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