Understanding
Cancer of the Skin
Caring for people with cancer
Understanding cancer of the skin

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 make a note below of the contact names and information you may need quickly.

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If you like, you can also add:

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This booklet has been produced by Nursing Services of 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. This type of cancer can affect either the basal or squamous cells in your skin. The other main form of skin cancer is malignant melanoma. This type of cancer is discussed in more detail in the booklet Understanding Malignant Melanoma.

By reading this booklet, we hope it answers some questions you may have about the diagnosis and treatment of skin cancer. It can also tell you about the side-effects that may happen when treatment is given. We cannot advise you about which treatment to choose. Only you can make this decision along with your doctor, when all your test results are ready.

At the end of the booklet, you will find a list of books that might be useful to read. There is also a list of websites and special groups to help and support you at this time.

Reading this booklet

Remember you do not need to know everything about 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 feel relaxed and 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 the freephone National Cancer Helpline 1800 200 700.

If you find the booklet helpful, you could give it to family and friends who might find it useful too.

What does that word mean?

Benign
A tumour that is not able to 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 cancer 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 layer of your skin.

Excision
The surgical removal of cancer cells by cutting them out of the skin.

Fatigue
Ongoing tiredness.

Lesion
An area of tissue that has suffered damage because of injury or disease, e.g. 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. 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 chemical.
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.

About skin cancer

What is cancer?

Cancer is a word used to describe a group of diseases. Each one has its own name. For example: skin cancer, lung cancer and breast cancer. Each has an individual type of treatment and chance of being cured.

In the body, the organs and tissues are made up of tiny building blocks called cells. All cancers are a disease of the body’s cells. In healthy tissue these cells replace or repair themselves when they get worn out or injured. With cancer, the cells do not behave as normal and keep on growing even when there is no need.

These groups of abnormal cells can form a lump or tumour. Tumours can be either benign or malignant. Benign tumours are unable to spread to other parts of the body and so are not called cancer. Malignant tumours are made up of cancer cells that can spread from where they first grew. This happens when a cell or group of cells breaks away and is carried by the bloodstream or lymph glands to form a new tumour elsewhere in the body. This is called a metastasis or secondary tumour.
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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. In 2005, there were 6,196 people diagnosed with it; 2,860 women and 3,336 men. But numbers are rising each year. It is believed that more men than women get skin cancer because they tend to work outdoors more and also play more sport. Malignant melanoma skin cancer is less common. In 2005, there were 598 people diagnosed with it in Ireland; 360 women and 238 men.

What is the lymphatic system?
Every day your body defends itself against infection in many ways. One way is the lymphatic system. Like the bloodstream it carries material around your body. It is a network of tiny tubes that pass through most of the tissues in your body. These tubes carry clear watery fluid called lymph.

Along the network are hundreds of small glands shaped like beans. These are called lymph nodes and they remove unwanted material from the lymph like a sieve. They also help the white blood cells called lymphocytes to protect your body against infection.

Lymph nodes are found in groups throughout your body, such as in your neck, armpits and groin. Sometimes you may notice these glands if they become swollen. More of these lymph nodes are found in larger groups in your chest and abdomen. Other parts of the lymphatic system include the spleen, thymus, tonsils and bone marrow. Lymph nodes can also spread cancer cells.

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.
- Abnormal cells can form a skin cancer.
- If a tumour is malignant, cells can break away and be carried by blood or lymph somewhere else. This is called a metastasis or secondary tumour.

Non-melanoma skin cancer is the most common cancer in Ireland.
What are the types of skin cancer?

The type of skin cancer depends on the kind of skin cells that are affected.
- If the cells are the basal or squamous cells, it is called non-melanoma skin cancer.
- If the melanocytes are affected, it is called melanoma skin cancer.

Non-melanoma skin cancer

The most common type of non-melanoma skin cancer is 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. But if left untreated, they can enlarge 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 enlarge or spread to other parts of the body. Even so, most patients are completely cured with just surgery.

Less common 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.

Malignant melanoma

Malignant melanoma is a cancer of the melanocytes, which are the cells in the deepest layer of the epidermis. It is a rare type of skin cancer. The cancer may begin in a mole or as a new growth and is
usually dark in colour. Melanoma can also begin in other tissues that make melanin, such as the eye and intestines.

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 the National Cancer Helpline 1800 200 700 for a free copy of the booklet, Understanding Malignant Melanoma.

What causes skin cancer?

The main cause of skin cancer is ultraviolet (UV) light from the sun. There are two types of UV light that reach Earth: UVA and UVB. Both are harmful. UV light damages the DNA in skin cells causing mutations (changes in the cell genes). It can then take up to 20 to 30 years for skin cancer to develop.

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

- have fair, light-coloured skin that freckles or burns easily
- had severe sunburn or blistering as a child
- have been exposed to sunlight all your life
- use tanning beds or sunbeds
- have a history of severe skin damage, e.g. 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 been exposed to certain chemicals like arsenic, coal tar, soot, petrol products, etc.
- 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

Skin type

White people with fair (light-coloured) skin that freckles or burns easily are at high risk. 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.

Sun exposure

Nowadays people are exposing their skin to sunlight more than ever. This is due to fashion trends and travel to sunny climates. Even so, people who have never been abroad can be at risk of getting skin cancers too. The risk can be greatly reduced by less exposure to sunlight and by protecting yourself, even in winter.

Severe sunburn or blistering as a child may increase the risk of developing skin cancer later on in life, especially basal cell cancer. Sudden exposure of pale skin to strong sunlight will increase the risk of burning and skin damage.

Age and gender

Non-melanoma skin cancer occurs less often in people under the age of 40. It occurs more often in people aged 60 or over. 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 the sun from working outdoors and playing sport, and from not using sunscreen or wearing protective clothing.

Sunbeds

Artificial sunlight can be as damaging to your skin as natural sunlight. Sunbeds and sunlamps use ultraviolet A (UVA) rays to tan the skin. UVA rays may cause little of the skin redness and peeling that is normally seen after exposure to natural sunlight. For this reason, you may not be aware of the damage you are doing to your skin by using...
a sunbed. Using a sunbed regularly will cause skin damage. It increases your risk of getting skin cancer and causes premature ageing. If you do get a tan from sunbeds, it will not protect you from natural sunlight. In fact, sunbeds do not protect you at all against sunburn from natural sunlight.

Children under 18 should not use sunbeds as it greatly increases their risk of skin cancer.

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

Burns: 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, this may happen after an organ transplant.

Chemicals: Exposure to certain chemicals at work over a long period of time can cause skin cancer. For example, arsenic, coal tar, soot, pitch, asphalt, creosotes, paraffin waxes, petroleum products and hair dyes. Arsenic found in old-fashioned tonics and agricultural insecticides is a common cause. You should wear protective clothing if you are handling these substances frequently at work.

Hereditary conditions: Some rare hereditary conditions, e.g. 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.

To sum up
- The type of skin cancer depends on the kind of skin cells that are affected.
- If the cells are basal or squamous cells, it is called non-melanoma skin cancer.
- If the melanocytes are affected, it is called melanoma skin cancer.
- The most common type of non-melanoma skin cancer is 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, have a family history of skin cancer or moles on your skin, had radiotherapy, been exposed to certain chemicals in the workplace, and taking drugs that affect the immune system.

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.

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
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By doing a self-exam, it can help you to learn the moles, freckles and other skin marks that are normal for you:

- Stand in front of a long mirror.
- Make sure you check the front, back and sides of your arms and legs.
- Also, check your groin, scalp, fingernails and your soles and the spaces between your toes.

If you have a risk factor for skin cancer, talk to your doctor about getting screened more often and by a skin specialist called a dermatologist.

Signs of melanoma:

- A mole that has changed colour, size or shape
- A mole that is bleeding, oozing or crusting
- A new mole

If you notice anything unusual on your skin that does not go away within a month, show it to your family doctor (GP). See the centre of this booklet for colour photos of skin cancers.

There are many skin conditions that are not cancerous, particularly among older people. Your doctor may 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, scars, etc. You may wish to have these treated for cosmetic reasons.

To sum up

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
- A mole that has changed colour, size or shape
- A mole that is bleeding, oozing or crusting
- A new mole

Can I be screened for skin cancer?

Testing for cancer when you have no signs or symptoms is called screening. There is no screening programme in Ireland for skin cancer. The best way to screen yourself is by checking your own skin from head to toe every month. Make sure to see your doctor every year for a skin exam.

By doing a self-exam, it can help you to learn the moles, freckles and other skin marks that are normal for you:

- Stand in front of a long mirror.
- Make sure you check the front, back and sides of your arms and legs.
- Also, check your groin, scalp, fingernails and your soles and the spaces between your toes.

If you have a risk factor for skin cancer, talk to your doctor about getting screened more often and by a skin specialist called a dermatologist.

Remember when checking a mole, look for the ABCDE:

A = asymmetrical (uneven) shape
B = irregular border
C = changes in colour
D = diameter
E = evolving (a change over time)

See page 35 for more about skin cancer prevention.

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.

The specialist can usually tell straight away if there are benign or malignant changes and will suggest a skin biopsy to confirm the diagnosis.
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. The local anaesthetic used to numb the skin can sting a little as it is being given.

A small cut is first made through your skin and all or some of the affected skin is removed (excised). Some skin around the affected area may be removed as well. This is to make sure that no cancer cells are left behind.

Sometimes a biopsy is the only treatment needed for skin cancer. It is called an **excision biopsy** when all the cancer 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. Do have someone to bring you home after the surgery, as you may feel a little tired. The result of the biopsy is usually available within 3 to 4 weeks.

MRI scan: This is a special scan that uses magnetic energy to build up a picture of the tissues inside your body. The MRI scan can look at any part of 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 prosthesis. Those who have certain medical devices in their body, like a pacemaker or metal pin, are 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.

Results of tests
It may take 3 to 4 weeks for the results of the biopsy to be ready. The biopsy result will show if you have skin cancer and whether the cancer cells have spread. Knowing the stage or extent of the cancer helps your doctor to decide on the best treatment for you.

If the biopsy shows that you have precancerous changes, your doctor will monitor your condition to make sure that it does not develop into a true skin cancer.

Basal cell cancers
Most people with basal cell cancers 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 the initial area of skin. 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
If you have a precancerous condition, such as actinic keratosis or Bowen’s disease, your doctor will find out how much dysplasia there is. This means checking if the cell structure is abnormal. The dysplasia can be measured by the thickness of the cells in the epidermis. The greater the thickness, the more serious the condition.

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.

How is skin cancer staged?

Staging means finding out the size of the skin cancer and if it has spread. 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 the cancer.

- **Stage 0:** The cancer is 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.

### Treatment and side-effects

#### How is skin cancer treated?

Surgery is the main treatment for all skin cancers. This is called excision surgery, where the cancer cells are removed. In many cases it is the only treatment you will need. Basal cell and squamous cell cancers are usually treated in the same way. Nine out of 10 people with these cancers are completely cured.

Your doctor will plan your treatment by looking at a number of things. These include:

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

Your doctor may decide on other forms of treatment, including other types of surgery. These include:

- **Surgery:** This involves cutting out or scraping away the cancer cells. Other surgical methods include cryotherapy and Moh’s surgery. See page 23 for more details.
- **Radiotherapy:** Here high-energy rays are used to shrink or destroy the cancer. This may be done if surgery is not possible for whatever reason. See page 27 for more details.
- **Chemotherapy:** Here creams are placed directly on your skin to kill the cancer cells. See page 29 for more details.
- **Topical immunotherapy:** These are drugs placed on your skin that allow your immune system to fight the cancer. See page 31 for more details.
- **Photodynamic therapy (PDT):** Here a visible light and a chemical are used to destroy the cancer cells. See page 32 for more details.
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**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 people will have other 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 the questions you have for your doctor. The fill-in form at the back of this booklet may help. You might also wish to bring a close friend or relative with you to 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 main treatment for all skin cancers.

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

**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).

**Wide local excision:** This is surgery that may be done later if your skin cancer was not fully removed during an excision biopsy. The remains of the cancer will be taken away as well as the surrounding normal skin. If a large area of skin has to be removed, you may need a skin graft or flap to cover the area removed.

**Cryotherapy or cryosurgery:** Cryotherapy or cryosurgery can be a suitable way of treating skin cancers if they are quite small and not very deep. They may be removed by freezing them with liquid nitrogen.

**Removing lymph nodes:** In a few patients with squamous cell skin cancer, the cancer can spread. Your doctor might decide to remove the nearby lymph nodes in this case.
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 and not widely available in Ireland.

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 graft/flap: If the tumour is large or spreading, 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
Skin grafts and flaps are layers of healthy skin taken from another part of your body. This is done under general anaesthetic usually by a plastic surgeon or specialist surgeon. The area where the skin is taken from is called the donor site. A skin graft is a very thin layer of skin that is placed over your wound. It can be taken usually 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. A skin flap is a more thicker layer, which is removed together with the blood vessels that supply it. The blood vessels of the graft are then connected to the blood vessels in the area where the cancer has been removed.

Most patients with a skin graft go home on the same day. But depending on the size of the graft, you may need to stay in hospital for a few days. If you have a skin flap, you might need to stay for up to 4 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 fade. Usually it takes about 2 weeks for a graft from the thigh area to heal. The donor site area can look like a large graze but it heals very quickly.

Curettage and electrocautery
Curettage and electrocautery is only suitable for small 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. Nowadays, it is done less often.

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 very small skin cancers. These include superficial basal cell cancers, actinic keratosis and Bowen disease. It 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.

Removing lymph glands
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 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.

**Surgery:** 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:** 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. This can either be in your arm if the nodes under your arm are removed, or your leg if the lymph nodes are removed from your groin. The swelling is called lymphoedema. It can be helped by massage, exercise and wearing an elastic stocking on the affected arm or leg. If you would like more information about lymphoedema, a booklet is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

**Moh’s surgery**

Moh’s surgery is a very specialised type of surgery used for skin cancer. Your dermatologist may decide to refer you to this specialist. Because it is so specialised, very few places offer this service in Ireland and there is a waiting list.

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.

Moh’s surgery is suitable for:
- Basal cell cancers that have come back in the same place
- Basal cell cancers that are spreading into the surrounding skin
- Skin cancers on the face like the nose, eyes, ears, forehead and scalp
- Skin cancer on or near the fingers and genital area
- Larger skin cancers
- Some rare cancers

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 and you most likely will be allowed home the same day. But if you have a large tumour removed, you may need a skin graft or flap to cover the wound. As a result, you may need to stay in hospital for up to 4 days.

**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 forms of surgery include curettage and electrocautery, cryosurgery, lymphadenectomy and Moh’s surgery.

**Radiotherapy**

Sometimes radiotherapy can be used to treat skin cancer, although surgery is the more common treatment. With radiotherapy, high-energy rays are aimed at the cancer to cure or shrink it. Radiotherapy works well for skin cancers and is useful in areas where surgery might be difficult or cause scarring. For example, it is often used on the face. It is also effective for large cancers or for tumours that have grown deeply into the skin.
Planning and giving the treatment
Radiotherapy is given in specialised centres. Before it 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 uses energies much lower than those of the linear accelerators used to treat other cancers. Different sizes of applicators can be used, depending on the size of the treated area. The applicator is put into the head of the machine and then placed on the skin surface. This is why it is called contact radiotherapy.

Before 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 over. 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 treatment
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 the National Cancer Helpline 1800 200 700 for a free copy of the booklet Understanding Radiotherapy.

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
Chemotherapy is treatment using drugs that cure or control cancer. It is rarely used to treat skin cancer. If used, it is for superficial or early cancers only. The chemotherapy can be given as a cream or through a drip into a vein. Usually for skin cancers the drug is applied directly to the skin cancer as a cream. This is called topical chemotherapy.

Chemotherapy creams: When used as a cream, the drug reaches cancer cells near the skin surface. It does not reach cancer cells deep in the skin or if they have spread to other organs. Very little of the
drug is absorbed into the body. The most common drug used is 5-Fluorouracil (Efudix). It is often called 5-FU for short.

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.

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

Side-effects of treatment

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.

Other effects: Chemotherapy can sometimes cause other unpleasant side-effects. This happens because the drugs affect healthy cells as well as cancer cells. But nowadays these side-effects are usually well controlled with medication. Common problems include feeling sick (nausea), fatigue, hair loss, less resistance to infection and a sore mouth. These side-effects will fade once the treatment is over. If you would like more information, call the National Cancer Helpline 1800 200 700 for a free copy of the booklet Understanding Chemotherapy.

What to look out for

What do basal cell cancers 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 do squamous cell cancers look like?
- A scaly appearance.
- 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 do precancerous changes look like?
**Actinic keratoses:**
- 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.

**Bowen’s disease:**
- A red and scaly patch on the lower legs.
- Can also occur on any part of the body.
- Scaling may occur on the patch, as it catches on clothing.
- Some women develop more than one patch on their legs.

What do melanomas look like?
- A mole that suddenly gets bigger or you find a new one 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, slightly itchy or painful.

Remember not all skin changes are signs of cancer, but if you do see anything that looks different, get it checked by your GP.
Understanding cancer of the skin

Topical immunotherapy

A newer form of drug therapy used today is immunotherapy. It is also known as biological therapy. These drugs use the body’s immune system to attack and kill cancer cells. When used as a cream, they are called topical immunotherapy. For example, imiquimod (Aldara) cream is often used to treat some small, superficial basal cell cancers. These are early stage cancers.

The cream is normally used in areas where surgery may be difficult or for patients who have more than one tumour. Imiquimod can be used on the 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

- Chemotherapy uses drugs to cure or control cancer.
- Chemotherapy is rarely used to treat skin cancer.
- It is used for superficial or early cancers only.
- The chemotherapy drug is usually in the form of a cream.
- The cream is put on at home twice a day.
- Your skin will become red, sore and inflamed for a short while.

SunSmart Code

1 Avoid sun exposure

- Avoid the sun between 11am and 3pm. During this time the sun’s rays are strongest.
- Wear protective clothing. Clothing should be dark and tightly woven and cover your arms and legs. Also wear a broad-brimmed hat and wraparound sunglasses.
- Always wear sunscreen. Apply the cream 20 minutes before going out into the sun. Apply thickly and evenly every 2 hours no matter how high its protection.
- Make sure you are protected against both UVA and UVB rays. The sunscreen should have a SPF (sun protection factor) of 15 or higher. It should have a UVA protection rating of high or very high.
- Avoid tanning beds or sunbeds. If you really want to tan, use fake tanning lotions or sprays instead.

2 Pay attention to any skin changes

Check your skin from head to toe every month.

- Examine your body front and back in the mirror, then check your sides with your arms raised.
- Bend your elbows and look at your forearms and upper underarms and palms.
- Look at the backs of your legs and feet and the spaces between your toes. Also remember the soles of your feet and look under your nails.
- Check your scalp and neck with a hand mirror. Part your hair for a closer look.
- Check your back and buttocks with a mirror.

For more information, contact the National Cancer Helpline 1800 200 700.

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Immunotherapy use the body’s immune system to attack and kill cancer cells.

A drug called interferon is a type of immunotherapy. It is sometimes used to treat advanced squamous cell cancers.
Photodynamic therapy (PDT)

Photodynamic therapy is a type of treatment for skin cancer and other cancers. It is treatment using a chemical that makes the skin cells sensitive to light. When a laser 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 laser light cannot reach far enough into the skin.

The treatment is given in specialised centres. You may be given a local anaesthetic before treatment. Any scales or crusts on the tumour are first removed from the skin. Then the light-sensitive drug is put on your tumour and nearby skin as a cream. 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 strong laser light shone on the treated area. Depending on the type of machine used, it can last for 7–8 minutes or for 20–45 minutes. This will activate the drug and so kill the cancer cells. The cream does not destroy the normal skin cells. Once the treatment is over, a dressing is put on the area to protect it from light. It is best to keep the dressing dry for 2–3 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.

Your doctor will let you know how many treatment sessions you need. Sometimes one, two or three treatments are given. It is not yet known if this type of treatment is better or as effective as standard methods of treatment.

Side-effects of treatment

Skin burn: During PDT your skin will burn, 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.

To sum up

- Photodynamic therapy (PDT) is a treatment using a light-sensitive drug and a laser 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 will cause your skin to burn at first and make it sensitive to light.
Understanding cancer of the skin

Prevention of further skin cancer

What follow-up do I need?

It is important after any treatment for skin cancer that you come back for regular check-ups. This is called follow-up. Your GP will receive a letter from your skin specialist with details of your diagnosis and treatment. As a result, he or she can advise and reassure you, if you have any worries. Usually the specialist will want to see you every 3 to 6 months and then less often. Visits will involve having your skin examined.

Remember to keep all of your follow-up visits. If you cannot attend any check-up, contact your specialist as soon as possible for another appointment. If the cancer does come back, it will most likely be in the first 5 years after treatment. If you are between check-ups and are concerned about a new mark on your skin, make an appointment to see your GP as soon as possible. A skin cancer that is treated early has a greater chance of being cured.

How can further skin cancer be prevented?

After treatment for skin cancer, it is important that you do not expose your skin to strong sunlight. You may have a higher risk of developing skin cancer, either at the same or a different place on your body. There are ways to protect your skin. If you are unsure, do ask your doctor or nurse for advice when you go for check-ups. See the SunSmart Code below for more advice.

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 if 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 decide not to take part, you will still be given the best proven treatment available. Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind.

As part of the research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood. If you would like more information, call the National Cancer Helpline 1800 200 700.
### The SunSmart Code

Most skin cancers can be prevented by avoiding the sun when it is at its strongest and by paying attention to any early skin changes. Also, examine your skin regularly.

1. **Avoid sun exposure**
   - Avoid the sun between 11am and 3pm. During this time the sun’s rays are strongest. Remember that sunlight can also reflect off water, clouds, sand, concrete, snow, and can reach below the water’s surface.
   - Wear protective clothing. Clothing should be dark and tightly woven and cover your arms and legs. Also wear a broad-brimmed hat and wraparound sunglasses. (European Standard EN 1836 or British Standard BS 27 24 19 87)
   - Always wear sunscreen. Apply the cream 20 minutes before going out into the sun. Apply thickly and evenly every 2 hours no matter how high its protection.
   - Make sure you are protected against both UVA and UVB rays. The sunscreen should have a SPF (sun protection factor) of 15 or higher. It should have a UVA protection rating of high or very high.
   - Avoid tanning beds or sunbeds. If you really want to tan, use fake tanning lotions or sprays instead.

See the SunSmart website for more information about protecting yourself in the sun: www.cancer.ie/sunsmart

2. **Pay attention to any skin changes**
   - Check your skin from head to toe every month. You could do this after a bath or shower.
   - Examine your body front and back in the mirror, then check your sides with your arms raised.
   - Bend your elbows and look at your forearms and upper underarms and palms.
   - Look at the backs of your legs and feet and the spaces between your toes. Also remember the soles of your feet and look under your nails.
   - Check your scalp and neck with a hand mirror. Part your hair for a closer look.
   - Check your back and buttocks with a mirror.

Your doctor and nurse can show you how to examine your skin. 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.

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### 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 guidelines for protecting their skin (see below). 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.

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Most skin cancers can be prevented by avoiding the sun when at its strongest and by paying attention to any early skin changes.
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 may prescribe creams or gels to get rid of any early cancer cells if possible. These creams include Efudix, Aldara and Solaraze. They are used to prevent recurrence of solar keratoses.

Coping with cancer

Reactions to a cancer diagnosis

The word cancer often makes people think the worst. For most people who get skin cancer, it will not affect their lives too much. Because the cancer is highly curable and the treatment quick, the shock is not too great. But for others who develop advanced cancer or malignant melanoma, it can bring many other reactions. 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 indeed 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 the National Cancer Helpline 1800 200 700. You can also ask for copies of our booklets, Understanding the Emotional Effects of Cancer and Who Can Ever Understand? Talking about your Cancer.
Understanding cancer of the skin

Support resources

Health cover

Usually the treatment of 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. But for those whose skin cancer does become more serious, help and support are available.

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 all public hospitals. 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 outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €120. There is no charge if you have a medical card or are admitted to hospital because of attending the A&E unit first.

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 force 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 the National Cancer Helpline 1800 200 700 for a copy of the booklet Talking to Children about Cancer: A Guide for Parents.

What you can do

Most people with skin cancer will be completely cured and it will not affect their lives very much once the initial 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 doctors.
- 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 with 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.
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 50c per item up to a limit of €10 per family.

To qualify for a medical card depends on a means test. If you are over 70 and your weekly income is €700 or less, you can 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 as a card may be granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case, your spouse and children will not be covered if your means are over the limit.

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.

Drugs Payment Scheme
Under the Drugs Payment Scheme (DPS), individuals and families including spouses and dependent children pay a limit of €120 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. You can also register for this scheme by filling in a registration form at 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, Quinn Healthcare, Hibernian AVIVA Health 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, e.g. MRI scan, PET scan. In some cases, it may take 24–48 hours to get approval from your health insurer.

Benefits and allowances
Information on the following is given in this section:

- Illness Benefit
- Disability Allowance
- Invalidity Pension
- Carer’s Allowance
- Carer’s Benefit
- Carer’s Leave
- Appliances
- Travel to hospital

Illness Benefit
This is a benefit for insured people. Your eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social and Family Affairs, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment. The benefit lasts for 2 years.
Disability Allowance
You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with an injury, disease or a disability who are aged between 16 and 65. For this allowance you must satisfy a means test, normally live in Ireland and be medically suitable. To be medically suitable you should have an illness that has continued or may continue for at least 1 year.

You are allowed a free travel companion pass and a household benefits package – including an electricity or gas allowance, telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme.

Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Invalidity Pension
This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions and you must normally live in Ireland. You are allowed a free travel pass and a household benefits package – including an electricity or gas allowance, telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer’s Allowance
This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, normally live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are allowed a free travel pass and a household benefits package – including an electricity or gas allowance, telephone allowance and free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your social worker and/or the Dept of Social and Family Affairs.

Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer’s Benefit
If you are employed but wish to care for a sick relative full time, you may qualify for a carer’s benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, normally live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer’s Leave
Under carer’s leave legislation, you may be entitled to unpaid temporary leave from your employment. Carer’s leave allows you to leave your employment temporarily for up to 104 weeks to care for someone in need of full-time care and attention. The leave will be unpaid, but you will have your job kept open for you for the duration of the leave. You do not need to be eligible for carer’s benefit to apply for carer’s leave.
Appliances
For patients who have medical cards most appliances are free of charge. For example, you are entitled to a new hairpiece or wig every 6 months.

Travel to hospital
Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your 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. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, like hardship. The Irish Cancer Society can also help with travel costs in certain cases. See page 51 for more details on its Travel2Care scheme.

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 (old RSI 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
Dept of Social and Family Affairs
Oisin House
212–213 Pearse Street
Dublin 2
Tel: 01 7043 000
Leaflet line: 1890 202 325
Email: info@welfare.ie
Website: www.welfare.ie

If you have queries about health and social services, contact the HSE office in your area. The Health Service Executive is based in four regions: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact: HSE infoline: 1850 241 850; Email: info@hse.ie; Website: www.hse.ie.

HSE East Coast Area
[Co Wicklow, South East Dublin]
Southern Cross House
Southern Cross Business Park
Boghall Road
Bray
Co Wicklow
Tel: 01 2014 200

HSE Northern Area
[North Dublin]
Swords Business Campus
Balheary Road
Swords
Co Dublin
Tel: 01 8131 800

HSE South Western Area
[Co Kildare, West Wicklow, South Dublin]
Oak House
Millennium Park
Naas
Co Kildare
Tel: 045 880 400

HSE Midland Area
[Counties Laois, Offaly, Longford, Westmeath]
Head Office
Arden Road
Tullamore
Co Offaly
Tel: 057 9321 868

HSE Mid-Western Area
[Counties Clare, Limerick, Tipperary North]
Head Office
31/33 Catherine Street
Limerick
Tel: 061 483 286

HSE North Eastern Area
[Counties Cavan, Monaghan, Louth and Meath]
Head Office
Navan Road
Kells
Co Meath
Tel: 046 9280 500

HSE North Western Area
[Counties Donegal, Sligo, Leitrim and West Cavan]
Head Office
Manorhamilton
Co Leitrim
Tel: 071 9820 400 / 1850 636 313

HSE South Eastern Area
[Counties Carlow, Kilkenny, Wexford, Waterford, South Tipperary]
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 7784 100

HSE Southern Area
[Counties Cork and Kerry]
Head Office
Wilton Road
Cork
Tel: 021 4545 011

HSE Western Area
[Counties Galway, Mayo and Roscommon]
Head Office
Merlin Park Regional Hospital
Galway
Tel: 091 751 131
Information is also available from your local Citizens Advice Centre. A list of these centres is available from:

**Citizens Information Board (formerly Comhairle)**
7th Floor, Hume House, Ballsbridge, Dublin 4
Tel: 01 605 9000
Citizen Information Service: 1890 777 121
Email: information@ciboard.ie
Website: www.citizensinformationboard.ie

**If you have financial worries…**

A diagnosis of cancer can sometimes bring the added burden of financial worries. This may happen if you need more treatment for your skin cancer. You may find that you have a lot more expenses as well as your normal outgoings, such as medication, travel, food, heating, laundry, clothing and childcare costs. If you are not able to work or unemployed, this may cause even more stress. It may be hard for you to recover from 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 arising due to your illness. See page 51 for more details. You can also call the National Cancer Helpline 1800 200 700 for 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 1890 283 438. 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. See page 52 for contact details.

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**Irish Cancer Society services**

If you have non-melanoma skin cancer, treatment is fairly quick and straightforward. Usually 9 out of 10 people are completely cured. But for those whose skin cancer becomes more serious, there is more help available.

The Irish Cancer Society (ICS) funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

- **Cancer Information Service (CIS)**
- **Oncology liaison nurses**
- **Cancer support groups**
- **Financial aid**
- **Peer-to-peer support**
- **Cancer information booklets**
- **Counselling**
- **Night nursing**

**Cancer Information Service (CIS)**

The Society provides a Cancer Information Service with a wide range of services. The **National Cancer Helpline** is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The helpline 1800 200 700 operates Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie
- The **walk-in caller service** allows anyone with concerns about cancer to freely visit the Society’s office to discuss them in private.
- **Message Board** is a bulletin board on our website (www.irishcancer.ie) that gives you the chance to post your comments.
The **CancerChat** service is a live chatroom with a link to a Cancer Information Service nurse.

### Oncology liaison nurses

The Irish Cancer Society funds oncology liaison nurses who provide information as well as emotional and practical support to the patient and his or her family. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

### Financial aid

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid. If you would like to request this kind of help, contact your oncology or medical social worker at the hospital where you have been treated. He/she should fill in an application form and return it the Irish Cancer Society. If there is no social worker, another health professional involved in your care may apply on your behalf.

### Cancer information booklets

These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.

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If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.
Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline:
1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

SunSmart
(Irish Cancer Society
Website: www.cancer.ie/sunsmart/

Citizens Information Board (formerly Comhairle)
7th Floor, Hume House
Ballsbridge
Dublin 4
Citizen Information Service:
1890 777 121
Tel: 01 605 9000
Email: information@ciboard.ie
Website: www.citizensinformationboard.ie

Dept of Social and Family Affairs – Information Service
Oslo House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Email: info@welfare.ie
Website: www.welfare.ie

Health Promotion HSE
Website: www.healthpromotion.ie

Money Advice and Budgeting Service (MABS)
Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 8129350
Freefone 1890 283 438
Email: ndl@mabs.ie
Website: www.mabs.ie

Health insurers
Hibernian AVIVA Health
(formerly VIVAS Health)
One Park Place
Hatch Street
Dublin 2
Tel: 1850 717 717
Email: info@hibernianavivahealth.ie
Website: www.hibernianavivahealth.ie

Quinn Healthcare (formerly BUPA)
Mill Island
Fermoy
Co Cork
Locall: 1890 700 890
Fax: 025 42122
Email: info@quinn-healthcare.com
Website: www.quinn-healthcare.com

Voluntary Health Insurance (VHI)
VHI House
Lower Abbey Street
Dublin 1
Tel: 01 872 4499
CallSave 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support groups
Bowel Cancer Support Group
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

CanTeen Ireland
Young People's Cancer Support Group
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: canteen@oceanfree.net
Website: www.canteen.net

Lymphoma Support Ireland
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: info@lymphoma.ie
Website: www.lymphoma.ie

Men Against Cancer (MAC)
Ireland Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

Men Against Cancer (MAC)
Ireland Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

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

CARE – South Tipperary Cancer Support
Centre
14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 82667
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: karen@arcancersupport.ie
Website: www.arcancersupport.ie

The Cuisle Centre
Cancer Support Group
Block Road
Portlaise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net

Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline:
1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

SunSmart
(Irish Cancer Society
Website: www.cancer.ie/sunsmart/

Citizens Information Board (formerly Comhairle)
7th Floor, Hume House
Ballsbridge
Dublin 4
Citizen Information Service:
1890 777 121
Tel: 01 605 9000
Email: information@ciboard.ie
Website: www.citizensinformationboard.ie

Dept of Social and Family Affairs – Information Service
Oslo House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Email: info@welfare.ie
Website: www.welfare.ie

Health Promotion HSE
Website: www.healthpromotion.ie

Money Advice and Budgeting Service (MABS)
Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 8129350
Freefone 1890 283 438
Email: ndl@mabs.ie
Website: www.mabs.ie

Health insurers
Hibernian AVIVA Health
(formerly VIVAS Health)
One Park Place
Hatch Street
Dublin 2
Tel: 1850 717 717
Email: info@hibernianavivahealth.ie
Website: www.hibernianavivahealth.ie

Quinn Healthcare (formerly BUPA)
Mill Island
Fermoy
Co Cork
Locall: 1890 700 890
Fax: 025 42122
Email: info@quinn-healthcare.com
Website: www.quinn-healthcare.com

Voluntary Health Insurance (VHI)
VHI House
Lower Abbey Street
Dublin 1
Tel: 01 872 4499
CallSave 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support groups
Bowel Cancer Support Group
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

CanTeen Ireland
Young People's Cancer Support Group
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: canteen@oceanfree.net
Website: www.canteen.net

Lymphoma Support Ireland
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: info@lymphoma.ie
Website: www.lymphoma.ie

Men Against Cancer (MAC)
Ireland Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

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

CARE – South Tipperary Cancer Support
Centre
14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 82667
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: karen@arcancersupport.ie
Website: www.arcancersupport.ie

The Cuisle Centre
Cancer Support Group
Block Road
Portlaise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Understanding cancer of the skin

Dóchas – Offaly Cancer Support
Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: dochasoffaly@hotmail.com
Website: www.dochasoffaly.ie

Dundalk Cancer Support Group
Community Office
Dundalk Partnership Court
Park Street
Dundalk
Co Louth
Tel: 042 933 0288
Website: www.dcondroy@actioncancer.org

Éist – Carlow Cancer Support Group
Tel: 087 767 3240 / 086 316 3838 / 085 144 0510

Éist – East Inishowen Cancer Support Group
Moville
Co Donegal
Tel: 074 938 2874
Website: www.gkancersupport.com

The Gary Kelly Support Centre
Georges Street
Drogheda
Co Louth
Tel: 041 980 5100
Email: services@gkancersupport.com
Website: www.gkancersupport.com

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: greystonescancersupport@eircom.net

HOPE
Enniscorthy Cancer Support & Information Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email:mary@hopesupportcentre.ie

Inis AoiBhinn – Cancer Care West
Costello Road
University College Hospital Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Kerry Cancer Support Group
Kerry Lee
Oakpark Road
Tralee
Co Kerry
Tel: 087 230 8734
Email: kerry@cancercarewest.ie
Website: www.kerry.ie

LARCC Retreat Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Listowel Cancer Support Group
Bedford
Listowel
Co Kerry
Tel: 068 21741 / 087 237 0766

Little Way Cancer Support Centre
4 Woods Way
Clarecastle
Co Kildare
Tel: 045 902 996
Email: littlewaycancercentre@eircom.net
Website: www.littlewaycancercentre.com

Little Way Cancer Support Centre
8 Stanhope Street
Athy
Co Kildare
Tel: 059 864 1701

Living Beyond Cancer
c/o Oncology Department
Letterkenny General Hospital
Letterkenny
Co Donegal
Tel: 074 912 5888 (Bleep 674)

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407

Roscommon Cancer Support Group
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: vitahouse@eircom.net

Sligo Cancer Support Group
2A Wine Street
Sligo
Tel: 071 9670 399
Email: sligo@cancerline.org.uk
Website: www.sligocancersupport.ie

“The Tuam Cancer Care Centre
30 Temple Jarlath Court
High Street
Tuam
Co Galway
Tel: 093 28522
Email: tccg@eircom.net
Website: www.tuamcancer.org

West Clare Cancer Support Group
Tel: 065 905 6327 / 065 905 1517
Email: hlnKennedy@hotmail.com

Wicklow Cancer Support Group
1 Morton’s Lane
Wicklow
Tel: 0404 32696

Useful contacts outside Republic of Ireland

Action Cancer
Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Fax: 028 9080 3356
Email: info@actioncancer.org
Website: www.actioncancer.org

American Cancer Society
Website: www.cancer.org

British Association of Dermatologists
Willan House
4 Fitzroy Square
London W1T 1HQ
Tel: 0044 (0)207 383 0266
Email: admin@bad.org.uk
Website: www.bad.org.uk

Cancerbackup/Macmillan Cancer Support (UK)
89 Albert Embankment
London SE1 7UQ
Tel: 0044 207 840 7840
Email: cancerline@macmillan.org.uk
Website: www.cancerbackup.org.uk
Website: www.macmillan.org.uk
Understanding cancer of the skin

Helpful books

Free booklets from the Irish Cancer Society:
- Understanding Malignant Melanoma
- Understanding Chemotherapy
- Understanding Radiotherapy
- Radiation Therapy: A Patient Pathway (DVD)
- Understanding Cancer and Complementary Therapies
- Coping with Fatigue
- Understanding the Emotional Effects of Cancer
- Talking to Children about Cancer: A Guide for Parents

Cancer at Your Fingertips
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1-85959-036-5

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

Challenging Cancer: Fighting Back, Taking Control, Finding Options
Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 1-85959-068-3

Judith McKay, Nancee Hirano & Myles E Lampenfeld
New Harbinger, 1998
ISBN 1-57224-070-9

The Key Model – A New Strategy for Cancer Recovery
Dr Sean Collins & Rhoda Draper
Ardagh Clinic, 2004

The Secret C: Straight Talking About Cancer [explaining cancer to children]
Julie A Stokes
Winston’s Wish, 2000

Taking Control of Cancer
Beverley van der Molen
Class Publishing, 2003
ISBN 1-85959-091-8

What You Really Need to Know about Cancer
Dr Robert Buckman
Pan, 1997

Helpful DVD
Understanding Radiation Therapy: A Patient Pathway
Call 1800 200 800 for a copy.
Website: www.cancer.ie

Mayo Clinic (US)
Website: www.mayoClinic.com

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

Memorial Sloan-Kettering Cancer Center (US)
Website: www.mskcc.org

Royal Marsden Hospital Foundation NHS Trust
Website: www.royalmarsden.org

The Ulster Cancer Foundation
40/42 Eglantine Avenue
Belfast BT9 6DX
Tel: 048 906 63281
Website: www.ulstercancer.co.uk

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

Cancer Network Buddies
www.cancerbuddiesnetwork.org

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

DermNet NZ
www.dermnet.org.nz

Healthtalkonline
www.healthtalkonline.org

Macmillan Support & Information Centre
Belfast City Hospital Trust
79–83 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Email: cancer.info@bch.n-i.nhs.uk
Website: www.actioncancer.org

MARCS Line (Melanoma and Related Cancers of the Skin) (UK)
Dermatology Treatment Centre
Level 3, Salisbury District Hospital
Salisbury
Wiltshire SP2 8BJ
Tel: 0044 1722 415071
Email: MARCSline@salisbury.nhs.uk
Website: www.wessexcancer.org/
Questions to ask your doctor

Here is a list of questions that you may like to ask. 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?

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer
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:
Jennifer Ledwith, Cancer Information Nurse
Anne Buckley, Dermatology Specialist Nurse
Michelle Quinn, Oncology Liaison Nurse
La Roche-Posay for images of melanomas
Alamy Images Ltd

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 National Cancer Helpline 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. Please fill in the postcard in the pocket inside the back cover, and post it back to us for free.

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. 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.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie
The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life with three programme areas to achieve them: advocacy, cancer services and research.