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Understanding cancer of the skin (non-melanoma)

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Understanding

Cancer of the Skin (Non-melanoma)

Caring for people with cancer



Understanding

Cancer of the skin (Non-melanoma)

This booklet has been written to help you understand about skin cancer. It has been prepared and checked by cancer doctors, nurses, other relevant specialists and patients. The information here is an agreed view on this cancer, its diagnosis and treatment and key aspects of living with it.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also list below any contact names and information you may need.



Specialist nurse	Tel:
Family doctor (GP)	Tel:
Dermatologist	Tel:
Surgeon	Tel:
Medical oncologist	Tel:
Radiation oncologist	Tel:
Radiation therapist	Tel:
Medical social worker	Tel:
Emergency number	Tel:
Treatments	Review dates

If you like, you can also add:

Your name _____

Address _____

This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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Introduction

This booklet has been written to help you learn more about skin cancer. It mainly deals with non-melanoma skin cancer. The other main form of skin cancer is melanoma. This type of cancer is discussed in more detail in the booklet *Understanding Melanoma*.

The booklet is divided into 4 parts:

- **About skin cancer** gives an introduction to skin cancer, including symptoms and diagnosis.
- **Treatment and side-effects** discusses the different treatments used for skin cancer and possible side-effects.
- **Coping and emotions** discusses how you can cope with your feelings and the emotional effects of having cancer.
- **Support resources** gives information on further sources of help and support. This includes helpful organisations, books, support groups and websites. You will also find an easy-to-read explanation of words and terms used throughout this booklet.

We hope the booklet answers some of your questions and encourages you to discuss them with your doctors and nurses. Talk to your doctor about your treatment and care, as the best choice for you will depend on your particular cancer and your individual circumstances.

>>> Reading this booklet

You do not need to know everything about non-melanoma skin cancer straight away. Read a section about a particular item as it happens to you or if you are interested in it. Then when you want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call our Cancer Nurseline on Freephone 1800 200 700. It is open Monday to Thursday 9am–6pm and Friday 9am–5pm. You can also email us at cancernurseline@irishcancer.ie or visit a Daffodil Centre. See page 45 for more about Daffodil Centres.



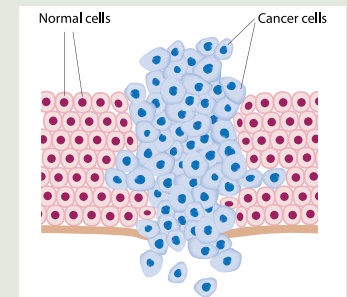
Cancer Nurseline Freephone 1800 200 700

About skin cancer

>>> What is cancer?

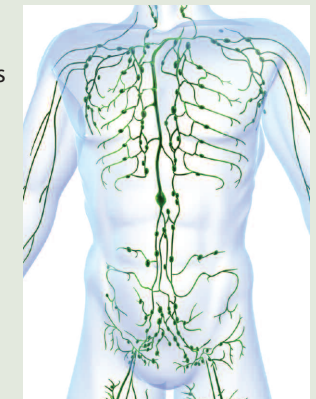
Cancer is a word used to describe a group of diseases, not just one. There are more than 200 different types of cancer. Each is named after the organ or type of cell in which the cancer first grows. For example, prostate cancer, breast cancer or leukaemia. All cancers are a disease of the body's cells, which are the building blocks of your body. Normally, cells grow and divide in a controlled way and replace old cells to keep the body healthy. But with cancer, the abnormal cells grow without control. Groups of abnormal cells can form a growth or tumour.

Tumours can be either benign or malignant. Benign tumours do not spread to other parts of your body but malignant tumours do. This happens when a cell or group of cells breaks away and are carried by your bloodstream or lymph vessels to other tissues and organs in your body. These cells can then grow into a new tumour. The new growth is called a metastasis or secondary tumour.



What is the lymphatic system?

The lymphatic system is made up of groups of lymph nodes throughout the body. Lymph nodes are found mainly in the neck, armpit, groin and tummy. Lymph nodes are connected by a network of lymph vessels. These lymph vessels are tiny tubes, which usually lie just under the skin. The lymph vessels transport lymph fluid, which carries extra fluid and waste from body tissues. Sometimes cancer cells spread into lymph nodes or start in the lymph nodes themselves. If this happens the lymph nodes become swollen.



Lymphatic system



To sum up

- Cancer is a disease of the cells of your body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by your bloodstream or lymph vessels somewhere else, where they can develop into a secondary tumour, also known as metastasis.

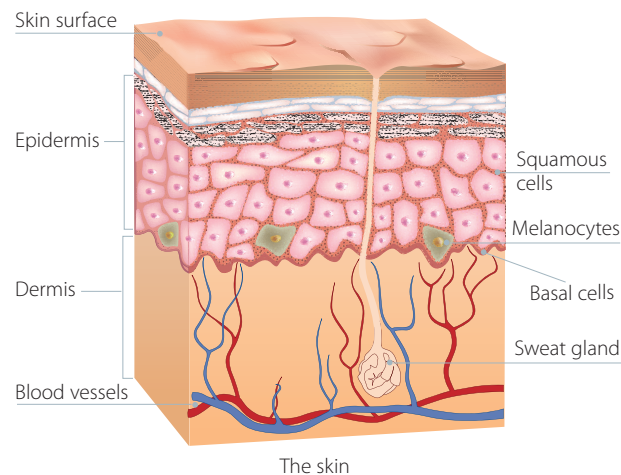
What is the skin?

The skin is the outer covering of your body. It protects your body from injury, heat and infection. It also helps to control body temperature and get rid of waste matter through your sweat glands.

The skin has two main layers. These are the epidermis and the dermis.

The epidermis is the outer layer of your skin. It is mainly made up of flat, scale-like cells called squamous cells. These cells make keratin, which is a strong protein found in hair and nails. Under the squamous cells are round cells called basal cells. The deepest part of the epidermis also contains melanocytes. These cells make melanin, which gives your skin its colour.

The dermis is the inner or deeper layer of your skin. It contains blood and lymph vessels, hair follicles and glands. These glands make



sweat, which helps to control body temperature, and sebum. Sebum is an oily substance that stops your skin from drying out. Sweat and sebum reach the skin's surface through tiny openings called pores.

How common is skin cancer?

Non-melanoma skin cancer is the most common cancer in Ireland and the number of cases is rising. In 2012, there were 9402 people diagnosed with it: 4212 women and 5190 men. Most cases are caused by UV rays from the sun.

Melanoma skin cancer is a more serious form of skin cancer and is less common. In 2012, there were 863 people diagnosed with it in Ireland: 469 women and 393 men.

What are the types of skin cancer?

The type of skin cancer depends on the kind of skin cells that are affected.

- **Non-melanoma skin cancers:** These are the most common types of skin cancers. They affect the basal cells or the squamous cells in your skin. This booklet is about non-melanoma skin cancer.
- **Melanoma skin cancer:** This is less common and affects the melanocyte cells in the skin. If you want more information on melanoma, please see our booklet, *Understanding Melanoma*.

Non-melanoma skin cancer

The most common types of non-melanoma skin cancer are basal cell cancer and squamous cell cancer. These are also called basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).

Basal cell cancer

Basal cell cancer is a cancer of the cells at the base of the outer layer of your skin, the epidermis. It is the most common type of skin cancer. Most basal cell cancers are slow growing and develop over months and years. If left untreated, they can grow bigger and form an ulcer known as a rodent ulcer. Usually basal cell cancers do not spread to other tissues and organs.

Squamous cell cancer

Squamous cell cancer is a cancer of the squamous cells, which are the cells nearest the surface of your skin. They lie just above the basal cells. It is the second most common type of skin cancer in Ireland. If left untreated, squamous cell cancer can grow bigger or spread to other parts of your body. Even so, most patients are completely cured with just surgery.

Less common non-melanoma skin cancers

There are also other non-melanoma skin cancers. These are quite rare. For example:

Kaposi sarcoma: This skin cancer develops in the skin's blood vessels and causes red or purple patches on the skin or mucous membranes. It affects people with weak immune systems, such as those with AIDS or those taking medications that affect their immune system.

Merkel cell cancer: This cancer forms firm, shiny lumps on or just beneath the skin. These may be red, pink or blue in colour. Merkel cell cancer is usually found on the head, neck, arms and legs.

Lymphoma of the skin: This is caused by the uncontrolled growth of a type of white blood cell within the skin called a T-cell, or occasionally a B-cell.

Precancerous changes

There are certain skin changes that are not malignant but still carry a risk of developing into cancer at a later stage. These early forms of cancer are called precancerous or premalignant changes.

The word dysplasia (dis-play-see-a) is often used to describe these changes. Dysplasia refers to changes in the normal structure of the cells and their growth. But it does not mean that you have cancer.

- **Actinic keratosis (plural: actinic keratoses):** Sun damage may cause scaly rough scaly spots or patches on the skin called actinic keratoses. These may be pink-red or flesh coloured. They can appear on the face, ears, back of hands and arms of middle-aged or older people with fair skin. This kind of skin damage is caused by the casual exposure to sunlight over the years, from living in sunny climates or working outdoors. Actinic keratoses can also be called solar keratoses.

- **Bowen's disease:** Bowen's disease is a skin growth found only on the outer layer of the skin. It looks like scaly red patches that may be crusted. It is also known as 'squamous cell carcinoma in situ' because it remains in the outer skin layer only and does not grow deeper into the skin. The biggest risk factor for Bowen's disease is long term exposure to the sun. It can also occur in areas that have had no exposure to the sun. Women are usually affected more than men.

Melanoma skin cancer

Melanoma is a cancer of the melanocytes, which are cells that produce melanin. They are found in the deepest layer of the epidermis (top layer of the skin). Melanoma is a rare type of skin cancer. The cancer may begin in a mole or as a new growth. Melanomas are usually dark in colour but may also be pink, red or flesh coloured. Melanomas can also begin in other parts of the body with melanocyte cells, such as the eye, bowel or genital area.

If the melanoma is not removed, the cells can grow down deeper into the layers of your skin. These layers have tiny blood vessels and lymph channels and can travel to other parts of your body. The details on melanoma in this booklet are brief but if you would like more information, call our Cancer Nurseline on 1800 200 700 for a free copy of the booklet, *Understanding Melanoma*. You can also download it from www.cancer.ie or pick one up at a Daffodil Centre.

What causes skin cancer?

The main cause of skin cancer is ultraviolet (UV) light from the sun.

Some people are more at risk than others. You may develop skin cancer if you

- have fair, light-coloured skin that freckles or burns easily
- had severe or blistering sunburn as a child
- have been exposed to sunlight all your life
- use or have used tanning beds or sunbeds
- have a history of severe skin damage, for example, burnt skin
- have a history of skin cancer

- have a history of moles on your skin
- have a history of skin cancer in your family
- have had radiotherapy in the past
- have reduced immunity from taking certain medications that suppress your immune system
- have a rare inherited condition like albinism or xeroderma pigmentosa or Gorlin syndrome.

»»» The main cause of skin cancer is ultraviolet (UV) light from the sun.

- **UV radiation:** Exposure to ultraviolet (UV) rays from the sun or tanning lamps and sun beds greatly increases your risk of developing skin cancer. UV radiation damages the DNA in skin cells, causing mutations (changes in the cell genes). Being outside can expose your skin to the sun's harmful UVA and UVB rays, even on cool or cloudy days.
- **Sun beds and sunlamps:** Sunbeds and sunlamps use UV radiation A (UVA) and B (UVB) to tan the skin. People who have used a sunbed, even just once, have a 20% increased risk of melanoma skin cancer. Using sunbeds from a young age increases your risk even more. There is now evidence that using sunbeds increases the risk of all types of skin cancer.
- **Skin type:** White people with fair (light-coloured) skin that freckles or burns easily are at high risk of skin cancer. This type of skin usually goes with fair or red hair and blue eyes. Black or brown-skinned people are protected by the pigment melanin in their skin and so have a lower risk. However, skin cancer is an issue for everyone, no matter what their skin type.
- **Childhood sun damage:** Severe or blistering sunburn as a child may increase the risk of developing skin cancer later on in life, especially melanoma.
- **Age:** Most squamous cell and basal cell carcinomas appear after the age of 30. They are becoming increasingly common in young people.

- **Gender:** Men are twice as likely as women to have basal cell cancers and three times as likely to have squamous cell cancers. It is believed that men are more exposed to UV rays from working outdoors and playing sport, and from not using sunscreen or wearing protective clothing.
- **Having had skin cancer before:** If you have had skin cancer before you are at higher risk of developing another skin cancer.
- **Moles:** Having a large number of moles or moles that are unusual can increase your risk of melanoma skin cancer.

Other possible causes

An increased risk of skin cancer is also due to the following:

Chronic ulcers: Skin cancers can sometimes develop from chronic ulcers, often on the leg.

Burns: Though it happens rarely, squamous cell cancer can develop on skin badly burnt from fire or chemicals.

Radiotherapy: Radiotherapy given to treat other conditions can sometimes cause skin cancers later in life.

Reduced immunity: Skin cancer may develop if you are taking drugs over a long period that lower your immunity (immunosuppressants). For example, drugs needed after an organ transplant.

Hereditary conditions: Some rare hereditary conditions, for example albinism, Gorlin syndrome and xeroderma pigmentosa, can lead to skin cancer. But this does not mean that skin cancer can be passed on to other family members by abnormal genes.

PUVA therapy: The drug psoralen (P) with ultraviolet A light (UVA) is a common treatment for skin conditions such as psoriasis. PUVA may increase your risk of getting non-melanoma skin cancer. But the UV exposure is carefully controlled in this treatment and the benefits and risks will be balanced by your doctor.



To sum up

- The type of skin cancer depends on the kind of skin cells that are affected.
- Non-melanoma skin cancer affects the basal or squamous cells.
- Melanoma skin cancer affects the melanocyte cells.
- The most common types of non-melanoma skin cancer are basal cell cancer and squamous cell cancer.
- Certain skin changes that are not malignant still carry a risk of developing into cancer later. These are called precancerous or premalignant changes.
- The most common precancerous conditions are actinic keratosis and Bowen's disease.
- Skin cancer is mainly caused by ultraviolet (UV) light from the sun.
- Your risk of skin cancer increases if you have fair, light-coloured skin, a history of sun exposure and skin damage, used sunbeds, a family history of skin cancer or moles on your skin, had radiotherapy, or you have taken certain drugs that reduce your immunity.

What are the signs of skin cancer?

Skin cancers in general appear on the face, neck or other areas of exposed skin. The most common warning sign is a change on your skin, especially a new growth or a sore that does not heal. Usually they are painless and grow slowly. Occasionally lesions are tender and may grow rapidly.

Skin cancers do not all look the same. They can appear as any of the following:

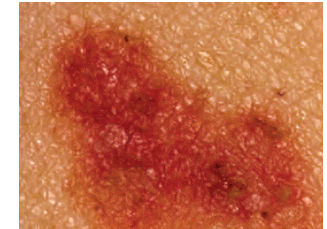
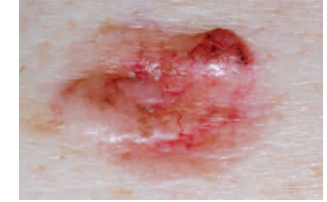
- A small lump
- Flat, red spot
- Firm, red lump
- A lump or spot that is tender to touch
- An ulcer that will not heal
- A lump with a scaly or horny top
- Rough, scaly patches

What does basal cell cancer look like?

- A small lump on the skin that may look smooth and pearly or waxy.

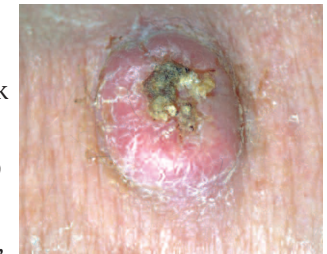
or

- A flat red spot, scaly and crusty.
- It may bleed sometimes or develop a crust.
- It may begin to show signs of healing but never does quite heal.
- Found on exposed skin, especially face, head and neck.



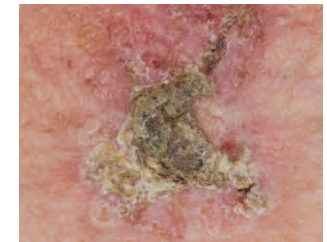
What does squamous cell cancer look like?

- A lump on the skin, which may also look scaly.
- A hard, horny cap that can feel tender to touch.
- Found on the face, lips, bald scalps, ears, arms, backs of hands and lower legs.



What does actinic keratosis look like?

- Rough, scaly patches.
- Begin as small, red or brown patches.
- Become thicker and rougher over time.
- One or many more may appear.
- Found on the face, ears, back of hands, forearms and bald scalp.

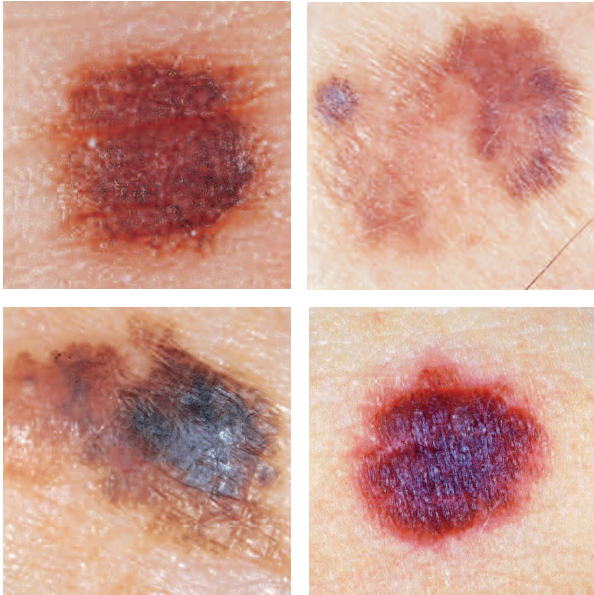


What does Bowen's disease look like?

- A red and scaly patch on the lower legs.
- Can also occur on any part of the body.
- Some people develop more than one patch.

What do melanomas look like?

- A mole that suddenly gets bigger or a new mole on your skin.
- The mole has developed a ragged or uneven outline.
- The mole has a mixture of different shades of brown, black or other colours through it.
- The mole is bigger than the blunt end of a pencil.
- The mole looks red or inflamed around the edges.
- The mole is bleeding, oozing or crusting.
- The mole starts to feel different, for example, itchy or painful.
- A colourless mole changes or a new colourless mole appears
- Melanomas can be dark in colour or pink, red or skin colour.



>>> Skin cancers do not all look the same.

Seek advice

If you notice anything unusual on your skin that does not go away within a month, show it to your family doctor (GP).

There are many skin conditions that are not cancerous, particularly among older people. Your doctor might call a change on your skin a lesion. A lesion refers to an area of skin that has suffered damage because of injury or disease. It includes moles, warts, ulcers and scars. You may wish to have these treated for cosmetic reasons.

If you have a risk factor for skin cancer (see page 9), you should check your skin regularly. If you are concerned about any change to your skin, talk to your doctor about being referred to a skin specialist called a dermatologist.



To sum up

Skin cancers do not all look the same. They can appear as any of the following:

- A small lump
- Flat, red patch
- Firm, red lump
- A lump or spot that is tender to touch
- An ulcer that will not heal
- A lump with a scaly or horny top
- Rough, scaly patches
- A mole that has changed colour, size or shape
- A mole that is bleeding, oozing or crusting
- A new mole, which may be brown, black, pink, red or skin colour.

How is skin cancer diagnosed?

Both basal cell and squamous cell cancers are generally diagnosed in the same way. Most people begin by visiting their family doctor (GP). He or she will ask some questions about your health and examine your skin. If concerned about you, your GP may refer you to a skin specialist (dermatologist) or surgeon. Some GPs have a special interest in dermatology and are trained in minor surgery and may decide to treat you in the surgery themselves.

In most cases, the specialist can tell if the lesion is harmless or not just by looking at your skin. A skin biopsy can confirm the diagnosis.

Melanoma skin cancer is diagnosed in a slightly different way. For details see our booklet *Understanding Melanoma*.

Skin biopsy

A skin biopsy removes a sample of the cancer cells from your skin. It is quick and straightforward and usually done in the outpatients department or in a GP surgery. You will be given a local anaesthetic but normally it causes little pain.

A small cut is first made through your skin and some of the affected skin is removed. Usually the biopsy takes 5–10 minutes. You may need a couple of stitches afterwards and these can be removed 7–10 days later. The skin sample is then examined under a microscope to see if cancer cells are present. You will get the biopsy results after 1 to 2 weeks. Do have someone to bring you home after the biopsy, as you may feel a little tired.

Excision biopsy

Sometimes a biopsy is the only treatment needed for non-melanoma skin cancer. An excision biopsy is when all the cancer is removed as well as some skin around the affected area. This is to make sure that no cancer cells are left behind. See page 22 for more about excision.

Other tests

As well as the biopsy, your doctor will examine your skin to see if there are any other changes. Your doctor may feel your lymph glands to see if any are enlarged (swollen). If the physical exam or the biopsy result makes your doctor think the cancer may have begun to spread, you may have further tests to stage the cancer. Staging means finding out the size of the skin cancer and if it has spread or not. It is rare for non-melanoma skin cancer to spread beyond the skin. The tests used to stage skin cancer are usually a CT scan or MRI scan.

The results of your biopsy, skin exam and any other tests will help your doctor to decide if you need further treatment.

CT scan: This is a special type of X-ray that builds up a picture of the tissues inside your body. For some CT scans you cannot eat or drink for a few hours beforehand. For others, you may be given a special drink that helps to show up certain parts of your body on the scan. The test does not hurt and most people can go home afterwards.

MRI scan: This scan uses magnetic energy to build up a picture of the tissues inside your body. You may get an injection beforehand to show up certain areas of your body.

During the scan you cannot wear any metal jewellery or hair clips or prostheses. Those who have certain medical devices in their body, like a pacemaker or metal pin, are usually not suitable for the test. If you have a nicotine patch or other drug patch you may be asked to remove it to prevent a skin burn. The test itself does not hurt and you can go home afterwards.



CT scan

Will I need these extra tests?

Basal cell cancers: Most people with basal cell cancer do not need extra tests to find the stage of the cancer. This is because it is very rare for this type of cancer to spread beyond where it first grows. Fully removing the cancer by excision biopsy is usually the only treatment you need. Tests will only be done if the cancer is very large.

Squamous cell cancers: It is rare for this type of skin cancer to spread, but you may need to have tests to find the stage or extent of any spread. Your doctor will also want to make sure there is no need for further treatment. This is important if the growth is large, or if you have had treatment for skin cancer before and it has come back.

>>> The results of your biopsy, skin exam and any other tests will help your doctor to decide if you need further treatment.

How is skin cancer staged?

Staging means finding out the size of the skin cancer and if it has spread or not. This will help your doctor to decide what is the best treatment for you. Staging is usually done for squamous cell cancers as they are more likely to spread. Doctors use the numbers 0 to 4 to stage skin cancer. The numbers describe how far the cancer has spread and how many lymph nodes near or far are affected. Staging also describes whether or not the cancer has spread to other distant organs (metastasis). In general, the lower the number, the less the cancer has spread.

- **Stage 0:** The cancer is found only in the top layer of skin. Bowen's disease is considered stage 0.
- **Stage 1:** The cancer is less than 2 cm across and has not spread.
- **Stage 2:** The cancer is more than 2 cm across and has not spread.
- **Stage 3:** The cancer has spread to the tissues under your skin and maybe to nearby lymph nodes.
- **Stage 4:** The cancer has spread to another part of your body, for example, muscle, cartilage or bone. This rarely happens with basal and squamous cell cancers.

The stages can be hard to understand. Ask your doctor or nurse if you would like them explained in more detail.



Treatment and side-effects

How is skin cancer treated?

Surgery is the main treatment for skin cancer. Usually it is the only treatment you will need. Surgery aims to remove the cancer cells. Most people with non-melanoma skin cancer are completely cured with surgery alone. If you had a biopsy (see page 16) you may not need any further treatment, as the biopsy may have removed all of the cancer.

Your doctor will plan your treatment by looking at:

- Your age
- Your general health
- The type and size of the cancer
- Where the cancer is
- What the cancer cells look like under the microscope

Treatments for non-melanoma skin cancer include:

Surgery: This involves cutting out or scraping away (curettage) the cancer cells. Other surgical methods include cryotherapy and Moh's surgery. See page 21 for more details.

Topical chemotherapy: Cream is placed directly on your skin to kill the cancer cells. See page 25 for more details.

Topical immunotherapy: A cream that contains an immunotherapy drug is put on your skin. This helps the body's immune system to attack the cancer cells. See page 26 for more details.

Photodynamic therapy (PDT): A light sensitising cream is applied to the affected skin. Visible light shining on this area destroys cancer cells. See page 27 for more details.

Radiotherapy: High-energy rays are used to shrink or destroy the cancer. This may be done if surgery is not possible for any reason. See page 29 for more details:

Chemotherapy into a vein: Chemotherapy may be given through a vein, but this is rare. See page 31.

»»» Surgery is the main treatment for all skin cancers.

Specialist care

Depending on the stage of your cancer and the treatment you need, your dermatologist may refer you to other doctors. For example, a general surgeon or a doctor who specialises in cancer (medical oncologist) or in radiotherapy (radiation oncologist).

Giving consent for treatment



Before you have a skin biopsy or start any treatment, your doctor will explain the aims of the treatment to you. You should be asked to sign a consent form saying that you give permission for treatment to be given. Before treatment, you should have been given full information about:

- What the treatment is for
- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Any other treatments that may be available

Benefits and risk of treatment: Your doctor will explain the benefits and risks of the recommended treatment. The benefits and risks will depend on your situation.

You have the right to accept or refuse treatment. If you choose not to have the treatment, let your doctor or nurse know your concerns. Your doctor or nurse will explain what might happen if you choose not to have treatment.

If you are confused about any of the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can still change your mind after you have started treatment. Talk to your doctor or nurse if you have any worries about your treatment plan. You can also speak to a specialist cancer nurse by visiting a Daffodil Centre or by calling our Cancer Nurseline on 1800 200 700.

Individual treatment

You may notice that other people with skin cancer are having different treatments from you. This is because no two skin cancers are the same and different people have different needs. If you have any questions about your treatment, do not be afraid to ask your doctor or nurse.

It often helps to write down any questions you have for your doctor. The fill-in page at the back of this booklet may help. You might also wish to bring a close friend or relative with you to your appointments. They can remind you of the questions you wanted to ask, and afterwards help you to remember what the doctor said.

Surgery

Surgery is the most common way of treating skin cancer. The aim of surgery is to fully remove the cancer, leaving as small a scar as possible. The type of surgery you have will depend on the size of the cancer.

Types of surgery

Excision: Small cancers can be removed by cutting them out (excision) or by scrapping them away and stopping the bleeding by heat or electricity (curettage and electrocautery). See pages 22 and 23 for more.

Wide local excision: This is done occasionally to remove additional skin around the tumour if it is considered high risk. If a large area of skin has to be removed, you may need a skin graft or flap to cover the area removed.

Cryotherapy/cryosurgery: Cryotherapy (also called cryosurgery) can treat skin cancers if they are quite small and not very deep. Cryotherapy means killing the cancer cells by freezing them with liquid nitrogen.

Moh's surgery: Another way to remove skin cancer cells is by margin-controlled excision or Moh's surgery. This is a very specialised treatment but it is becoming more widely available in Ireland.

Removing lymph nodes: In a few patients with squamous cell skin cancer, the cancer can spread, although this is rare. Your doctor might decide to remove the nearby lymph nodes in this case.

Cutting out the cancer cells (excision)

Your dermatologist or surgeon will remove the tumour and also some normal skin around it. This is to make sure that the cancer has been fully removed. If the cancer is fairly small, the surgery will not take long and is usually done under local anaesthetic.

Stitches: You will need stitches after the surgery. These can be removed 7 to 10 days later. A dressing will cover the wound and the hospital staff will let you know how to look after it. Most people can go home on the same day.

Skin grafts and flaps

If the tumour is large, more of the skin may need to be removed. It may not be possible to stretch the nearby skin to close the wound. As a result, you may need a skin graft or skin flap to cover the area.

Skin grafts and flaps are layers of healthy skin taken from another part of your body. Depending on the size, this may be done under local or general anaesthetic, usually by a plastic surgeon or specialist surgeon. The area where the skin is taken from is called the donor site.

Skin grafts: A skin graft is a very thin layer of skin taken from another part of your body that is placed over your wound. It is often taken from your inner thigh. A skin graft for your face will usually be taken from behind your ear or neck to match your skin colour.

Skin flaps: A skin flap is a thicker layer of healthy skin from very close to the wound, where the cancer has been removed. The skin, together with the blood vessels that supply it, is moved to close over the wound.

Most patients with a skin graft go home on the same day. Depending on the size of the graft or flap, you may need to stay in hospital for a few days. A dressing will cover the area to protect the graft or flap and prevent infection. It takes some time for the skin graft area to heal and the scars to fade. The donor site area can look like a large graze but it heals very quickly.

>>> Skin grafts and skin flaps use your own healthy skin to cover over a wound after you have had surgery for skin cancer.

Curettage and electrocautery

Curettage and electrocautery is only suitable for small non-melanoma skin cancers. It is also known as curettage and cautery or 'C and C'. It involves scraping away the cancer and using heat or electricity to stop any bleeding.

First, you will be given a local anaesthetic to numb the area. Then your doctor will use a small spoon-shaped tool called a curette to scrape away the cancer and tissue around it. An electric needle is then used to kill the cells directly around the wound, in case any cancer cells are left behind. The electric current also helps to control any bleeding. This treatment can be used again if needed. Afterwards, you may be left with a scar that looks different from your normal skin colour.

Cryotherapy

Cryotherapy or cryosurgery is only suitable for pre-cancerous changes or for very small non-melanoma skin cancers. These include superficial basal cell cancers, actinic keratoses and Bowen's disease. Cryotherapy involves using extreme cold to kill the cancer cells. First, liquid nitrogen is sprayed onto the cancer to freeze it. The coldness of the liquid can sting a little at first and later feel like a burn. A dressing will cover the area until a scab forms. After about 4 weeks, the scab drops off along with the tumour. You may be left with a white scar in the area. Sometimes, the treatment can be repeated to remove the tumour fully.

Moh's surgery

Moh's surgery is a very specialised technique used to remove skin cancer.

The aim of Moh's is to remove all the cancer tissue and the least amount of healthy tissue. During the surgery, the tumour is removed a little at a time. Once removed, each piece is examined straight away under a microscope in the laboratory. If it contains cancer cells, more tissue is removed and examined. The surgeon continues to remove tissue until there are no signs of any cancer cells.

The surgery is slow and takes time, as the surgeon will keep as much of the healthy skin as possible. It is usually done under local anaesthetic in the day theatre. Usually you will not need to stay in hospital overnight.

Removing lymph nodes

You may need surgery to remove the lymph nodes from the area around the cancer. This only rarely happens if you have squamous cell cancer that has spread. The operation is called a lymphadenectomy and will help to prevent further spread. The main areas where lymph nodes are found are in your neck, armpit and groin. If you have a skin cancer on your scalp or face, the lymph nodes on that side of your neck may be removed.

The operation is done under general anaesthetic by a general surgeon. Very little preparation is usually needed but your doctor and nurse will explain what is needed in detail.

After surgery to remove lymph nodes: After the operation, you will have tubes that drain fluids from your wound. These drains will be removed a few days later. You might feel sore and have shoulder stiffness for the first few days, but this will ease as the area heals.

Side-effects: In a small number of cases, swelling may occur near the wound. The swelling is called lymphoedema. It can happen soon after surgery or weeks or months later. Lymphoedema usually happens in the arm if lymph nodes under your arm are removed or in your leg if lymph nodes in your groin are removed. Occasionally it can affect other parts of the body, such as the face or neck. It is important to treat any swelling as soon as possible, so let your doctor or nurse know if you notice any swelling, even if this happens a long time after your surgery. If you would like more information about lymphoedema, a factsheet is available from the Irish Cancer Society. Call our Cancer Nurseline on 1800 200 700 for a free copy, download it from www.cancer.ie or visit a Daffodil Centre.



To sum up

- Surgery is the most common method of treating skin cancer.
- The aim of surgery is to remove the cancer, leaving as small a scar as possible.
- An excision biopsy is sometimes the only treatment needed to cure the cancer.
- Larger skin cancers may need a skin graft or flap.
- Other treatments include curettage and electrocautery, cryotherapy and Moh's surgery. Occasionally lymph nodes are removed, but it is rare for non-melanoma skin cancer to spread to the lymph nodes.

Topical chemotherapy

Chemotherapy uses drugs that cure or control cancer. The chemotherapy can be given as a cream or through a drip into a vein. Chemotherapy through a drip is rarely used to treat non melanoma skin cancer. For superficial or early skin cancers, topical chemotherapy may be given. This means putting a cream containing chemotherapy drugs directly onto the skin cancer.

When used as a cream, the drug reaches cancer cells locally, on the skin surface. Very little of the drug is absorbed into the body.

You will be given the cream to take home and put on by yourself. The cream is usually put on once or twice a day for a few weeks, or as your doctor prescribes. It is best to massage it into the skin and keep it uncovered. Remember to wash your hands before and afterwards.

Side-effects of topical chemotherapy

Red, inflamed, sore skin: The cream will make your skin red, inflamed and sore. Do not worry as this side-effect will not last long. The skin will take a week or two to heal after treatment is over. Sometimes your doctor may prescribe a steroid cream to ease the inflammation if your skin is very sore. Avoid sunlight until the area has healed.



To sum up

- Chemotherapy is commonly used in cream form at home to treat precancerous lesions, superficial or early cancers only.
- Your skin will become red, sore and inflamed for a short while.
- Chemotherapy through a vein is rarely used for non-melanoma skin cancer.

Topical immunotherapy

Immunotherapy drugs use your body's immune system to attack and kill cancer cells. When immunotherapy drugs are given directly onto the skin in a cream, it is called topical immunotherapy.

>>> Immunotherapy uses your body's immune system to attack and kill cancer cells.

Immunotherapy cream is normally used in areas where surgery may be difficult or if you have more than one tumour. The cream can be used on your chest, neck, arms, hands, legs and feet. Unlike surgery, the cream does not cause scarring.

You will be given the cream to take home and put on once a day for a number of weeks. Your doctor or specialist nurse will give you instructions and any advice needed. Some redness or crusting of your skin can happen during the treatment but this will clear up and leave no scarring.



To sum up

- Immunotherapy uses your body's immune system to fight cancer.
- When the drug is used as cream, it is called topical immunotherapy.
- Immunotherapy cream is often used to treat small, superficial basal cell cancers and actinic keratoses.
- It is used in areas where surgery may be difficult or if you have more than one tumour.
- Redness or crusting of your skin is common during treatment.

Photodynamic therapy (PDT)

Photodynamic therapy is used to treat skin cancer and other cancers. A cream is applied to the skin, which makes the abnormal cells more sensitive to light. When a light is shone on the treated area, the cancer cells are destroyed. It works well in the treatment of superficial skin cancers like Bowen's disease, solar keratoses or superficial basal cell cancers. It is not suitable for deep skin cancers as the light cannot reach far enough into the skin.

The treatment is given in specialised centres. Any scales or crusts on the tumour are first removed from your skin. Then the cream is placed on the lesion and nearby skin. This cream contains a drug called 5-aminolaevulinic acid (ALA). The cream will make your skin very sensitive to light, so it will be covered with a dressing to protect it. It will take about 3 to 4 hours for the drug to be absorbed by the cancer cells.

After several hours, the dressing is removed and a special light is shone on the treated area. This usually lasts around 15 minutes. The light will activate the drug and so kill the cancer cells. The cream does not destroy the healthy skin cells. Cooling sprays and cold air fans can help to relieve any discomfort you may feel during treatment. Occasionally a local anaesthetic is used.

Daylight PDT: This type of PDT uses daylight as the light source. The cream is applied to the skin for 30 minutes followed by a longer exposure time of about 2 hours. It is useful for certain body sites but may be restricted by weather conditions.

After PDT: Once the treatment is over, a dressing or scarf or hat is put on the area to protect it from light until the end of the day. You may be advised to keep the dressing dry for 1–3 days. After that you can bathe and shower as normal but remember to treat the area gently. A scab will form and eventually fall off, leaving healthy skin in place with no scar.

>>> Photodynamic therapy is a treatment using a light-sensitive drug and a light to kill cancer cells.

Your doctor will let you know how many treatment sessions you need. Sometimes one, two or three treatments are given.

Side-effects of photodynamic therapy

Skin burn: During PDT you may experience a hot or burning sensation on your skin, usually at the start of the treatment. This can be helped by using a fan or spraying cold water on your skin. Your doctor may prescribe a steroid cream if it becomes painful.

Sensitive to light: The treated skin will be sensitive to daylight and bright, indoor light for about 48 hours afterwards. During this time you must keep the treated area covered. Some people are very sensitive to light and cannot tolerate the treatment. If you cannot tolerate the light, treatment will be stopped.



Photodynamic therapy (PDT)



To sum up

- Photodynamic therapy (PDT) is a treatment using a light-sensitive drug and a light to kill cancer cells.
- It is suitable for superficial skin cancers like Bowen's disease, solar keratoses or superficial basal cell cancers.
- The treatment may cause a burning sensation at first and make your skin sensitive to light.

Radiotherapy

Sometimes radiotherapy can be used to treat skin cancer, although surgery is the more common treatment. For non-melanoma skin cancer, you will need to have a skin biopsy first. With radiotherapy, high-energy rays are aimed at the cancer to cure or shrink it. Radiotherapy can sometimes work well for skin cancers in areas where surgery might be difficult or cause scarring. It can also be effective for large cancers or for tumours that have grown deeply into the skin, but not for melanomas.

››› Radiotherapy works well for non-melanoma skin cancers.

Planning and giving radiotherapy

Before radiotherapy is given, your doctor and other specialists plan how best to deliver your treatment. They decide how much radiotherapy is needed to treat the cancer while doing the least possible harm to normal cells. Some skin cancers only need a single dose of radiation, while others may need several doses. These can be given over a period of one or more weeks.

Contact radiotherapy can be used to treat basal cell cancer, squamous cell cancer and other skin conditions. It is called contact radiotherapy because the applicator for the radiotherapy is placed directly onto the skin surface. Different sizes of applicators can be used, depending on the size of the treated area.



Contact radiotherapy

Before radiotherapy treatment begins, your skin will be marked to show where the treatment is to be given. The X-rays are then aimed at the same area each day. These marks should not be washed off until treatment is complete. Your radiation therapist and nurse will tell you how to look after your skin during and after treatment.

The treatment itself only takes a few minutes and is not painful.

Side-effects of radiotherapy

The radiotherapy affects only a small amount of skin so there are hardly any side-effects.

Inflamed skin: The treated skin will be slightly red and sore for the first week or two after treatment. After a few weeks a scab will form. Once the scab falls away there will be new healthy skin underneath. Over time the skin might be slightly paler in colour. If you are worried, contact your nurse or radiation therapist for advice.

Hair loss: If the treated area has hair, then some hair loss can happen. The hair will start to grow back after the treatment is finished but it can take up to a year for it to fully regrow. It can also depend on the dose of radiotherapy and length of treatment. Your doctor will discuss with you if your hair is likely to grow back once the treatment is over.

Safety: Radiotherapy does not make you radioactive. It is safe for you to mix freely with family and friends.

If you would like more information, call our Cancer Nurseline on 1800 200 700 for a free copy of the booklet *Understanding Radiotherapy*. You can also download it from www.cancer.ie or pick one up at a Daffodil Centre.



To sum up

- Radiotherapy is treatment of cancer using high-energy rays.
- Some skin cancers can be treated with a single dose of radiation.
- You will not feel any pain while getting treatment.
- The treated skin may be red and sore afterwards and some hair loss can happen in the area.

Chemotherapy into a vein

It is rare with non-melanoma skin cancer to be given chemotherapy drugs into a vein.

Sometimes chemotherapy may be given into a vein for squamous cell cancer if it has spread to other parts of your body. When given as an injection into a vein, the chemotherapy drugs are carried in your bloodstream to reach any cancer cells in your body. This type of treatment is usually given in day care under the care of a medical oncologist. A medical oncologist is a doctor who specialises in using chemotherapy and other drugs to treat cancer. How long the treatment takes will depend on the drugs being used. Your doctor will let you know how long the course of treatment will last.

Side-effects

Chemotherapy into a vein can sometimes cause side-effects. This happens because the drugs affect healthy cells as well as cancer cells. But most side-effects can be well controlled with medication. Common problems include feeling sick (nausea), fatigue, hair loss, being more at risk of getting an infection and having a sore mouth. These side-effects should pass once the treatment is over. If you would like more information, call our Cancer Nurseline on 1800 200 700 for a free copy of the booklet *Understanding Chemotherapy*. You can also download it from www.cancer.ie or visit a Daffodil Centre.

Other treatments

New treatments for cancer are being developed all the time. Your doctor will advise you about any other treatments that may help you. You may be offered a new treatment as part of a clinical trial. See page 32 for more about clinical trials.



Research – what is a clinical trial?

Research on skin cancer goes on all the time. There are many types of research. Some may look into the causes of skin cancer while others look into new ways of treating it. By using new drugs or new combinations of drugs and treatments already in use, doctors can find better ways of treating cancer. Many patients with cancer take part in research studies today. Even though the word 'research' or 'new drug' sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use.



There are many stages or phases when research is being done. If a drug or treatment looks as if might be useful in treating cancer, it is given to patients in research studies called clinical trials.

If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:

- Find out if the treatment is better than the ones already in use.
- Find out if there are more benefits when the new treatment is given along with current ones.
- Compare the new treatment with current best standard treatments.

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need for worry as you will be carefully monitored during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent.

You will also need time to think about it and discuss it with your family or friends. If you change your mind about taking part in a trial you can stop at any time and you will be given the best proven treatment available. As part of the research, your doctors may ask your permission to store some samples of your cancer cells or blood. For more information call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for a copy of our factsheet on clinical trials. You can also download it from our website www.cancer.ie

Reducing your risk of further skin cancer

What follow-up do I need?

After your treatment for skin cancer has ended, your skin specialist will advise you about taking care of yourself and will send a letter to your GP, with details of your diagnosis and treatment. Your GP can also advise you about taking care of yourself after treatment, reassure you if you have any worries and arrange follow-up appointments if required. Most patients with non-melanoma skin cancer will not need to see their specialist again after their treatment has ended. If the specialist wants to monitor you in case the cancer comes back (recurrence), you may have to go back to hospital for follow-up appointments. The specialist may want to see you every 3 to 6 months and then less often.

If the cancer does come back, it will most likely be in the first 5 years after treatment, usually around the scar. Rarely it may recur in lymph nodes if you had squamous cell cancer. If you are concerned about a new mark on your skin or any other skin changes make an appointment to see your GP as soon as possible.

How can I reduce my risk of further skin cancer?

Check your skin: Spotting any changes to your skin early on means that you can start treatment sooner, if you need it. Skin cancer has a better chance of being cured when it is diagnosed and treated early.

Protect your skin: If you have had a non-melanoma skin cancer, you have a higher risk of developing another, at the same place or somewhere else on your body, so you should be extra careful to protect your skin from UV radiation.

How to check your skin

- Examine yourself from head to toe every month, including parts of your body not usually exposed to UV radiation, like the soles of your feet and your groin. You could do this after a bath or shower.
- Learn the moles, freckles and other skin marks that are normal for you. It may help to take photographs of your skin and compare any changes that occur over time.
- Stand in front of a long mirror.
- Check your front, groin and your back.
- Check your sides with your right and left arms raised.
- Bend your elbows and look carefully at your forearms and upper underarms.
- Look at your fingernails and palms.
- Look at the backs of your legs and feet, including your toenails, the spaces between your toes and the soles.
- Examine the back of your neck and scalp with a hand mirror. Part your hair for a closer look.
- Check your back and buttocks with a mirror.

Ask a relative or friend to check your back or any areas which you cannot see clearly. If you notice anything unusual or something that does not go away after a month, have it checked out by your GP.

How to protect your skin

Follow the SunSmart code to protect your skin. If you have had skin cancer you should take extra precautions. For example, a very high protection (SPF 50) sunscreen is recommended for people who have had skin cancer before. Ask your doctor about the best way to protect your skin.

>>> You can reduce your risk of most skin cancers by protecting your skin from UV radiation and by paying attention to any early skin changes.

Reduce your risk of skin cancer by following the SunSmart code.

 Irish Cancer Society



Seek shade...

Especially from 11am to 3pm.



Cover up...

By wearing a shirt with a collar and long shorts.



Also wear a hat that gives shade to your eyes, ears and back of your neck.



Wear wraparound sunglasses...

Make sure that they give UV protection.



Slap on sunscreen...

Use sunscreen with SPF 15 or higher for adults (SPF 30 or higher for children) and UVA protection.



Check the UV index...

If it is 3 or higher protect your skin when outdoors, even on cool and cloudy days. Find the UV index at www.cancer.ie/UVindex

But don't think that using sunscreen allows you to spend longer in the sun. You will still need to be careful and follow the SunSmart code.

Look for the UVA logo on your sunscreen bottle.

UVA

Visit the SunSmart website at www.cancer.ie/sunsmart

Treatment of sun-damaged skin

If your skin gets damaged by the sun, it is important to look after it without delay. Visit your GP for advice. He or she might carry out cryotherapy or prescribe creams or gels to treat it. Often the sun-damaged skin may in fact be solar keratoses.

Your family

If you have had treatment for skin cancer, your family may be at risk of developing skin cancer as well. This can include your brothers or sisters or your children.



If any member of your family is concerned about skin cancer, they should make an appointment to see a skin specialist. He or she will examine their skin and advise them on what to do. Whatever their skin type, all members of your family should examine their skin regularly and follow the SunSmart guidelines for protecting their skin. Remember that in most cases, skin cancer is preventable. It can be cured if diagnosed and treated early.

Remember also to tell your children's doctor or paediatrician that you have been treated for skin cancer.

Children and skin cancer

Skin cancer is rarely seen in children. If a child is born with a giant birthmark (naevus), there is a slight risk that it may change and develop into skin cancer. It is also known that certain skin types burn more easily when exposed to strong sunlight. There appears to be a link between severe sunburn as a child and the development of skin cancer later on in life, in particular, melanoma. Therefore, it makes sense to protect children's skin from an early age.



All children under 6 months of age should be kept out of direct sunlight. From the age of 6 months children should spend time in the shade, especially from 11 am – 3 pm. Cover up children with clothes and a hat, and with sunglasses when they are old enough. Use a sunscreen with SPF 30 or higher. Put on sunscreen 20 minutes before going outdoors and reapply every two hours. If children are sweating or playing in water it will need to be applied more often.

Coping with cancer

Reactions to a cancer diagnosis

For most people, having skin cancer will not affect their lives too much, as it can usually be treated quickly and effectively. If you have a diagnosis of advanced skin cancer or melanoma it can be harder to cope with your emotions. Reactions can differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or it may not be until you recover from your illness that your emotions hit hard.

Common reactions include:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger and frustration
- Resentment
- Blame and guilt
- Withdrawal and isolation

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. It may take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer, but also the physical effects of treatment.

If you would like more information or would like to talk in confidence, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also ask for copies of our booklets, *Understanding the Emotional Effects of Cancer* and *Who Can Ever Understand? Talking about your Cancer*. They can also be downloaded from www.cancer.ie

Talking to children

If your skin cancer has affected your appearance, your children or grandchildren may notice it too. They may need a simple explanation about your cancer. How much you tell them will depend on how old they are. You may find this difficult to do, as the mention of the words 'skin cancer' might make them to think that your condition is more serious than it is. Very young children do not understand illness and need a very simple account as to why you must go to hospital. Slightly older children will need to be told more. A simple story talking about good cells and bad cells may help. Also, you could tell them that the cancer does not affect your overall health.

If you would like more information, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. Ask for a copy of the booklet *Talking to Children about Cancer: A Guide for Parents*. You can also download it from www.cancer.ie

What you can do

Most people with skin cancer will be completely cured and it will not affect their lives very much once their treatment is over. Others may need more advice and support. Here are some ways to help you.

- Always ask for information that is personal to you from your own doctor.
- Follow your doctor's instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor.
- Let your doctor know if you have any problems or worrying side-effects.
- Try to eat as well as you can. Eat lots of different types of foods with plenty of fresh fruit and vegetables.
- Think about joining a support group. These groups allow you to talk through your feelings with others who have also been treated for cancer.
- Join a relaxation class.
- Get some regular exercise. Take it easy at first, building up the amount you do as you feel stronger.
- You might find it helpful to talk to a counsellor or a specialist nurse.

Support resources

Who else can help?

Usually the treatment of non-melanoma skin cancer is fairly quick and straightforward. It should not disrupt your life too much. It is unlikely that you will need all the extra services listed in this section. For those whose skin cancer does become more serious, there are many people ready to help you and your family.

- Cancer nurse specialists
- Medical social worker
- Psycho-oncology services
- (GP) Family doctor
- Community health services
- Support groups
- Irish Cancer Society



Cancer nurse specialists: Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse coordinators. These specially trained nurses can support you and your family from the time of diagnosis and throughout treatment. The nurses work along with other members of your medical team to meet your needs.

Medical social worker: The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and give advice on practical and financial support and services available when you go home.

Psycho-oncology services: In some larger hospitals there are special units that provide psycho-oncology services. This means that you can receive psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

GP (family doctor): You may feel comfortable talking to your family doctor (GP) about your cancer too. He or she can discuss any of your queries and offer advice and support.

Community health services: There are various community health services available from your local health centre. These centres have public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as financial problems or exceptional needs. More information on the services is available either from the medical social worker in your hospital before you go home or at your local health centre.

Support groups: Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with cancer. Cancer support groups and centres are found in most counties in Ireland and can offer a wide range of services. Some are listed at the back of this booklet. You can also download the Irish Cancer Society's Directory of Cancer Support Services from **www.cancer.ie**.

Irish Cancer Society nurses: Our cancer nurses will be happy to talk about any concerns you or your family may have, at any stage of your illness. This can range from treatment information to practical advice about financial matters. Call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre to talk to a cancer nurse in confidence. They can also give you information about any of the services outlined above or support services in your area. You can also email the nurses at cancernurseline@irishcancer.ie

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given here:

- Hospital cover
- Outpatient cover
- Medical card
- GP visit card
- Drug Payments Scheme (DPS)
- Private healthcare cover
- Benefits and allowances

At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present, everyone is entitled to hospital inpatient services in a public ward in a public hospital. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the accident and emergency department of a public hospital without being referred there by a GP, you will be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the accident and emergency department first.

The €100 charge applies to the first visit in relation to an illness or accident. If you have to return for further visits to an outpatient clinic in relation to the same illness or accident, you should not have to pay the charge again.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You will have to pay a prescription charge of €2.50 per item up to a limit of €25 per family per month.

To qualify for a medical card depends on a means test regardless of age. If you are over 70 and your weekly income is €500 or less (€900 for couples), you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above but close to the guidelines, you should apply for a card anyway. A card may be granted in some situations. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

If you wish to apply for a medical card, you can download an application form and apply online (**www.medicalcard.ie**) or at your local health centre. LoCall 1890 252 919.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible. If you wish to apply for a GP visit card, you can download an application form and apply online (www.medicalcard.ie) or at your local health centre. LoCall 1890 252 919.

Drugs Payment Scheme

Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €144 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office or your local pharmacy.

Private healthcare cover

Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Laya Healthcare, AVIVA Health, GloHealth, and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

If you have private insurance, you may not always be able to have your tests done as quickly as you would like. Your health insurer has to approve some tests in advance. For example, MRI and PET scans. In some cases, it may take 24–48 hours to get approval from your health insurer.

Benefits and allowances

You or a family member may qualify for a number of benefits and allowances. For example: Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

More information on these is available in a booklet called *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*. For a free copy, contact our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also download it from www.cancer.ie



Application forms for the benefits are available from social welfare offices or the Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or LoCall 1890 927 770. You can also download the forms from websites such as www.welfare.ie or www.citizensinformation.ie

Appliances

If you have a medical card most appliances such as wigs and prostheses are free of charge or subsidised. The subsidy will depend on the HSE area. For further information, contact your local HSE office.

Travel to hospital

You may be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres, usually for patients with medical cards.

See page 45 for information on the Travel2Care fund and the Volunteer Driving Service provided by the Irish Cancer Society. Some local communities may also provide volunteer transport services.

Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements that may be relevant to you. Always have your PPS number to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.

For social welfare queries, contact:

Information Service Tel: 1850 662 244
 Department of Social Protection Leaflet line: 1890 202 325
 Oisín House Email: info@welfare.ie
 212–213 Pearse Street Website: www.welfare.ie
 Dublin 2

If you have queries about health and social services, contact the HSE office in your area.

HSE infoline: 1850 24 1850 **Email:** info@hse.ie **Website:** www.hse.ie

Information is also available from your local Citizens Information Centre. A list of these centres is available from:

Citizens Information

Tel: 0761 07 4000 **Email:** information@citizensinformation.ie

Website: www.citizensinformation.ie

**If you have financial worries...**

A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are unable to work or unemployed, this may cause even more stress. It may be hard for you to deal with cancer if you are worried about providing for your family and keeping a roof over your head.

There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 46 for more details. You can also call our Cancer Nurseline on 1800 200 700 and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 0761 07 2000. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 47 for contact details. A useful book for preparing low-budget nutritious meals is *101+ Square Meals*. See page 52 for more information.

Irish Cancer Society services

Our **Cancer Support Department** provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Cancer Nurseline Freephone 1800 200 700
- Patient travel and financial support
- Daffodil Centres
- Night nursing
- Survivor Support
- Publications and website information
- Support in your area

- Our **Cancer Nurseline Freephone 1800 200 700**. Call our Cancer Nurseline and speak to one of our cancer nurses for confidential advice, support and information. The Cancer Nurseline is open Monday to Thursday 9am–6pm and Friday 9am–5pm. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at www.cancer.ie
- Our **Daffodil Centres**. Visit our Daffodil Centres, located in thirteen hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide confidential advice, support and information to anyone concerned about or affected by cancer.
- Our **Survivor Support**. Speak to someone who has been through a cancer diagnosis. Our trained volunteers are available to provide emotional and practical support to anyone going through or finished with their treatment.
- **Support in your area**. We work with cancer support groups and centres across the country to ensure cancer patients have access to confidential support including counselling.
- **Patient travel and financial support**. We provide practical and financial support for patients in need, undergoing cancer treatments. There are three services available through the Society:
 - **Travel2Care** is a fund, made available by the NCCP, for patients who are having difficulty getting to and from their treatments while attending one of the national centres of excellence.

- Through our **Financial Support** programme, limited, once off financial support is available to patients identified as being in need, who are undergoing cancer treatments nationally.
- **Irish Cancer Society Volunteer Driving Service** is mainly for patients undergoing chemotherapy treatments who are having difficulty getting to and from their local appointments.

To access any of these services please contact your hospital healthcare professional.

- Irish Cancer Society **Night Nursing**. We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is the only service of its kind in the Republic, providing palliative nursing care at night to cancer patients.
- Our **publications and website** information. We provide information on a range of topics including cancer types, treatments and side-effects, coping with cancer, children and cancer and financial concerns. Visit our website **www.cancer.ie** or call our Cancer Nurseline for a free copy of our publications.



If you would like more information on any of the above services, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

Cancer Nurseline Freephone 1800 200 700

Useful organisations

Irish Cancer Society

43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
Cancer Nurseline: 1800 200 700
Email: cancernurseline@irishcancer.ie
Website: www.cancer.ie

The Carers Association

Market Square
Tullamore
Co Offaly
Freefone: 1800 240 724
Email: info@carersireland.com

Citizens Information

Tel: 0761 07 4000
Email: information@citizensinformation.ie
Website: www.citizensinformation.ie

Get Ireland Active: Promoting Physical Activity in Ireland

Website: www.getirelandactive.ie

Health Promotion HSE

Website: www.healthpromotion.ie

All Ireland Co-operative Oncology Research Group

Website: www.icorg.ie

Irish Nutrition & Dietetic Institute

Ashgrove House
Kill Avenue
Dún Laoghaire
Co Dublin
Tel: 01 280 4839
Email: info@indi.ie
Website: www.indi.ie

Irish Oncology and Haematology Social Workers Group

Website: <http://socialworkandcancer.com>

Money Advice and Budgeting Service (MABS)

Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 01 812 9350
Helpline 0761 07 2000
Email: helpline@mabs.ie
Website: www.mabs.ie

Health insurers

AVIVA Health

PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.avivahealth.ie

GloHealth

PO Box 12218
Dublin 18
Tel: 1890 781 781
Email: findoutmore@glohealth.ie
Website: www.glohealth.ie

Laya Healthcare

Eastgate Road
Eastgate Business Park
Little Island
Co Cork
Tel: 021 202 2000
LoCall: 1890 700 890
Email: info@layahealthcare.ie
Website: www.layahealthcare.ie

Voluntary Health Insurance (VHI)

IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
CallSave: 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support services

Survivor Support

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Cancer Nurseline:
1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

ARC Cancer Support Centres Dublin [See page 48]

Brain Tumour Support Group
Medical Social Work Department
St Luke's Hospital
Highfield Road
Rathgar
Dublin 6
Tel: 01 406 5295

Canteen Ireland
[Teenage cancer support]
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: info@canteen.ie
Website: www.canteen.ie

Cancer Support Sanctuary LARCC
[See page 49]

Connaught support services

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 845 228 / 087 412 8080
Email: athenrycancercare@gmail.com
Website: www.athenrycancercare.com

Ballinasloe Cancer Support Centre
Main Street
Ballinasloe
Co Galway
Tel: 090 964 3431
Email: ballinasloecancer@yahoo.co.uk

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 097 20590 / 087 391 8573
Email: caraiorrais@gmail.com

Gort Cancer Support Group
Garrabeg
Gort
Co Galway
Tel: 091 648 606 / 086 172 4500
Email: info@gortcancersupport.ie
Website: www.gortcancersupport.ie

Hand in Hand [Children's Cancer Support Centre]
Main Street
Oranmore
Co Galway
Tel: 091 799 759
Email: info@handinhand.ie
Website: www.handinhand.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick's Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: info@mayocancer.ie
Website: www.mayocancer.ie

Roscommon Cancer Support Centre
Vita House Family Centre, Abbey Street
Roscommon
Tel: 090 662 5898
Email: info@vitahouse.org

Sligo Cancer Support Centre
44 Wine Street
Sligo
Tel: 071 917 0399
Email: scsc@eircom.net
Website: www.sligocancersupportcentre.ie

Tuam Cancer Care Centre
Cricket Court
Dunmore Road
Tuam
Co Galway
Tel: 093 285 22
Email: support@tuamcancercare.ie
Website: www.tuamcancercare.ie

Leinster support services

ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

ARC Cancer Support Centre
ARC House
559 South Circular Road
Dublin 8
Tel: 01 707 8880
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Arklow Cancer Support Group
25 Kings Hill
Arklow
Co Wicklow
Tel: 0402 23590 / 085 110 0066
Email: info@arklowcancersupport.com
Website: www.arklowcancersupport.com

Balbriggan Cancer Support Group
Unit 23, Balbriggan Business Park
Harry Reynold's Road
Balbriggan
Co Dublin
Tel: 087 353 2872 / 086 164 2234

Cancer Support Sanctuary LARCC
Coole Road
Multyfarnham
Mullingar
Co Westmeath
Tel: 044 937 1971
CallSave: 1850 719 719
Email: info@cancersupport.ie
Website: www.cancersupport.ie

Cara Cancer Support Centre
7 Williamson's Place
Dundalk
Co Louth
Tel: 042 937 4905
Mobile: 087 395 5335
Email: info@ccscdundalk.ie
Website: ccscdundalk.ie

Cois Nore Cancer Support Centre
8 Walkin Street
Kilkenny
Tel: 056 775 2222
Email: coisnorekilkenny@gmail.com
Website: www.kilkennycancersupport.ie

Cuisle Cancer Support Centre
Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuislecentre.com

Dóchas: Offaly Cancer Support Group
Teach Dóchas, Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: info@dochasoffaly.ie
Website: www.dochasoffaly.ie

Dublin West Cancer Support Group
Generic Social Work Department
Oak Unit, Cherry Orchard Hospital
Ballyfermot
Dublin 10
Tel: 01 620 6273
Email: martina.mcgovern2@hse.ie/
noreen.obrien4@hse.ie

Éist Carlow Cancer Support Centre
The Waterfront, Mill Lane
Carlow
Tel: 059 913 9684
Mobile: 085 144 0510
Email: info@eistcarlowcancersupport.ie
Website: www.eistcarlowcancersupport.ie

Gary Kelly Cancer Support Centre
George's Street
Drogheda
Co Louth
Tel: 041 980 5100
Email: info@gkcancersupport.com
Website: www.gkcancersupport.com

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: info@greystonescancersupport.com
Website: www.greystonescancersupport.com

Hope Cancer Support Centre
22 Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: info@hopesupportcentre.ie
Website: www.hopesupportcentre.ie

Midlands Myeloma Support Group
Teach Dóchas, Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: info@dochasoffaly.ie

Purple House – Cancer Support
Aubrey Court
Parnell Road
Bray
Co Wicklow
Tel: 01 286 6966
Email: info@purplehouse.ie
Website: www.purplehouse.ie

Tallaght Cancer Support Group

Trustus House
1-2 Main Street
Tallaght
Dublin 24
Tel: 086 400 2736
Email: ctallaght@yahoo.ie
Website: tallaghtcancersupport.com

Wicklow Cancer Support Centre

Rear of Butler's Medical Hall
Abbey Street
Wicklow
Tel: 0404 326 96
Email: wicklowcancersupport@gmail.com

Munster support services**Cancer Information & Support Centre**

University Hospital Limerick
Dooradoyle
Co Limerick
Tel: 061 485 163
Website:
www.midwesterncancercentre.ie

CARE Cancer Support Centre

14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: caresupport@eircom.net
Website: www.cancercare.ie

Cork ARC Cancer Support House

Cliffdale
5 O'Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: info@corkcancersupport.ie
Website: www.corkcancersupport.ie

Kerry Cancer Support Group

Acorn Centre
124 Tralee Townhouse Apartments
Maine Street
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email:
kerrycancersupportgroup@eircom.net
Website: www.kerrycancersupport.com

Recovery Haven

5 Haig's Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.com

Solas Centre

South Eastern Cancer Foundation
Williamstown
Waterford
Tel: 051 304 604
Email: info@solascentre.ie
Website: www.solascentre.ie

Suaimehneas Cancer Support Centre

2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 067 37403
Email: suaimehneascancersupport@eircom.net

Suir Haven Cancer Support Centre

Clongour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Ulster support services**Coiste Scaoil Saor Ó Ailse**

C/O Ionad Naomh Padraig
Upper Dore
Bunbeg
Letterkenny
Co Donegal
Tel: 074 953 2949
Email: ionadnp@eircom.net
Website: www.scaoilsaor.ie

Crocus: Monaghan Cancer Support Centre

The Wellness Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965 / 047 62565
Email: crocus.2011@yahoo.com

Cuan Cancer Social Support and Wellness Group

2nd Floor, Cootehill Credit Union
22-24 Market Street
Cootehill
Co Cavan
Tel: 086 455 6632

Other support services**Aoibheann's Pink Tie**

[Supporting children with cancer]
Unit 22
Docklands Innovation Centre
128- 130 East Wall Road
Dublin 3
Tel: 01 240 1300
Email: aoibheannspinktie2@gmail.com
Website: www.aoibheannspinktie.ie

The Bella Rose Foundation

Merry Maid House
West Park Campus
Garter's Lane
Citywest
Dublin 24
Tel: 087 320 3201
Email: thebellarosefoundation@gmail.com
Website: www.bellarose.ie

Cancer Care West

72 Seamus Quirke Road
Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Cúnamh: Bons Secours Cancer Support Group

Bon Secours Hospital
College Road
Cork
Tel: 021 480 1676
Website: www.cunamh.ie

Dundalk Cancer Support Group

Philipstown
Hackballscross
Dundalk
Co Louth
Tel: 086 107 4257

East Galway & Midlands Cancer Support

Cluain Mhuire
Brackernagh
Ballinasloe
Co Galway
Tel: 090 964 2088 / 087 984 0304
Email: info@egmcancersupport.com
Website:
www.eastgalwaycancersupport.com

The Forge Cancer Support Service

The Forge Family Resource Centre
Pettigo
Co Donegal
Tel: 071 986 1924
Email: theforgefrcc@eircom.net

Killybegs Cancer Support Group

Kille
Kilcar
Co Donegal
Tel: 074 973 1292
Email: riverbankdunne@eircom.net

Newbridge Cancer Support Group

Tel: 083 360 9898
Email:
newbridgecancerhealinghelp@gmail.com

Rathdrum Cancer Support Group

St Anne's
Lower Street
Rathdrum
Co Wicklow
Tel: 087 925 3915
Email: rathcan@gmail.com

Sláinte an Chláir: Clare Cancer Support

Tír Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

Solace: Donegal Cancer Support Centre

St Joseph's Avenue
Donegal Town
Tel: 074 974 0837
Email: solacedonegal@eircom.net

For other support services in your area, call 1800 200 700.

Useful contacts outside Republic of Ireland

British Association of Dermatologists
Tel: 0044 (0)207 383 0266
Email: admin@bad.org.uk
Website: www.bad.org.uk

Cancer Research UK
Tel: 0044 20 7242 0200
Website: www.cancerhelp.org.uk

Macmillan Cancer Support (UK)
Tel: 0044 20 7840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

Macmillan Support & Information Centre
Belfast City Hospital Trust
77–81 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Email: cancerinfo@belfasttrust.hscni.net
Website: www.cancerni.net

National Cancer Institute (US)
Website: www.nci.nih.gov

University of Heidelberg
Dept of Clinical Social Medicine
Website: www.skincancer.dermis.net/content

Helpful books

Free booklets from the Irish Cancer Society:

- *Understanding Melanoma*
- *Understanding Chemotherapy*
- *Understanding Radiotherapy*
- *Understanding Cancer and Complementary Therapies*
- *Coping with Fatigue*
- *Understanding the Emotional Effects of Cancer*
- *Talking to Children about Cancer: A Guide for Parents*
- *Diet and Cancer*
- *Who Can Ever Understand: Talking About Your Cancer*
- *Journey Journal: Keeping Track of Your Cancer Treatment*
- *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*



Cancer at Your Fingertips
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1859590365

Cancer: What Every Patient Needs to Know
Jeffrey Tobias
Bloomsbury, 2001
ISBN 0747554102

Taking Control of Cancer
Beverley van der Molen
Class Publishing, 2003
ISBN 1859590918

101+ Square Meals
[Budget and nutrition]
Norah Bourke et al
MABS/HSE West/PaulPartnership/Limerick
VEC/Safefood, 1998
ISBN 187407512X
[For more details, see www.mabs.ie]

Helpful DVD

**Understanding Radiation Therapy:
A Patient Pathway**
Call 1800 200 700 for a copy.
Website: www.cancer.ie

What does that word mean?

Benign	A tumour that does not spread.
Biopsy	The removal of a small amount of tissue from your body to find out if cancer cells are present.
Carcinoma	Cancer.
Cell	The building blocks that make up your body. They are tiny and can only be seen under a microscope.
Chemotherapy	Treatment using drugs to cure or control cancer.
Cryotherapy	Treatment of abnormal cells by extreme cold (freezing).
Curettage	A method of scraping cancer cells away.
Dermatologist	A skin specialist.
Dermis	The inner layer of your skin.
Dysplasia	A change in the normal structure of a cell. This change does not mean cancer.
Electrocautery	A method of stopping bleeding by heat or electricity.
Epidermis	The top, outer layer of your skin.
Excision	The surgical removal of cancer cells by cutting them out of your skin.
Fatigue	Ongoing tiredness often not eased by rest.

Lesion	An area of tissue that has suffered damage because of injury or disease. For example, an abscess, ulcer, tumour, scar, etc.
Nausea	Feeling sick or wanting to be sick.
Malignant	Cancer. A tumour that can spread.
Melanoma	Cancer of the skin cells that make melanin. These skin cells are called melanocytes. Melanin gives skin its colour.
Metastasis	The spread of cancer from one part of the body to other tissues and organs.
Oncology	The study of cancer.
Photodynamic therapy	Treatment of cancer using light sources and a light sensitising cream.
Precancerous	Skin conditions that may lead to cancer if left untreated.
Premalignant	Skin conditions that may lead to cancer if left untreated.
Radiotherapy	Treatment of cancer using high-energy X-rays.
Staging	Tests that measure the size and extent of a cancer.

Questions to ask your doctor

Here is a list of questions that you may like to ask your doctor. There is also some space for you to write down your own questions if you prefer. Never be shy about asking questions. It is always better to ask than to worry.

- What kind of skin cancer do I have?

- Has the cancer spread beyond my skin?

- What type of treatment do I need?

- What side-effects will I have?

- Will I have a scar after my treatment?

- What can I do to protect my skin in future?

Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet and/or previous editions:

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Jennifer Ledwith, Cancer Information Service Nurse

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La Roche-Posay for images of melanomas

Alamy Images

Would you like more information?

We hope this booklet has been of help to you. If you feel you would like more information or someone to talk to, please phone our Cancer Nurseline on 1800 200 700.

Would you like to be a patient reviewer?

If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.



If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie. If you prefer to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. This includes patient education booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email fundraising@irishcancer.ie.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4

Tel: 01 231 0500 **Email:** info@irishcancer.ie **Website:** www.cancer.ie

Irish Cancer Society

43/45 Northumberland Road, Dublin 4

T: 01 231 0500

E: info@irishcancer.ie

W: www.cancer.ie

Cancer Nurseline Freephone 1800 200 700

Open Monday to Thursday 9am to 6pm

Friday 9am to 5pm

Find us on Facebook

Follow us on Twitter: @IrishCancerSoc

