

*Understanding*

# Cancer of the Skin (Non-melanoma)

*Caring for people with cancer*



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## 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.

>>>	Specialist nurse	Tel:
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	Dermatologist	Tel:
	Surgeon	Tel:
	Medical oncologist	Tel:
	Radiation oncologist	Tel:
	Radiation therapist	Tel:
	Medical social worker	Tel:
	Emergency number	Tel:
	Treatments	Review dates

If you like, you can also add:

Your name \_\_\_\_\_

Address \_\_\_\_\_

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

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The following sources were used in the publication of this booklet:

- *A Strategy for Cancer Control in Ireland*. National Cancer Forum, 2006.
- *Cancer in Ireland 2011*. National Cancer Registry Ireland, 2011.
- *Guidelines for the Management of Basal Cell Carcinoma*. European Dermatology Forum, 2009.
- *Guidelines for the Management of Actinic Keratoses*. European Dermatology Forum, 2009.
- *National Melanoma GP Referral Guidelines*. National Cancer Control Programme (NCCP), 2011.
- Guidelines for the management of basal cell carcinoma. NR Telfer, GB Colver & CA Morton. *British Journal of Dermatology* 2008; 159: 35-48.
- *Cancer Nursing: Principles and Practice*. CH Yarbrow, MH Frogge, M Goodman & SL Groenwald. Jones and Bartlett, 2000.
- *The Chemotherapy Source Book*. M Perry. Lippincott Williams & Wilkins, 1997.
- *DeVita, Hellman, and Rosenberg’s Cancer: Principles and Practice of Oncology*. R Govindan (ed), 9th edn. Lippincott Williams & Wilkins, 2011.

First published by the Irish Cancer Society in 2004.

© Irish Cancer Society, 2004, revised 2010, revised 2013

Next revise: 2015

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ISBN 0-95323-690-1

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## Introduction

This booklet has been written to help you learn more about skin cancer. It mainly deals with non-melanoma skin cancer. This type of cancer can affect either the basal or squamous cells in your skin. The other main form of skin cancer is malignant melanoma. This type of cancer is discussed in more detail in the booklet *Understanding Melanoma*.

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

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



### Reading this booklet

Remember you do not need to know everything about 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 feel relaxed and want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the freefone National Cancer Helpline on 1800 200 700. It is open Monday to Thursday 9am–7pm and Friday 9am–5pm. Or if you wish, you can also visit a Daffodil Centre if one is located in your hospital. See page 50 for more about Daffodil Centres.



National Cancer Helpline Freefone 1800 200 700

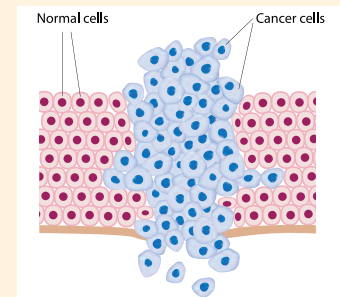
## About skin cancer



### What is cancer?

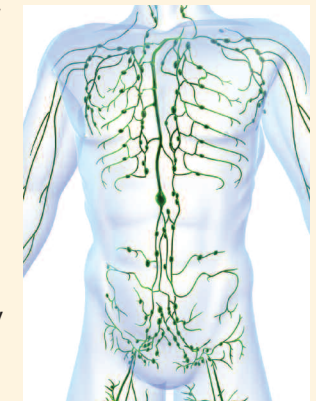
Cancer is a word used to describe a group of diseases, not just one. There are more than 200 different types of cancer. Each is named after the organ or type of cell in which the cancer starts. For example, prostate cancer, breast cancer and leukaemia. All cancers are a disease of the body's cells, which 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. This is called a metastasis or secondary tumour.



### What are lymph vessels?

Lymph vessels are part of your lymphatic system, which helps your body defend itself against infection. Like your bloodstream, it carries waste material around your body from your tissues. It is made up a network of tiny tubes that pass through most of the tissues in your body. These tubes carry lymph, a clear watery fluid that is leaked into your tissues and returned to your body. Along the network are hundreds of small glands and nodes which remove the lymph. They are mainly found in your neck, armpit and groin. Lymph nodes can trap cancer and as a result grow bigger and hard.



Lymphatic system



## To sum up

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

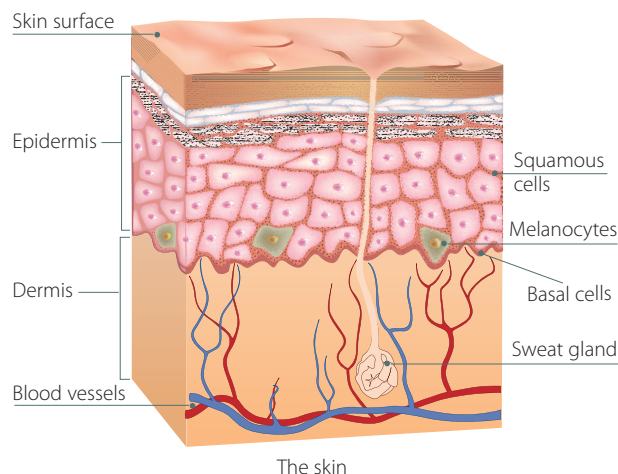
## What is the skin?

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

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

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

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



which helps to control body temperature, and sebum. Sebum is an oily substance that stops your skin from drying out. Sweat and sebum reach the skin's surface through tiny openings called pores.

## How common is skin cancer?

Non-melanoma skin cancer is the most common cancer in Ireland. In 2010, there were about 8,500 people diagnosed with it; 3,800 women and 4,700 men. But numbers are rising each year. It is believed that more men than women get skin cancer because they tend to work outdoors more and also play more sport.

Melanoma skin cancer is less common. In 2010, there were about 900 people diagnosed with it in Ireland; 520 women and 380 men.

»»» Non-melanoma skin cancer is the most common cancer in Ireland.

## What are the types of skin cancer?

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

- If the cells are the basal or squamous cells, it is called non-melanoma skin cancer.
- If the melanocytes are affected, it is called melanoma skin cancer.

## Non-melanoma skin cancer

The most common type of non-melanoma skin cancer is basal cell cancer and squamous cell cancer. These are also called basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). The risk of both basal and squamous cell skin cancers rises as you get older.

### Basal cell cancer

Basal cell cancer is a cancer of the cells at the base of the outer layer of your skin, the epidermis. It is the most common type of skin cancer. Most basal cell cancers are slow growing and develop over months and years. But if left untreated, they can grow bigger and form an ulcer known as a rodent ulcer. Usually basal cell cancers do not spread to other tissues and organs.

### Squamous cell cancer

Squamous cell cancer is a cancer of the squamous cells, which are the cells nearest the surface of your skin. They lie just above the basal cells. It is the second most common type of skin cancer in Ireland. If left untreated, squamous cell cancer can grow bigger or spread to other parts of your body. Even so, most patients are completely cured with just surgery.

### Less common skin cancers

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

**Kaposi sarcoma:** This skin cancer develops in the skin's blood vessels and causes red or purple patches on the skin or mucous membranes. 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 and in hair roots. 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.

### 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 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:** The earliest form of squamous cell cancer is known as actinic keratosis (plural actinic keratoses). They can also be called solar keratoses. Sun damage causes these small rough scaly spots or patches that 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.

- **Bowen's disease:** The next early form of squamous cell cancer is 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. It is believed to be caused by long-term exposure to sunlight. Women are usually affected more than men.

### Malignant melanoma

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

If the melanoma is not removed, the cells can grow down deeper into the layers of your skin. These layers have tiny blood vessels and lymph channels and can travel to other parts of your body. The details on melanoma in this booklet are brief but if you would like more information, call the National Cancer Helpline 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 visit a Daffodil Centre.

### What causes skin cancer?

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

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

- have fair, light-coloured skin that freckles or burns easily
- had severe sunburn or blistering as a child
- have been exposed to sunlight all your life
- use tanning beds or sunbeds
- have a history of severe skin damage, 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 been exposed to certain chemicals like arsenic, coal tar, soot, petrol products, etc.
- have had radiotherapy in the past
- have reduced immunity from taking certain medications that suppress your immune system
- have a rare inherited condition like albinism or xeroderma pigmentosa.

»»» The main cause of skin cancer is ultraviolet (UV) light from the sun.

### Skin type

White people with fair (light-coloured) skin that freckles or burns easily are at high risk. This type of skin usually goes with fair or red hair and blue eyes. Black or brown-skinned people are protected by the pigment melanin in their skin and so have a lower risk.

### Moles

Having a large number of moles or moles that are unusual can increase your risk of skin cancer as well. This is especially true if you have more than 50. This applies to melanoma skin cancers. For more information, see the booklet *Understanding Melanoma*.

### Sun exposure

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

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

### Sunbeds and sunlamps

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

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

### Age and gender

Non-melanoma skin cancer occurs less often in people under the age of 40. It occurs more often in people aged 60 or over. Men are twice as likely as women to have basal cell cancers and three times as likely to have squamous cell cancers. It is believed that men are more exposed to the sun from working outdoors and playing sport, and from not using sunscreen or wearing protective clothing.

### 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.

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

**Hereditary conditions:** Some rare hereditary conditions, 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.



### To sum up

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

## What are the signs of skin cancer?

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

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

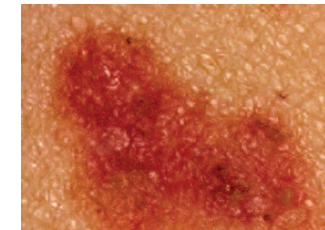
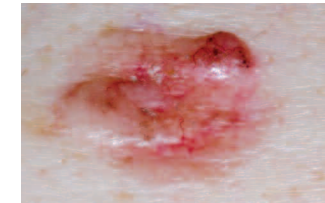
- A small lump
- Flat, red spot
- Firm, red lump
- A lump or spot that is tender to touch
- An ulcer that will not heal
- A lump with a scaly or horny top
- Rough, scaly patches

### What do basal cell cancers look like?

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

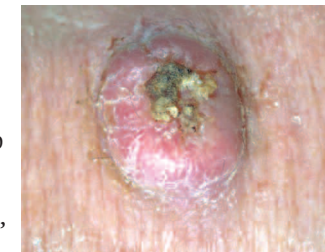
or

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



### What do squamous cell cancers look like?

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

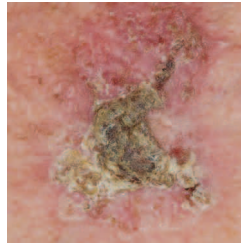




## What do precancerous changes look like?

### Actinic keratoses:

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

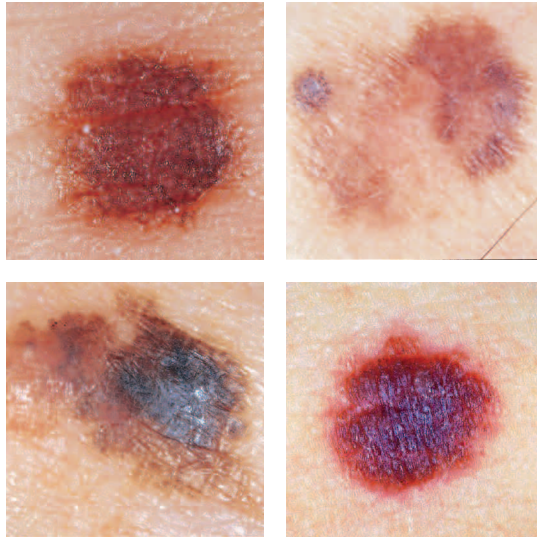


### Bowen's disease:

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

## What do melanomas look like?

- A mole that suddenly gets bigger or you find a new one on your skin.
- The mole has developed a ragged or uneven outline.
- The mole has a mixture of different shades of brown, black or other colours through it.
- The mole is bigger than the blunt end of a pencil.
- The mole looks red or inflamed around the edges.
- The mole is bleeding, oozing or crusting.
- The mole starts to feel different, for example, slightly itchy or painful.



>>> Skin cancers do not all look the same.

## Seek advice

If you notice anything unusual on your skin that does not go away within a month, show it to your family doctor (GP).

There are many skin conditions that are not cancerous, particularly among older people. Your doctor might call a change on your skin a lesion. A lesion refers to an area of skin that has suffered damage because of injury or disease. It includes moles, warts, ulcers, scars, etc. You may wish to have these treated for cosmetic reasons.



## To sum up

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

- A small lump
- Flat, red spot
- Firm, red lump
- A lump or spot that is tender to touch
- An ulcer that will not heal
- A lump with a scaly or horny top
- Rough, scaly patches
- A mole that has changed colour, size or shape
- A mole that is bleeding, oozing or crusting
- A new mole

## Can I be screened for skin cancer?

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

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

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

If you have a risk factor for skin cancer, talk to your doctor about getting screened more often and by a skin specialist called a dermatologist. A useful website to check your moles regularly is [www.sossaveourskin.ie](http://www.sossaveourskin.ie)

### Remember when checking a mole, look for the ABCDE:



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

See page 35 for more about skin cancer prevention.

## How is skin cancer diagnosed?

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

The specialist can usually tell straight away if there are benign or malignant changes and will suggest a skin biopsy to confirm the diagnosis.

### Skin biopsy

A skin biopsy removes a sample of the cancer cells from your skin. It is quick and straightforward and usually done in the outpatients department or in a GP surgery. You will be given a local anaesthetic but normally it causes little pain. The local anaesthetic used to numb the skin can sting a little as it is being given.

A small cut is first made through your skin and 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. Do have someone to bring you home after the biopsy, as you may feel a little tired. The result of the biopsy is usually available within 1 to 2 weeks.

### Excision biopsy

Sometimes a biopsy is the only treatment needed for non-melanoma skin cancer. It is called an excision biopsy 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 24 for more about excision.



### Diagnosing melanoma

If you have a suspicious-looking mole your GP will refer you to a dermatologist. Instead of just taking a sample of the mole, the entire mole is removed by your dermatologist or plastic surgeon. This is called an excision biopsy and can diagnose melanoma. If your GP removes your mole, you should still be referred to a dermatologist or plastic surgeon. For more information, see the booklet *Understanding Melanoma*. Call the National Cancer Helpline on 1800 200 700 for a free copy.

### Other tests

Your doctor will do a physical exam to make sure there is no need for further treatment. All your skin will be examined to see if there are any other changes such as lumps or growths. Your doctor will feel your lymph glands to see if any are enlarged. If your doctor suspects the cancer has begun to spread, a CT scan or MRI scan may be done.

**CT scan:** This is a special type of X-ray that builds up a picture of the tissues inside your body. The CT scan can look at any part of your body. For some CT scans you cannot eat or drink for 4 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 is a special scan that uses magnetic energy to build up a picture of the tissues inside your body. The MRI scan can look at any part of your body. You may get an injection beforehand to show up certain areas of your body.

During the scan you cannot wear any metal jewellery or hair clips or prosthesis. Those who have certain medical devices in their body, like a pacemaker or metal pin, are 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.



CT scan

### Results of tests

It may take 1 to 2 weeks for the results of the biopsy to be ready. The biopsy result will show if you have skin cancer and if it has been fully removed. Your doctor will then find out if any cancer cells have spread. Knowing the stage or extent of the cancer helps your doctor to decide on the best treatment for you.

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

### Basal cell cancers

Most people with basal cell cancers do not need extra tests to find the stage of the cancer. This is because it is very rare for this type of cancer to spread beyond 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

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

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

## How is skin cancer staged?

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

- **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.



## Treatment and side-effects

### How is skin cancer treated?

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

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

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

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

**Surgery:** This involves cutting out or scraping away the cancer cells. Other surgical methods include cryotherapy and Moh's surgery. See page 23 for more details.

**Radiotherapy:** Here high-energy rays are used to shrink or destroy the cancer. This may be done if surgery is not possible for whatever reason. See page 27 for more details.

**Topical chemotherapy:** Here creams are placed directly on your skin to kill the cancer cells. See page 29 for more details.

**Topical immunotherapy:** These are drugs placed on your skin that allow your immune system to fight the cancer. See page 31 for more details.

**Photodynamic therapy (PDT):** Here a visible light and a chemical are used to destroy the cancer cells. See page 32 for more details.

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

## Specialist care

Depending on the stage of your cancer, your dermatologist may refer you to other doctors for the above treatments, if needed. For example, a general surgeon or a doctor who specialises in cancer (medical oncologist) or in radiotherapy (radiation oncologist) may be needed.

## Giving your consent



Before you have a skin biopsy or start any treatment, your doctor will explain the aims of the treatment to you. You may be asked to sign a consent form saying that you give permission for the doctor to give you the treatment. Otherwise you may give verbal consent. No medical treatment will be given without your consent.

### Benefits and risks of treatment

Before treatment, you should have been given full information about the benefits and risks of the treatment. If you do not understand what you have been told, let your doctor or nurse know so they can explain it to you again.

You are also free to choose not to have the treatment. However, your doctor or nurse will explain what may happen if you decide against it. If treatment is not given the cancer will continue to grow. The growth can be very slow, but over years the cancer may spread into deeper tissues of the skin. It may then need more extensive surgery or other treatment, which may cause scarring.

Many people are anxious over cancer treatments. This is usually because of the possible side-effects that can happen. Treatment can be given for different reasons and the possible benefits will vary depending on your situation. Treatment will cure most people with basal cell skin cancer. Although the treatment can cause side-effects such as scarring in the affected area, this is often quite small or easy to disguise.

## Individual treatment

You may notice that other people with skin cancer are having different treatments from you. This is because no two skin cancers are the same and people will have other needs. If you have any questions about your treatment, do not be afraid to ask your doctor or nurse.

It often helps to write down the questions you have for your doctor. The fill-in 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 or destroy the cancer, leaving as small a scar as possible. The type of surgery you have will depend on the size of the cancer.

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

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

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

**Removing lymph nodes:** In a few patients with squamous cell skin cancer, the cancer can spread. Your doctor might decide to remove the nearby lymph nodes in this case.

**Moh's surgery:** Another way to remove skin cancer cells is by margin-controlled excision or Moh's surgery. This is a very specialised treatment and not widely available in Ireland.

## Cutting out the cancer cells (excision)

Your dermatologist or surgeon will remove the tumour and also some normal skin around it. This is to make sure that the cancer has been fully removed. If the cancer is fairly small, the surgery will not take long and is usually done under local anaesthetic.

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

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

## Skin grafts and flaps

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

Most patients with a skin graft go home on the same day. But depending on the size of the graft, you may need to stay in hospital for a few days. If you have a skin flap, you might need to stay for up to 4 days. A dressing will cover the area to protect the graft or flap and prevent infection. It takes some time for the skin graft area to heal and the scars to fade. The donor site area can look like a large graze but it heals very quickly.

**>>> Skin grafts and flaps are layers of healthy skin taken from another part of your body.**

## 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. Nowadays, it is done less often.

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

## Cryotherapy

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

## Removing lymph glands

You may need surgery to remove the lymph nodes from the area around the cancer. This only rarely happens if you have squamous cell cancer that has spread. The operation is called a lymphadenectomy and will prevent further spread. The main areas where lymph nodes are found are in your neck, armpit and groin. If you have a skin cancer on your scalp or face, the lymph nodes on that side of your neck may be removed.

**Surgery:** The operation is done under general anaesthetic by a general surgeon. Very little preparation is usually needed but your doctor and nurse will explain what is needed in detail.

**After surgery:** After the operation, you will have tubes that drain fluids from your wound. These drains will be removed a few days later. You might feel sore and have shoulder stiffness for the first few days, but this will ease as the area heals.

**Side-effects:** In a small number of cases, swelling may occur near the wound. This can either be in your arm if the nodes under your arm are removed, or your leg if the lymph nodes are removed from your groin. The swelling is called lymphoedema. It can be helped by massage, exercise and wearing an elastic stocking on the affected arm or leg. If you would like more information about lymphoedema, a factsheet is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy or download it from [www.cancer.ie](http://www.cancer.ie) or visit a Daffodil Centre.

### Moh's surgery

Moh's surgery is a very specialised type of surgery used for non-melanoma skin cancer. Usually there are a small number of basal cell cancers involved. Your dermatologist may decide to refer you to a Moh specialist. Because it is so specialised, very few places offer this service in Ireland and there is a waiting list.

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

Moh's surgery is suitable for:

- Basal cell cancers that have come back in the same place
- Basal cell cancers on sensitive areas of your face. For example, your nose, eyes or ears

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 outpatient department.

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### To sum up

- Surgery is the most common method of treating skin cancer.
- The aim of surgery is to remove the cancer, leaving as small a scar as possible.
- An excision biopsy is sometimes the only treatment needed to cure the cancer.
- Larger skin cancers may need a skin graft or flap.
- Other forms of surgery include curettage and electrocautery, cryosurgery, lymphadenectomy and Moh's surgery.

### Radiotherapy

Sometimes radiotherapy can be used to treat skin cancer, although surgery is the more common treatment. 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.

»»» Radiotherapy works well for skin cancers.

### Planning and giving the treatment

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

Contact radiotherapy can be used to treat basal cell cancer, squamous cell cancer and other skin conditions. It uses energies much lower

than those of the linear accelerators used to treat other cancers. Different sizes of applicators can be used, depending on the size of the treated area. The applicator is put into the head of the machine and then placed on the skin surface. This is why it is called contact radiotherapy.



Contact radiotherapy

Before treatment begins, your skin will be marked to show where the treatment is to be given. The X-rays are then aimed at the same area each day. These marks should not be washed off until treatment is 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.

### Side-effects of treatment

The radiotherapy affects only a small amount of skin so there are hardly any side-effects.

**Inflamed skin:** The treated skin will be slightly red and sore for the first week or two after treatment. After a few weeks a scab will form. Once the scab falls away there will be new healthy skin underneath. Over time the skin might be slightly paler in colour. If you are worried, contact your nurse or radiation therapist for advice.

**Hair loss:** If the treated area has hair, then some hair loss can happen. The hair will start to grow back after the treatment is finished but it can take up to a year for it to fully regrow. It can also depend on the dose of radiotherapy and length of treatment. Your doctor will discuss with you if your hair is likely to grow back once the treatment is over.

**Safety:** Radiotherapy does not make you radioactive. It is safe for you to mix freely with family and friends.

If you would like more information, call the National Cancer Helpline on 1800 200 700 for a free copy of the booklet *Understanding Radiotherapy*. You can also download it from [www.cancer.ie](http://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

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

»»» Chemotherapy is rarely used to treat skin cancer.

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

You will be given the cream to take home and put on by yourself. The cream is usually put on once or twice a day for a few weeks, or as your doctor prescribes. It is best to massage it into the skin and keep it uncovered. Remember to wash your hands before and afterwards.

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



## Side-effects of treatment

**Red, inflamed, sore skin:** The cream will make your skin red, inflamed and sore. Do not worry as this side-effect will not last long. The skin will take a week or two to heal after treatment is over. Sometimes your doctor may prescribe a steroid cream to ease the inflammation if your skin is very sore. Avoid sunlight until the area has healed.

**Other effects:** Chemotherapy can sometimes cause other unpleasant side-effects. This happens because the drugs affect healthy cells as well as cancer cells. But nowadays these side-effects are usually well controlled with medication. Common problems include feeling sick (nausea), fatigue, hair loss, more prone to infection and a sore mouth. These side-effects will fade once the treatment is over. If you would like more information, call the National Cancer Helpline on 1800 200 700 for a free copy of the booklet *Understanding Chemotherapy*. You can also download it from [www.cancer.ie](http://www.cancer.ie) or visit a Daffodil Centre.



### To sum up

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

## Future treatments

New ways to skin cancer are being studied all the time. A new trial treatment for advanced skin cancer is vismodegib. It is used for basal skin cancers that have spread to other parts of your body or come back after surgery, or cannot be treated with surgery or radiotherapy. Do ask your doctor if you would be suitable for this trial treatment. See page 34 for more about clinical trials.

## Topical immunotherapy

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

»»» Immunotherapy use your body's immune system to attack and kill cancer cells.

The cream is normally used in areas where surgery may be difficult or if you have more than one tumour. Imiquimod can be used on your chest, neck, arms, hands, legs and feet. Unlike surgery, the cream does not cause scarring.

You will be given the cream to take home and put on once a day for a number of weeks. Your doctor or specialist nurse will give you instructions and any advice needed. Some redness or crusting of your skin can happen during the treatment but this will clear up and leave no scarring.



### To sum up

- Immunotherapy uses your body's immune system to fight cancer.
- When the drug is used as cream, it is called topical immunotherapy.
- Imiquimod (Aldara™) cream is often used to treat small, superficial basal cell cancers.
- It is used in areas where surgery may be difficult or if you have more than one tumour.
- Redness or crusting of your skin can happen during treatment.

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## Photodynamic therapy (PDT)

Photodynamic therapy is a type of treatment for skin cancer and other cancers. It is treatment using a chemical that makes the skin cells sensitive to light. When a laser light is shone on the treated area, the cancer cells are destroyed. It works well in the treatment of superficial skin cancers like Bowen's disease, solar keratoses or superficial basal cell cancers. It is not suitable for deep skin cancers as the laser light cannot reach far enough into the skin.

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

After several hours, the dressing is removed and a strong laser light shone on the treated area. Depending on the type of machine used, it can last for 7–8 minutes or for 20–45 minutes. This will activate the drug and so kill the cancer cells. The cream does not destroy the healthy skin cells. Once the treatment is over, a dressing is put on the area to protect it from light. It is best to keep the dressing dry for 2–3 days. After that you can bathe and shower as normal but remember to treat the area gently. A scab will form and eventually fall off, leaving healthy skin in place with no scar.

»»» Photodynamic therapy is a treatment using a light-sensitive drug and a laser light to kill cancer cells.

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

## Side-effects of treatment

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

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



Photodynamic therapy (PDT)



## To sum up

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



## Research – what is a clinical trial?



Research on skin cancer goes on all the time. There are many types of research. Some may look into the causes of skin cancer while others look into new ways of treating it. By using new drugs or new combinations of drugs and treatments already in use, doctors can find better ways of treating cancer. Many patients with cancer take part in research studies today. Even though the word 'research' or 'new drug' sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use.

There are many stages or phases when research is being done. If a drug or treatment looks as if might be useful in treating cancer, it is given to patients in research studies called clinical trials.

If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:

- Find out if the treatment is better than the ones already in use.
- Find out if there are more benefits when the new treatment is given along with current ones.
- Compare the new treatment with current best standard treatments.

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need for worry as you will be carefully monitored during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available.

Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of the research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood. For more information and a copy of our factsheet on clinical trials, call the National Cancer Helpline on 1800 200 700. You can also download it from our website [www.cancer.ie/cancerinformation/treatments/clinical-trials](http://www.cancer.ie/cancerinformation/treatments/clinical-trials) or visit a Daffodil Centre.

## Reducing your risk of further skin cancer

### What follow-up do I need?

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

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

### How can I reduce my risk of further skin cancer?

After treatment for skin cancer, it is important that you do not expose your skin to strong sunlight. You may have a higher risk of developing skin cancer, either at the same or a different place on your body. There are ways to protect your skin. If you are unsure, do ask your doctor or nurse for advice when you go for check-ups. See the SunSmart Code on page 36 for more advice.

## Your family

If you have had treatment for skin cancer, your family may be at risk of developing skin cancer as well. This can include your brothers or sisters or your children.



If any member of your family is concerned about skin cancer, they should make an appointment to see a skin specialist. He or she will examine their skin and advise them on what to do. Whatever their skin type, all members of your family should examine their skin regularly and follow the guidelines for protecting their skin (see below). Remember that in most cases, skin cancer is preventable. It can be cured if diagnosed and treated early.

Remember also to tell your children's doctor or paediatrician that you have been treated for skin cancer.

## The SunSmart Code

You can reduce your risk of most skin cancers by avoiding the sun when it is at its strongest and by paying attention to any early skin changes. Also, examine your skin regularly.

### 1 Avoid sun exposure

- Avoid the sun between 11am and 3pm. During this time the sun's rays are strongest. Remember that the sun's cancer-causing UV rays are not related to temperature and can pass through light cloud. Sunlight can also reflect off water, clouds, sand, concrete, snow, and can reach below the water surface.
- Wear protective clothing. Clothing should be dark and tightly woven and cover your arms and legs. Also wear a broad-brimmed hat and wraparound sunglasses. (European Standard EN 1836 or British Standard BS 27 24 19 87)
- Always wear sunscreen. Apply the cream 20 minutes before going out into the sun. Apply thickly and evenly every 2 hours no matter how high its protection.

- Make sure you are protected against both UVA and UVB rays. The sunscreen should have a SPF (sun protection factor) of 30 or higher. It should have a UVA protection rating of high or very high. Make sure to check the bottle for the UVA logo.
- Avoid tanning beds or sunbeds. If you really want to tan, use fake tanning lotions or sprays instead.

See the SunSmart website for more information about protecting yourself in the sun: [www.cancer.ie/sunsmart](http://www.cancer.ie/sunsmart)

»»» You can reduce your risk of most skin cancers by avoiding the sun when at its strongest and by paying attention to any early skin changes.

### 2 Pay attention to any skin changes

Check your skin from head to toe every month. You could do this after a bath or shower.

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

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



## Children and skin cancer

Skin cancer is rarely seen in children. But if a child is born with a giant birthmark (naevus), there is a slight risk that it may change and develop into skin cancer. It is also known that certain skin types burn more easily when exposed to strong sunlight. There appears to be a link between severe sunburn as a child and the development of skin cancer later on in life, in particular, melanoma. Therefore, it makes sense to protect children's skin from an early age.



All children under 6 months of age should be kept out of direct sunlight. From the age of 6 months, they should wear either a total sunblock or a sunscreen with a high skin protection factor (SPF 60) when in sunlight. These should be reapplied frequently, especially if the child is swimming or playing with water. A loose T-shirt and hat should be worn at all times. Children should be kept out of the sun during the hottest part of the day.

## 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.

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## Coping with cancer

### Reactions to a cancer diagnosis

The word cancer often makes people think the worst. For most people who get skin cancer, it will not affect their lives too much. Because the cancer is highly curable and the treatment quick, the shock is not too great. But for others who develop advanced cancer or melanoma, it can bring many other reactions. Reactions can differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard.

#### Common reactions include:

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

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

If you would like more information or would like to talk in confidence, call the National Cancer Helpline 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 force them to think that your condition is more serious than it is. Very young children do not understand illness and need a very simple account as to why you must go to hospital. Slightly older children will need to be told more. A simple story talking about good cells and bad cells may help. Also, you could tell them that the cancer does not affect your overall health.

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

## 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. But for those whose skin cancer does become more serious, there are many people ready to help you and your family.

- Medical social worker
- Cancer nurse specialists
- Psycho-oncology services
- Family doctor (GP)
- Community welfare officer and community health services
- Support groups and cancer support centres
- Irish Cancer Society helpline nurses

**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 supports and services available when you go home.

**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. These nurses along with other members of your medical team work together to meet your needs.

**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.

**Family doctor (GP):** You may feel comfortable talking to your family doctor (GP) about your skin cancer too. He or she can discuss any of your queries and offer advice and support.

**Community health services:** When you go home, 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 the 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 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.

**Irish Cancer Society:** The staff of the National Cancer Helpline will be happy to discuss any concerns you or your family may have, at any stage of your illness. This can range from treatment information to practical advice about your financial matters. For example, getting life insurance. Call 1800 200 700 for information about any of the services outlined above or for support services in your area. You can also visit a Daffodil Centre if one is located in your hospital.

>>> Remember that there are many people ready to help you.

## 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 all public hospitals. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

## Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the A&E unit first.

## 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 may have to pay a prescription charge of €1.50 per item up to a limit of €19.50 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 €600 or less, 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 as a card may be granted in some situations. For example, if you have a large amount of medical expenses. But it will depend on your financial circumstances and how long your treatment is expected to last. In this case, your spouse and children will not be covered if your means are over the limit. If you wish to apply for a medical card, you can download an application form and apply online ([www.medicalcard.ie](http://www.medicalcard.ie)) or at your local health centre.

## 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](http://www.medicalcard.ie)) or at your local health centre.

## 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. You can also register for this scheme by filling in a registration form at your local pharmacy.

## Private healthcare cover

Private health insurance pays 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, do check the level of cover provided by your insurer, both for inpatient and outpatient services.

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

## Benefits and allowances

Information on the following is given in this section:

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



For a free copy of *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*, contact the National Cancer Helpline on 1800 200 700, visit [www.cancer.ie](http://www.cancer.ie) or a Daffodil Centre.

More information and application forms for the benefits below are available from your local social welfare office 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](http://www.welfare.ie) or [www.citizensinformation.ie](http://www.citizensinformation.ie)

### Illness Benefit

This is a benefit for insured people. Your eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social Protection, PO Box 1650, Dublin 1. Tel: (01) 704 3300; Locall:1890 928 400. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment. The benefit lasts for 2 years.

### Disability Allowance

You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with an injury, disease or a disability who are aged between 16 and 65. For this allowance, you must satisfy a means test, live in Ireland and be medically suitable. To be medically suitable, you should have an illness that has continued or may continue for at least 1 year. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence.

### Invalidity Pension

This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. This means that you have been incapable of work for at least 12 months and likely to



be incapable for at least another 12 months or you are permanently incapable of work because of serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme.

### **Carer's Allowance**

This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your medical social worker and/or the Department of Social Protection.

### **Carer's Benefit**

If you are employed but wish to care for a sick relative full time, you might qualify for a carer's benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of fulltime care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged between 16 and 66 years, live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home.

### **Carer's Leave**

By law you may be entitled to unpaid temporary leave from your employment. Carer's leave allows you to leave your employment for up to 104 weeks to care for someone in need of full-time care and attention. The leave will be unpaid, but you will have your job kept open for you while you are on leave. You do not need to be eligible for carer's allowance or carer's benefit to apply for carer's leave. You must

have worked for your employer for a continuous period of 12 months to be eligible to apply for carer's leave. The person you are caring for can be a partner or family member, friend or colleague. The family doctor (GP) of the person you are caring for will also need to fill in part of your application form. You can work while you are on carer's leave for up to 15 hours a week. But you must make sure your income from employment or self-employment is less than a weekly income limit set by the Department of Social Protection.

### **Appliances**

If you have a medical card, most appliances are free of charge or subsidised.

### **Travel to hospital**

You can 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 52 for information on the Care to Drive and Travel2Care schemes run 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 (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

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

### **For social welfare queries, contact:**

Information Service	Tel: 1850 662 244
Department of Social Protection	Leaflet line: 1890 202 325
Oisín House	Email: <a href="mailto:info@welfare.ie">info@welfare.ie</a>
212–213 Pearse Street	Website: <a href="http://www.welfare.ie">www.welfare.ie</a>
Dublin 2	

If you have queries about health and social services, contact the HSE office in your area.

**HSE infoline:** 1850 24 1850 **Email:** info@hse.ie **Website:** www.hse.ie

Information is also available from your local Citizens Information Centre. A list of these centres is available from:

#### Citizens Information

Tel: 0761 07 4000 Email: information@citizensinformation.ie

Website: www.citizensinformation.ie



### If you have financial worries...



A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are unable to work or unemployed, this may cause even more stress. It may be hard for you to deal with cancer if you are worried about providing for your family and keeping a roof over your head.

There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 51 for more details. You can also call the National Cancer Helpline on 1800 200 700 and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 0761 07 2000. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 53 for contact details. A useful book for preparing low-budget nutritious meals is *101+ Square Meals*. See page 58 for more information.

## Irish Cancer Society services

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

- Cancer Information Service (CIS)
- Daffodil Centres
- Cancer support groups
- Survivors Supporting Survivors
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets and factsheets
- Financial support
- Care to Drive transport project



### Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The **National Cancer Helpline** is a freephone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues.

These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The freephone helpline can also put you in contact with the various support groups that are available. The helpline 1800 200 700 is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- All queries or concerns about cancer can be emailed to the CIS at **helpline@irishcancer.ie**
- The **walk-in caller service** allows anyone with concerns about cancer to freely visit the Society to discuss them in private.
- **Message Board** is a discussion space on our website (**www.cancer.ie**) to share your stories, ideas and advice with others.
- The **CancerChat** service is a live chatroom with a link to a Cancer Information Service nurse.
- Find us on **Facebook** and follow us on **Twitter** (@IrishCancerSoc).

## Daffodil Centres

Daffodil Centres are located in a number of Irish hospitals. These have been set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give you a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

## Cancer support groups

The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 53-58 for more details.

## Survivors Supporting Survivors

Being diagnosed with cancer can be one of the hardest situations to face in your lifetime. Survivors Supporting Survivors is a one-to-one support programme run by the Irish Cancer Society. It provides emotional and practical support to newly diagnosed patients. All of the volunteers have had a cancer diagnosis and have been carefully selected and trained to give you support, practical information and reassurance when you need it most. You can speak to someone who really knows what you are going through. If you would like to make contact with a volunteer, please call the National Cancer Helpline on 1800 200 700.

## Counselling

Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the helpline on 1800 200 700 to

find out about counselling services provided by the Irish Cancer Society and services available in your area.

## Night nursing

The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

## Oncology liaison nurses

The Society funds some oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

## Cancer information booklets and factsheets

These booklets provide information on all aspects of cancer and its treatment, while the factsheets deal with very specific topics. The booklets also offer practical advice on learning how to cope with your illness. The booklets and factsheets are available free of charge from the Society. You can call 1800 200 700, visit a Daffodil Centre or download them from [www.cancer.ie](http://www.cancer.ie)



## Financial support

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid. Travel2Care is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. The scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre.

It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking.

**Travel2Care:** If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society at (01) 231 6643/231 6619 or email [travel2care@irishcancer.ie](mailto:travel2care@irishcancer.ie)

**Financial Aid:** A special fund has been created to help families in financial hardship when faced with a cancer diagnosis. If this applies to you, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

### Care to Drive transport project

Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their treatments using volunteer drivers. All of the volunteers are carefully selected, vetted and trained. You are collected from your home, driven to your appointment and brought back home again. Call (01) 231 0522 to find out if Care to Drive is available in your hospital.



If you would like more information on any of the above services, call the National Cancer Helpline on 1800 200 700. You can also visit the website [www.cancer.ie](http://www.cancer.ie) or a Daffodil Centre.



## Useful organisations

### Irish Cancer Society

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

### SunSmart

c/o Irish Cancer Society  
Website: [www.cancer.ie/sunsmart](http://www.cancer.ie/sunsmart)

### Citizens Information

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

### Dept of Social Protection

Information Service  
Oisín House  
212–213 Pearse Street  
Dublin 2  
Tel: 1850 662 244  
Email: [info@welfare.ie](mailto:info@welfare.ie)  
Website: [www.welfare.ie](http://www.welfare.ie)

### 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](mailto:helpline@mabs.ie)  
Website: [www.mabs.ie](http://www.mabs.ie)

### Health insurers

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

### GloHealth

PO Box 12218  
Dublin 8  
Tel: 1890 781 781  
Email: [findoutmore@glohealth.ie](mailto:findoutmore@glohealth.ie)  
Website: [www.glohealth.ie](http://www.glohealth.ie)

### Laya Healthcare (formerly Quinn)

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

### Voluntary Health Insurance (VHI)

IDA Business Park  
Purcellsinch  
Dublin Road  
Kilkenny  
CallSave: 1850 44 44 44  
Email: [info@vhi.ie](mailto:info@vhi.ie)  
Website: [www.vhi.ie](http://www.vhi.ie)

### National support groups

#### ARC Cancer Support Centres

Dublin and Cork (see pages 54 and 56).

#### CanTeen Ireland

Young People's Cancer Support Group  
Carmichael Centre  
North Brunswick Street  
Dublin 7  
Tel: 01 872 2012  
Email: [info@canteen.ie](mailto:info@canteen.ie)  
Website: [www.canteen.ie](http://www.canteen.ie)

#### I've Got What?!

[Support for young adults affected by cancer]  
c/o Cross Cause Charity Shop  
Blackrock  
Co Louth  
Tel: 086 339 5690

#### Lakelands Area Retreat & Cancer Centre

Multyfarnham  
Mullingar  
Co Westmeath  
Tel: 044 937 1971  
Callsave 1850 719 719  
Email: [info@larcc.ie](mailto:info@larcc.ie)  
Website: [www.larcc.ie](http://www.larcc.ie)

## Connaught support groups & centres

### Athenry Cancer Care

Social Service Centre  
New Line  
Athenry  
Co Galway  
Tel: 091 844 319 / 087 412 8080

### Ballinasloe Cancer Support Centre

Society Street  
Ballinasloe  
Co Galway  
Tel: 090 964 5574 / 087 945 2300  
Email: ballinasloecancer@yahoo.co.uk

### Cancer Care West

Inis Aoibhinn  
University Hospital Galway  
Costello Road  
Galway  
Tel: 091 545 000  
Email: info@cancercarewest.ie  
Website: www.cancercarewest.ie

### Cara Iorrais Cancer Support Centre

2 Church Street  
Belmullet  
Co Mayo  
Tel: 097 20590  
Email: caraiorrais@gmail.com

### East Galway Cancer Support Centre

The Family Centre  
John Dunne Avenue  
Ballinasloe  
Co Galway  
Tel: 087 984 5574 / 087 945 2300  
Website: www.eastgalwaycancersupport.com

### Gort Cancer Support Group

The Hawthorn  
Ennis Road  
Gort  
Co Galway  
Tel: 086 312 4220  
Email: gcsupport@eircom.net  
Website: www.gortcs.ie

### Mayo Cancer Support Association

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

### Roscommon Cancer Support Group

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

### 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 28522  
Email: support@tuamcancercare.ie  
Website: www.tuamcancercare.ie

## Leinster support groups & centres

### ARC Cancer Support Centre

ARC House  
65 Eccles Street  
Dublin 7  
Tel: 01 830 7333  
Email: info@arccancersupport.ie  
Website: www.arccancersupport.ie

### ARC Cancer Support Centre

ARC House  
559 South Circular Road  
Dublin 8  
Tel: 01 707 8880  
Email: info@arccancersupport.ie  
Website: www.arccancersupport.ie

### Arklow Cancer Support Group

25 Kingshill  
Arklow  
Co Wicklow  
Tel: 085 110 0066  
Email: arklowcancersupport@gmail.com

### Balbriggan Cancer Support Group

Unit 23, Balbriggan Business Park  
Balbriggan  
Co Dublin  
Tel: 087 353 2872

### Bray Cancer Support & Information Centre

36B Main Street  
Bray  
Co Wicklow  
Tel: 01 286 6966  
Email: info@braycancersupport.ie  
Website: www.braycancersupport.ie

### Cuise Centre

Cancer Support Group  
Block Road  
Portlaoise  
Co Laois  
Tel: 057 868 1492  
Email: info@cuislecentre  
Website: www.cuislecentre.com

### Dóchas: Offaly Cancer Support

Teach Dóchas  
Offaly Street  
Tullamore  
Co Offaly  
Tel: 057 932 8268  
Email: info@dochasoffaly.ie  
Website: www.dochasoffaly.ie

### Dundalk Cancer Support Group

Philipstown  
Hackballscross  
Dundalk  
Co Louth  
Tel: 086 107 4257

### Éist Cancer Support Centre Carlow

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

### Gary Kelly Support Centre

George's Street  
Drogheda  
Co Louth  
Tel: 041 980 5100 / 086 817 2473  
Email: services@gkcancersupport.com  
Website: www.gkcancersupport.com

### Greystones Cancer Support

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

### Haven Cancer Support and Therapy Group

Haven House  
68 Hazelwood  
Gorey  
Co Wexford  
Tel: 053 942 0707 / 086 250 1452  
Email: info@thehavengroup.ie  
Website: www.thehavengroup.ie

### HOPE Cancer Support Centre

22 Upper Weafer Street  
Enniscorthy  
Co Wexford  
Tel: 053 923 8555  
Email: mary@hopesupportcentre.ie  
Website: www.hopesupportcentre.ie

### Kilkenny Cancer Support Services

Walkin Street  
Kilkenny City  
Tel: 085 721 9280  
Email: info@kilkennycancersupport.com  
Website: www.kilkennycancersupport.com

### Lakelands Area Retreat & Cancer Centre

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

**Rathdrum Cancer Support Centre**

34 Main Street  
Rathdrum  
Co Wicklow  
Tel: 087 292 8660  
Email: rathcan@gmail.com

**Stillorgan Cancer Support**

c/o Marsham Court  
Stillorgan  
Co Dublin  
Tel: 01 288 5725

**Tallaght Cancer Support Group**

Millbrook Lawns  
Tallaght  
Dublin 24  
Tel: 087 217 6486  
Email: ctallaght@yahoo.ie

**Wicklow Cancer Support Centre**

1 Morton's Lane  
Wicklow  
Tel: 0404 32696  
Email: wicklowcancersupport@gmail.com

**Munster support groups & centres****Cancer Information & Support Centre**

Mid-Western Regional Hospital  
Dooradoyle  
Co Limerick  
Tel: 061 485 163  
Website: www.midwesterncancercentre.ie

**CARE Cancer Support Centre**

14 Wellington Street  
Clonmel  
Co Tipperary  
Tel: 052 618 2667  
Email: cancersupport@eircom.net  
Website: www.cancercare.ie

**Cork ARC Cancer Support House**

Cliffdale  
5 O'Donovan Rossa Road  
Cork  
Tel: 021 427 6688  
Email: karen@corkcancersupport.ie  
Website: www.corkcancersupport.ie

**Cúnamh: Bons Secours Cancer Support Group**

Bon Secours Hospital  
College Road  
Cork  
Tel: 021 480 1676  
Website: www.cunamh.ie

**Kerry Cancer Support Group**

124 Tralee Town House Apartments  
Maine Street  
Tralee  
Co Kerry  
Tel: 066 719 5560 / 087 230 8734  
Email: kerrycancersupport@eircom.net  
Website: www.kerrycancersupport.com

**Recovery Haven**

5 Haig's Terrace  
Tralee  
Co Kerry  
Tel: 066 719 2122  
Email: recoveryhaven@gmail.com  
Website: www.recoveryhavenkerry.org

**Sláinte an Chláir: Clare Cancer Support**

Tír Mhuire  
Kilnamona  
Ennis  
Co Clare  
Tel: 1850 211 630 / 087 691 2396  
Email: admin@clarecancersupport.com  
Website: www.clarecancersupport.com

**South Eastern Cancer Foundation**

Solas Centre  
7 Sealy Close  
Earlscourt  
Waterford  
Tel: 051 876 629  
Email: infosecf@eircom.net  
Website: www.secf.ie

**Suimhneas Cancer Support Centre**

2 Clonaslee  
Gortland Roe  
Nenagh  
Co Tipperary  
Tel: 067 37403  
Email: suaimhneascancersupport@eircom.net

**Suir Haven Cancer Support Centre**

Clongour Road  
Thurles  
Co Tipperary  
Tel: 0504 21197  
Email: suirhaven@gmail.com

**Youghal Cancer Support Group**

161 North Main Street  
Youghal  
Co Cork  
Tel: 024 92353 / 087 273 1121

**West Cork Cancer Support**

Community Work Department  
HSE Skibbereen  
Co Cork  
Tel: 027 53485 / 086 862 5417

**Ulster support groups & centres****Cancer Support and Social Club**

Tiernaleague  
Carndonagh  
Co Donegal  
Tel: 086 602 8993 / 087 763 4596

**Crocus: Monaghan Cancer Support Centre**

The Wellness Centre  
19 The Grange  
Plantation Walk  
Monaghan  
Tel: 087 368 0965

**The Forge Cancer Support Group**

The Forge Family Resource Centre  
Pettigo  
Co Donegal  
Tel: 071 986 1924

**Good and New Cancer Drop In Centre**

Unit 1, Portlink Business Park  
Port Road  
Letterkenny  
Co Donegal  
Tel: 074 911 3437

**Killybegs Cancer Support Group**

Kille  
Kilcar  
Co Donegal  
Tel: 074 973 1292  
Email: riverbankdunne@eircom.net

**Living Beyond Cancer**

Oncology Day Services  
Letterkenny General Hospital  
Letterkenny  
Co Donegal  
Tel: 074 912 5888 (Bleep 674/734) / 074 910 4477

**Solace: Donegal Cancer Support Centre**

St Joseph's Avenue  
Donegal Town  
Tel: 074 974 0837  
Email: solacedonegal@eircom.net

**Yana Cancer Support Centre**

Belturbet  
Co Cavan  
Tel: 087 994 7360

For other support groups or centres in your area, call 1800 200 700.

**Useful contacts outside Republic of Ireland****Action Cancer**

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

**American Cancer Society**

Website: www.cancer.org

**British Association of Dermatologists**

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

**Cancer Focus Northern Ireland**

40-44 Eglantine Avenue  
Belfast BT9 6DX  
Tel: 048 9066 3281  
Email: hello@cancerfocusni.org  
Website: www.cancerfocusni.org

**Cancer Buddies Network**

Website: www.cancerbuddiesnetwork.org

**Cancer Research UK**

Tel: 0044 20 7242 0200

Website: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)**DermNet NZ**Website: [www.dermnet.org.nz](http://www.dermnet.org.nz)**Macmillan Cancer Support (UK)**

Tel: 0044 207 840 7840

Email: [cancerline@macmillan.or.uk](mailto:cancerline@macmillan.or.uk)Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)**MARCS Line (Melanoma and Related**

Cancers of the Skin) (UK)

Tel: 0044 1722 415071

Email: [MARCSline@salisbury.nhs.uk](mailto:MARCSline@salisbury.nhs.uk)Website: [www.wessexcancer.org](http://www.wessexcancer.org)**National Cancer Institute (US)**Website: [www.nci.nih.gov](http://www.nci.nih.gov)**University of Heidelberg**

Dept of Clinical Social Medicine

Website: [www.skincancer.dermis.net/content](http://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 &amp; 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](http://www.mabs.ie)]

### Helpful DVD

**Understanding Radiation Therapy:****A Patient Pathway**

Call 1800 200 700 for a copy.

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

## What does that word mean?

<b>Benign</b>	A tumour that does not spread.
<b>Biopsy</b>	The removal of a small amount of tissue from your body to find out if cancer cells are present.
<b>Carcinoma</b>	Cancer.
<b>Cell</b>	The building blocks that make up your body. They are tiny and can only be seen under a microscope.
<b>Chemotherapy</b>	Treatment using drugs to cure or control cancer.
<b>Cryotherapy</b>	Treatment of cancer cells by extreme cold (freezing).
<b>Curettage</b>	A method of scraping cancer cells away.
<b>Dermatologist</b>	A skin specialist.
<b>Dermis</b>	The inner layer of your skin.
<b>Dysplasia</b>	A change in the normal structure of a cell. This change does not mean cancer.
<b>Electrocautery</b>	A method of stopping bleeding by heat or electricity.
<b>Epidermis</b>	The top, outer layer of your skin.
<b>Excision</b>	The surgical removal of cancer cells by cutting them out of your skin.
<b>Fatigue</b>	Ongoing tiredness often not eased by rest.

<b>Lesion</b>	An area of tissue that has suffered damage because of injury or disease. For example, an abscess, ulcer, tumour, scar, etc.
<b>Nausea</b>	Feeling sick or wanting to be sick.
<b>Malignant</b>	Cancer. A tumour that can spread.
<b>Melanoma</b>	Cancer of the skin cells that make melanin. These skin cells are called melanocytes. Melanin gives skin its colour.
<b>Metastasis</b>	The spread of cancer from one part of the body to other tissues and organs.
<b>Oncology</b>	The study of cancer.
<b>Photodynamic therapy</b>	Treatment of cancer using light sources and a chemical.
<b>Precancerous</b>	Skin conditions that may lead to cancer if left untreated.
<b>Premalignant</b>	Skin conditions that may lead to cancer if left untreated.
<b>Radiotherapy</b>	Treatment of cancer using high-energy X-rays.
<b>Staging</b>	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?



## Your own questions

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Answer \_\_\_\_\_  
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2 \_\_\_\_\_  
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Answer \_\_\_\_\_  
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Answer \_\_\_\_\_  
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Answer \_\_\_\_\_  
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5 \_\_\_\_\_  
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Answer \_\_\_\_\_  
\_\_\_\_\_



## Notes



## Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet and/or previous editions:

Anne Buckley, Dermatology Specialist Nurse

Michelle Quinn, Oncology Liaison Nurse

La Roche-Posay for images of melanomas

Alamy Images

## Would you like more information?

We hope this booklet has been of help to you. If you feel you would like more information or someone to talk to, please phone our National Cancer Helpline 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. Please fill in the postcard in the pocket inside the back cover, and post it back to us for free.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at [reviewers@irishcancer.ie](mailto: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](mailto:fundraising@irishcancer.ie).

**Irish Cancer Society, 43/45 Northumberland Road, Dublin 4**

**Tel:** 01 231 0500 **Email:** [info@irishcancer.ie](mailto:info@irishcancer.ie) **Website:** [www.cancer.ie](http://www.cancer.ie)

The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life with three programme areas to achieve them: advocacy, cancer services and research.

