



# Understanding Skin Cancer

A guide for people with cancer,  
their families and friends

Cancer  
information

Cancer Council Helpline

**13 11 20**

[www.cancervic.org.au](http://www.cancervic.org.au)

## **Understanding Skin Cancer**

A guide for people with cancer, their families and friends

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### **Note to reader**

Always consult your doctor before beginning any health treatment. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your doctor's or other health professional's advice. However, you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication.

### **Interpreting service: Deaf or hearing or speech impaired**

If you use text-based communication, call Cancer Council Helpline 13 11 20 through the National Relay Service (NRS) 13 3677. If you can hear and still use your voice, but have a speech impairment, call Cancer Council Helpline through NRS 1300 555 727.

Generous Victorians who fundraise to fight cancer make many Cancer Council services, including the publication of this booklet, possible. For information on how you can help, visit [www.cancervic.org.au](http://www.cancervic.org.au) or call 1300 65 65 85.



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# Introduction

This booklet has been prepared to help you understand more about the two most common types of skin cancer: basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).

This booklet is intended to help you understand the causes, diagnosis and treatment of skin cancer. It explains how to prevent skin cancer and spot it at an early stage. It also covers some treatment options.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about other questions to ask your treatment team.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some medical terms that may be unfamiliar are explained in the glossary. You may also like to pass this booklet to your family and friends for their information.

This booklet is about the two most common types of skin cancer: basal cell carcinoma and squamous cell carcinoma. They are often called non-melanoma skin cancer. Call Cancer Council Helpline **13 11 20** for free information about melanoma skin cancer.



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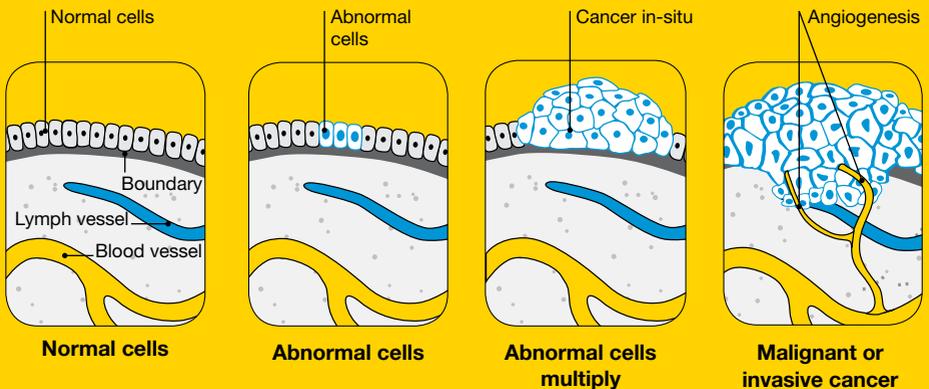
# What is cancer?

Cancer is a disease of the cells, which are the body's basic building blocks. Our bodies constantly make new cells to help us grow, to replace worn-out cells and to heal damaged cells after an injury.

Normally cells grow and multiply in an orderly way, but sometimes something goes wrong with this process and cells grow in an uncontrolled way. This uncontrolled growth may result in a lump called a tumour or may develop into abnormal blood cells.

A tumour can be benign (not cancer) or malignant (cancer). A benign tumour does not spread to other parts of the body. However, a malignant tumour is made up of cancer cells, which are able to spread. The cancer that first develops in a tissue or organ is called the primary cancer. When it first develops,

## How cancer starts

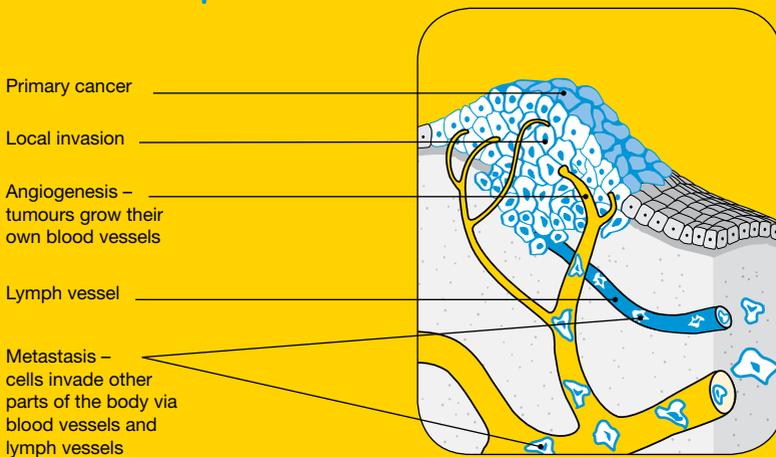


a malignant tumour may not have invaded nearby tissue. This is known as a cancer in-situ, carcinoma in-situ or localised cancer. As the tumour grows, it may spread and become what is known as invasive cancer.

Cancer cells can spread to other parts of the body by travelling through the bloodstream or the lymphatic system. They may continue to grow into another tumour at this new site. This is called a secondary cancer or metastasis.

A metastasis keeps the name of the original cancer. For example, skin cancer that has spread to the lymph nodes is still called skin cancer, even though the person may be experiencing symptoms caused by problems in the lymph nodes.

## How cancer spreads





# The skin

The skin is the largest organ in the body. It covers the body, protecting it from injury, regulating its temperature and preventing it from becoming dehydrated. Skin, like all other body tissues, is made up of cells. It has two main layers called the epidermis and the dermis.

## Epidermis

This is the top, outer layer of the skin. It contains three different kinds of cells:

- **squamous cells** – flat cells that are packed tightly to make up the top layer
- **basal cells** – tall cells that make up the lower layer
- **melanocytes** – cells that produce a dark pigment called melanin, the substance that gives skin its colour.

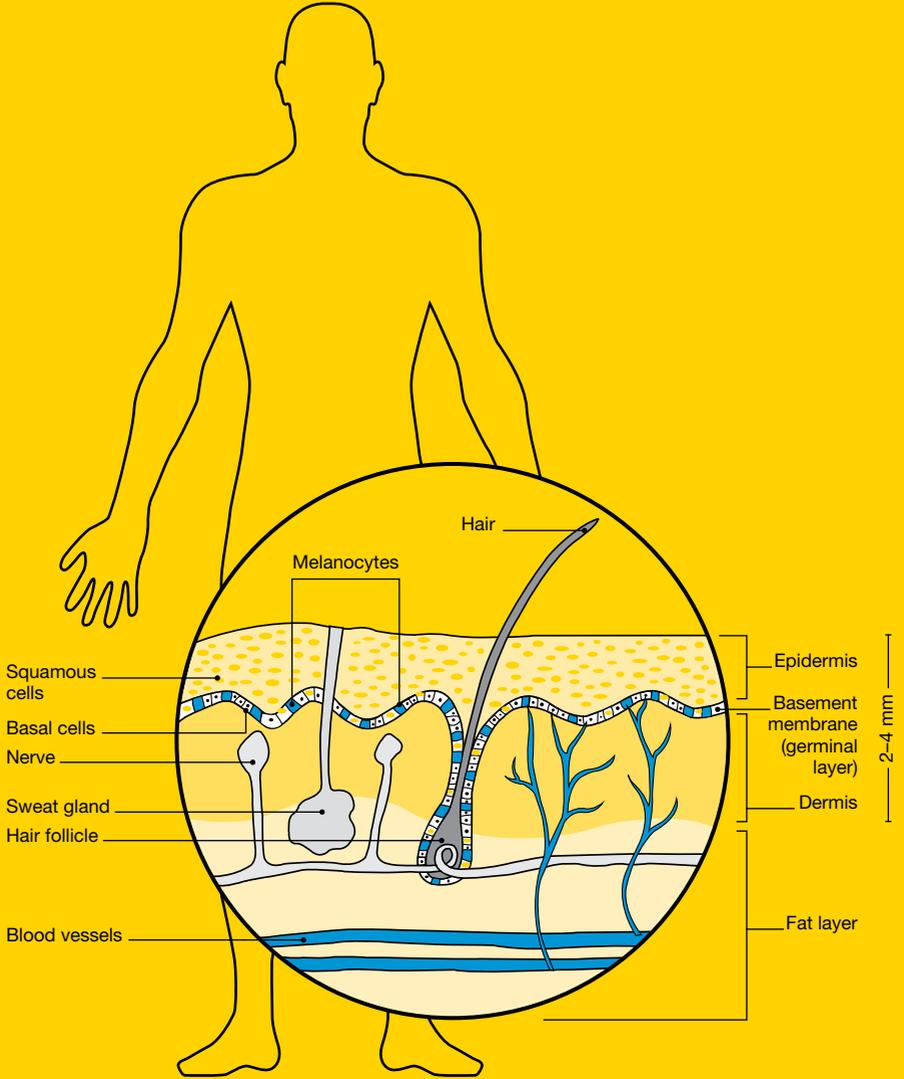
Basal cells multiply constantly and the older cells move upwards in the epidermis. When they flatten out and form a layer they become squamous cells. The top layer of your skin is made up of dead skin cells which eventually fall off.

When skin is exposed to the sun, melanocytes make extra melanin to protect the skin from getting burnt. This is what causes skin to tan. Melanocytes are also in non-cancerous (benign) spots on the skin called moles or naevi. Most moles are brown, tan or pink in colour and round in shape.

## Dermis

This is the layer underneath the epidermis. It contains the roots of hairs, sweat glands, blood and lymph vessels and nerves.

# The skin





# Key questions

## Q: What is skin cancer?

**A:** Skin cancer is the uncontrolled growth of abnormal cells in the skin.

## Q: What types are there?

**A:** There are three main types of skin cancer: basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), which are called non-melanoma skin cancers, and melanoma. There are other rare skin cancers, such as those that start in the sweat glands and hair follicles.

### Basal cell carcinoma (BCC)

BCC makes up about 70% of non-melanoma skin cancers.

- It commonly develops on the head, neck and upper body.
- It may appear as a pearly lump or a scaly or dry area that is pale or bright pink in colour and shiny.
- BCC may bleed and become inflamed, and dead tissue may slough off (ulcerate). Some BCCs heal then break down again.

Often BCCs have no symptoms. They tend to grow slowly and don't usually spread to other parts of the body. The earlier a BCC is found, the easier it will be to treat. However, if BCC is left untreated or grows larger than 5 cm, it may grow deeper into the skin and damage nearby tissue. This may make treatment more difficult and increase the chance of the BCC returning.

## Non-melanoma skin cancers



Basal cell carcinoma



Squamous cell carcinoma

### Squamous cell carcinoma (SCC)

SCC accounts for about 30% of non-melanoma skin cancers.

- SCC usually appears on parts of the body most often exposed to the sun, such as the head, neck, hands, forearms or lower legs.
- It often appears as a thickened, red, scaly spot.
- SCC may look like a sore that hasn't healed.
- It may be tender to touch.

SCCs tend to grow quickly over several weeks or months. It is possible for SCCs to spread to other parts of the body – particularly the lips, ears, scalp or temples – if left untreated.

Bowen's disease looks like a red, scaly patch. It is an early skin cancer found in the outer layer of the skin (epidermis) and is often called squamous cell carcinoma in-situ.



## Melanoma

Melanoma is the least common type of skin cancer but it is the most serious.

- It can often appear as a new spot or an existing spot that changes size, shape or colour.
- Melanoma often has an irregular edge or surface, and it may be more than one colour such as brown, black, blue, red, white or light grey.

Left untreated, a melanoma may spread deeper into the skin where cancer cells can escape and be carried in lymph vessels or blood vessels to other parts of the body. The earlier melanoma is diagnosed, the better the chance of cure.

For more information about melanoma call Cancer Council Helpline 13 11 20 for a free booklet.

### Melanoma skin cancer



**Border irregularity**



**Colour variation**

## Q: How common is skin cancer?

**A:** Australia has the highest rate of skin cancer in the world. Two out of three Australians will be diagnosed with some form of skin cancer before the age of 70.

BCC and SCC are the most common types of non-melanoma skin cancer. In Australia, about 430,000 cases of BCC and SCC are diagnosed and treated each year.

BCC can develop in young people but is most common in people aged over 40 years. SCC occurs mostly in people aged over 50.

More than 10,300 cases of melanoma are diagnosed in Australia each year.

## Q: What causes skin cancer?

**A:** The main cause of skin cancer is exposure to ultraviolet (UV) radiation. The sun produces UV radiation but it can also come from other sources, such as solarium tanning machines.

Most parts of Australia have high levels of UV radiation all year round. This radiation cannot be seen or felt but can cause:

- sunburn
- skin and eye damage
- premature ageing of the skin
- damage to the skin cells, which leads to skin cancer.

Skin cancer is related to two factors: a person's total lifetime exposure to UV radiation and the pattern of exposure they have had. Research suggests that while skin cells are often damaged in childhood, it may be sun exposure in adulthood that triggers these damaged cells to turn cancerous.

### The UV Index

The UV Index shows the intensity of the sun's UV radiation. An Index of 3 (moderate) or above indicates that UV levels are high enough to cause skin damage and sun protection is needed.

The daily SunSmart UV Alert identifies sun protection times for more than 200

locations across Australia. It also forecasts the maximum UV Index. You can check the SunSmart UV Alert on the weather page of most daily newspaper, as a free app for smartphones or at [www.sunsmart.com.au](http://www.sunsmart.com.au).

See page 31 to find out how much sun is enough.

## Q: Who is at risk?

**A:** Anyone can develop skin cancer, regardless of their skin colour or general health. However, the risk is higher for people who have:

- numerous moles on their body
- dysplastic naevi (see page 14)
- a personal or family history of melanoma
- actively tanned or used solariums/sun beds
- fair skin that burns easily, freckles and doesn't tan

- experienced short, intense periods of exposure to UV radiation (such as on holidays or during sport)
- worked outdoors
- red or fair hair and blue or green eyes
- a weakened immune system, which could be due to taking certain drugs that suppress the immune system.

People with olive or very dark skin have more natural protection against skin cancer because their skin produces more melanin than fair-skinned people. However, because UV radiation is so strong in Australia, very dark and olive-skinned people still need to protect their skin. For more information about protecting your skin, see page 33, or visit [www.sunsmart.com.au](http://www.sunsmart.com.au).

Talk to your doctor about your risks for skin cancer. Your GP can give you advice about checking your skin.

“ I’ve had many BCCs removed from my arms, probably from many years of playing golf. ” Denis

## Q: What about spots that aren’t cancer?

**A:** Not all spots that appear on your skin are cancerous. However, freckles, moles or sunspots are warning signs that your skin has had too much sun exposure and you may be at greater risk of developing skin cancer.

## Moles (naevi)

A mole (naevus) is a normal growth on the skin. Moles (naevi) develop when the pigment-producing cells of the skin (melanocytes) grow in groups.

Moles are very common. Some people have many moles on their body and this can run in families. Overexposure to the sun, especially in childhood, can also lead to more moles growing on the skin.

## Dysplastic naevi

Moles that have an irregular shape and an uneven colour are called dysplastic naevi. People with many dysplastic naevi are at a higher risk of developing melanoma. If you have these moles, check your skin regularly for any changes and look for new skin spots. If you notice any changes, see your doctor immediately.

## Sunspots (solar keratoses)

Red, scaly spots on the skin that feel rough are called sunspots (solar keratoses). They usually occur in people aged over 40 on areas of skin exposed to the sun, such as the head, neck, hands, forearms and legs. Rarely, solar keratoses may develop into squamous cell carcinoma.

“ I have quite a few irregular looking moles on my back and arms, so it gives me peace of mind to get them checked regularly. ” Sally

## Non-cancerous skin spots



Dysplastic naevus



Sunsports (solar keratoses)



## Key points

- Skin cancer is uncontrolled growth of abnormal skin cells. It is usually superficial, which means it only affects the skin's surface and doesn't spread throughout the body.
- The three main types of skin cancer are basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and melanoma. BCC and SCC are sometimes called non-melanoma skin cancers.
- Non-melanoma skin cancer is the most common type of cancer in Australia.
- BCC is the most common form of skin cancer. It usually looks like a pearly lump or a scaly, dry area on the head, neck or upper body. BCCs may bleed.
- SCC usually looks like a thickened, red, scaly and tender lump on the head, neck, hands, forearms or lower legs.
- The main cause of skin cancer is exposure to ultraviolet (UV) light, usually from the sun. UV radiation also comes from other sources such as solarium tanning machines.
- Anyone can develop skin cancer, but some people are at a higher risk – for instance, those who have several moles on their body or have been overexposed to the sun.
- It is recommended that you get to know your own skin. If you see anything new or different, have it checked immediately by your GP or a dermatologist.
- Some spots that appear on your skin (such as freckles, moles or sunspots) aren't cancer, but they are warning signs that your skin has had too much sun exposure.
- Limiting sun exposure will help prevent skin cancer.



# Diagnosis

## Spotting a skin cancer

Normal, healthy freckles and or moles usually have a smooth edge and an even colour. Skin cancers don't all look the same but there are some signs to look out for:

- a spot that is different from other spots on the skin
- a spot, mole or freckle that has changed in size, shape or colour
- a sore that doesn't heal
- a spot that bleeds.

It's important to get to know your skin. Regularly checking your skin will help you notice any new or changing moles, freckles and spots, and learn what is normal for you.

Check all your body as skin cancer can sometimes occur on parts of the body not exposed to the sun. Pay particular attention to your arms, legs, face, neck, back, shoulders and the back of your hands. For information on how to conduct a skin check, see [www.sunsmart.com.au](http://www.sunsmart.com.au).

If you see anything new or different on your skin, see your general practitioner (GP) or a dermatologist straightaway. Skin cancers that are found and treated early need less invasive treatment and have a better outcome (prognosis).

“ I noticed a spot on my arm had changed colour and was a little red. It looked like a blemish that hadn't healed, and was sensitive to touch. ” *Peter*

## Skin biopsy

Your doctor will look at all your skin including any spots you have identified as changed or suspicious. If a skin cancer is suspected, a biopsy will usually be done to confirm the diagnosis. A biopsy is a quick and simple procedure, and is usually performed in the doctor's office.

Your GP or specialist will give you a local anaesthetic to numb the area. A small sample of tissue will be taken from the skin spot or the spot will be completely cut out. You will usually have stitches to close the wound and help it heal.

The tissue that is cut out will be sent to a laboratory where a pathologist will examine it under a microscope. It takes about a week for the results of your tests to be ready.

If all the cancer is removed during the biopsy, this will probably be the only treatment you need. For more information on how to protect your skin after treatment, see page 33.

### Dealing with the diagnosis

Most skin cancers do not pose a serious risk to your health. However, being told you have cancer can come as a shock and many different emotions may arise.

If you have any concerns or want to talk to someone, see your doctor or call Cancer Council Helpline **13 11 20**.

## Prognosis

Prognosis means the expected outcome of a disease. The doctor most familiar with your situation is the best person to discuss your prognosis with.

Most skin cancers are successfully treated if found early. Nearly everyone diagnosed with skin cancer will have simple treatment and will be cured.

## Staging

Usually a biopsy is the only information a doctor needs to determine the stage of a non-melanoma skin cancer. This is a way to describe its size and whether it has spread beyond its original size. In some cases of SCC, lymph nodes may be examined to see if the cancer has spread.

## Which health professionals will I see?

If you have a suspicious spot, there are a number of health professionals you can see.

### General practitioner (GP)

Your GP, who knows your medical history, can examine your skin (including areas that are not exposed to the sun).

GPs often treat some skin cancers but they may refer you to a specialist such as a dermatologist or plastic surgeon if you have a cancer that covers a wide area.

## Plastic surgeon

A plastic surgeon is trained in aesthetic (appearance) and reconstructive techniques.

## Dermatologist

Your GP may refer you to a dermatologist, also known as a skin specialist. A dermatologist is a doctor who has completed specialist training in preventing, diagnosing and treating skin diseases, including skin cancer.

### tips

- Obtain a referral from a GP. You can see a dermatologist without a GP referral but under Medicare you will be billed for a non-referred consultation. This means that you will not be reimbursed by Medicare and you will have to pay for the appointment.
- Ask before the appointment for the full cost of each procedure and how much is refunded by Medicare.
- There may be a long waiting list. If there is a spot on your skin of particular concern, your doctor can request an earlier appointment.
- If you live in regional Australia, there may not be a dermatologist based in your local area. However, many regional areas have visiting dermatologists. Your GP should be able to advise you.
- Many public hospitals in metropolitan cities have dermatology outpatient clinics where care can be provided by specialist dermatologists without charge. Your GP can refer you to these. However, these clinics often have long waiting lists.

## Skin cancer clinics

Skin clinics offer a variety of services and fee arrangements. Clinics are usually operated by GPs who have an interest in skin cancer but some clinics are operated by dermatologists.

Research shows skin cancer clinics may not necessarily offer a higher level of expertise than your family GP. In deciding whether to go to a skin clinic, it is important you find out about the services offered and the expertise of the employees.

### Choosing a skin clinic

There are four main points to consider when choosing which skin clinic to attend:

- qualifications and experience of the medical staff
- costs – some clinics bulk bill for the initial consultation but require upfront payment for further appointments, others require upfront payment for all appointments
- diagnosis and treatment services offered
- information and follow-up provided.

For more information on choosing a skin clinic call the Helpline on 13 11 20.

Cancer Council does not operate or recommend any specific skin cancer clinics or doctors.





## Key points

- If you notice anything new or unusual on your skin, it is important to see your doctor as soon as possible.
- Your general practitioner (GP) can examine your skin, treat some cancers and advise you about appropriate care. GPs can also refer patients to specialists.
- A dermatologist is a skin specialist who is trained in preventing, diagnosing and treating skin diseases.
- You should have a referral from your GP to see a dermatologist but you can make an appointment without one. You may have to pay for your appointment and sometimes there is a long waiting list.
- Some people go to a skin cancer clinic that is operated by a GP or specialist dermatologist.
- When choosing a skin cancer clinic, consider the staff qualifications, costs and services offered. Cancer Council does not operate or endorse any particular clinics or doctors.
- Your doctor will do a biopsy to determine if the spot on your skin is cancerous. This means some tissue is cut out and examined under a microscope. You may have stitches to close up the wound.
- It takes about a week for the biopsy results to be ready. If you feel anxious about the biopsy or cancer diagnosis, talk to your medical team or call Cancer Council Helpline **13 11 20**.

# Treatment

Skin cancer is treated in a variety of ways. This will depend on several factors, including:

- the type of cancer
- the size and location of the cancer
- whether it has spread to other parts of your body
- your general health
- your medications, which can affect bleeding and healing time.

## Surgery

Surgery is the most common and successful treatment for skin cancer. The operation is usually a quick and simple procedure but it can be more complicated if the skin cancer is on your face, scalp or lower legs.

The doctor, who may be a plastic surgeon, will use a local anaesthetic to numb the area, then cut out the skin cancer and close up the wound using stitches. They will remove an area around the cancer to check if all of the cancer has been removed.

## Skin flap

A larger skin cancer may need a larger area of skin removed. In this case, you may need a skin flap or skin graft to replace the removed skin. In a skin flap, nearby skin is pulled over the wound and stitched. Less commonly, a shaving of skin from another part of the body will be used to cover the area where the skin cancer was removed. This is a skin graft. Sometimes further surgery is needed if tests show the cancer has not been completely removed. Call Cancer Council Helpline for more information about surgery.

## Mohs' surgery

Mohs' surgery is a type of surgery that is also known as microscopically controlled excision.

The cancer is removed little by little and the tissue is checked under the microscope immediately. The removal continues until only healthy tissue remains. This reduces the amount of healthy skin that is removed while making sure all the cancer has been taken out.

Mohs' surgery is sometimes used to treat large skin cancers that have gone deep (penetrated) into the skin or have come back. It can also be used for cancers in areas that are difficult to treat, such as the skin near the eye.



Mohs' surgery is not commonly used because it is a highly specialised surgery and is available only at some hospitals. It costs more than other types of surgery.

## Curettage and cautery

Curettage and cautery treatment is mainly used for superficial BCC. A local anaesthetic is given and the cancer is scooped out with a small, sharp, spoon-shaped instrument called a curette. Electric current is then applied (cautery) to stop bleeding and to destroy any remaining tumour. The wound may be sore for a few days, then weep and form a crust. It should heal within a few weeks, leaving a pale white scar.

## Cryotherapy

Sunspots and superficial BCCs may be treated using a freezing technique called cryotherapy (sometimes called cryosurgery). This technique is not usually used for skin spots close to the eye.

Liquid nitrogen is sprayed onto the abnormal skin spot and a small area of skin around it. It can feel like a stinging sensation when applied. The liquid nitrogen freezes and kills the abnormal skin cells and creates a wound. The wound will be slightly sore and red for a few days and may weep or develop a blister.

After about 10 days, a crust will form on the wound and the dead tissue will fall off. New, healthy skin cells will grow and a scar may form. Healing can take a few weeks. The main side effect of cryotherapy is a change in skin pigmentation. The new, healed skin will probably look more pale and white than the surrounding skin.

### How cryotherapy treatment affects the skin



Before treatment



Immediately after treatment

## Imiquimod (Aldara®)

Imiquimod (Aldara®) is a cream that stimulates the body's immune system to destroy the cancer. It is used to treat sunspots and superficial BCCs. Imiquimod cream doesn't work for some people. If it's not effective, another type of treatment will be used.

For superficial BCCs the cream is applied, five days a week, for up to six weeks. The treated skin may become red and inflamed but it is usually not sore.

Some people have other side effects, such as headaches or flu-like symptoms, while using imiquimod. It is important to ask your doctor or pharmacist about how much cream to apply, and about any potential side effects.

## Photodynamic therapy

Photodynamic therapy (PDT) uses a light source with a cream to treat sunspots and superficial BCCs.

First the area is gently scraped and a light-sensitive cream is applied to the skin. This is left on for about three hours, and then a light is shone on the area for 7–8 minutes. Afterwards, the treated area is covered with a bandage to protect it from light for 24 hours. PDT usually needs to be repeated after about 2–4 weeks.

Some people experience pain during PDT, particularly if having treatment to the face. You will be given a local anaesthetic before the PDT to help ease the pain.

## Radiotherapy

Radiotherapy treats cancer by using x-rays to kill cancer cells. It is usually used in areas that are hard to treat with surgery, such as skin near the eyes, nose or forehead. It can also be used for skin cancers that have grown deeply into the skin.

You will lie on a treatment table while the radiotherapy machine is positioned around you. This can take 10–30 minutes but the radiotherapy treatment itself will probably only take a few minutes.

Treatment sessions are usually given over several weeks.

Skin in the treatment area may become red and sore after 2–3 weeks of radiotherapy. For more information about managing this side effect and any others, call Cancer Council Helpline 13 11 20 for a free copy of the booklet *Understanding Radiotherapy*.

### Removing lymph nodes

Skin cancer (SCC or melanoma) can spread to the lymph nodes (also called lymph glands). Lymph nodes are roughly the size of a kidney bean and are located in the neck, groin, pelvis, stomach and underarms. They are involved in the body's fight against infection and cancer.

If the cancer has spread, the doctor may recommend a lymph node dissection. This means that the cancerous lymph nodes are cut out. This procedure will reduce the chance of the cancer spreading to other parts of the body or coming back.



## Key points

- Sometimes skin cancer can be removed with a biopsy and no further treatment is needed. If some skin cancer remains after the biopsy, you will need other treatment.
- Surgery is the most common and successful treatment for skin cancer.
- The doctor, who may be your GP, a dermatologist or plastic surgeon, will carefully cut out the skin cancer. You will have stitches or the doctor will use some skin from another part of your body (a skin flap or skin graft) to cover the wound.
- Mohs' surgery, also known as microscopically controlled excision, is a specialised surgery that is only available at a few hospitals in Australia. The surgeon removes layers of cells and checks them under a microscope immediately. The aim is to leave only healthy tissue.
- The doctor may gently remove the cancer with a sharp tool called a curette, and then use a low level electric current to stop bleeding and destroy any remaining cancer. This is called curettage and cautery.
- Cryotherapy is used to treat some skin cancers. The doctor sprays liquid nitrogen onto the skin, which freezes and kills the cancer cells.
- Other treatments for skin cancer include a cream treatment (imiquimod), light therapy (photodynamic therapy) and radiotherapy, which uses x-rays.
- Sometimes, SCC or melanoma spreads to the lymph nodes and the doctor must remove the affected lymph nodes (lymph node dissection).



# Making treatment decisions

Skin cancers can be treated by GPs, dermatologists (trained specialists in the prevention, diagnosis and treatment of diseases of the skin, including skin cancer) and plastic surgeons.

- Weigh up the advantages and disadvantages of different treatments, including the impact of any side effects.
- If only one type of treatment is recommended, ask your doctor why other choices have not been offered.
- If you have a partner, you may want to discuss the treatment options together. You can also talk to friends and family.

You have the right to accept or refuse any treatment offered by your doctors and other health care professionals.

Before you see the doctor it may help to write down your questions – see the list of suggested questions on page 36. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen.

## A second opinion

Getting a second opinion from another specialist may be a valuable part of your decision-making process. It can confirm or clarify your doctor's recommendations and reassure you that you have explored all of your options. Some people feel uncomfortable asking their doctor for a second opinion, but specialists are used to people doing this.

Your doctor can refer you to another specialist and send your initial results to that person. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. Alternatively, you may decide you would prefer to be treated by the doctor who provided the second opinion.

## Taking part in a clinical trial

Your doctor may suggest you consider taking part in a clinical trial. Doctors run clinical trials to test new or modified treatments to see if they are better than current methods. Over the years, trials have improved treatments and led to better outcomes for people diagnosed with cancer.

If you join what is called a randomised trial for a new treatment, you will be chosen at random to receive either the best existing treatment or a promising new treatment. To help you decide whether or not to participate, you can talk to your specialist or the clinical trials nurse. If you're still unsure, you can ask for a second opinion from an independent specialist. If you do decide to take part, you have the right to withdraw from the trial at any time; doing so will not jeopardise your ongoing treatment for cancer.

For more information about clinical trials and other research, including questions to ask your doctor and how to find a suitable study, call Cancer Council Helpline 13 11 20. You can also find trials on the website [www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au).



## After treatment: follow-up

Follow up will vary depending on the type of treatment you have. Some skin cancers require closer monitoring than others. Check with your doctor if you are unsure of your follow-up plan. If your wound doesn't heal or if you notice any other skin changes, see your GP or dermatologist.

### Will I get other skin cancers?

If you have been treated for skin cancer, you have a high chance of developing new skin cancers. Sun damage builds up over the years and can't be repaired. However, you can prevent further damage to your skin. Follow the steps on page 33 and make skin protection a part of your lifestyle throughout the year, not just in summer.

It is important to be familiar with your skin, check it for changes (self-examination) and visit your doctor for regular check-ups.

### How much sun is enough?

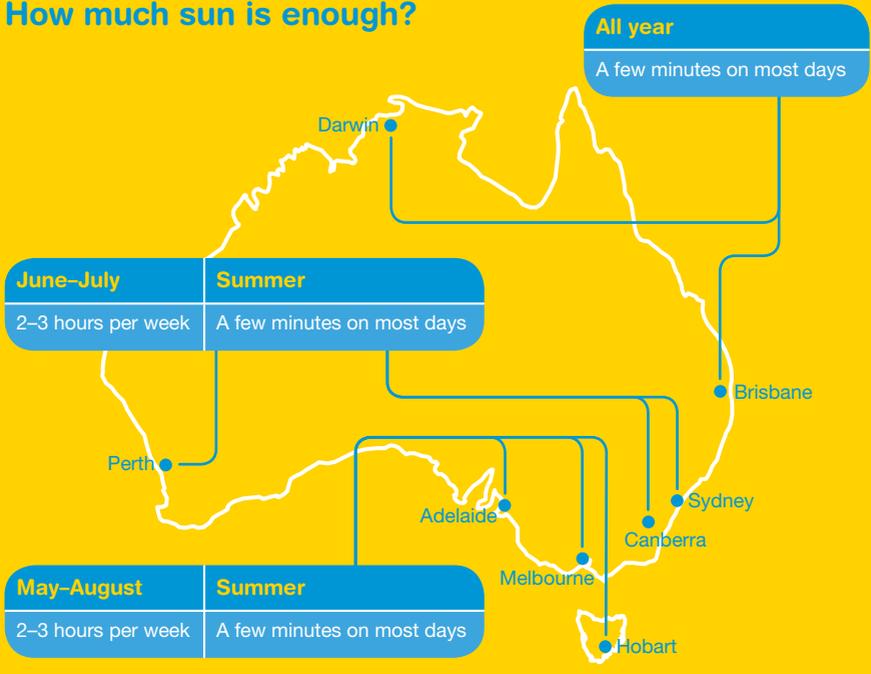
Sunlight is the best natural source of Vitamin D, which is needed to develop and maintain strong and healthy bones. It is made when skin is exposed to UV radiation from the sun.

The amount of sunlight you need to make vitamin D depends on several factors such as the UV level, your skin type, and your lifestyle. UV levels vary across Australia, throughout the year, and throughout the day. This means, the amount of time you need to be in the sun to make vitamin D will vary according to your location, the season and the time of day.

Prolonged sun exposure does not cause your vitamin D levels to increase further, but does increase your risk of skin cancer. Short incidental exposure to the sun, such as walking from the office to get lunch or hanging out the washing, is the best way to produce vitamin D.

If you're concerned about vitamin D, consult your GP. Vitamin D levels can be checked with a blood test, and your GP can advise on options, such as supplementation, depending on your individual circumstances.

## How much sun is enough?



## Protecting your skin

Use a combination of protective measures to protect your skin from the sun.

- Wear clothing that covers your shoulders, neck, arms, legs and body. The best protection comes from closely woven fabric.
- Use a SPF 30+ broad spectrum and water resistant sunscreen. Apply sunscreen 20 minutes before going out and reapply every two hours or after swimming or any activity that causes you to sweat or rub it off.
- Wear a broad-brimmed hat that shades your face, neck and ears. Adult hats should have at least a 7.5 cm brim.
- Use shade from trees, umbrellas, buildings or any type of canopy. Remember that UV radiation is reflective and bounces off surfaces such as concrete, snow, water and sand, causing you to burn even when you think you're shaded. If you can see the sky, even if the direct sun is blocked, the shade will not be completely protecting you from UV.
- Protect your eyes with sunglasses that meet the Australian Standard AS 1067. Wrap-around styles are best.
- Always protect your skin during the sun protection times indicated by the daily SunSmart UV Alert.
- Do not use solariums, tanning beds or sun lamps, which give off UV radiation.
- Babies and children should be protected from direct exposure to sunlight. Use shade, umbrellas, clothing and hats to protect them whenever the UV Index is 3 or above. Apply SPF 30+ sunscreen to the areas of a baby's or child's skin that cannot be covered with clothing, such as the face and the back of the hands.



# Seeking support

## Practical and financial help

Skin cancer may cause practical and financial difficulties, particularly for people living in the country who have to travel for treatment. Financial assistance – through benefits, pensions and programs – may help pay for prescription medicines and transport costs to medical appointments.

Ask Cancer Council Helpline 13 11 20 or the hospital social worker which services are available in your area and if you are eligible to receive them.

## Cosmetic care

Skin cancer treatments such as surgery, skin flaps or grafts, curettage and cautery, and cryotherapy often leave noticeable scars. In most cases your doctor will do everything possible to make the scar less noticeable. Scars will fade with time.

You may feel concerned with the appearance of the scar, especially if it's on your face. Various cosmetics are available to help conceal the scar. Your hairstyle or clothing might also cover scarring. You may want to talk to a counsellor, friend or family member about how you are feeling about any cosmetic changes.



# Useful websites

The internet has many useful resources, although not all websites are reliable. The websites below are good sources of information.

## Australian

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Cancer Council Australia.....	<b>www.cancer.org.au</b>
Cancer Australia.....	<b>www.canceraustralia.gov.au</b>
Cancer Connections.....	<b>www.cancerconnections.com.au</b>
SunSmart.....	<b>www.sunsmart.com.au</b>
Cancer Institute NSW.....	<b>www.cancerinstitute.org.au</b>
.....	<b>www.darksideoftanning.com.au</b>
National Skin Cancer Awareness Campaign .....	<b>www.skincancer.gov.au</b>
Australasian College of Dermatologists .....	<b>www.dermcoll.asn.au</b>

## International

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American Cancer Society .....	<b>www.cancer.org</b>
Macmillan Cancer Support.....	<b>www.macmillan.org.uk</b>
National Cancer Institute.....	<b>www.cancer.gov</b>



# Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your disease and treatment. If your doctor gives you answers that you don't understand, ask for clarification.

- What is this spot on my skin?
- Will I need a biopsy?
- What is my biopsy result? Is it a form of skin cancer?
- What type of skin cancer is it?
- Did the biopsy remove all of the skin cancer?
- Do I need a further treatment for this skin cancer? If so, what kind of treatment do you recommend?
- Do I need a referral to a dermatologist or plastic surgeon?
- What will happen if I don't have any treatment?
- How much will the treatment cost?
- Will there be any scarring after the skin cancer has been removed?
- Is this skin cancer likely to come back?
- How often should I get my skin checked?
- Where can I go for follow-up skin checks?
- Can I use sunscreen after the skin cancer has been removed?



# Glossary

You may come across new terms when reading this booklet or talking to health professionals. You can check the meaning of other health-related words at [www.cancercouncil.com.au/words](http://www.cancercouncil.com.au/words) or [www.cancervic.org.au/glossary](http://www.cancervic.org.au/glossary).

## **anaesthetic**

A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs part of the body; a general anaesthetic causes a person to lose consciousness for a period of time.

## **basal cell carcinoma (BCC)**

A type of skin cancer that develops in the basal cells of the epidermis (top) layer of the skin.

## **basement membrane**

The foundation layer of tissue that cells sit on.

## **benign**

Not cancerous or malignant.

## **biopsy**

The removal of a small sample of tissue from the body, for examination under a microscope, to help diagnose a disease.

## **cautery**

A treatment technique that uses electric current to stop bleeding.

## **cryotherapy**

The process of freezing and destroying cancer cells.

## **curettage**

The surgical removal of a growth using a small, spoon-shaped instrument with a sharp edge called a curette.

## **dermatologist**

A doctor who specialises in the prevention, diagnosis and treatment of skin conditions, including skin cancer.

## **dermis**

The lower layer of the two main layers that make up the skin.

## **dysplastic naevus**

A mole with irregular shape and patchy colour.

### **epidermis**

The top, outer layer of the two main layers that make up the skin.

### **hair follicle**

The sac in which the hair grows in the scalp.

### **invasive cancer**

Cancer that has spread deep into tissues at the primary site, and/or to other parts of the body.

### **lymph nodes**

Small, bean-shaped structures forming part of the lymphatic system. Also called lymph glands.

### **lymphatic system**

A network of tissues, capillaries, vessels and nodes that removes excess fluid from tissues, absorbs fatty acids, transports fat, and produces immune cells.

### **malignant**

Cancer. Malignant cells can spread (metastasise) and can cause death if left untreated.

### **melanin**

Brown pigment that gives skin its colour.

### **melanocyte**

One of the three cells that make up the skin's epidermis layer.

These cells produce melanin.

### **melanoma**

Cancer of the melanocytes.

### **metastasis**

A cancer that has spread from a primary cancer to another part of the body. Also known as secondary or invasive cancer.

### **Mohs' surgery**

A specialised surgical procedure for removing skin cancers little by little until only healthy cells remain. Also called microscopically controlled excision.

### **naevus (plural: naevi)**

A small dark spot on the skin which arises from skin cells called melanocytes. Also called a mole.

### **pathologist**

A specialist doctor who interprets the results of tests (such as blood tests and biopsies).

**photodynamic therapy**

A type of treatment using a cream that is activated by a light.

**plastic surgeon**

A surgeon trained in aesthetic (appearance) and reconstructive techniques.

**prognosis**

The expected outcome of a person's disease.

**radiotherapy**

The use of radiation, usually x-rays or gamma rays, to kill cancer cells or injure them so they cannot grow and multiply.

**secondary cancer**

A cancer that has spread from the original site to another part of the body.

**skin flap**

Moving nearby skin to close a wound.

**skin graft**

A shaving of skin moved from one part of the body to another to cover the area where the skin cancer was removed.

**solar keratosis**

A red, scaly spot on the skin that is a sign of sun damage to the skin. Also called a sunspot.

**squamous cell carcinoma (SCC)**

A type of skin cancer that begins in the epidermis.

**superficial skin cancer**

Cancer that only affects cells in the top layer of the skin on its surface. Not invasive.

**tumour**

An abnormal growth of tissue on or in the body. A tumour may be benign or malignant.

**ultraviolet (UV) radiation**

The invisible part of sunlight that causes skin damage. Also produced by solariums, tanning lamps and sun beds.

**UV Index**

A measure of the intensity of the sun's ultraviolet radiation.



# How you can help

At Cancer Council we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

**Join a Cancer Council event:** Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

**Make a donation:** Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

**Buy Cancer Council sun protection products:** Every purchase helps you prevent cancer and contribute financially to our goals.

**Help us speak out for a cancer-smart community:** We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

**Join a research study:** Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



# Cancer Council Helpline 13 11 20

Cancer Council Helpline is a telephone information service provided by Cancer Council Victoria for people affected by cancer.

For the cost of a local call (except from mobiles), you, your family, or friends can talk about your concerns and needs confidentially with experienced cancer nurses. Helpline nurses can send you information and put you in touch with support services in your area.

If you need information in a language other than English, you can call the Multilingual Cancer Information Line (see the back cover).

The Helpline is open Monday to Friday, 9am to 5pm. If calling outside business hours, you can leave a message and your call will be returned the next business day.

## Cancer Council Publications

If you found this booklet helpful, you might want to request another free resource from Cancer Council. Call the Helpline if you would like a copy of any of the following resources:

### Treatment and side effects

- Understanding chemotherapy
- Understanding radiotherapy
- Complementary and alternative cancer therapies

### Coping with cancer and recovery

- Nutrition and exercise
- Life with cancer
- Common questions about cancer pain
- Coping with cancer fatigue
- Sexuality and cancer
- When cancer won't go away



### **Cancer information in your language**

For the cost of a local call (except from mobiles), you can talk confidentially to a Cancer Council nurse with the help of an interpreter.

#### **Simply follow these steps:**

- 1.** Call **13 14 50**, Monday to Friday, 9am to 5pm.
- 2.** Say the language you need.
- 3.** Wait on the line for an interpreter (may take up to 3 minutes).
- 4.** Ask the interpreter to contact Cancer Council Victoria Helpline **13 11 20**.
- 5.** You will be connected to the interpreter and a cancer nurse.

For further information and details please visit our website: [www.cancervic.org.au](http://www.cancervic.org.au)