Understanding

Cancer of the Skin (Non-melanoma)

Caring for people with cancer
Understanding

Cancer of the skin (Non-melanoma)

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

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

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Your name

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

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Introduction

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

The booklet is divided into 4 parts:

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

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

Reading this booklet

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

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

About skin cancer

What is cancer?

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

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

What is the lymphatic system?

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

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

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

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

The dermis is the inner or deeper layer of your skin. It contains blood and lymph vessels, hair follicles and glands. These glands make sweat, which helps to control body temperature, and sebum. Sebum is an oily substance that stops your skin from drying out. Sweat and sebum reach the skin’s surface through tiny openings called pores.

**How common is skin cancer?**

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

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

**What are the types of skin cancer?**

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

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

**Non-melanoma skin cancer**

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

**Basal cell cancer**

Basal cell cancer is a cancer of the cells at the base of the outer layer of your skin, the epidermis. It is the most common type of skin cancer. Most basal cell cancers are slow growing and develop over months and years. If left untreated, they can grow bigger and form an ulcer known as a rodent ulcer. Usually basal cell cancers do not spread to other tissues and organs.
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**Squamous cell cancer**
Squamous cell cancer is a cancer of the squamous cells, which are the cells nearest the surface of your skin. They lie just above the basal cells. It is the second most common type of skin cancer in Ireland. If left untreated, squamous cell cancer can grow bigger or spread to other parts of your body. Even so, most patients are completely cured with just surgery.

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

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

- **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.

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

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

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

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

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

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

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

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

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

Some people are more at risk than others. You may develop skin cancer if you
- have fair, light-coloured skin that freckles or burns easily
- had severe or blistering sunburn as a child
- have been exposed to sunlight all your life
- use or have used tanning beds or sunbeds
- have a history of severe skin damage, for example, burnt skin
- have a history of skin cancer
have a history of moles on your skin
have a history of skin cancer in your family
have had radiotherapy in the past
have reduced immunity from taking certain medications that suppress your immune system
have a rare inherited condition like albinism or xeroderma pigmentosa or Gorlin syndrome.

UV radiation: Exposure to ultraviolet (UV) rays from the sun or tanning lamps and sun beds greatly increases your risk of developing skin cancer. UV radiation damages the DNA in skin cells, causing mutations (changes in the cell genes). Being outside can expose your skin to the sun’s harmful UVA and UVB rays, even on cool or cloudy days.

Sun beds and sunlamps: Sunbeds and sunlamps use UV radiation A (UVA) and B (UVB) to tan the skin. People who have used a sunbed, even just once, have a 20% increased risk of melanoma skin cancer. Using sunbeds from a young age increases your risk even more. There is now evidence that using sunbeds increases the risk of all types of skin cancer.

Skin type: White people with fair (light-coloured) skin that freckles or burns easily are at high risk of skin cancer. This type of skin usually goes with fair or red hair and blue eyes. Black or brown-skinned people are protected by the pigment melanin in their skin and so have a lower risk. However, skin cancer is an issue for everyone, no matter what their skin type.

Childhood sun damage: Severe or blistering sunburn as a child may increase the risk of developing skin cancer later on in life, especially melanoma.

Age: Most squamous cell and basal cell carcinomas appear after the age of 30. They are becoming increasingly common in young people.

Gender: Men are twice as likely as women to have basal cell cancers and three times as likely to have squamous cell cancers. It is believed that men are more exposed to UV rays from working outdoors and playing sport, and from not using sunscreen or wearing protective clothing.

Having had skin cancer before: If you have had skin cancer before you are at higher risk of developing another skin cancer.

Moles: Having a large number of moles or moles that are unusual can increase your risk of melanoma skin cancer.

Other possible causes
An increased risk of skin cancer is also due to the following:
Chronic ulcers: Skin cancers can sometimes develop from chronic ulcers, often on the leg.
Burns: Though it happens rarely, squamous cell cancer can develop on skin badly burnt from fire or chemicals.
Radiotherapy: Radiotherapy given to treat other conditions can sometimes cause skin cancers later in life.
Reduced immunity: Skin cancer may develop if you are taking drugs over a long period that lower your immunity (immunosuppressants). For example, drugs needed after an organ transplant.
Hereditary conditions: Some rare hereditary conditions, for example albinism, Gorlin syndrome and xeroderma pigmentosa, can lead to skin cancer. But this does not mean that skin cancer can be passed on to other family members by abnormal genes.
PUVA therapy: The drug psoralen (P) with ultraviolet A light (UVA) is a common treatment for skin conditions such as psoriasis. PUVA may increase your risk of getting non-melanoma skin cancer. But the UV exposure is carefully controlled in this treatment and the benefits and risks will be balanced by your doctor.
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What are the signs of skin cancer?

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

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

- A small lump
- Flat, red spot
- Firm, red lump
- A lump or spot that is tender to touch
- An ulcer that will not heal
- A lump with a scaly or horny top
- Rough, scaly patches
- 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
- A lump on the skin, which may also look scaly
- A hard, horny cap that can feel tender to touch
- Found on the face, lips, bald scalps, ears, arms, backs of hands and lower legs
- 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
- A red and scaly patch on the lower legs
- Can also occur on any part of the body
- Some people develop more than one patch

To sum up

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

What does basal cell cancer look like?

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

  or

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

What does squamous cell cancer look like?

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

What does actinic keratosis look like?

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

What does Bowen’s disease look like?

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

What does Bowen’s disease look like?
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If you have a risk factor for skin cancer (see page 9), you should check your skin regularly. If you are concerned about any change to your skin, talk to your doctor about being referred to a skin specialist called a dermatologist.

How is skin cancer diagnosed?

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

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

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

Skin biopsy

A skin biopsy removes a sample of the cancer cells from your skin. It is quick and straightforward and usually done in the outpatients department or in a GP surgery. You will be given a local anaesthetic but normally it causes little pain.
A small cut is first made through your skin and some of the affected skin is removed. Usually the biopsy takes 5–10 minutes. You may need a couple of stitches afterwards and these can be removed 7–10 days later. The skin sample is then examined under a microscope to see if cancer cells are present. You will get the biopsy results after 1 to 2 weeks. Do have someone to bring you home after the biopsy, as you may feel a little tired.

**Excision biopsy**

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

**Other tests**

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

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

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

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

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

Will I need these extra tests?

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

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

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

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

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

**Treatment and side-effects**

**How is skin cancer treated?**

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

Your doctor will plan your treatment by looking at:

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

Treatments for non-melanoma skin cancer include:

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

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

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

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

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

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

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

Individual treatment
You may notice that other people with skin cancer are having different treatments from you. This is because no two skin cancers are the same and different people have different needs. If you have any questions about your treatment, do not be afraid to ask your doctor or nurse. It often helps to write down any questions you have for your doctor. The fill-in page at the back of this booklet may help. You might also wish to bring a close friend or relative with you to your appointments. They can remind you of the questions you wanted to ask, and afterwards help you to remember what the doctor said.

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

Types of surgery
Excision: Small cancers can be removed by cutting them out (excision) or by scrapping them away and stopping the bleeding by heat or electricity (curettage and electrocautery). See pages 22 and 23 for more.
Wide local excision: This is done occasionally to remove additional skin around the tumour if it is considered high risk. If a large area of skin has to be removed, you may need a skin graft or flap to cover the area removed.
Cryotherapy/cryosurgery: Cryotherapy (also called cryosurgery) can treat skin cancers if they are quite small and not very deep. Cryotherapy means killing the cancer cells by freezing them with liquid nitrogen.
Moh’s surgery: Another way to remove skin cancer cells is by margin-controlled excision or Moh’s surgery. This is a very specialised treatment but it is becoming more widely available in Ireland.
Removing lymph nodes: In a few patients with squamous cell skin cancer, the cancer can spread, although this is rare. Your doctor might decide to remove the nearby lymph nodes in this case.

Giving consent for treatment
Before you have a skin biopsy or start any treatment, your doctor will explain the aims of the treatment to you. You should be asked to sign a consent form saying that you give permission for treatment to be given. Before treatment, you should have been given full information about:
- What the treatment is for
- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Any other treatments that may be available

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

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

If you are confused about any of the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can still change your mind after you have started treatment. Talk to your doctor or nurse if you have any worries about your treatment plan. You can also speak to a specialist cancer nurse by visiting a Daffodil Centre or by calling our Cancer Nurseline on 1800 200 700.
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**Cutting out the cancer cells (excision)**
Your dermatologist or surgeon will remove the tumour and also some normal skin around it. This is to make sure that the cancer has been fully removed. If the cancer is fairly small, the surgery will not take long and is usually done under local anaesthetic.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To sum up
- Photodynamic therapy is a treatment using a light-sensitive drug and a light to kill cancer cells.
Understanding cancer of the skin (non-melanoma)

Radiotherapy

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

Planning and giving radiotherapy

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

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

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

To sum up

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

Side-effects of photodynamic therapy

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

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

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

Radiotherapy works well for non-melanoma skin cancers.
Chemotherapy into a vein

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

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

Side-effects

Chemotherapy into a vein can sometimes cause side-effects. This happens because the drugs affect healthy cells as well as cancer cells. But most side-effects can be well controlled with medication.

Common problems include feeling sick (nausea), fatigue, hair loss, being more at risk of getting an infection and having a sore mouth. These side-effects should pass once the treatment is over. If you would like more information, call our Cancer Nurseline on 1800 200 700 for a free copy of the booklet Understanding Chemotherapy.

You can also download it from www.cancer.ie or visit a Daffodil Centre.

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

Understanding can cancer of the skin (non-melanoma)
What follow-up do I need?

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

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

How can I reduce my risk of further skin cancer?

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

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

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

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

How to protect your skin

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

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

Treatment of sun-damaged skin

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

Reactions to a cancer diagnosis

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

Common reactions include:

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

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

If you would like more information or would like to talk in confidence, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also ask for copies of our booklets, *Understanding the Emotional Effects of Cancer* and *Who Can Ever Understand? Talking about your Cancer*. They can also be downloaded from [www.cancer.ie](http://www.cancer.ie).
Talking to children
If your skin cancer has affected your appearance, your children or grandchildren may notice it too. They may need a simple explanation about your cancer. How much you tell them will depend on how old they are. You may find this difficult to do, as the mention of the words ‘skin cancer’ might make them to think that your condition is more serious than it is. Very young children do not understand illness and need a very simple account as to why you must go to hospital. Slightly older children will need to be told more. A simple story talking about good cells and bad cells may help. Also, you could tell them that the cancer does not affect your overall health.

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

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

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

Support resources

Who else can help?

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

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

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

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

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

GP (family doctor): You may feel comfortable talking to your family doctor (GP) about your cancer too. He or she can discuss any of your queries and offer advice and support.
Community health services: There are various community health services available from your local health centre. These centres have public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as financial problems or exceptional needs. More information on the services is available either from the medical social worker in your hospital before you go home or at your local health centre.

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

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

Health cover

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

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

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

Hospital cover

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

Outpatient cover

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

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

Medical card

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Our Cancer Nurseline Freephone 1800 200 700. Call our Cancer Nurseline and speak to one of our cancer nurses for confidential advice, support and information. The Cancer Nurseline is open Monday to Thursday 9am–6pm and Friday 9am–5pm. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at www.cancer.ie

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

Our Survivor Support. Speak to someone who has been through a cancer diagnosis. Our trained volunteers are available to provide emotional and practical support to anyone going through or finished with their treatment.

Support in your area. We work with cancer support groups and centres across the country to ensure cancer patients have access to confidential support including counselling.

Patient travel and financial support. We provide practical and financial support for patients in need, undergoing cancer treatments. There are three services available through the Society:
- Travel2Care is a fund, made available by the NCCP, for patients who are having difficulty getting to and from their treatments while attending one of the national centres of excellence.
Through our **Financial Support** programme, limited, once off financial support is available to patients identified as being in need, who are undergoing cancer treatments nationally.

**Irish Cancer Society Volunteer Driving Service** is mainly for patients undergoing chemotherapy treatments who are having difficulty getting to and from their local appointments.

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

- Irish Cancer Society **Night Nursing**. We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is the only service of its kind in the Republic, providing palliative nursing care at night to cancer patients.

- Our **publications and website** information. We provide information on a range of topics including cancer types, treatments and side-effects, coping with cancer, children and cancer and financial concerns. Visit our website [www.cancer.ie](http://www.cancer.ie) or call our Cancer Nurseline for a free copy of our publications.

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

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### Irish Cancer Society

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

### The Carers Assocation

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

### Citizens Information

Tel: 0761 07 4000  
Email: information@citizensinformation.ie  
Website: [www.citizensinformation.ie](http://www.citizensinformation.ie)

### Get Ireland Active: Promoting Physical Activity in Ireland

Website: [www.getirelandactive.ie](http://www.getirelandactive.ie)

### Health Promotion HSE

Website: [www.healthpromotion.ie](http://www.healthpromotion.ie)

### All Ireland Co-operative Oncology Research Group

Website: [www.icorg.ie](http://www.icorg.ie)

### Irish Nutrition & Dietetic Institute

Ashgrove House  
Kill Avenue  
Dún Laoghaire  
Co Dublin  
Tel: 01 280 4839  
Email: info@indi.ie  
Website: [www.indi.ie](http://www.indi.ie)

### Irish Oncology and Haematology Social Workers Group

Website: [http://socialworkandcancer.com](http://socialworkandcancer.com)

### Money Advice and Budgeting Service (MABS)

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

### Health insurers

**AVIVA Health**  
PO Box 764  
Togher  
Cork  
Tel: 1850 717 717  
Email: info@avivahealth.ie  
Website: [www.avivahealth.ie](http://www.avivahealth.ie)

**GloHealth**  
PO Box 12218  
Dublin 18  
Tel: 1890 781 781  
Email: findoutmore@glohealth.ie  
Website: [www.glohealth.ie](http://www.glohealth.ie)

**Laya Healthcare**  
Eastgate Road  
Eastgate Business Park  
Little Island  
Co Cork  
Tel: 021 202 2000  
LoCall: 1890 700 890  
Email: info@layahealthcare.ie  
Website: [www.layahealthcare.ie](http://www.layahealthcare.ie)

**Voluntary Health Insurance (VHI)**  
IDA Business Park  
Purcellsinch  
Dublin Road  
Kilkenny  
Call Save: 1850 44 44 44  
Email: info@vhi.ie  
Website: [www.vhi.ie](http://www.vhi.ie)

### National support services

**Survivor Support**  
Irish Cancer Society  
43/45 Northumberland Road  
Dublin 4  
Cancer Nurseline: 1800 200 700  
Email: support@irishcancer.ie  
Website: [www.cancer.ie](http://www.cancer.ie)

**ARC Cancer Support Centres Dublin**  
[See page 48]
Brain Tumour Support Group  
Medical Social Work Department  
St. Luke’s Hospital  
Highfield Road  
Rathgar  
Dublin 6  
Tel: 01 406 5295

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

Cancer Support Sanctuary LARCC  
[See page 49]

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

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

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

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

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

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

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

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

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

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

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

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

Cancer Support Sanctuary LARCC  
Coole Road  
Multyfarnham  
Co Meath  
Tel: 044 199 4000  
Email: info@cancersupport.ie  
Website: www.cancersupport.ie

Cara Cancer Support Centre  
7 Williamson’s Place  
Dundalk  
Co Louth  
Tel: 042 937 4095  
Mobile: 087 395 5335  
Email: info@ccscdundalk.ie  
Website: www.ccscdundalk.ie

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

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

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

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

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

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

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

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

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

Purple House – Cancer Support  
Aubrey Court  
Parnell Road  
Bray  
Co Wicklow  
Tel: 01 286 6966  
Email: info@purplehouse.ie  
Website: www.purplehouse.ie
Understanding cancer of the skin (non-melanoma)

For other support services in your area, call 1800 200 700.
Understanding cancer of the skin (non-melanoma)

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.

Useful contacts outside Republic of Ireland

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

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

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

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

National Cancer Institute (US)
Website: www.cancer.gov

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

Helpful books

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

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

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

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

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

Helpful DVD
Understanding Radiation Therapy: A Patient Pathway
Call 1800 200 700 for a copy.
Website: www.cancer.ie
Lesion  An area of tissue that has suffered damage because of injury or disease. For example, an abscess, ulcer, tumour, scar, etc.

Nausea  Feeling sick or wanting to be sick.

Malignant  Cancer. A tumour that can spread.

Melanoma  Cancer of the skin cells that make melanin. These skin cells are called melanocytes. Melanin gives skin its colour.

Metastasis  The spread of cancer from one part of the body to other tissues and organs.

Oncology  The study of cancer.

Photodynamic therapy  Treatment of cancer using light sources and a light sensitising cream.

Precancerous  Skin conditions that may lead to cancer if left untreated.

Premalignant  Skin conditions that may lead to cancer if left untreated.

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

Staging  Tests that measure the size and extent of a cancer.

Questions to ask your doctor

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

- What kind of skin cancer do I have?
- Has the cancer spread beyond my skin?
- What type of treatment do I need?
- What side-effects will I have?
- Will I have a scar after my treatment?
- What can I do to protect my skin in future?
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Would you like more information?
We hope this booklet has been of help to you. If you feel you would like more information or someone to talk to, please phone our Cancer Nurseline on 1800 200 700.

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

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

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

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