What Is Cutaneous Squamous Cell Carcinoma?

KEY TAKEAWAYS

What does cSCC mean?

- Cutaneous squamous cell carcinoma begins in squamous cells in the outer part of the skin.
- “Cutaneous” means the cancer began in skin, while “squamous cell” identifies the abnormal cell type.
- Invasive cSCC means abnormal cells have crossed below the epidermis into deeper skin.

How can cSCC look, and why can’t a photo diagnose it?

- cSCC may look like a firm bump, thick or scaly growth, crusted plaque, nonhealing sore, or bleeding area.
- It can occur in every skin tone and on sites that are not chronically sun exposed.
- A photograph can be misleading; microscopic invasion requires adequate tissue examined under a microscope.

Which factors can raise cSCC risk?

- Accumulated ultraviolet radiation from sunlight and tanning devices is the main common driver.
- Risk can also be higher with prior keratinocyte cancers, immune suppression, prior radiation, chronic wounds or scars, and long-standing inflammation.
- A single sunburn rarely explains a tumor by itself.

Key Takeaways

CONTINUED

What does a high-risk label mean?

- Risk features can raise the chance of local recurrence, nerve involvement, lymph-node spread, distant spread, or death from cSCC.
- High risk describes a higher probability and a need for a more deliberate plan; it does not prove that cancer has already spread.
- Tumor size alone cannot settle the category because location, recurrence, depth, differentiation, nerve involvement, and immune status also matter.

What should I ask or do next?

- Ask for the exact pathology wording and whether the tumor is in situ or invasive.
- Ask which pathology and clinical features define the risk category and whether nearby lymph nodes were examined.
- Ask why the recommended treatment and margin method fit this tumor's risk and site.