

Understanding Skin Cancer

A consumer guide to prevention, early detection and treatment.



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The Cancer Council New South Wales

The Cancer Council is the leading cancer charity in New South Wales. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs.

This booklet is funded through the generosity of the people of New South Wales. To make a donation to help defeat cancer, visit The Cancer Council's website at www.cancercouncil.com.au or phone 1300 780 113.

Before commencing any health treatment, always consult your doctor. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your own doctor's or health professional's advice. All care is taken to ensure that the information contained here is accurate at the time of publication.

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Introduction



This booklet has been written to help you understand more about the two most common types of skin cancer: basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).

This booklet is intended to help you understand the causes, diagnosis and treatment of the disease. It explains how to prevent skin cancer and detect it at an early stage, as well as treatment options.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about questions you want to ask your doctor.

You may wish to pass this booklet on to your family and friends for their information.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you.

Some medical terms that may be unfamiliar are explained in the glossary.

If you're reading this booklet for someone who doesn't understand English, tell them about the Cancer Council Helpline which is available in different languages (see page 28).



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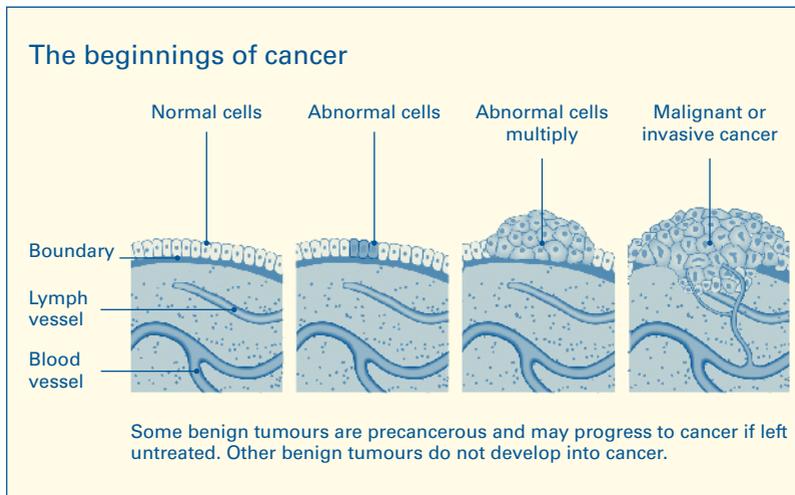


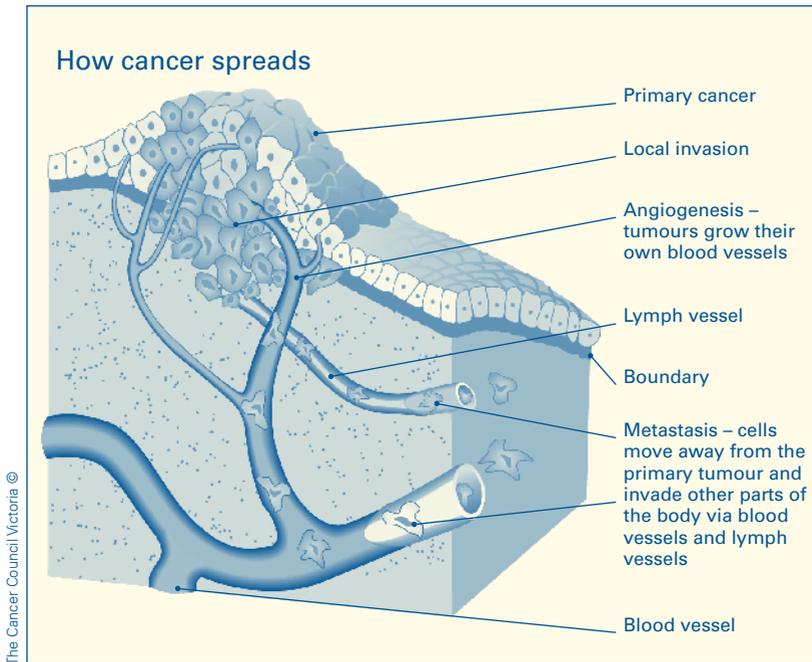
What is cancer?

Cancer is a disease of the body's cells, which are the body's basic building blocks. Our bodies are constantly making new cells: to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury.

Normally, cells grow and multiply in an orderly way, but sometimes something goes wrong with this process and cells grow in an uncontrolled way. This uncontrolled growth may grow into a lump called a tumour.

A tumour can be benign (not cancer) or malignant (cancer). Benign tumours do not spread outside their normal boundary to other parts of the body.





A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site. This is known as a cancer in-situ (or carcinoma in-situ). If these cells are not treated, they may spread beyond their normal boundaries and into surrounding tissues, becoming invasive cancer. For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis.

Sometimes cells move away from the original (primary) cancer and invade other organs. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.

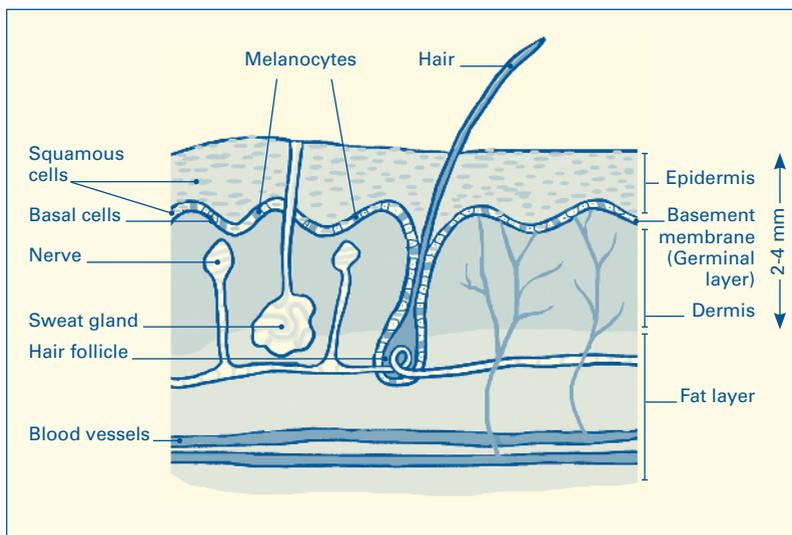


The skin

The skin has many important jobs. It protects us from injury, cools us when we get hot and prevents us from becoming dehydrated.

The skin has two main layers: the epidermis and the dermis.

- **Epidermis:** The top or outer layer. It contains three different kinds of cells: squamous cells, basal cells and melanocytes. The melanocytes produce a dark pigment called melanin, the substance that gives skin its colour (pigment). When skin is exposed to sunlight, the melanocytes produce more melanin and the skin becomes tanned.
- **Dermis:** The layer underneath the epidermis. It contains the roots of hairs, glands that make sweat and oil, blood and lymph vessels and nerves.



Types of skin cancer



Cancer can develop in the cells of the skin. Skin cancers are named after the type of cell they start from.

Basal cell carcinoma and squamous cell carcinoma are the two most common types of skin cancer. They are sometimes called non-melanoma skin cancer.

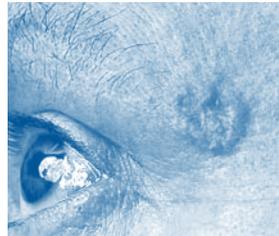
The third most common type of skin cancer is melanoma, which begins in the melanocyte cells.

There are other rare skin cancers, such as those that arise from the sweat glands and hair follicles.

Basal cell carcinoma (BCC)

BCC is the most common form of skin cancer, making up about 70% of all skin cancers. This type of cancer can develop in younger people but is most common in people aged over 40 years. BCCs usually develop on the head, neck and upper body. They appear as a pearly lump or scaly or dry area that is pale in colour and may bleed or become ulcerated early on, then heal and break down again.

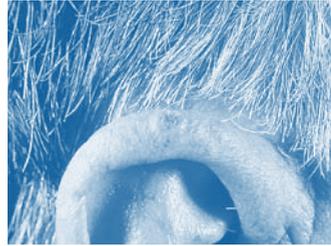
BCC tends to grow slowly and doesn't usually spread to other parts of the body. However, if left untreated, a BCC may grow deeper into the skin and damage nearby tissue. This may make treatment more difficult and increase the chance of the skin cancer coming back.



Squamous cell carcinoma (SCC)

SCC accounts for about 30% of all skin cancers. It occurs mostly in people aged over 50, and usually appears on skin most often exposed to the sun such as the head, neck, hands and forearms. Less often, it can develop on the upper body or the legs.

SCCs may appear as thickened red, scaly spots, which over time bleed easily, resembling a sore that hasn't healed. SCCs tend to grow quickly over several months and can spread to other parts of the body. SCCs on the lips or the ears have a high risk of spreading and should be seen by a doctor immediately.



Bowen's disease

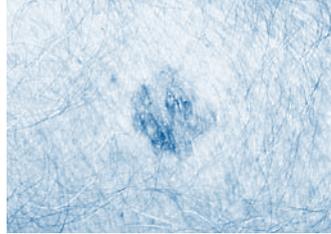
This is an early skin cancer where the cancer cells are confined to the epidermis. It usually appears as red scaly spots. Bowen's disease is often referred to as squamous cell carcinoma in-situ. A small percentage (about 5%) can develop into an invasive squamous cell carcinoma.

Don't waste time

Skin cancers (including melanoma) that are detected and treated early have the best outcome (prognosis) than most other types of cancer. Skin cancer that is found early needs less invasive treatment.

Melanoma

Melanoma is the least common form of skin cancer but the most serious accounting for about 2% of skin cancers. Most melanomas can be treated successfully when diagnosed early though they can spread to other parts of the body.



The first sign of a melanoma is usually the appearance of a new spot, or a change in an existing freckle or mole anywhere on the body. The change may be in size, shape or colour and is normally noticed over several weeks or months rather than days.

A normal freckle or mole usually has an even colour and a smooth edge. A melanoma often has an irregular edge or surface. It may be blotchy and brown, black, blue, red, white or light grey in colour. A freckle or mole that itches, bleeds or becomes larger or irregular in shape may be a melanoma and should be seen by a doctor without delay.

Nodular melanoma

Nodular melanoma is a highly dangerous form of melanoma. Nodular melanoma grows rapidly in depth and can be life threatening if not detected and removed quickly. Nodular melanoma can appear as a new small round lump on the skin and may be black, brown, red or pink in colour.

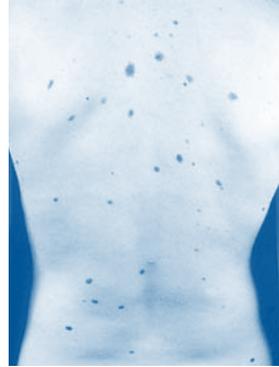
For more information, call the Cancer Council Helpline on 13 11 20 for a free copy of the booklet *Understanding Melanoma*.

Other spots to watch for

Other spots that aren't skin cancer can also appear. They are warning signs that your skin has received too much sun and you may be more prone to melanoma or other skin cancers.

Dysplastic naevi

Moles (naevi) are growths on the skin. They develop when the pigment-producing cells of the skin, the melanocytes, grow in groups. Moles are very common. Some people have many moles on their body. This can run in families. Overexposure to the sun, especially in childhood, can lead to more moles growing on the skin.



Moles that have an irregular shape and an uneven colour are called dysplastic naevi. People with many dysplastic naevi are more likely to develop melanoma. If you have these moles, you should regularly check for any changes and look for new spots on the skin. If you notice any changes, see your doctor immediately.

Solar keratoses (sunspots)

Solar keratoses, or sunspots, usually occur in people aged over 40 on areas of skin exposed to the sun, such as the head, neck, arms and legs.

Sunspots are usually flattish, scaly patches on your skin. They may be pale or red, and may sting if scratched.

Some solar keratoses may develop into squamous cell cancers.



I have quite a few irregular looking moles on my back and arms, so it gives me peace of mind to get them checked regularly.



What causes skin cancer?

Australia has the highest rate of skin cancer in the world. One in two people who spend their life in Australia will develop some form of skin cancer. Almost all skin cancers are caused by exposure to ultraviolet (UV) radiation – from the sun or other sources such as tanning machines in solariums. By reducing exposure to UV radiation most skin cancers can be prevented.

UV radiation cannot be seen or felt but can cause:

- sunburn
- early ageing of the skin
- damage to the skin that builds up over time and can lead to skin cancer.

Skin cancer is usually related to lifetime exposure to UV radiation, and most parts of Australia have high levels of UV radiation year round.

While skin cancer usually appears in older adults, the damage begins at an early age from exposure to UV radiation, especially sunburn. New research suggests that while cells are often damaged in childhood, it may be sun exposure in adulthood that triggers these damaged cells to turn cancerous.

I got my three BCCs from driving, probably from coming home in the middle of the day after doing shiftwork. They're all down my right side.

The UV Index

The UV Index shows the intensity of the sun's UV radiation. When the UV forecast is 3 (moderate) or above, levels are high enough to cause skin damage and sun protection is required. You can check the daily SunSmart UV Alert in most daily newspaper weather forecasts or the Cancer Council website www.cancercouncil.com.au/sunsmart/.

Who is at risk?

Anyone can develop skin cancer, regardless of their skin colour or general health. People who have a higher risk than others may have:

- numerous moles on the body
- a personal or family history of melanoma
- infrequent but intense periods of exposure to UV radiation (such as may be experienced on holiday or during recreational activity), especially if it results in sunburn
- fair skin that burns easily, freckles and doesn't tan
- red or fair hair and blue or green eyes
- a compromised immune system. This could be due to taking certain drugs after an organ transplant or being HIV positive.

People with dark or olive skin have more protection against skin cancer because they produce more melanin than fair-skinned people. However, because UV radiation is so strong in Australia, dark and olive-skinned people still need to protect their skin.

How can I prevent skin cancer?

The best way to prevent skin cancer is to protect your skin from the sun.

You can do this by:

- Always protecting your skin when the UV Index is 3 (moderate) or above, see previous page.
- Staying out of the sun between 11am and 3pm during daylight saving hours (10am and 2pm at other times of the year) when the sun is strongest. During these hours, more than 60% of the sun's UV radiation reaches the earth's surface.

Use a combination of sun protection measures such as sunscreen with shade, hat and clothing.

- Using shade from trees, umbrellas, buildings or any type of canopy. Remember to choose your shade carefully. UV radiation is reflective and bounces off surfaces like concrete, water and sand, causing you to burn even when you think you're protected.



- Wearing clothing that covers as much of the skin as possible, including the back of the neck. A shirt with long sleeves and a collar, trousers, skirts or long shorts that cover the legs or a large part of them are recommended. The best protection comes from closely woven fabric.
- Wearing a hat that shades the face, neck and ears. Hats should have at least an 8-10cm brim.



- Using sunscreen with sun protection factor SPF30+, and which is also broad spectrum and water resistant, no matter what type of skin you have. Apply sunscreen 20 minutes before going out into the sun and reapply every two hours or after swimming or any activity that causes you to sweat or rub it off.
- Protecting your eyes with sunglasses that meet the Australian Standard AS 1067 (check the tag). Wrap-around styles are best.
- Taking care to protect infants and young babies from direct exposure to sunlight. Use shade, umbrellas, clothing and hats to protect them. If necessary, use SPF30+ sunscreen on the areas of skin that cannot be protected naturally, such as the face and the back of the hands.
- Not using tanning beds and sun lamps, which give off UV radiation that can increase the risk of skin cancer.



Sunlight and health

Some sunlight is important to your health. Vitamin D, which is needed to develop and maintain strong and healthy bones, is made when skin is exposed to UV radiation. You only need to be in the sun for about 10 minutes on most days of the week, outside peak UV times, to produce enough Vitamin D for good health. Most Australians get enough UV radiation from the sun just by going about their daily activities. If you are concerned about getting enough Vitamin D, talk to your GP.

How do I know if I have skin cancer?

Get to know your skin. Check your skin regularly four times a year or every three months. To help you remember, keep a record of the date you last checked your skin, or check each time there is a change of season. It's important to check your whole body, including the soles of your feet, between the toes and your nails. Use a mirror or ask a friend or relative to check areas that are hard to see, such as your back, or the back of your legs. You should also get your skin seen by a doctor or dermatologist once a year.

The more often you examine your skin, the more you will learn about it – what is normal for you and what has changed since the last time you looked.

Skin cancers don't all look the same. Signs to look for include:

- a new spot that is different from other spots on the skin around it
- a sore that doesn't heal
- a spot, mole or freckle that has changed in size, shape or colour.

“At first I thought it was a blind pimple so I squeezed it and put pimple cream on it. Every morning I had a little drop of blood on the face cloth after I washed my face. I eventually went to my GP who diagnosed a BCC.”

Getting a checkup



General practitioner

Your GP, who knows your medical history, can examine your skin from head to toe including areas not exposed to the sun and advise you on appropriate care.

Specialist dermatologist

Your GP may suggest you see a skin specialist such as a dermatologist. A dermatologist is a doctor who has completed specialist training in preventing, diagnosing and treating skin disease, including skin cancer. If you would like a consultation with a dermatologist, you should keep the following in mind:

- You should have a referral from a GP. You can arrange to see a dermatologist without a GP referral but under Medicare you will be billed for a non-referred consultation. This means that your rebate will be a small percentage of the total fee, and you will need to pay the difference.
- With or without a referral, you should ask before the appointment what fees may be charged and what proportion of these are covered by Medicare.
- There may be a long waiting list. If there is a spot of particular concern, your referring doctor should organise an early appointment.
- If you live in regional NSW, there may not be a dermatologist based in the local area, but many regional areas have visiting dermatologists. Your GP should be able to advise you. If a melanoma is suspected, the GP may refer you to a local surgeon or a specialist melanoma centre.

Skin cancer clinic

There are many skin clinics, which offer a variety of services and fee arrangements. GPs usually operate skin clinics and some offer bulk-billing for some of their services. Some skin clinics may offer a higher level of expertise in skin examination than others, but at this stage there is no reliable way to evaluate the quality of care provided.

The Cancer Council does not operate or endorse any particular skin clinics.

In deciding whether to go to a skin clinic, it is important you find out more about them (see below).

Choosing a skin clinic

There are four main points to consider when choosing and using a skin clinic:

- qualifications and experience of staff
- costs
- diagnosis and treatment services offered
- information and follow-up provided.

For more information on choosing a skin clinic call the Cancer Council Helpline on 13 11 20 for a copy of *Your guide to skin clinics* flyer.

Diagnosis

Your doctor will first look at the suspicious spot, mole or freckle. If he or she suspects skin cancer, a biopsy will most likely be done to confirm the diagnosis.

Biopsy

A biopsy is a quick and simple procedure. Your GP may do it, or refer you to a specialist. The doctor will give you a local anaesthetic and cut out the spot. You will usually have a stitch or stitches to help the wound to heal.

The tissue that is cut out will be sent to a laboratory where a pathologist will examine it under a microscope. It will probably take at least a week for the results of your tests to be ready. This waiting period can be an anxious time. The results from your biopsy will help work out the treatment options.

If all of the skin cancer is removed during the biopsy, often this is the only treatment you need.

Dealing with the diagnosis

Most skin cancers are not a serious risk to your health. However, being told you have cancer can come as a shock and many different emotions may arise. If you have any concerns, ask your doctor or call our Helpline on 13 11 20.



Treatment

Your doctor will consider a number of factors to determine the best treatment for your skin cancer, including:

- the location of the cancer
- its size
- whether it has spread to other parts of your body.

Treatment usually involves surgery or a combination of the methods described in this chapter.

Surgery

Often the skin cancer is removed with the biopsy and no further treatment is needed. However, if the skin cancer is large or has spread beyond the surface of the skin, more tissue will need to be removed.

A larger skin cancer may need a skin graft to replace removed skin. This means a piece of skin is taken from another part of your body and put over the area where the skin tissue was removed to close up a wound that is too big for stitches. Neighbouring skin may be rotated to cover the wound so there is a good match with the colour and texture of your normal skin. This is called a skin flap.

“There’s a little scarring on my nose where the surgery was performed. It’s more obvious close up than from a distance.”

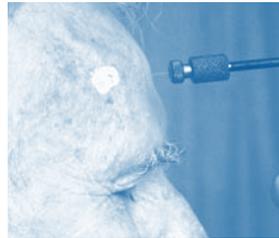
Mohs technique

Mohs (microscopically controlled surgery) technique is a highly specialised type of surgery. The cancer is removed little by little and checked under the microscope immediately. The removal continues until only healthy tissue remains. This technique reduces the amount of healthy skin that needs to be removed while making sure all the cancer has been taken out.

Mohs technique is used to treat large skin cancers that have penetrated into the skin or have come back. It is also used for skin cancers in areas that are difficult to treat, like near the eye.

Cryotherapy

Sunspots and superficial BCCs may be treated using a freezing technique called cryotherapy. Liquid nitrogen is sprayed over the growth to freeze and kill the skin (pictured right). The wound will be slightly sore and red for a few days and may develop a blister. Later the dead tissue will fall off. Healing can take up to a few weeks. A white scar may form in the area.



Curettage with cautery

This treatment is mainly used for superficial BCCs. A local anaesthetic is given around the lump or spot, and the cancer is scooped out with a small spoon-shaped sharp instrument called a curette. Electric current is then applied (cautery) to stop bleeding in the area and to destroy any remaining tumour. The wound should heal within a few weeks, leaving a pale scar.

Imiquimod

Imiquimod is a cream that destroys the skin cancer by stimulating the body's immune system to fight the cancer. The cream is applied 5-7 times a week for up to six weeks. Sometimes the treated skin becomes red, sore and may scab or flake. These side effects improve over time.

Photodynamic therapy

Photodynamic therapy (PDT) uses a light source and a special cream applied to the skin cancer to destroy cancer cells.

First a light sensitive cream is applied to the skin and after a few hours a light is shone on the area. Afterwards the treated area will be covered with a bandage to protect it from light. Sometimes PDT needs to be repeated in 2-4 weeks.

Some people experience pain during PDT, particularly if having treatment on the face. You will be given a local anaesthetic before the PDT to help ease the pain.

After PDT the skin normally heals quickly, and without scarring, so the appearance of the skin is usually good.

Radiotherapy

Radiotherapy treats cancer by using x-rays to kill cancer cells. It is usually used in areas that are hard to treat with surgery, such as near the eyes, nose or forehead, or for skin cancers that have grown too far into the skin. Treatment is usually given over several weeks.

Skin in the treatment area may become red and sore after two or three weeks of radiotherapy. For more information call the Cancer Council Helpline on 13 11 20 for a copy of the free booklet, *Understanding Radiotherapy*.

Removing lymph nodes

Lymph nodes, also called lymph glands, are roughly the size of a kidney bean and are located in the neck, groin, pelvis, stomach and under the arms. They are involved in the body's fight against infection and foreign cells (such as cancer cells). The tonsils and spleen are also mainly made up of lymphatic tissue.

Removing affected lymph nodes reduces the chance of the cancer spreading to other parts of the body or coming back.

Lymph node dissection is an operation in which a group of lymph nodes are removed. Your doctor would only recommend a lymph node dissection for SCC if there were signs the cancer had spread to these nodes or glands.

Taking part in a clinical trial

Your doctor may suggest you consider taking part in a clinical trial. Clinical trials help find better treatments for cancer. Doctors conduct clinical trials to test new or modified treatments and see if they are better than current treatments.

Before deciding whether or not to join the trial, you may wish to ask your doctor:

- What treatments are being tested and why?
- What tests are involved?
- What are the possible risks or side effects?
- How long will the trial last?
- Will I need to go into hospital for treatment?
- What will I do if problems occur while I am in the trial?

It is always your decision to take part in a clinical trial. If you don't want to take part, your doctor will discuss the best current treatment choices with you.

If you are unsure about joining the trial, ask for a second opinion from an independent specialist.

If you decide to join a randomised clinical trial, you will be chosen at random to receive either the best existing treatment or a promising new treatment.

You have the right to withdraw at any time. Doing so will not jeopardise your treatment for cancer.

For more information call the Cancer Council Helpline on 13 11 20 for a free copy of *Understanding Clinical Trials* or read it online at www.cancercouncil.com.au/.

Making treatment decisions



Skin cancers may be treated by general practitioners, dermatologists (who are specialists in the prevention, diagnosis and treatment of skin cancer) and surgeons.

Sometimes it is difficult to decide on the right treatment for you. If you are offered a choice of treatments, you will need to weigh the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.

It is important you understand enough about your skin cancer, the treatment and side effects to agree with – or question – the decisions being made. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Before you see the doctor, it may help to write down your questions. A list of questions to ask your doctor is at the end of this booklet. Taking notes during the session can also help. Many people like to have a family member or friend go with them, to take part in the discussion, take notes or simply listen.

A second opinion

You may want to ask for a second opinion from another specialist. This is understandable and can be a valuable part of your decision-making process. Your specialist or local doctor can refer you to another specialist and you can ask for your results to be sent to the second-opinion doctor. If you decide you want a second opinion, make the appointment as soon as possible so your treatment is not delayed.

You can ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.



After the treatment: follow-up

For some people, the cancer may recur in the same spot or need further treatment. If the wound doesn't heal or if you notice any other changes, see your local doctor or dermatologist.

It is important to continue to check your skin for changes, to visit your doctor for regular checkups, and to protect your skin from the sun. Follow the steps listed on pages 14-15 to prevent further damage to your skin. Make skin protection a part of your lifestyle throughout the year, not just in summer.



Will I get other skin cancers?

If you have been treated for skin cancer or sunspots, you have a high chance of developing new skin cancers. Sun damage to your skin by the sun has built up over the years and can't be repaired.

Check your skin regularly for changes. See your local doctor or dermatologist if you notice anything new or unusual.

I'm monitored on a regular basis by my GP, and about once a year I get little bits and pieces frozen off or cut out.

Seeking support



Practical and financial help

Skin cancer may cause practical and financial difficulties, particularly for people living in the country who have to travel for treatment. Financial assistance, through benefits and pensions, can help pay for the cost of prescription medicines and for travel to medical appointments.

Contact the social worker at your hospital or community health centre, or call the Cancer Council Helpline for information.

Cosmetic care

Skin cancer treatments such as surgery, skin grafts and cryotherapy often leave pale scars. While these fade with time, you may be concerned with the appearance of the scar, especially if it's on your face.

Various cover up cosmetics are available to conceal the scar.

Cancer Council Helpline 13 11 20

Monday to Friday 9am to 5pm

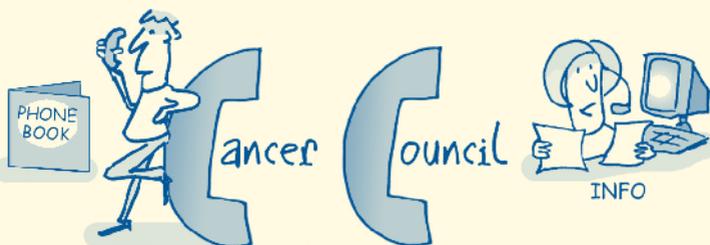
Cancer Council Helpline is a telephone information service provided by the Cancer Council NSW for people affected by cancer.

For the cost of a local call, you can talk about your concerns and needs confidentially with specialised oncology health professionals. Helpline consultants can send you written information and put you in touch with appropriate services offered by the Cancer Council or within your area. You can also request services in languages other than English.

Cancer Council has a range of services available that you may be able to access, depending on your circumstances:

- counselling
- telephone support groups
- peer-to-peer support
- an online discussion forum
- transport assistance
- booklets and other resources.

You can call the Cancer Council Helpline, Monday to Friday, 9am to 5pm. If calling outside business hours, you can leave a message and your call will be returned the next business day.



Information on the Internet

The Internet can be a useful source of information, although not all websites are reliable. The websites listed below are good sources of reliable information.

Australian

The Cancer Council NSW www.cancercouncil.com.au

The Cancer Council Australia www.cancer.org.au

Australasian College
of Dermatologists www.dermcoll.asn.au

Sydney Melanoma
Diagnostic Centre www.melanoma.net.au

The Melanoma
Foundation www.melanomafoundation.com.au

International

MacMillan Cancer Support www.cancerbackup.org.uk

US National
Cancer Institute www.cancer.gov

American Cancer Society www.cancer.org

Canadian Cancer Society www.cancer.ca



Question checklist

You may find the following checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you don't understand, it is OK to ask your doctor to explain again.

- 1 What is this spot on my skin?
- 2 Does it need to be biopsied or treated?
- 3 What was my biopsy result?
- 4 Is it a form of skin cancer?
- 5 What type of skin cancer is it?
- 6 Did you remove all of the skin cancer?
- 7 Do I need a referral to a dermatologist or plastic surgeon?
- 8 Do I need further treatment for this skin cancer?
- 9 How much will the treatment cost me?
- 10 What will happen if I don't have any treatment?
- 11 Will there be any scarring after the skin cancer has been removed?
- 12 Where can I go for follow-up skin checks?
- 13 How often should I get my skin checked?
- 14 Is this skin cancer likely to come back?
- 15 How will I know if the treatment is working?
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Glossary



anaesthetic

A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs only a part of the body. A general anaesthetic causes a person to lose consciousness for a period of time.

basal cell cancer

A type of skin cancer that begins in the basal portion of the top layer of the skin (epidermis).

benign

Not cancer, not malignant. Benign cells are not able to spread (metastasise) like cancer cells.

biopsy

The removal of a small sample of tissue from the body, for examination under a microscope, to diagnose a disease.

cancer

A disease of the body's cells that starts in the genes. Damaged genes cause cells to behave abnormally, and they may grow into a lump called a tumour.

cautery

A treatment technique that uses electric current to destroy tissue.

cryotherapy

Destruction of tissue by applying extreme cold.

curettage

Removal of growths with a curette, a spoon-shaped instrument with a sharp edge.

dermatologist

A doctor who is a specialist in the prevention, diagnosis and treatment of skin problems.

dermis

One of two main layers that make up the skin. The dermis is the second layer.

dysplastic naevus

A mole with irregular shape and patchy colour.

epidermis

One of two main layers that make up the skin. The epidermis is the top or outer layer.

keratoses

Also called sunspots, they are a sign of sun damage to the skin. They appear as flattish scaly areas on the skin.

lymph nodes

Also called lymph glands. Small bean-shaped collections of lymph cells scattered along the lymphatic system, which get rid of bacteria and other harmful things. There are lymph nodes in the neck, armpit, groin and abdomen and elsewhere in the body.

malignant

Cancerous. Malignant cells can spread (metastasise) and can eventually cause death if they cannot be treated.

melanin

The brown pigment that gives skin its colour. It helps protect the body against the damaging effect of ultraviolet rays from sunlight and tanning machines in solariums.

melanocytes

Cells in the top layer of the skin (epidermis) that produce melanin.

melanoma

Cancer of the melanocytes. The cancer usually appears on the skin, but may affect the eye and mucous membranes (e.g. lining of the mouth and nasal passages). Excessive exposure to UV radiation contributes to the development of melanoma.

metastases

Also known as secondaries. Tumours or masses of cells that develop when cancer cells break away from the original (primary) cancer and are carried by the lymphatic and blood systems to other parts of the body.

Mohs technique

A specialised microscopically controlled surgical procedure for removing skin cancers one segment at a time until only normal cells remain.

naevi

Also called moles. They arise from melanocytes and are benign.

pathologist

A person who studies diseases to understand their nature and cause. A pathologist is a specialist doctor who examines biopsies under a microscope to diagnose cancer and other diseases.

photodynamic therapy (PDT)

A technique that uses a light source with a special cream to destroy cancer cells.

prognosis

An assessment of the course and likely outcome of a person's disease.

radiotherapy

The use of radiation, usually x-rays or gamma rays, to kill cancer cells or injure them so they cannot grow and multiply. Radiotherapy treatment can also harm normal cells, but they are able to repair themselves.

secondary

Also called a metastasis. A tumour that has spread from the original site to another part of the body.

skin graft

A piece of skin moved from one part of the body to another to cover a wound.

squamous cell cancer

A type of skin cancer that begins in the squamous cells of the top layer of the skin (epidermis).

tumour

A new or abnormal growth of tissue on or in the body.

ultraviolet (UV) radiation

The part of sunlight that causes sunburn and skin damage. It is also transmitted by solariums, tanning lamps and sunbeds. Ultraviolet radiation is invisible and does not feel hot.

UV Index

A measure of the intensity of the sun's UV radiation.



How you can help

At The Cancer Council NSW we're dedicated to defeating cancer. As well as funding more cancer research than any other charity in the state, we advocate for the highest quality of care for cancer patients and their families, and create cancer smart communities by empowering people with knowledge about cancer, its prevention and early detection. We also offer direct financial assistance for those people in hardship as a result of having cancer. These achievements would not be possible without community support, great and small.

Join a Cancer Council event: join one of our community fundraising events like Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls Night In, Pink Ribbon Day, hold your own fundraiser or become a volunteer.

Make a donation: any donation whether large or small will make a meaningful contribution to our fight to defeat cancer.

Buy your sun protection products from our website or our retail stores: every purchase contributes to our work.

Help us speak out and create a cancer-smart community: The Cancer Council is a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us defeat cancer by living and promoting a cancer smart lifestyle.

To find out more about how you or your family and friends can help, please call 1300 780 113.

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Call the Cancer Council Helpline for support and information on cancer and cancer-related issues. This is a free and confidential service. Our website also has many resources. Please visit www.cancercouncil.com.au.