CENTRAL ISLAND SKIN

SQUAMOUS CELL CARCINOMA IN SITU (SCC IN SITU) – BOWEN DISEASE

Understanding Your Diagnosis and Treatment Options

SCC in situ (Bowen disease) is an early form of squamous cell skin cancer. The abnormal cells are confined to the outer layer of the skin and have not yet invaded deeper tissues.

Treatment is recommended because it can occasionally progress to invasive skin cancer.

The best treatment for you depends on the size and thickness of the lesion, its location, your general health, how well your skin heals, immune status, previous treatments, and your preferences regarding effectiveness, scarring, convenience and cosmetic appearance.

KEY TAKEAWAYS

- Most treatments are very effective.
- Surgery has the highest clearance rate.
- Non-surgical treatments often give better cosmetic results.
- Your skin specialist will help you choose the best option for your individual situation.

TREATMENT DECISION FLOWCHART

SCC in situ (Bowen disease) diagnosed or strongly suspected

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Is there concern for invasive skin cancer or a recurrent lesion?

- YES → **Surgical excision** (or Mohs for high-risk sites)
- NO ↓

Is the lesion small (generally <2 cm)?

- YES → **Consider first-line options:**
  - EDC or Cryotherapy
  - 5-FU cream
- NO ↓

Is the lesion larger (≥2 cm), multiple, on a cosmetically sensitive site, or located on a poorly healing area (e.g., lower leg)?

- YES → **Consider:**
  - 5-FU cream
  - Photodynamic therapy (PDT)
  - Surgery (individualized)
- NO ↓

All treatment choices should be individualized based on your goals, health, and preferences.

**If initial treatment is not successful or is unsuitable, other treatments including combination therapy may be recommended.*

WHICH TREATMENT IS RIGHT FOR ME?

TREATMENT	BEST FOR	CLEARANCE AT 12 MONTHS*	COSMETIC OUTCOME**	WHAT TO EXPECT
Surgical Excision	Most lesions; recurrent or uncertain cases	97.4%	76%	Procedure with stitches; scar
Curettage & Cautery (EDC)	Small lesions, especially <2 cm	~90%*	~75%*	Quick office procedure; may leave round scar
Cryotherapy	Small lesions, especially <2 cm	~80–90%*	~70%*	Freezing treatment; blistering and tenderness common
5-FU 5% Cream	Small to large lesions; low-risk sites; non-surgical preference	85.7%	92.2%	Cream for 3–4 weeks; redness, crusting, irritation expected
Photodynamic Therapy (PDT)	Large, multiple, cosmetically sensitive, or poorly healing sites	82.1%	92.3%	Light-activated treatment; can be painful; 1–2 sessions
Imiquimod 5% Cream	Low-risk sites when other options are unsuitable	~70–80%*	~70%*	Cream 3x/week for 4–12 weeks; can cause inflammation
Laser Treatment	When other treatments unsuitable or have failed	Variable*	Good	Specialized treatment; less extensive evidence
Radiotherapy	If surgery unsuitable or other treatments have failed	Variable*	Variable*	Not first-line; used in specific cases
Combination Therapy	For difficult or treatment-resistant cases	Variable*	Variable*	Uses more than one treatment

*From 2024 randomized controlled trial (250 patients). *Approximate – varies by study and lesion.
**Good/excellent cosmetic outcome reported by patients or observers.

CAN I EVER "WATCH AND WAIT"?

- In selected patients who are medically frail with multiple
- SCC in situ lesions on the lower legs, careful monitoring may be appropriate instead.
- This includes regular skin checks, good moisturization
- Return is need preferred), and biopsy if or new lesions.

AFTER TREATMENT

- Most patients can be discharged after treatment.
- Follow-up is individualized based on your lesion, treatment, and overall risk.
- Practice sun protection and regular skin checks.
- Return if you notice any changes or new lesions.

CONTACT YOUR DOCTOR IF YOU NOTICE:

- The area is not healing
- The lesion remains or grows
- A treated area starts growing again
- Persistent bleeding or pain
- A new lump, thickening or ulcer
- Any new or changing skin lesion

PROTECT YOUR SKIN | Use sunscreen | Wear protective clothing | Seek shade | Avoid tanning beds | Check your skin regularly

We're here to help.
If you have questions, please contact Central Island Skin.

This handout is for educational purposes only and is not a substitute for professional medical advice.
Based on the British Association of Dermatologists 2022 Clinical Guideline for Cutaneous Squamous Cell Carcinoma in Situ (Bowen Disease) and a 2024 multicenter randomized controlled trial comparing treatments.

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