

Understanding

Non-melanoma Skin Cancer

Caring for people with cancer



Understanding

Non-melanoma skin cancer

This booklet has been written to help you understand more about non-melanoma skin cancer. It has been prepared and checked by surgeons, skin doctors, nurses, radiation therapists and patients. The information in this booklet is an agreed view on non-melanoma skin cancer, its treatment and how it may affect you.

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



	Name	Telephone
Specialist nurse		
Family doctor (GP)		
Dermatologist		
Surgeon		
Medical oncologist		
Radiation oncologist		
Radiation therapist		
Medical social worker		
Emergency		



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. We would particularly like to acknowledge the contribution of the many consultants, nurses and other healthcare professionals who so kindly gave up their time and expertise to contribute to previous editions of this booklet.

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Quick facts

Can my cancer be treated?

Page 23 ►►

Yes. Surgery is the main treatment for non-melanoma skin cancer, and can usually cure it.

Will I be OK?

The prognosis for non-melanoma skin cancer is very good for most people, but your doctor will advise you on what is likely to happen in your situation.

What kind of treatment will I have?

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Surgery: Used to remove the skin cancer and the area close to it.

Chemotherapy: Drugs to slow down and control the growth of cancer, usually given as skin cream.

Topical immunotherapy: Skin creams containing drugs that can kill cancer cells.

Photodynamic therapy (PDT): Using a light-sensitive cream and a light to destroy the cancer cells.

Sometimes you will have a choice of treatment.

See page 25 for advice about making a decision.

Are there side-effects from treatment?

Your doctor and the team caring for you will talk to you about any possible side-effects. Read about each of the treatments to learn more about their side-effects.

There are treatments to help with most side-effects, so tell your doctor. Don't suffer in silence!

We're here for you

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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 Cancer Nurseline on 1800 200 700
- Drop into a Daffodil Centre
- Email us: cancernurseline@irishcancer.ie

Introduction

This booklet has been written to help you to learn more about non-melanoma skin cancer.

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. The best choice for you will depend on your particular cancer and your individual circumstances.



Reading this booklet

Remember you do not need to know everything about non-melanoma skin cancer straight away. Read a section that you are interested in. Then read another section when you want to know more.



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 or email the nurses at cancernurseline@irishcancer.ie. You can also speak with one of our nurses in a Daffodil Centre. See page 17 for more about Daffodil Centres. You can email daffodilcentreinfo@irishcancer.ie to find your local Daffodil Centre.



Cancer Nurseline Freephone 1800 200 700

About non-melanoma skin cancer

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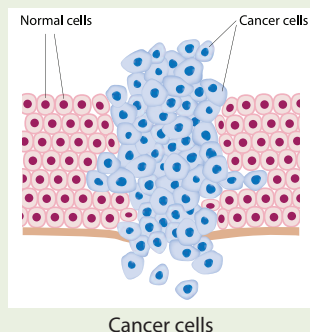


What is cancer?

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 starts in cells in the prostate gland, breast cancer starts in cells in the breast.

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 are not cancerous and do not spread to other parts of your body. Malignant tumours are cancerous and can spread to other parts of your body. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to other tissues and organs in your body, where they can form a secondary tumour. This is also called metastasis.



What is the lymphatic system?

The lymphatic system protects us from infection and disease. The lymph vessels are tiny tubes, which usually lie just under the skin. They transport lymph fluid, which carries extra fluid and waste from body tissues.

Lymph nodes, pouches where the fluid collects, are found mainly in the neck, armpit, groin and tummy. Lymph nodes are connected by a network of lymph vessels. 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

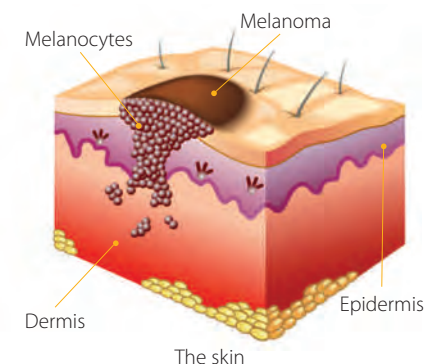
- Cancer is a disease of the cells of the body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by the bloodstream or lymph to form a tumour somewhere else. This is called a metastasis or a secondary tumour.

Your skin

Your skin is the largest organ in your body. It protects us from heat by controlling body temperature, and protects us from sunlight, injury and infection. It also stores fat, water and vitamin D.

It has two main layers, the epidermis and the dermis. The outer layer is called the epidermis and has cells called melanocytes at its base. Melanocytes make a pigment called melanin, which gives your skin its colour. Melanin protects your skin against damage from the ultraviolet (UV) rays in sunlight. The lighter your skin colour, the more easily it can be damaged by sunlight.

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



Email: cancernurseline@irishcancer.ie

What is skin cancer?

There are two different types of skin cancer: non-melanoma skin cancer and melanoma skin cancer.

Non-melanoma skin cancer is the uncontrolled growth of abnormal skin cells, and tends to develop most often on the outer layer of the skin that is exposed to the sun. These cancers rarely spread to other parts of the body. Non-melanoma skin cancer is the most common cancer in Ireland.

Melanoma skin cancer is less common and affects melanocyte cells in the skin.

>>> Non-melanoma skin cancer is a disease in which cancer cells grow in the tissues of the skin. It can appear on any part of the body, but it occurs most often where your skin is exposed to the sun.

What are the types of non-melanoma skin cancer?

The most common types of non-melanoma skin cancer are basal cell cancer and squamous cell cancer.

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, sometimes referred to 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.

Other skin conditions

Actinic keratosis is a skin condition that can rarely turn into skin cancer. 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 casual exposure to sunlight over the years, from living in sunny climates, outdoor hobbies or working outdoors. Actinic keratoses can also be called solar keratoses.

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' or a pre-cancerous skin change. 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.

Less common non-melanoma skin cancers

There are also other, rarer non-melanoma skin cancers.

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.

How common is non-melanoma skin cancer?

Non-melanoma skin cancer is the most common cancer in Ireland and the number of cases is rising. Most cases are caused by UV rays from the sun.

In 2015, 5,995 men and 4,672 women were diagnosed with non-melanoma skin cancer in Ireland.

About 97% of people diagnosed with non-melanoma skin cancer were fully treated by skin surgery. They required no further treatment.

What increases my risk of non-melanoma skin cancer?

Most non-melanoma skin cancers are caused by UV exposure. This and other risk factors are listed below. Risk factors increase your chance of getting cancer, but they don't mean you will definitely get cancer. Sometimes people without any known risk factors develop cancer.

>>> The main risk factor for developing non-melanoma skin cancer is ultraviolet (UV) light from sun exposure.

Known risk factors

- **UV rays:** Exposure to ultraviolet (UV) rays from sunlight, tanning lamps or sun beds greatly increases your risk of developing non-melanoma skin cancer. Being outside can expose your skin to the sun's harmful UV rays, even on cool or cloudy days.
- **Sun beds:** People who have used a sunbed, even just once, have a 20% increased risk of melanoma. Using sunbeds or sun lamps from a young age increases your risk even more.

- **Skin type and eye colouring:** You are more at risk if you have light-coloured skin that freckles or burns easily with fair or red hair and blue, green or grey eyes. But dark skin too can be at risk.
- **Lifetime exposure to sunlight:** Regular sun holidays, working outdoors, outdoor sports or severe sunburn or blistering as a child or teenager may increase your risk of developing non-melanoma skin cancer later in life.
- **Age:** Squamous cell and basal cell carcinomas usually appear after the age of 40, with a steady rate of increase as people get older, but they are becoming increasingly common in younger people.
- **Gender:** Men are more likely than women to get non-melanoma skin cancer. 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. Non-melanoma skin cancer affects 1 in 6 men and 1 in 9 women over their lifetime.
- **Personal or family history of melanoma or non-melanoma skin cancer:** Your risk is increased if you or a family member have a history of 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 can also be 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 by 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 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 damage to the skin 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.

Diagnosis and tests

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Being diagnosed with non-melanoma skin cancer

Everyone reacts differently to a cancer diagnosis. However you feel, you are not alone. There are many people who can help and support you at this time.

If you need to talk to someone, or if you want more information or advice:

- Ask to speak to the cancer liaison nurse at the hospital.
- Talk to one of our cancer nurses in confidence – call our Cancer Nurseline on 1800 200 700 or speak with one of our nurses in a Daffodil Centre
- Email our cancer nurses at cancernurseline@irishcancer.ie
- Talk to other people going through the same thing. Join our online community at www.cancer.ie/community

We hope this booklet will help you too. It has information on what to expect when you have been diagnosed with cancer. More helpful information is available on our website www.cancer.ie



Daffodil Centres

Our Daffodil Centres provide cancer information, support and advice in 13 hospitals across the country.

The Centres are staffed by cancer nurses and trained volunteers, who provide both practical information and emotional support.

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 any information on:

- Cancer treatments and side-effects
- Palliative care
- Emotional support and psychological care
- Practical entitlements and services available
- Cancer support groups and centres

You can email daffodilcentreinfo@irishcancer.ie to find your local Daffodil Centre.

Email: cancernurseline@irishcancer.ie

Telling people about your diagnosis

It can be hard to tell other people the news that you have been diagnosed with cancer.

You may want to talk about your diagnosis, or you may prefer not to tell people straight away. Talking can help you to get support from friends and family. On the other hand, you may find it hard to cope with other people's reactions when they hear the news. For example, they may fuss over you or be upset. Remember, non-melanoma skin cancer is not infectious and cannot be passed on to other people.

Call our Cancer Nurseline on 1800 200 700 or speak with one of our nurses in a Daffodil Centre if you would like to talk things over with a cancer nurse. You can also ask for a copy of our booklet *Who Can Ever Understand?* This booklet can help you find ways to talk about your cancer and to ask for the help and support you need.



What tests will I have?

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 plastic 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*.



Tests you may have include:

- **Skin exam:** Your doctor or nurse will examine the area of your skin and lymph nodes. This procedure may be done by your GP or you may be referred to a dermatologist (skin specialist) or plastic surgeon.
- **Skin biopsy:** A skin biopsy removes a small piece of the cancer cells from your skin to confirm the diagnosis prior to planning the next step in treatment. It is quick and straightforward and usually done in the outpatients department. You will be given a local anaesthetic but normally it causes little pain.
- **Excision biopsy:** An excision biopsy removes all the cancer as well as some skin around the affected area. This is to make sure that no cancer cells are left behind. See page 29 for more about excision.

➤➤➤ Almost all non-melanoma skin cancers are fully treated by an excision biopsy.

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, which is often the case for basal cell cancer (BCC).

Sometimes if you have a 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 occasionally spread.

The following tests will tell if you need further treatment.

- **Ultrasound scan:** This is a scan that uses sound waves to look at your lymph glands. It is done in the X-ray department of the hospital. The scan is painless and only takes a few minutes. Some gel is first put on the area to be examined, which is then scanned to give more information about the cancer.
- **CT scan (CAT scan):** This is a special type of X-ray that gives a detailed picture of the tissues inside your body. During the scan you will lie on a table which passes through a large doughnut-shaped machine. The scan is painless and takes between 10 and 30 minutes.

You might be asked to fast (not eat) for a few hours before the test. You may also be given an injection or a special drink to help show up parts of your body on the scan. Before you take the drink, let the radiographer know if you are allergic to



iodine or have asthma. The injection may make you feel hot all over for a few minutes. Preparations for a CT scan can vary. The doctor or nurse in your hospital will tell you what to do. This test is usually done as an outpatient, so you should not need to stay in hospital.

- **MRI scan:** This is a scan that uses magnetic energy to build up a picture of the tissues inside your body. During the test you will lie inside a tunnel-like machine. Some people are afraid they may feel claustrophobic during the MRI scan. If you are anxious, contact the radiographer the day before. They may be able to give you medication to relax you on the day. An MRI can also be noisy, but you will be given earplugs to wear during it. You might get an injection before the scan to show up certain parts of your body. During the scan you cannot wear metal jewellery. If you have any medical device in your body, like a pacemaker or pin, you may not be suitable for the test. Usually you can go home soon after the scan. You shouldn't need to stay in hospital.

Waiting for test results

It usually takes a week or two for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with the specialist nurse or with a relative or close friend. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.



Staging non-melanoma skin cancer

The tests you have after diagnosis are usually done to help the doctor to stage your cancer. Staging means finding out the size of the cancer and if it has spread to other parts of your body. Staging is very important, as it helps your doctor to decide the best treatment for you.

Your doctor will give your cancer a number stage – from 0 to 4. A higher number, such as stage 4, means a more serious cancer. Some stages are further divided into stage A and B.

Staging can be hard to understand, so ask your doctor and nurse for more information if you need it.

In general, the lower the number, the less the cancer has spread.

»»» Basal cell cancer and squamous cell cancer are usually caught at a very early stage.

What are the stages of non-melanoma skin cancer?

Stages 1 and 2

The cancer is found only in the skin, and hasn't spread anywhere else in your body. Bowen's disease is considered stage 0.

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.

»»» Staging allows your doctor to decide the best treatment for you.



To sum up

- Staging means finding out how big the cancer is and if it has spread to other parts of your body.
- The results of your excision biopsy will help your doctors to decide whether you need further staging tests done.
- Most people with early stage disease do not need further tests.
- Further tests like scans may sometimes be used to stage the cancer.



Treating non-melanoma skin cancer

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How is early stage non-melanoma skin cancer treated?

>>> Most people with non-melanoma skin cancer are completely cured with surgery alone.

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

Surgery is the most common way to treat non-melanoma skin cancer.

Surgery: This involves cutting out (excision) or scraping away the cancer cells by shave excision or curettage. Other options include Moh's surgery. Larger areas may require skin grafts or skin flaps. All the different kinds of surgery used to treat non-melanoma skin cancer are explained in detail on page 29.

Other treatments for non-melanoma skin cancer are rarely needed, but include:

Topical chemotherapy: Cream is placed directly on your skin to kill the cancer cells. See page 32 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 33 for more details.

Photodynamic therapy (PDT): Using a light-sensitive cream and light to destroy cancer cells. See page 33.

Radiotherapy: High-energy rays are used to shrink or destroy the cancer. See page 34 for more details.

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

Specialist cancer centres

Non-melanoma skin cancer is usually treated in specialist cancer centres in Ireland. The staff at these centres have great expertise in managing patients with non-melanoma skin cancer. As a result, you may be transferred to another hospital from the one where you received your diagnosis.

Deciding on treatment

Multidisciplinary team: A multidisciplinary team (MDT) is a team of specialists involved in caring for your type of cancer. For example, dermatologist, histopathologist, plastic surgeon, ear, nose and throat (ENT) surgeon, radiation oncologist, specialist nurse, radiologist. The team will meet to discuss your test results and your suggested treatment plan.

Treatment options: Your doctor and nurse will discuss your treatment options with you. Do ask as many questions as you like, no matter how small or trivial you think they are. All questions are important. You could use the fill-in page at the back of this booklet for your questions and answers. If you forget to ask a question or would like more explanations, call our Cancer Nurseline on 1800 200 700 or speak with one of our nurses in a Daffodil Centre.

Second opinion: Your doctor will refer you to another specialist for a second opinion if you feel this would be helpful.

Accepting treatment: You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you want to refuse treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully aware of the benefits and risks.

Giving consent for treatment

Before you 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 understand what the treatment is for and 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

If you are confused about 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.

Individual treatment

You may notice that other people with non-melanoma skin cancer are not getting the same treatment as you. Their cancer may not be the same type or at the same stage as yours. Everyone's treatment needs will be different. Don't be afraid to ask your doctor about your treatment.



Waiting for treatment to start

Most people want to start treatment right away. You may worry that the cancer will spread if you don't start treatment straight away.

Cancer treatment should start soon after diagnosis. For most cancers, waiting for scans or treatment for a few weeks does not usually affect how well the treatment works.

If you are worried, talk to your doctor. You can also call our Cancer Nurseline on **1800 200 700** or visit a Daffodil Centre to speak to a cancer nurse.

Who will be involved in my care?

Usually a multidisciplinary team of health professionals will be involved in your treatment and care.

Dermatologist	A doctor with expertise in managing skin conditions. Dermatologists have undergone training to manage skin cancer by surgical excision. Most skin cancers are referred to dermatologists initially.
Plastic surgeon	A doctor who performs operations to remove skin cancers and to repair or replace skin which has been damaged.
Surgeon	A doctor who specialises in surgery.
Medical oncologist	A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
Radiation oncologist	A doctor who specialises in treating cancer patients using radiotherapy.
Radiation therapist	A specially trained person who delivers the radiotherapy and gives advice to cancer patients about their radiation treatment.
Oncology liaison nurse / clinical nurse specialist	A specially trained nurse who works in a special cancer care unit. She or he gives information and reassurance to you and your family from diagnosis and throughout treatment.
GP (family doctor)	Your GP can be a great support to you. You can talk to your GP about your medication and any side-effects you have. You can also contact your GP about any worries you have or if you are finding it hard to cope.

Physiotherapist	A therapist who treats injury or illness with exercises and other physical treatments related to the illness.
Dietitian	An expert on food and nutrition. They are trained to give advice on diet during your illness and use diet to help symptoms.
Psycho-oncology team	These are specialists in psychological care and support for cancer patients. Usually the team includes psychiatrists, clinical psychologists and nurses.
Psychologist	A specialist who can talk to you and your family about emotional and personal matters and can help you to make decisions.
Counsellor	A person specially trained to give you emotional support and advice when you find it difficult to come to terms with your illness.
Community health services	These include family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. Your local health centre or the medical social worker in the hospital can advise you about these services.

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.

Types of surgery

Excision: Small cancers can be removed by cutting them out (excision) or by scraping them away and stopping the bleeding by heat or electricity (curettage and electrocautery).

There are four main types of skin biopsies:

- Shave biopsy: A blade is used to shave off the abnormal growth
- Punch biopsy: A hollow circular scalpel is used to cut into the abnormal growth to diagnose skin cancer
- Incisional biopsy: A scalpel is used to remove part of the abnormal growth
- Excisional biopsy: A scalpel is used to remove all of the abnormal growth

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 (see page 30).

Moh's surgery: Another way to remove skin cancer cells is by margin-controlled excision or Moh's surgery.

The aim of Moh's is to remove all the cancer tissue and the least amount of healthy tissue. During the surgery, a specially trained dermatologist removes the tumour 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: 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.

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.

Repair of surgical wounds

If the tumour is large, a large section of skin may need to be removed. It may not be possible to stretch the nearby skin to close the wound. Sometimes the area is left open to heal by itself, which may take 6-12 weeks, depending on the size and site of the wound (secondary intention healing). Or 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. 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. 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.



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 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.

Hair loss: You may also lose the hair in the area being treated.

Insomnia: Some patients have difficulty sleeping during and after treatment.

Fatigue: Extreme tiredness.

Headaches: Some patients have headaches during and after treatment.



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 usually used to treat early or superficial skin cancers.

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. If your skin reacts strongly to the treatment, your doctor may give you a steroid cream to use as well. Occasionally, the immunotherapy cream may cause shivers and other flu-like symptoms.

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 cream 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 treating large areas of skin 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 cream and a light to kill cancer cells.

Radiotherapy

Radiotherapy is a treatment that uses high-energy rays to kill cancer cells. The aim of radiotherapy is to destroy the cancer cells with as little damage as possible to normal cells.

Radiotherapy is rarely used to treat non-melanoma skin cancer. However, it can be an option for people with multiple skin cancer sites, people who cannot have surgery or people whose cancer has spread to their lymph nodes.

››› Radiotherapy is rarely used in treatment for non-melanoma.

How is advanced cancer treated?

It is very rare to be diagnosed with advanced non-melanoma skin cancer but sometimes it does occur. Advanced cancer is when cancer has spread to another part of your body. Cancer that has spread to another part of your body can also be called metastatic or secondary cancer. Your cancer may be advanced when it is first diagnosed. Or it may have come back sometime after you were first treated. This is called recurrence.

If your cancer is advanced it can still be treated. The aim of treatment is usually to try to control the cancer rather than to cure it. There may also be treatments that you can have as part of a clinical trial.





After treatment

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What follow-up will I need?

Follow-up is the name for the check-ups you have at hospital after your treatment has ended. Most patients who have had treatment for low-risk non-melanoma skin cancer will not need long-term follow-up.

Follow-up will involve a physical exam. Some people may need blood tests or scans, but this is very rare.

A very important aspect of follow up will be to teach you or your care giver how to perform regular examinations of your skin to detect any new changes or abnormalities after having a skin cancer diagnosis. Your consultant or specialist nurse will teach you how to do this correctly and what steps to take if you are concerned (see page 39).

Tell your doctor or nurse how you have been since your last appointment. Tell them about any new symptoms you have. Sometimes it helps to write down what you want to say before you see the doctor. That way you won't forget what you wanted to say.

If you are between check-ups and have a symptom or problem that is worrying you, tell your doctor or nurse. Make an appointment to see him or her as soon as possible.

Staying healthy after treatment

Many people want to make positive changes to their lives after their treatment has ended. A healthy lifestyle includes:

- Exercising
- Not smoking
- Eating healthy foods
- Checking your skin regularly
- Staying at a healthy weight
- Protecting yourself from the sun

If you want more information or advice, call our Cancer Nurseline on 1800 200 700 or speak with one of our nurses in a Daffodil Centre. You can also go to our website www.cancer.ie for tips and publications on healthy living.

Checking your skin

It's very important to inspect your skin regularly for any changes once your treatment has ended. For example, changes in moles or lumps. If you find any changes go to your GP so that he or she can check them. Remember that non-melanoma skin cancer that is treated early has a greater chance of being cured.



Self-exam for non-melanoma skin cancer

Examine yourself from head to toe every month.

- Learn the moles, freckles and other skin marks that are normal for you.
- 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, even 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 mirror.
- Ask a relative or friend to check your back or other hard-to-see areas.
- Take a photograph of your skin every year, especially your back, and compare them.
- Visit your doctor if you notice something that concerns you.



Remember when checking a mole, look for the ABCDE:

- | | |
|--|---|
| A = Asymmetrical (uneven) shape | D = Diameter (size) |
| B = Irregular Border | E = Evolving (growing or changing over time) |
| C = Changes in colour | |

Your family

If you have had treatment for any kind of melanoma or non-melanoma skin cancer, other members of your family may be at risk of developing non-melanoma skin cancer. This includes your brother, sister or children. The level of risk depends on their skin type and the number of unusual-looking moles. Your family members, including teenagers and young adults, should check their skin too, and visit a dermatologist if they are concerned about their skin.

Protecting your skin

Anyone who has been diagnosed with non-melanoma skin cancer may have a higher risk of developing another non-melanoma skin cancer.

It is very important to protect your skin from UV rays. Learn how to protect your skin using the SunSmart code on page 41 or on www.cancer.ie. If you're not sure, ask your doctor or nurse for advice.

You can also speak with one of our nurses in a Daffodil Centre or call our Cancer Nurseline on 1800 200 700.

Cancer Nurseline Freephone 1800 200 700

Reduce your risk of skin cancer
by following the SunSmart code:
sunscreen isn't enough!



Seek shade

- Especially 11am–3pm, April–September
- For babies under 6 months



Cover up

- Choose a collared shirt with long sleeves
- Wear long trousers/skirts
- Pick a hat that shades your face, neck and ears



Wear sunglasses

- Wraparounds are best
- Make sure they give UV protection
- Children too!



Slap on sunscreen

- At least 30 SPF for adults
- Over 30 SPF for children
- Look for the UVA logo on the bottle
- Choose water resistant sunscreen for swimming, sports and when it's hot
- Put it on 20 mins before going outside
- Reapply every 2 hours while you're out

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



Coping and emotions

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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 it may be harder to cope with your emotions.

You might have different emotions at different times. For example, when you're diagnosed or later during your treatment.

A helpful booklet that discusses in detail how you may be feeling is called *Understanding the Emotional Effects of Cancer*. Call our Cancer Nurseline on **1800 200 700** or visit a Daffodil Centre for a free copy.



Anxiety and depression

Sometimes a cancer diagnosis can cause anxiety and depression.

If you feel that your low moods are getting the better of you or you are finding it hard to cope, it's important to get help. It's not a sign of failure to ask for help or to feel unable to cope on your own. Try to talk with someone you know who is a good listener or tell your GP. Medical social workers can also offer support to you and your family.

If you are finding it difficult to get over a period of depression, your doctor may suggest a treatment. Often a short course of antidepressants can work well. Professional counselling can also be very helpful. Free one-to-one counselling is available at some local cancer support centres. Call our Cancer Nurseline on 1800 200 700 or see page 53 for more.

Cancer Nurseline Freephone 1800 200 700

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. 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. How much you tell them will depend on how old they are.

If you need any advice or support, 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**



How can I help myself?

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 things you can do:

- Always ask for information that is personal to you from your own doctor.
- Follow your doctor's instructions carefully. If you're not sure what to do, ask your doctor.
- Let your doctor know if you have any problems or worrying side-effects.
- Look after your health. See page 38
- Think about going to a cancer support centre if you feel you need support from other people or from a counsellor. See page 53 for more
- Join a relaxation class.
- Get some regular exercise. Take it easy at first, building up the amount you do as you feel stronger.



Support resources

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Coping with the financial impact of cancer

A diagnosis of cancer often means that you will have extra expenses, like car parking during hospital visits, medication, travel, heating and childcare costs. If you can't work or you are unemployed, this may cause even more stress. It may be harder for you to deal with cancer if you are worried about money.

Medical expenses

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to hospital
- Overnight stays in hospital
- Medicines
- Equipment like medical devices, disability aids, dressings, wigs, etc. Sometimes called 'appliances'.

How much you pay towards your medical expenses depends on whether or not you qualify for a medical card and what type of health insurance you have, if any.

If you have a medical card, you will probably have very little to pay for hospital and GP (family doctor) care or your medication.

Medical cards are usually for people on low incomes, but sometimes a card can be given even if your income is above the limit. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

An emergency medical card may be issued if you are terminally ill and in palliative care, irrespective of your income.

If you do not have a medical card you will have to pay some of the cost of your care and medication.

If you have health insurance the insurance company will pay some of the costs, but the amount will depend on your insurance plan. It's important to contact your insurance company before starting treatment.

Benefits and allowances

There are benefits available from the Department of Social Protection that can help people who are ill and their family. For example, Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

If you want more information on benefits and allowances, contact:

- The medical social worker in the hospital you are attending
- Citizens Information – Tel: 0761 074 000
- Department of Social Protection (DSP) – Tel: 1890 662 244 or ask to speak to a DSP representative at your local health centre or DSP office.

Always have your PPS number to hand when you are asking about entitlements and benefits. It's also a good idea to photocopy completed forms before posting them.

If you have financial difficulties

If you are getting into debt or you are in debt, the Money Advice and Budgeting Service (MABS) can help you. MABS can look at your situation, work out your budget, help you to deal with your debts and manage your payments. The service is free and confidential. Call the MABS Helpline 0761 07 2000 for information.

If you are finding it hard to cope financially, contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also give some help towards travel costs in certain cases. See page 51 for more details of our Volunteer Driver Service and the Travel2Care fund.

You can also call our Cancer Nurseline 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

Email: cancernurseline@irishcancer.ie

More information

For more information go to www.cancer.ie/publications and check out our booklet, *Managing the Financial Impact of Cancer – A Guide for Patients and their Families*. This explains:

- Medical costs and help available
- Benefits and allowances that you or your family may qualify for
- Travel services
- Ways to cope with the cost of cancer

The booklet also has lots of other information to help you manage the cost of cancer. For example, disability and mobility supports, help for people in financial difficulty, help for carers and living at home and nursing home supports.



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 | ■ Patient travel and financial support services |
| ■ 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. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at www.cancer.ie

For the deaf community, our Cancer Nurseline is using the Sign Language Interpreting Service (SLIS) using IRIS. Contact IRIS by text 087 980 6996 or email: remote@slis.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 that cancer patients have access to confidential support including counselling. See page 53 for more information.
- **Patient travel and financial support services**. We provide practical and financial support for patients in need, travelling to and from their cancer appointments. There are two services available through the Society:
 - **Travel2Care** is a limited fund, made available by the National Cancer Control Programme, for patients who are having difficulty

getting to and from their treatments while attending one of the national centres of excellence or their approved satellite centres.

- **Irish Cancer Society Volunteer Driver Service** is for patients undergoing chemotherapy treatments who are having difficulty getting to and from their local appointments in our partner hospitals.

To access either of these services please contact your hospital healthcare professional for more information.

- **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.



Local cancer support services

The Irish Cancer Society works with cancer support services all over Ireland. They have a range of services for cancer patients and their families, during and after treatment, many of which are free. For example:

- **Professional counselling:** the Irish Cancer Society funds up to 8 sessions of free counselling in many affiliated support services
- **Support groups**, often led by professionals like social workers, counsellors, psychologists, or cancer nurses
- **Special exercise programmes**, like the Irish Cancer Society's *Strides for Life* walking group programme
- **Stress management and relaxation techniques**, such as mindfulness and meditation
- **Complementary therapies** like massage, reflexology and acupuncture
- **Specialist services** such as prosthesis- or wig-fitting and manual lymph drainage
- **Mind and body sessions**, for example, yoga and tai chi
- **Expressive therapies** such as creative writing and art
- **Free Irish Cancer Society publications** and other high-quality, trustworthy information on a range of topics

Cancer support services usually have a drop-in service where you can call in for a cup of tea and find out what's available.

You can call our Cancer Nurseline on Freephone 1800 200 700 to find your nearest cancer support centre. Or see our online directory at <http://www.cancer.ie/support/support-in-your-area/directory>

Helpful books

The Irish Cancer Society has a wide range of information on reducing your risk of cancer, different types of cancer, treatments, and coping. For free copies call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also download or order the booklets on our website: www.cancer.ie

You may find the following helpful:

Treatment and side-effects

Understanding Chemotherapy

Understanding Radiotherapy

Understanding Cancer and Complementary Therapies

Diet and Cancer

Coping with Fatigue



Coping and emotions

Understanding the Emotional Effects of Cancer

Lost for Words: How to Talk to Someone with Cancer

Who Can Ever Understand? Taking About Your Cancer

Talking to Children about Cancer: A Guide for Parents

A Time to Care: Caring for Someone Seriously Ill at Home

Caring for Someone with Cancer

Managing the Financial Impact of Cancer. A Guide for Patients and their Families



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.

Your own questions

1

Answer

2

Answer

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Answer

4

Answer

5

Answer

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Answer

7

Answer

8

Answer

>>>

Notes



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 Cancer Nurseline 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

More information and support

If you would like more information or someone to talk to, now or at any time in the future, please call our Cancer Nurseline on 1800 200 700.

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

Email: cancernurseline@irishcancer.ie

Find us on Facebook

Follow us on Twitter: @IrishCancerSoc

