You may find the following national information resources helpful:

**Macmillan Cancer Support**
89 Albert Embankment
London SE1 7UQ
Tel: 0808 808 2020 (freephone)
www.macmillan.org.uk

**Cancer Research**
PO Box 123
Lincoln’s Inn Fields
London WC2A 3PX
Tel: 020 7121 6699
www.cancerresearchuk.org

www.skincancer.org/melanoma

**British Association of Dermatologists**
www.bad.uk

**Lancashire & South Cumbria Cancer Service Network**
www.cancerlancashire.org.uk

This information has been kindly supplied by the British Association of Dermatologists

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This leaflet has been produced by patients, carers and health professionals within the Lancs & South Cumbria Network
What is a basal cell carcinoma?

A basal cell carcinoma is a type of skin cancer - the most common one in the UK. It is sometimes also called a 'rodent ulcer'.

What causes it?

The commonest cause is too much exposure to ultraviolet (UV) light from the sun or from sun beds. Basal cell carcinomas can occur anywhere on your body, but are most common on areas that are exposed to the sun, such as your face, head, neck and ears. It is also possible for a basal cell carcinoma to develop where burns, scars or ulcers have damaged the skin. Basal cell carcinomas are not contagious.

Who is most likely to have a basal cell carcinoma?

Basal cell carcinomas mainly affect fair skinned adults and are more common in men than women. Those with the highest risk of developing a basal cell carcinoma are:

- People with freckles or with pale skin and blond or red hair.
- Those who have had a lot of exposure to the sun, such as people with outdoor hobbies, outdoor workers, and people who have lived in sunny climates.
- People who use sun beds.
- People who have previously had a basal cell carcinoma.

Are basal cell carcinomas hereditary?

Apart from a rare familial condition called Gorlin’s syndrome, basal cell carcinomas are not hereditary. However some of the things...
What can I do?

Treatment will be much easier if your basal cell carcinoma is detected early. You must see your doctor if you have any marks or scabs on your skin which are:

- Growing
- Bleeding
- Changing appearance in any way
- Never completely healing properly.

You can also take some simple precautions to help prevent a basal cell carcinoma appearing:

- Cover up! Wear a sun hat, long sleeves and light trousers in sunny weather.
- Avoid strong sunlight, particularly between 11am and 3pm.
- Use a sun block (factor 30 or above) and apply it every 2 to 3 hours.
- Remember that winter sun, on a skiing holiday for instance, contains just as much of the damaging UV light as summer sun.
- Don’t use sun beds.
- Check your skin for changes once a month. A friend or family member can help you with this.
- If anything on your skin is changing, or if you are suspicious or worried about anything, go to your doctor and have it looked at.
- Remember: If in doubt, check it out!

What are basal cell carcinomas like?

Most basal cell carcinomas are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some basal cell carcinomas are very superficial and look like a scaly red flat mark: others show a white pearly rim surrounding a central crater. If left for years, the latter type can “gnaw away” at the skin, eventually causing an ulcer – hence the name “rodent ulcer”. Other basal cell carcinomas are quite lumpy, with one or more shiny nodules crossed by small but easily seen blood vessels.

A superficial basal cell carcinoma on the chest

that increase the risk of getting one (e.g. a fair skin, a tendency to burn rather than tan, and freckling) do run in families.
How will my basal cell carcinoma be diagnosed?

If your doctor thinks that the mark on your skin needs further investigation, you will be referred to a dermatologist (a skin specialist) who will decide whether or not it really is a basal cell carcinoma. To confirm the diagnosis, a small section of the area of abnormal skin (a biopsy), or whole of it (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, basal cell carcinomas 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. Seldom if ever do they spread to other parts of the body.

How can a basal cell carcinoma be treated?

You will probably have your basal cell carcinoma removed surgically. Usually, this means cutting away the basal cell carcinoma, along with some clear skin around it, under a local anaesthetic. Sometimes, a small skin graft is needed. Another type of surgery is Mohs micrographic surgery, but this is only undertaken if simple surgery is not suitable.

Other types of treatment, which are used less often, include:

- Photodynamic therapy – Applying a special cream to the basal cell carcinoma under a dressing for 4-6 hours with, which then destroys the basal cell carcinoma when a special light is shone onto it.
- Curettage and cautery – first the basal cell carcinoma is scraped away (curettage) and then the skin surface is sealed (cautery).
- Cryotherapy - freezing the basal cell carcinoma with a very cold substance (liquid nitrogen).
- Radiotherapy – shining X-rays onto the area containing the basal cell carcinoma.
- Creams – these can be applied to the skin. The two most commonly used are 5-fluorouracil (5-FU) and imiquimod.