

Understanding

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# Non-melanoma skin cancer

Caring for people with cancer



## Understanding

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# Non-melanoma skin cancer

This booklet has information on:

- Treatment
- After-treatment
- How to reduce your risk of further skin cancer

### Useful numbers

Family doctor (GP)

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Dermatologist

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Specialist nurse

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Hospital records number (MRN)

### Notes

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**We're here for you** 

If you or your family have any questions or worries, want to know where to get support, or if you just need to talk, you can talk to one of our cancer nurses.

**Ways to get in touch**

- Call our Support Line on 1800 200 700
- Drop in to a Daffodil Centre – visit [www.cancer.ie](http://www.cancer.ie) to find your local centre
- Email us: [supportline@irishcancer.ie](mailto:supportline@irishcancer.ie)

See page 29 for more about our services.



## About skin cancer

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## About skin cancer

There are two main types of skin cancer: melanoma and non-melanoma. Non-melanoma skin cancer is the most common cancer in Ireland. More than 12,000 people are diagnosed with it each year.

This booklet is about non-melanoma skin cancer. When we refer to skin cancer in this booklet, we are talking about non-melanoma skin cancer.

We have a separate book for melanoma skin cancer called *Understanding melanoma skin cancer*.

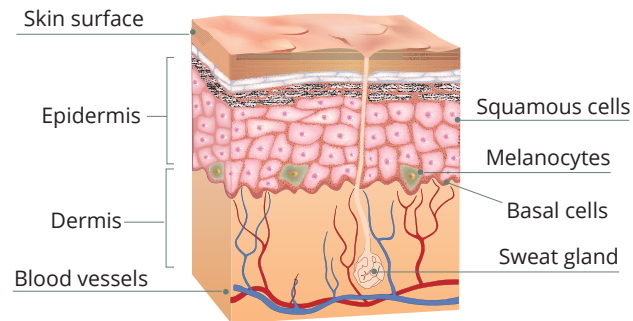
There are other less common types of skin cancer, such as Merkel cell cancer and lymphoma of the skin, which are not covered in this booklet.

Your doctor or nurse will explain the type of lesion you have to you. If you need any more information, talk to a nurse on our Support Line 1800 200 700 or visit our website [www.cancer.ie](http://www.cancer.ie)



## What is non-melanoma skin cancer?

Non-melanoma skin cancer is the uncontrolled growth of abnormal skin cells. It can usually be treated easily by removing the area of abnormal skin. It rarely spreads to other parts of the body.



## Types of non-melanoma skin cancer

The two main types of non-melanoma skin cancer are basal cell cancer (BCC) and squamous cell cancer (SCC), with basal cell being the most common. Basal cells and squamous cells are found in the epidermis (outer layer) of your skin.

## Who gets skin cancer?

Anyone can develop a skin cancer, but those at higher risk are:

- **Fair-skinned people** who are more susceptible to sunburn
- **People who are immunosuppressed** (have reduced immune systems). This can be as a result of immunosuppressive medications or due to diseases affecting your immune function, such as leukaemia or HIV
- **People who have had more sun or UV exposure over their lifetime**, for example, outdoor workers, people involved in outdoor sports and hobbies, sunbed users, or people who have lived in sunny countries close to the equator

## Words you might hear...

A **skin lesion** refers to a single area of skin that is different from the skin around it. It may result from a normal process (for example, freckles or moles) or from injury or disease (for example, skin cancer, warts, ulcers).

A **dermatologist** is a skin specialist.

## Precancerous lesions



You may have treatment for a precancerous lesion. This is a skin change that isn't cancer but might change into cancer after some time if it isn't treated. Types of precancerous lesions include:

- **Actinic keratosis**
- **Bowen's disease** (also known as squamous cell carcinoma in situ).

Treatments for these types of skin changes include:

- **Cryotherapy (cryosurgery):** Cryotherapy means destroying the precancerous cells by freezing them with liquid nitrogen (see page 14).
- **Topical treatment (skin creams):** This is where you apply a medicated cream directly onto the area to destroy the abnormal cells (see page 15)
- **Photodynamic therapy:** A light-sensitising cream is applied to an area of skin and then the area is exposed to light (see page 15)



## Treating skin cancer

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## How is skin cancer treated?

Your doctor may advise you to have treatment for your skin lesion if they suspect it is cancerous. They may want to do a biopsy (take a small sample from the lesion) to confirm the diagnosis. Treatment will depend on the type, location and size of the lesion. Surgery is the main treatment for skin cancer. There are different types of surgery, including:

- **Excision**
- **Mohs surgery**
- **Curettage and cautery**

Or your doctors may discuss non-surgical treatment options with you. These include:

- **Cryotherapy**
- **Photodynamic therapy (PDT)**
- **Topical treatment**
- **Radiotherapy**

### Excision



For most people, treatment often means removing the area of abnormal skin (excision), usually using a local anaesthetic (numbing of the skin). This is mostly done as a day-case procedure, which means you will not need to stay in hospital. In most cases, the skin lesion removed is sent to a laboratory. This is examined under a microscope to see if there are cancer cells. Some normal-looking



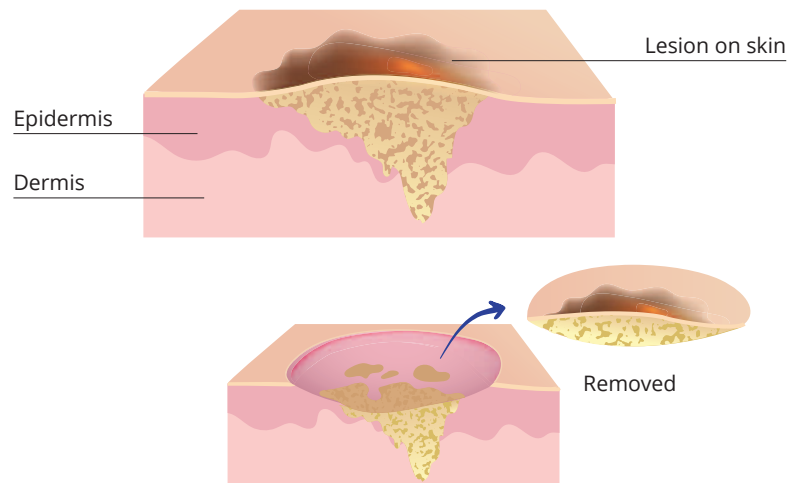
skin around the lesion is also removed to make sure that no cancer cells are left behind. If done early, an excision usually removes all the cancer, so you won't need further treatment.

As with any procedure, there are some minor risks associated with skin excisions. These include bleeding at the wound site, wound infection, and sometimes local nerve changes, for example, numbness or tingling, that usually resolve. In some cases, a skin flap or skin graft is needed to close the wound. You will have a scar where the skin has been removed.

Your doctor will explain these risks in detail before you have the procedure and give you time to ask any questions you may have.

### Mohs surgery

This is a specialised type of surgery that helps to remove the skin cancer with the least amount of normal skin around it. Mohs surgery might be used, for example, when operating on the face near the eyes. The surgery is done in stages, during which layers of skin cancer cells are removed and immediately tested under a microscope. This ensures all the cancer cells are removed while helping to minimise the removal of healthy skin.



### Curettage and cautery

This is a surgical procedure done under local anaesthetic. Curettage and cautery is suitable for small non-melanoma skin cancers and when deemed suitable by your doctor. It involves a local anaesthetic (numbing of the skin), scraping away the cancer and using heat or electricity to stop any bleeding (cauterise the wound). A small flat scar will be left behind after healing.

### Cryotherapy



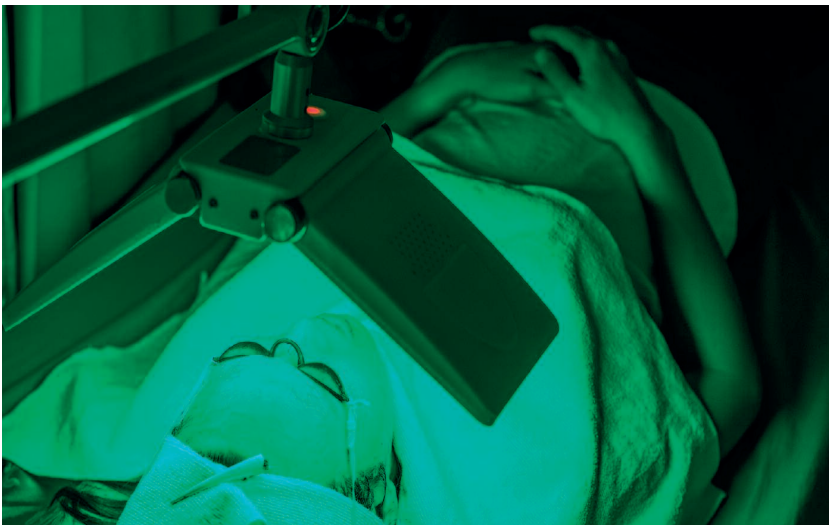
Cryotherapy involves freezing the skin with liquid nitrogen spray. This can be used to treat precancerous lesions, and some very early small skin cancers. Cryotherapy can cure precancerous lesions and may reduce the risk of skin cancer developing.

## Topical treatment

You apply a medicated cream directly on your skin to destroy the abnormal cells. Common creams used for this are 5-Fluorouracil and Imiquimod. Topical treatment can treat precancerous lesions and early small skin cancers and is safe to use.

The cream causes inflammation of the skin lesion – meaning redness, soreness, oozing, crusts and scabs. This is normal with this treatment, but if you are worried about these symptoms, ask your doctor for advice. The inflammation will improve after treatment is complete. The treatment does not typically cause a reaction with healthy skin.

## Photodynamic therapy (PDT)



This is usually carried out in a medical facility and supervised by a nurse. A light-sensitising cream is applied to the affected skin. Visible light shining on this area destroys cancer cells. Depending on what's best for you and the service available, this may be done using a specialised light device (conventional PDT) or with natural sunlight (daylight PDT).

## Radiotherapy



High-energy rays are used to shrink or destroy the cancer. This is usually only used for patients who are not well enough, or too frail, for surgery. It can also be recommended in some complicated cases, for example, if a skin cancer is too difficult to fully remove.

Almost all non-melanoma skin cancers are fully treated by surgery.

## Waiting for test results



It usually takes 4-6 weeks for all the test results – including biopsy results – to come back. If you're waiting for results and are feeling anxious, you can call our Support Line on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

## Further tests

Very few people who have been diagnosed with non-melanoma skin cancer need further tests or treatment. This is because the cancer has been fully removed.

Occasionally, with squamous cell cancer (SCC), the doctor may want to check the rest of your body by doing further tests. This is because squamous cell cancer can spread. This is also important if you have had skin cancer before.

Tests your doctor may recommend include:

- An ultrasound scan
- A CT (CAT scan)
- An MRI scan
- A PET scan

Your doctor will tell you more about these scans, or you can read about them on our website [www.cancer.ie/tests](http://www.cancer.ie/tests)



## Will I need more treatment?

If the basal cell carcinoma or squamous cell carcinoma has not been fully removed by the excision (surgery) or has spread, you may need further treatment. This rarely happens, but if it does, your dermatologist and specialist nurse will discuss your treatment options with you.

## Types of further treatment

### Wide local excision

This is done occasionally to remove additional skin around the skin cancer if, under the microscope, the cancer extends to the edge of the skin already removed. If a large area of skin has to be removed, you may need a skin graft or flap to cover the area removed. Your doctor will discuss this with you in detail.



### Removing lymph nodes

Rarely, with squamous cell skin cancer, the cancer can spread to the lymph nodes. Cancer in the lymph nodes may be felt as a lump or detected on a scan. If this happens your doctor might consider removing the lymph nodes.

### Chemotherapy

Chemotherapy is sometimes used in complex, advanced non-melanoma skin cancers. This, however, is rare.

Email: [supportline@irishcancer.ie](mailto:supportline@irishcancer.ie)



## After treatment

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## What follow-up do I need?

After your lesion has been treated, your dermatologist will talk to you about your risk for further skin cancers and give you advice about what to watch out for. They will send a letter to your GP with details about your diagnosis and treatment. Your GP can arrange follow-up appointments if required.

Most patients with non-melanoma skin cancer will not need to see their specialist again after treatment.

If the dermatologist wants to monitor you in case the cancer comes back (recurrence), you may have to go back to hospital for follow-up appointments. They 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, and usually reappears around the scar. If you had squamous cell cancer, it can come back in the lymph nodes, but this is rare.

*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.*

Support Line Freephone 1800 200 700

## Reduce your risk of further skin cancer

If you have had skin cancer, you have a higher risk of developing another. Take care to protect your skin, check your skin and examine the scar site regularly.

### Protect your skin

Skin cancers are usually caused by ultraviolet (UV) damage. Protecting your skin from the sun will help to reduce your risk of developing further skin cancer, as well as reducing how fast your skin ages.

Follow the SunSmart code to protect your skin.

### The SunSmart Code

#### Keep your hat and shirt on!

##### Cover up

- Wear a shirt with a collar and long sleeves.
- Wear a wide-brimmed hat that gives shade to your face, neck and ears.

##### Seek shade

- Stay in the shade, especially between 11am and 3pm from April to September.

##### Wear wraparound sunglasses

- Make sure they give you 100% UV protection or are CE marked.

##### Slap on sunscreen

- Use water-resistant sunscreen with sun protection factor (SPF) of at least 30+ and 100% UV protection or CE marked. Reapply every 2 hours.



**Remember** - Even on a cloudy day, UV rays can still damage your skin. From April until the end of September, follow the SunSmart code all day and especially between 11am and 3pm.

### Check your skin

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

#### How to check your skin

- Examine your body front and back in the mirror, then your right and left sides with your arms raised.
- Bend your elbows and look carefully at your forearms, underarms and palms.
- Look at the backs of your legs and feet and the spaces between your toes and 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 hand mirror.

#### Remember:

- **Take time today to check your body for changes** that could be cancer, including growing lesions, bleeding lesions, or areas of skin that are not healing.
- **Photographs can help to monitor your skin.**
- **Talk to your doctor if you notice anything unusual.**

## Examine the scar site

Check the scar of your skin cancer surgery when the scar is healed. Look for changes such as lumps or bumps, changing colour, crusting or bleeding. This should be part of your regular routine of checking your skin.

## Vitamin D advice

Avoiding sunlight exposure reduces your risk of skin cancers, but over time it can lead to low levels of Vitamin D. This is because sunlight is our main source of Vitamin D. You may consider having your blood Vitamin D level measured. If your level is reduced or deficient you could consider increasing your intake of foods high in Vitamin D such as oily fish, eggs, meat, fortified milk and cereals or taking a vitamin D3 supplement. Vitamin D3 supplements are widely available from pharmacies and health food shops. Talk to your GP or dermatologist if you have concerns about Vitamin D, and always mention any supplements you're taking when talking to your doctor.

### Remind others



**As well as protecting and checking your own skin, remind those around you about these measures. Children are especially vulnerable to skin damage from the sun and extra care should be taken in protecting their skin.**

Email: [supportline@irishcancer.ie](mailto:supportline@irishcancer.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.

**Cautery** A method of stopping bleeding by using heat.

**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.

**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** A single area of skin that is different from the skin around it. This can be due to a normal process (for example, freckle or mole) or due to disease/injury (for example, wart, ulcer, scar, and skin cancer).

**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/premalignant** Skin conditions that may lead to cancer if left untreated.

**Radiotherapy** Treatment of cancer using high-energy X-rays.



## 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 Support Line
- Daffodil Centres
- Survivor Support
- Support in your area
- Patient travel and financial support services
- Night nursing
- Publications and website information

### Support Line Freephone 1800 200 700

Call our Support Line and speak to one of our cancer nurses for confidential advice, support and information.

The Support Line is open Monday–Friday, 9am to 5pm. You can also email us at any time on [supportline@irishcancer.ie](mailto:supportline@irishcancer.ie) or visit our Online Community at [www.cancer.ie](http://www.cancer.ie)

For the deaf community, our Support Line is using the Sign Language Interpreting Service (SLIS) using IRIS. Contact IRIS by text 087 980 6996 or email: [remote@slis.ie](mailto:remote@slis.ie)



Support Line Freephone 1800 200 700



## Daffodil Centres



Visit our Daffodil Centres, located in 13 hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide free, confidential advice, support and information to anyone concerned about or affected by cancer.

### Who can use the Daffodil Centres?

Daffodil Centres are open to everyone – you don't need an appointment. Just call in if you want to talk or need information on any aspect of cancer including:

- Cancer treatments and side-effects
- Chemotherapy group education sessions
- Emotional support
- Practical entitlements and services
- Living with and beyond cancer
- End-of-life services
- Lifestyle and cancer prevention
- Local cancer support groups and centres

You can email [daffodilcentreinfo@irishcancer.ie](mailto:daffodilcentreinfo@irishcancer.ie) or visit [www.cancer.ie](http://www.cancer.ie) to find your local Daffodil Centre.

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- *Cancer in Ireland 1994-2017 with estimates for 2017-2019*: Annual report of the National Cancer Registry of Ireland (2019).
- *Cancer Nursing: Principles and Practice*. CH Yarbrow, MH Frogge, M Goodman & SL Groenwald. Jones and Bartlett, 7th Ed (2011).

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## Join the Irish Cancer Society team

If you want to make a difference to people affected by cancer, join our team!

### Support people affected by cancer

Reaching out directly to people with cancer is one of the most rewarding ways to help:

- Help people needing lifts to hospital by becoming a volunteer driver
- Give one-on-one support to someone newly diagnosed with cancer as part of our Survivor Support programme
- Give information and support to people concerned about or affected by cancer at one of our hospital-based Daffodil Centres

### Share your experiences

Use your voice to bring reassurance to cancer patients and their families, help people to connect with our services or inspire them to get involved as a volunteer:

- Share your cancer story
- Tell people about our services
- Describe what it's like to organise or take part in a fundraising event

### Raise money

All our services are funded by the public's generosity:

- Donate direct
- Take part in one of our fundraising events or challenges
- Organise your own event

Contact our Support Line on Freephone 1800 200 700 if you want to get involved!

### Did you like this booklet?

We would love to hear your comments or suggestions.  
Please email [reviewers@irishcancer.ie](mailto:reviewers@irishcancer.ie)

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