A practical guide to understanding cancer

UNDERSTANDING SKIN CANCER

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Contents

About this booklet 4
What is cancer? 6
The lymphatic system 7
The skin 8
Types of skin cancer 11
Causes and risk factors 13
Signs and symptoms 18
How skin cancers are diagnosed 21
Treatment overview 23
Surgery 28
Cryotherapy 32
Radiotherapy 33
Photodynamic therapy (PDT) 36
Topical chemotherapy 37
Topical immunotherapy 38
Research – clinical trials 39
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>After treatment – follow-up</td>
<td>41</td>
</tr>
<tr>
<td>Preventing further skin cancers</td>
<td>43</td>
</tr>
<tr>
<td>Your feelings</td>
<td>44</td>
</tr>
<tr>
<td>How we can help you</td>
<td>45</td>
</tr>
<tr>
<td>Other useful organisations</td>
<td>49</td>
</tr>
<tr>
<td>Further resources</td>
<td>53</td>
</tr>
<tr>
<td>Your notes and questions</td>
<td>56</td>
</tr>
</tbody>
</table>
About this booklet

This information is for people who have, or are having tests for, skin cancer. We hope it answers some of your questions and helps you deal with some of the feelings you may have. We’ve also listed other sources of support and information, which we hope you’ll find useful.

This booklet is about two common types of skin cancer: basal cell carcinoma (also called rodent ulcer) and squamous cell carcinoma. These cancers are known as non-melanoma skin cancer. More than 99,500 people in the UK are diagnosed with non-melanoma skin cancer each year.

The other main type of skin cancer is malignant melanoma, which is rarer than the two types described here. We can send you further information about this type of cancer.

We can’t advise you about the best treatment for you. This information can only come from your own doctor, who knows your full medical history.

If you’d like to discuss this information, call the Macmillan Support line free on 0808 808 00 00, Monday–Friday, 9am–8pm. If you’re hard of hearing, you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit macmillan.org.uk
At the end of this booklet there are some useful addresses, helpful books and websites (pages 49–55), and a page to write down questions and notes for your doctor or nurse (page 56).

If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.
What is cancer?

Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide in a controlled way to make new cells. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow, and when to stop growing. When a cell is no longer needed or can’t be repaired, it gets a signal to stop working and die.

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing, making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell whether a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.
A lump that is not cancerous (benign) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

A lump that is cancer (malignant) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system (see below). When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a secondary cancer or a metastasis.

Basal cell skin cancers are usually slow-growing, and it’s extremely rare for them to spread elsewhere. Most squamous cell skin cancers are also slow-growing, but occasionally they are more aggressive and may spread to other parts of the body.

The lymphatic system

The lymphatic system helps to protect us from infection and disease. It also drains lymph fluid from the tissues of the body before returning it to the blood. The lymphatic system is made up of fine tubes called lymphatic vessels. These tubes connect to groups of lymph nodes throughout the body.

Lymph nodes (sometimes called lymph glands) are small and bean shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, lymph nodes often swell as they fight the infection.
The skin

The skin has many purposes. It:

- protects the body from injury and infection
- helps to regulate body temperature
- helps to control fluid loss
- gets rid of waste substances through the sweat glands.

The skin is divided into two main layers. The outer layer is the epidermis and the layer underneath is the dermis. Below these is a deeper layer of fatty tissue.

The epidermis contains three types of cells. Most of the epidermis is filled with cells known as squamous cells. At the base of the squamous cells are rounder cells called basal cells. In between the basal cells are other cells called melanocytes. Melanocytes produce the pigment melanin. It’s this pigment that gives skin its colour.
The structure of the skin

- Epidermis
- Dermis
- Fat
- Hair
- Nerve
- Sweat gland
- Blood vessel
- Hair follicle
Types of skin cancer

There are three main types of skin cancer: basal cell carcinoma, squamous cell carcinoma and malignant melanoma.

**Basal cell carcinoma**

Basal cell carcinoma, or BCC, is a cancer of the basal cells at the bottom of the epidermis. It is sometimes called a rodent ulcer. It’s very common. About 75% of all skin cancers in the UK are BCCs. Most BCCs are very slow-growing and almost never spread to other parts of the body.

When BCCs are treated at an early stage, they are usually completely cured. However, some BCCs are aggressive, and, if left to grow, they may spread into the deeper layers of the skin and sometimes to the bones. This can make treatment difficult.

A small number of BCCs may come back in the same area of skin after treatment. This is known as a *local recurrence*.

**Squamous cell carcinoma**

Squamous cell carcinoma, or SCC, is a cancer of the keratinocyte cells in the outer layer of the skin. It’s the second most common type of skin cancer in the UK. Most people treated for SCC are completely cured with simple treatment. Usually, squamous cell carcinomas are slow-growing and only spread to other parts of the body if they are left untreated for a long time. Occasionally though, they can behave more aggressively and spread at a relatively early stage.
Malignant melanoma

This is a less common type of skin cancer. Melanoma behaves differently to basal cell and squamous cell cancers. It can grow quickly and needs to be treated early. This booklet does not cover malignant melanoma, but we can send you separate information about this type of cancer.

Rarer types of non-melanoma skin cancer

There are some other rare types of skin cancer:

• Merkel cell carcinoma
• Kaposi’s sarcoma
• cutaneous T-cell lymphoma of the skin
• sarcoma.

Less than 3% of all skin cancers in the UK are these rarer types of skin cancer. We can send you information about these rare types.

Bowen’s disease

Bowen’s disease is sometimes called squamous cell carcinoma in-situ. It’s caused by the abnormal growth of cells in the outer layer of the skin (the epidermis – see diagram on page 9). These cells don’t spread into the deeper layers of the skin. If left untreated, Bowen’s disease may develop into squamous cell carcinoma. We have more information about Bowen’s disease.
Causes and risk factors

Sun exposure

Ultraviolet (UV) light from the sun is the main environmental cause of most skin cancers. UV light damages the DNA (genetic material) in our skin cells and can cause skin cancer.

Overexposure to the sun or sunburn in childhood are important risk factors in developing basal cell cancers. It’s likely that skin damage from UV light during childhood doesn’t show up until many years later.

Skin cancer is more common than it used to be. This is because people are living longer so their lifetime sun exposure is greater. Sun exposure over a lifetime is more significant in developing squamous cell cancers.

People who work outdoors for a living, such as farm workers, builders and gardeners, are at an increased risk of developing skin cancer because they are often exposed to the sun for long periods of time. This is relevant for both squamous cell and basal cell cancers.

A fair-skinned person who tends to go red or freckle in the sun will be most at risk. Children and young adults who have been overexposed to the sun have an increased risk of developing some form of skin cancer, especially if they have fair skin. This will not show up until later on in life – usually after the age of 40, and often not until the age of 60 or 70. Black- or brown-skinned people have an extremely low risk of developing skin cancer because the pigment melanin in their skin gives them protection.
Sunbeds

Regularly using sunlamps and sunbeds can increase the risk of developing some skin cancers. The more you use a sunbed or sunlamp, and the earlier in life you begin using them, the greater your risk.

Previous skin cancers

If you’ve had a skin cancer before, you’re at risk of getting another one. This could be either in the same place as before (a local recurrence) or somewhere else on your body.

Previous radiotherapy treatment

Previous radiotherapy treatment for other conditions can sometimes cause skin cancer (particularly basal cell carcinoma) in the treatment area, later in life.

Lowered immunity

People who take drugs that lower their immunity (immunosuppressants) – for example, after a kidney transplant – are at an increased risk of skin cancer. Squamous cell cancers are the most common, but basal cell cancers and melanomas are also more common in these people than in the general population. However, the reason for taking these drugs outweighs the potential risk of developing skin cancer.

If you’ve had a transplant, it’s important that you see your doctor regularly to check for early signs of skin cancer.
Exposure to chemicals

Another rare possible cause for non-melanoma skin cancer is overexposure to certain chemicals at work. These include:

- arsenic
- asphalt
- coal tar
- creosotes
- cutting oils
- paraffin waxes
- petroleum products
- pitch
- soot.

You should wear protective clothing if you handle these substances a lot. Very small amounts of these chemicals used in the home are unlikely to cause skin cancer, but you should always follow the manufacturer’s instructions when using them.
Genetic conditions

Most skin cancers are not caused by an inherited faulty gene that can be passed on to other family members. However, families are likely to have the same skin type, which may increase their risk of developing a skin cancer.

People with certain rare hereditary conditions, such as Gorlin syndrome or xeroderma pigmentosum (XP), have a higher risk of developing skin cancer.
Signs and symptoms

Both basal cell and squamous cell cancers can appear in a variety of forms. They are usually painless and grow slowly. They can show up anywhere on your body but are most likely to appear on exposed skin, especially on your face or neck.

Symptoms of basal cell carcinoma

Basal cell cancers may:

• be smooth and pearly
• look waxy
• appear as a firm, red lump
• bleed sometimes
• develop a crust or scab
• begin to heal but never completely heal
• be itchy
• look like a flat, red spot that is scaly and crusty
• develop into a painless ulcer.
Symptoms of squamous cell carcinoma

Squamous cell cancers usually develop in areas that have been damaged by sun exposure. They are mainly found on the face, neck, bald scalps, arms, backs of hands and lower legs.

Squamous cell cancers may:

• look scaly
• have a hard, crusty scab
• make the skin raised in the area of the cancer
• feel tender to touch
• bleed sometimes.

Changes to your skin

If you notice anything unusual on your skin that doesn’t go away in a month, show it to your doctor. It might help to take a photograph of anything unusual so you can check for any changes. Remember that there are many other skin conditions that are not cancer, especially in older people.
How skin cancers are diagnosed

Usually, you’ll begin by seeing your GP, who will examine you and decide whether to refer you to a hospital specialist for further tests and treatment. In certain situations, a specially trained GP may be able to remove the affected area.

However, most people with suspected skin cancer are referred to a specialist at their local hospital for advice and treatment. A doctor who specialises in treating skin diseases is called a dermatologist.

**Biopsy**

The dermatologist will be able to learn a lot from a simple examination of the affected area of skin. They may use an instrument called a dermatoscope.

However, it’s not always possible to tell the difference between skin cancers and benign (non-cancerous) conditions just by examining the skin. The doctors may advise you to have a tissue sample (biopsy). This is a simple procedure, which can be done in the outpatient department using a local anaesthetic. The doctor will remove all or part of the affected area and send it to the laboratory. It will be examined under a microscope by a pathologist (see page 24).

**Further tests**

If you have a basal cell carcinoma, you probably won’t need any further tests as long as the cancer has been completely removed. This is because basal cell carcinomas almost never spread.
If you have a squamous cell carcinoma, your doctor may want to examine you all over, as well as take a biopsy. This is to make sure that you don’t need any further treatment, as squamous cell carcinomas can occasionally spread.

Further tests are particularly important if you’ve had treatment for skin cancer before and it has come back. During the physical examination, your doctor may feel the lymph nodes close to the cancer to check whether any of them are enlarged.

Rarely, your doctor may recommend that you have an operation to take biopsies of the nearby lymph nodes if they think the cancer may have spread there. Very occasionally, you might have ultrasound, CT or MRI scans if your doctor thinks there’s a possibility that the cancer has started to spread. These scans are not usually needed when you are first diagnosed. Your doctor will explain these tests to you.

**Waiting for test results**

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, family or a close friend. Your specialist nurse or one of the organisations listed on pages 49–51 can also provide support. You can also talk to one of our cancer support specialists on 0808 808 00 00.
Most people with basal or squamous cell carcinomas are cured with treatment. There are a variety of treatments for skin cancer. The options offered to you will depend on several factors, including the size of the skin cancer, where it is on your body and your biopsy results.

**Surgery**

This is an important treatment for many skin cancers. It can be done in a variety of ways (see page 28–31).

**Cryotherapy**

This destroys cancer cells by using liquid nitrogen to freeze them. It’s a very quick way of treating small, low-risk skin cancers, such as superficial basal cell carcinomas (see page 32).

**Radiotherapy**

This may be used instead of surgery. It can be a very effective treatment for basal and squamous cell carcinomas. Radiotherapy may be given after surgery if there’s a risk that some cancer cells may still be present. Sometimes it’s used for tumours that have grown into the deeper layers of the skin (see pages 33–34).

**Photodynamic therapy (PDT)**

PDT uses light sources, combined with a light-sensitive drug (sometimes called a photosensitising agent), to destroy cancer cells (see page 36).
Topical chemotherapy

A chemotherapy cream containing a drug called 5FU (Efudix®) can be used to treat some early squamous cell carcinomas and superficial basal cell carcinomas (see page 37).

How treatment is planned (MDT)

In most hospitals, a team of specialists will talk to you about the treatment they feel is best for your situation. This multidisciplinary team (MDT) will include:

- a dermatologist (skin disease specialist)
- a general surgeon
- a plastic surgeon
- a medical oncologist (chemotherapy specialist)
- a clinical oncologist (radiotherapy and chemotherapy specialist)
- a skin cancer nurse specialist
- radiologists who analyse x-rays and scans
- pathologists who advise on the type and extent of the cancer.

The MDT will take a number of factors into account when advising you on the best course of action, including your general health, any medication you are taking, the type and size of the cancer, where it is on your body and what the cells look like under a microscope. You may be asked if you’d like to take part in a clinical trial (see page 39–40).
Discussing your treatment

If you have any questions about your treatment, don’t be afraid to ask your doctor or nurse. It often helps to make a list of questions and to take a relative or close friend with you. They can remind you of questions you want to ask and help you remember what was said. You can use the form on page 56 to write down your questions and the answers you receive.

Giving your consent

Before you have any treatment, your doctor will explain its aims. They will usually ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment. No medical treatment can be given without your consent. Before you are asked to sign the form you should be given full information about:

• the type and extent of the treatment
• its advantages and disadvantages
• any significant risks or side effects
• any other treatments that may be available.

If you don’t understand what you’ve been told, let the staff know straight away, so they can explain again. Some cancer treatments are complex, so it’s not unusual to need repeated explanations.

You may also find it useful to write a list of questions before your appointment.
People sometimes feel that hospital staff are too busy to answer their questions, but it’s important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can’t make a decision when your treatment is first explained to you.

You can also choose not to have the treatment. The staff can explain what may happen if you don’t have it. It’s essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You don’t have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.

Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion.
Surgery

Surgery is the most common treatment for skin cancer. How it’s done depends mostly on the size of the cancer and where it is. Small cancers can often be removed (excised) under local anaesthetic or by a technique known as curettage and electrocautery (see page 31).

Larger tumours are more likely to be cut out while you are under a general anaesthetic. The skin is replaced with a skin graft or skin flap, if needed (see pages 29–30). A type of surgery called Mohs micrographic surgery (or margin-controlled excision) is used in some hospitals in the UK (see page 30).

Excision

Many small skin cancers are removed by simple surgery. The surgeon or dermatologist removes the lump and also some normal-looking skin around it. The normal-looking skin is checked to make sure that the cancer has completely gone. You will have stitches that may need to be removed 5–14 days after your operation. Sometimes surgeons use dissolvable stitches that don’t need to be removed.

Most operations will be done under local anaesthetic and you will go home the same day. The wound will be covered by a dressing. The staff at the hospital will explain how to take care of the area and the dressing. If necessary, hospital staff can arrange for a district nurse to change your dressings at home. Or they may advise you to go to your GP surgery or return to the hospital for help with dressing the wound.
Skin grafts and skin flaps

If the tumour is large or spreading, a larger area of skin may need to be removed. You may need a skin graft or, less commonly, a skin flap to cover the wound. Skin grafts and flaps are layers of skin taken from another part of the body and placed over the area the skin cancer has been removed from.

Skin grafts
A skin graft is a very thin layer of skin. The surgeon (often a plastic surgeon) will take a layer of skin from another part of the body (the donor site). The inner thigh is a common place to take the skin from. It’s then put over the area where the cancer has been removed.

Skin flaps
A skin flap is a slightly thicker layer of skin, which is taken from an area very close to the wound where the cancer has been removed. The flap is cut away but left partly connected so it still has a blood supply. It’s moved over the wound and stitched in place. You may also have some stitches around the donor site. This is a specialised type of surgery and you may have to travel to a different hospital to have it.

If you have a skin graft, you can probably go home the same day. If the graft is large or if you have a skin flap, you may have to stay in hospital for up to four days. With a skin graft, you will normally have a dressing over the area to press the graft down. This helps it to create a good blood supply from the blood vessels underneath. A skin graft for the face will usually be taken from behind the ear or the neck area to try to get a good skin colour match. The area where the graft has been placed will look very noticeable to begin with, but will heal in about two weeks. It will then fade and become less obvious.
If the skin graft is taken from the thigh area, it can take about two weeks or more to heal and may be a bit sore afterwards. The area the graft was taken from will also become less noticeable when it has healed.

We can send you more information about skin grafts.

**Mohs micrographic surgery**

This is very specialised surgery, also known as margin-controlled excision, and is only available at a few hospitals in the UK. Your specialist will refer you to one of these centres if they think you might need this technique. Mohs surgery is particularly useful for:

- basal cell cancers that have come back in the same place
- when the doctor thinks that the cancer has begun to spread into the surrounding area
- skin cancers on the face (to minimise the effects of surgery)
- large skin cancers.

During Mohs surgery, the tumour is removed piece by piece. As each piece is removed, it’s examined under a microscope straight away. Skin tissue is gradually removed until there are no signs of any cancer cells. This technique aims to remove as little healthy skin as possible, while making sure that all the cancer has been taken away. The procedure is often done under local anaesthetic and you are usually allowed to go home the same day.

If you’re having a large tumour removed, you may also need to have a skin graft or flap to cover the wound (see above).
Curettage and electrocautery

Occasionally, people have treatment using curettage and electrocautery. This involves scraping away the cancer and using heat or electricity to stop any bleeding.

First, you will be given a local anaesthetic. When the area is numb, the doctor will scrape away the cancer using an instrument called a curette. They then use an electrically heated loop or needle to stop any bleeding (cauterising the wound) and destroy any remaining cancer cells.

This treatment usually gives good cosmetic results. A few people may develop some scarring, which may be more noticeable if they have fair skin.

Removing lymph nodes

If there’s evidence that a squamous cell cancer has spread, you may need to have some lymph nodes removed. This operation is called a lymphadenectomy or lymph node dissection. It is done to see whether there are any cancer cells in the lymph nodes. If cancer cells are present, removing the lymph nodes can help to prevent further spread. This is a large operation and is done under a general anaesthetic.

Only a very small number of people who have squamous cell carcinoma need this operation. It isn’t done for people with basal cell carcinoma, as this almost never spreads to the lymph nodes. After a lymphadenectomy, you’ll have tubes (drains) coming from the wound to allow fluid to drain away. These will be removed a few days after the operation. Occasionally, this operation may cause swelling of the affected area. This is called lymphoedema and happens when lymph fluid can’t drain properly from the area after the lymph nodes have been removed. We have more information about lymphoedema.
Cryotherapy

If the cancer is very small and only affects the surface layers of the skin, it may be possible to remove it by freezing it. This is called cryotherapy or cryosurgery. This treatment is only used occasionally.

Liquid nitrogen is sprayed on to the cancer to freeze it. It can be a bit painful when the liquid nitrogen is applied – some people describe the feeling as like a bee sting. After treatment, you may feel an aching or throbbing sensation in the area for a minute or two. In an hour or so, the area may blister. This is normal and the blister may contain blood. You may need to have fluid drained from the blister using a sterile needle, but the top of the blister should be left intact.

Keep the treated area covered with a dressing until a scab forms. About two weeks after your treatment, the scab drops off and the cancer cells should have cleared. You may have a white scar in the area. Occasionally, you may need more than one cryotherapy treatment to get rid of the cancer completely.
Radiotherapy treats cancer by using x-rays to destroy the cancer cells, while doing as little harm as possible to normal cells.

It works well for skin cancers and is particularly useful in areas where surgery might be difficult or disfiguring (such as the face), and for tumours that are deep in the skin. However, it’s not recommended for young people as it can cause skin changes, which become more visible over the years.

The treatment is given in the hospital radiotherapy department. You may have only a single treatment, but usually several doses are needed. These are given each day over one or more weeks. Your doctor will discuss your treatment plan with you.

Radiotherapy treatment affects only a small area of skin and will not make you feel unwell. The treated skin will be red and inflamed for up to a month after treatment. During this time, it will look as though the treatment has made things worse rather than better. This is normal. After a few more weeks, the area will dry up and form a crust or scab. In time, the scab will peel away, leaving healed skin underneath. At first, this new skin will look pinker than the skin around it. This will gradually fade and the treated area will start to look like the skin around it, although it may be slightly paler.
Radiotherapy to areas that produce hair, such as the head, can make the hair fall out in the treated area. Your hair usually grows back in 6–12 months, depending on the dose of radiotherapy and how many sessions you’ve had. Some people find that the hair loss is permanent. You can talk to your clinical oncologist about whether your hair is likely to grow back after treatment.

Radiotherapy doesn’t make you radioactive and it’s perfectly safe for you to be around other people, including children, throughout your treatment.

You may find it helpful to read our booklet *Understanding radiotherapy.*
Photodynamic therapy (PDT)

Photodynamic therapy (PDT) uses light sources combined with a light-sensitive drug (sometimes called a photosensitising agent) to destroy cancer cells. PDT is particularly useful in areas where the skin cancer develops directly over bone, such as in Bowen’s disease (see page 12) on the shins and hands.

Before your treatment, the doctor may remove any scabs from the area of skin. A photosensitising cream (for example Metvix®) will then be applied to your skin. It will be left on for a specific time period, usually between 3–6 hours, depending on the type of cream that’s used. This is so it can penetrate into the skin.

After the cream is removed, the doctor shines a special light on to the treatment area. The light treatment usually lasts 8–45 minutes, depending on the light source used. A dressing is then put on to cover the area and protect it from light. Keep the dressing on the treated area for up to 36 hours after your treatment. You’ll be given instructions about this before you leave hospital.

After PDT, a crust may form over the treated area. The crust will fall off naturally in a few weeks, leaving the healed, new skin underneath.

Usually, only one treatment of PDT is needed, but occasionally two or three further treatments may be given if the skin cancer is thick.

We can send you more information about photodynamic therapy (PDT).
Topical chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells. Topical chemotherapy is a cream or lotion applied directly to the skin cancer. Usually a drug called 5-fluorouracil (Efudix®), often called 5FU, is used. You’ll be asked to put the cream on at home. Your doctor or specialist nurse will explain how to do this.

The chemotherapy cream is applied once or twice a day for a number of weeks. If possible, a waterproof dressing should be put over the cream once it has been applied. However, it can be difficult to put a dressing on some areas of the body.

The treatment should make the skin red and inflamed. Once the area becomes sore and weepy, the treatment will be stopped. Your doctor can prescribe a steroid cream to reduce the inflammation if it’s very sore. The skin will take a week or two to heal after treatment finishes.

Exposure to the sun can make the inflammation worse, so you should protect the area until it has healed. Usually there are no other side effects with this type of chemotherapy.
Topical immunotherapy

Immunotherapy is the name given to cancer treatments that use the body’s immune system to attack cancer cells. An immunotherapy cream called imiquimod (Aldara®) stimulates the immune system and may be used to treat some small, thin basal cell carcinomas or Bowen’s disease. It’s usually used in areas where surgery may be difficult or for people who have more than one tumour.

You’ll be given the cream to take home and asked to apply it once a day for a number of weeks. Some redness or crusting of the skin occurs during the treatment, but there should be no permanent scarring. If the skin reaction is very strong, your doctor may give you a steroid cream to use as well. Occasionally, the immunotherapy cream may cause shivers and other flu-like symptoms. If this is the case, let your doctor or specialist nurse know, as they may advise you to stop using it.

Your hospital team can give you more detailed instructions on how to use your immunotherapy cream and how to manage any side effects.
Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. These may be carried out to:

- test new treatments, such as new chemotherapy drugs or targeted therapies
- look at new combinations of existing treatments, or change the way they are given to make them more effective or reduce side effects
- compare the effectiveness of drugs used to control symptoms
- find out how cancer treatments work
- find out which treatments are the most cost-effective.

Trials are the only reliable way to find out whether a different type of surgery, chemotherapy, hormone therapy, radiotherapy or other treatment is better than what is already available.

**Taking part in a trial**

You may be asked to take part in a treatment research trial. There can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments. You will be carefully monitored during and after the study.
Usually, several hospitals around the country take part in these trials. It’s important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.

If you decide not to take part in a trial, your decision will be respected and you don’t have to give a reason. However, it can help to let the staff know your concerns so that they can give you the best advice. There will be no change in the way that you’re treated by the hospital staff, and you’ll be offered the standard treatment for your situation.

Our booklet *Understanding cancer research trials (clinical trials)* describes clinical trials in more detail.
Many people who have surgery for basal cell carcinomas and very early-stage squamous cell carcinomas will not need any follow-up. However, your doctor may want you to have regular check-ups for a time to make sure the cancer has not come back, and that treatment has been successful. These check-ups are a good opportunity to talk to your doctor about any problems or worries you may have.

Once you’ve had a skin cancer, you’re more at risk of developing another one somewhere else. You’re also more at risk of developing a recurrence of the skin cancer in the area where you had it before. It’s important to regularly check your skin for any new symptoms or changes that could be cancer. If you have any problems, or notice any new symptoms in between check-ups, let your doctor know as soon as possible.

For people whose treatment is over apart from regular check-ups, we have information on how to keep healthy and on adjusting to life after cancer.

Share your experience

When treatment finishes, many people find it helps to talk about and share their thoughts, feelings and advice with other people.

This can be especially helpful for other people with skin cancer who are about to start their treatment. Just hearing about how you’ve coped, what side effects you had and how you managed them is very helpful to someone in a similar situation.

We can help you share your story. Call us on 0808 808 00 00 or visit our website macmillan.org.uk for more information about becoming a Cancer Voice.
Preventing further skin cancers

Protecting yourself from the sun is even more important after you’ve had treatment for skin cancer. Here are some suggestions on how you can protect your skin:

• Wear clothing made of cotton or natural fibres that are closely woven and offer good protection against the sun.

• Protect your face and neck with a wide-brimmed hat.

• Always wear sunglasses in strong sunlight.

• Use suncream with a high sun protection factor (SPF) of at least 30 whenever you are exposed to the sun. Follow the instructions on the bottle and re-apply as recommended, particularly after swimming. Remember to apply suncream behind your ears.

• Don’t let your skin burn.

• Minimise sun exposure during the hottest part of the day (usually between 11am–3pm).

• Use fake-tanning lotions or sprays to tan your skin rather than sitting in the sun or using a sunbed.

• Check your skin regularly for any changes.

Although protecting yourself from the sun is important, experts recommend that we have regular exposure to a small amount of sunshine. This is because it helps our bodies make vitamin D, which keeps our bones and teeth healthy.
Your feelings

Although your skin cancer is likely to be cured, you may feel anxious or upset for a while. There is no right or wrong way to feel. You’ll cope with things in your own way. Talking about your feelings can be useful. If other people know how you feel, it makes it easier to support you.

Occasionally, some people may need more than the advice and support of their healthcare professionals, family and friends. Sometimes it’s easier to talk to someone who’s not directly involved in your situation. Your specialist or GP can usually refer you to a counsellor who can help. You can call the Macmillan Support Line on 0808 808 00 00 to speak to cancer support specialists about anything that is on your mind. Or you could contact one of the support organisations on pages 49–51.
How we can help you

Cancer is the toughest fight most of us will ever face. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

Get in touch

Macmillan Cancer Support
89 Albert Embankment,
London SE1 7UQ
Questions about cancer?
Call free on 0808 808 00 00
(Mon–Fri, 9am–8pm)
www.macmillan.org.uk
Hard of hearing?
Use textphone 0808 808 0121
or Text Relay.
Non-English speaker?
Interpreters are available.

Clear, reliable information about cancer

We can help you by phone, email, via our website and publications or in person. And our information is free to everyone affected by cancer.

Macmillan Support Line
Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists provide clinical, financial, emotional and practical information and support to anyone affected by cancer. Call us on 0808 808 00 00 or email us via our website, macmillan.org.uk/talktous

Information centres
Our information and support centres are based in hospitals, libraries and mobile centres, and offer you the opportunity to speak with someone face to face. Find your nearest one at macmillan.org.uk/informationcentres
Publications
We provide expert, up-to-date information about different types of cancer, tests and treatments, and information about living with and after cancer. We can send you free booklets, leaflets and fact sheets.

Other formats
We have a small range of information in other languages and formats. Our translations are for people who don’t speak English and our Easy Read booklets are useful for anyone who can’t read our information. We also produce a range of audiobooks. Find out more at macmillan.org.uk/otherformats

Please email us at cancerinformationteam@macmillan.org.uk if you’d like us to produce our information for you in Braille or large print.

You can find all of our information, along with several videos, online at macmillan.org.uk/cancerinformation

Review our information
Help us make our resources even better for people affected by cancer. Being one of our reviewers gives you the chance to comment on a variety of information including booklets, fact sheets, leaflets, videos, illustrations and website text.

If you’d like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk

Need out-of-hours support?
You can find a lot of information on our website, macmillan.org.uk
For medical attention out of hours, please contact your GP for their out-of-hours service.
Someone to talk to

When you or someone you know has cancer, it can be difficult to talk about how you’re feeling. You can call our cancer support specialists to talk about how you feel and what’s worrying you.

We can also help you find support in your local area, so you can speak face to face with people who understand what you’re going through.

Professional help

Our Macmillan nurses, doctors and other health and social care professionals offer expert treatment and care. They help individuals and families deal with cancer from diagnosis onwards, until they no longer need this help.

You can ask your GP, hospital consultant, district nurse or hospital ward sister if there are any Macmillan professionals available in your area, or call us.

Support for each other

No one knows more about the impact cancer has on a person’s life than those who have been affected by it themselves. That’s why we help to bring people with cancer and carers together in their communities and online.

Support groups
You can find out about support groups in your area by calling us or by visiting macmillan.org.uk/selfhelpandsupport

Online community
You can also share your experiences, ask questions, get and give support to others in our online community at macmillan.org.uk/community
Financial and work-related support

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. Some people may have to stop working.

If you’ve been affected in this way, we can help. Call the Macmillan Support Line and one of our cancer support specialists will tell you about the benefits and other financial help you may be entitled to.

We can also give you information about your rights at work as an employee and help you find further support.

Macmillan Grants
Money worries are the last thing you need when you have cancer. A Macmillan Grant is a one-off payment for people with cancer, to cover a variety of practical needs including heating bills, extra clothing, or a much-needed break.

Find out more about the financial and work-related support we can offer at macmillan.org.uk

Learning about cancer

You may find it useful to learn more about cancer and how to manage the impact it can have on your life.

You can do this online on our Learn Zone – macmillan.org.uk/learnzone – which offers a variety of e-learning courses and workshops. There’s also a section dedicated to supporting people with cancer – ideal for people who want to learn more about what their relative or friend is going through.
Other useful organisations

**British Association of Skin Camouflage**
PO Box 3671,
Chester CH1 9QH
**Tel** 01254 703107
[www.skin-camouflage.net](http://www.skin-camouflage.net)
Shows people how to use make-up as skin camouflage. Holds camouflage awareness presentations and demonstrations for patient support groups.

**Changing Faces**
The Squire Centre,
33–37 University Street,
London WC1E 6JN
**Tel** 0300 0120 275
**Email** info@changingfaces.org.uk
[www.changingfaces.org.uk](http://www.changingfaces.org.uk)
Offers support and information for children, young people, and adults who have any sort of disfigurement, and their families. Also works with healthcare professionals, schools and employers to promote awareness about disfigurement.

**Let’s Face It**
72 Victoria Avenue,
Westgate-on-Sea,
Kent CT8 8BH
**Tel** 01843 833724
**Email** chrisletsfaciteit@aol.com
[www.lets-face-it.org.uk](http://www.lets-face-it.org.uk)
An international network for people with facial disfigurement. Links patients, their families, friends and professionals for self-help, information and mutual support.

**Skinship UK**
Plascow Cottage, Kirkgunzeon,
Dumfries DG2 8JT
**Tel** 01387 760567
Aims to improve current public perception of, and reaction to, skin diseases and disfigurement. Offers a UK-wide network of support groups, telephone helpline and one-to-one counselling.
General cancer support organisations

**Cancer Focus**
**Northern Ireland**
40–44 Eglantine Avenue,
Belfast BT9 6DX
**Tel** 0800 783 3339
(Mon–Fri, 9am–1pm)
**Email** hello@cancerfocusni.org
**www.cancerfocusni.org**
Offers support to people affected by cancer, including a free helpline, counselling and links to local support groups.

**Cancer Support Scotland**
Calman Cancer Support Centre,
75 Shelley Road,
Glasgow G12 0ZE
**Tel** 0800 652 4531
**Email** info@cancersupportscotland.org
**www.cancersupportscotland.org**
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

**Irish Cancer Society**
43–45 Northumberland Road,
Dublin 4, Ireland
**Tel** 1800 200 700
(Mon–Thu, 9am–7pm,
Fri, 9am–5pm)
**Email** helpline@irishcancer.ie
**www.cancer.ie**
Offers information, support and care to people affected by cancer. Has a helpline staffed by specialist cancer nurses. You can also talk to a nurse online and use the site’s message board.

**Maggie’s Centres**
1st Floor, One Waterloo Street,
Glasgow G2 6AY
**Tel** 0300 123 1801
**Email** enquiries@maggiescentres.org
**www.maggiescentres.org**
Provide information about cancer, benefits advice, and emotional and psychological support.
Tenovus
Head Office,
Gleider House,
Ty Glas Road,
Cardiff CF14 5BD
Tel 0808 808 1010
(Mon–Sun, 8am–8pm)
www.tenovus.org.uk
Aims to help everyone get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, an ‘Ask the nurse’ service on the website and benefits advice.

Support for older people

Age UK
Tavis House,
1–6 Tavistock Square,
London WC1H 9NA
Tel (England and Wales) 0800 169 6565
Tel (Scotland) 0845 125 9732
Tel (Northern Ireland) 0808 808 7575
(Mon–Sun, 8am–7pm)
www.ageuk.org.uk
Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

Financial or legal advice and information

Citizens Advice
Provides advice on financial, legal, housing and employment issues. Find details for your local office on one of the following websites:

England and Wales
www.citizensadvice.org.uk
Scotland
www.cas.org.uk
Northern Ireland
www.citizensadvice.co.uk

You can also find advice online in a range of languages at adviceguide.org.uk

You can search for more organisations on our website at macmillan.org.uk/organisations, or call us on 0808 808 00 00.
Further resources

Related Macmillan information

You may want to order the information mentioned in this booklet:

• Understanding cancer research trials (clinical trials)

• Understanding radiotherapy

To order this information, visit be.macmillan.org.uk or call 0808 808 00 00. All of our information is also available online at macmillan.org.uk/cancerinformation.

We have information about chemotherapy, radiotherapy and surgery in these languages: Bengali, Gujarati, Hindi, Polish, Punjabi, Russian, Traditional Chinese, Urdu and Welsh.

We also have a range of Easy Read booklets. Visit macmillan.org.uk/otherformats to find out more.

Macmillan audiobooks

Our high-quality audiobooks, based on our variety of booklets, include information about cancer types, different treatments and about living with cancer.

To order your free CD, visit be.macmillan.org.uk or call 0808 808 00 00.

Macmillan videos

There are many videos on the Macmillan website featuring real-life stories and information from professionals.
Useful websites

A lot of information about cancer is available on the internet. Some websites are excellent; others have misleading or out-of-date information. The sites listed below are considered by nurses and doctors to contain accurate information and are regularly updated.

**Macmillan Cancer Support**  
[www.macmillan.org.uk](http://www.macmillan.org.uk)  
Find out more about living with the practical, emotional and financial effects of cancer. Our website contains expert, accurate and up-to-date information on cancer and its treatment, including:

- all the information from our 150+ booklets and 360+ fact sheets
- videos featuring real-life stories from people affected by cancer and information from professionals
- how Macmillan can help, the services we offer and where to get support

**Cancer Research UK**  
[www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)  
Contains patient information on all types of cancer and has a clinical trials database.

**Healthtalkonline and Youthhealthtalk**  
[www.healthtalkonline.org](http://www.healthtalkonline.org)  
[www.youthhealthtalk.org](http://www.youthhealthtalk.org) (site for young people)  
Both websites contain information about some cancers and have video and audio clips of people talking about their experiences of cancer and its treatments.
Macmillan Cancer Voices
www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

National Cancer Institute – National Institute of Health – USA
www.cancer.gov
Gives information on cancer and treatments.

NHS Choices
www.nhs.uk
NHS Choices is the online ‘front door’ to the NHS. It is the country’s biggest health website and gives all the information you need to make decisions about your health.

Patient UK
www.patient.co.uk
Provides people in the UK with good-quality information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health and illness-related websites.

Riprap
www.riprap.org.uk
Developed especially for teenagers who have a parent with cancer.
YOUR NOTES AND QUESTIONS
Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support’s Cancer Information Development team. It has been approved by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Dr James Larkin, Consultant Medical Oncologist; Professor Rona Mackie, Consultant Dermatologist; Helen Moorey, Lead Skin Cancer Nurse; Dr Virginia Wolstenholme, Consultant Clinical Oncologist; Katy Wood, Specialist Skin Cancer Nurse; and the people affected by cancer who reviewed this edition.

Sources


Can you do something to help?

We hope this booklet has been useful to you. It’s just one of our many publications that are available free to anyone affected by cancer. They’re produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we’re there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 WAYS YOU CAN HELP SOMEONE WITH CANCER

**Share your cancer experience**
Support people living with cancer by telling your story, online, in the media or face to face.

**Campaign for change**
We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

**Help someone in your community**
A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

**Raise money**
Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

**Give money**
Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more
0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details

Mr/Mrs/Miss/Other
Name
Surname
Address
Postcode
Phone
Email

Please accept my gift of £
(Please delete as appropriate)
I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro
Card number
Valid from
Expiry date
Issue no
Security number

Signature
Date / /

Don’t let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you’d rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ
More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you’re entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk

Hard of hearing? Use textphone 0808 808 0121, or Text Relay.
Non-English speaker? Interpreters available. Braille and large print versions on request.