

*Caring for people with cancer*



# Understanding

cancer of the skin  
non-melanoma



The Irish Cancer Society would like to thank  
CancerBACUP—the British Association of Cancer United Patients  
for their permission to adapt the text of their booklet entitled  
*Understanding Cancer of the Skin* published 1990.

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# Understanding

## cancer of the skin ~ non-melanoma

This booklet has been written to help you understand non-melanoma skin cancer.

It has been prepared and checked by cancer doctors, other relevant specialists, nurses and patients. The information contained in this booklet is an agreed view on this cancer, its diagnosis and management, and the key aspects of living with it.

If you are a patient, your doctor or nurse may go through the booklet with you and mark sections that are important for you. You can make a note below of the contact names and information that you may need quickly.

Specialist nurse/contact names

Family doctor

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Hospital

Surgery address

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Tel

Tel

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Treatments

Review dates

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If you like, you can also add:

Your name

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Address

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

The Irish Cancer Society is the national charity dedicated to eliminating cancer as a major health problem, and improving the lives of those living with cancer.

This booklet has been produced by the Nursing Services Unit of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment.

We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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## ■ *Introduction*

This booklet has been written to help you understand non-melanoma skin cancer. This type of cancer can affect either the basal or squamous cells in the skin. By reading this booklet, we hope it answers some questions you may have about its diagnosis and treatment.

The other main form of skin cancer is malignant melanoma, which is not discussed in this booklet. The Irish Cancer Society booklet, *Understanding Malignant Melanoma*, gives detailed information about this type of cancer.

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. However, we can help you find out more about some of the methods used to treat this cancer. We can also tell you about the side-effects that may occur when treatment is given.

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. The National Cancer Helpline at 1800 200 700 can also give information about all aspects of cancer and people who can help.

If reading this booklet helps you, why not pass it on to your family and friends who might find it helpful too. The more they know about your illness, the more they will be able to help you cope.

### *Reading this booklet*

Read the sections of this booklet that are of interest to you only. Some of the information may not be relevant to your situation.

You may find that there is a lot of information to take in, but try not to worry. Sometimes it can be hard to concentrate, especially if you are feeling anxious or worried. Remember that you do not need to know everything about skin cancer straight away. Read a section and 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 National Cancer Helpline at 1800 200 700, if you wish.

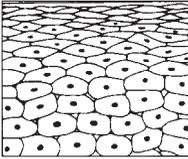
■ *What does that word mean?*

Benign	Not cancer.
Biopsy	The removal of a small amount of tissue from your body to find out if cancer cells are present.
Carcinoma	Cancer.
Cell	Cells are the building blocks that make up your body. They are very small and are only seen under a microscope.
Chemotherapy	Treatment using anti-cancer drugs.
Cryotherapy	Treatment of cancer cells by freezing them.
Curettage	A method of scraping cancer cells away.
Dermatologist	A skin specialist.
Dermis	The inner layer of the skin.
Dysplasia	A change in the normal structure of a cell. This change does not mean cancer.
Electrocautery	A method of stopping bleeding by heat or electricity.
Epidermis	The top layer of the skin.
Excision	The surgical removal of cancer cells by cutting them out of the skin.
Fatigue	Tiredness.
Lesion	An area of tissue that has suffered damage because of injury or disease, e.g. an abscess, ulcer, tumour, scar, etc.

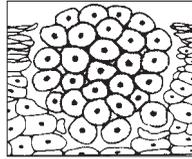
Nausea	Feeling sick or wanting to be sick.
Malignant	Cancer.
Metastasis	The spread of cancer from one part of the body to other tissues and organs.
Oncology	The study of cancer.
Pre-malignant	Skin conditions that may lead to cancer.
Photodynamic therapy	Treatment of cancer using light sources.
Radiotherapy	Treatment of cancer using high-energy X-rays.
Staging	Tests that measure the size and the extent of a cancer.

## ■ *What is cancer?*

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



*Normal cells*



*Cells forming a tumour*

The organs and tissues of the body are made up of tiny building blocks called cells.

All cancers are a disease of the body's cells. In healthy tissue these cells repair or replace themselves when they get worn out or injured. When cancer occurs, the cells do not behave as normal and keep on growing in an uncontrolled way. These abnormal cells can form a growth or tumour.

Cancer cells are either benign or malignant. If the cells are benign, they do not spread to other parts of the body, and so are not called cancer. Malignant cells can spread from where they first occurred and interfere with other tissues and organs. This may happen when a cell or group of cells breaks away and enters the bloodstream or lymphatic vessels to form a new tumour somewhere else in the body. This is called a **metastasis** (meh-tas-teh-sis) or **secondary tumour**. Most basal cell and squamous cell cancers, once they are treated, do not spread to other parts of the body.

### *The lymphatic system*

The lymphatic system is one of the body's natural defences against infection. It has a network of tiny tubes like blood vessels, which

pass through most tissues in the body. These vessels carry a clear, watery fluid called **lymph**. Along this network are hundreds of small, bean-shaped glands called lymph nodes. Their job is to filter the lymphatic fluid for foreign particles as it passes through. They also allow white cells called lymphocytes to work together and protect the body against infection.

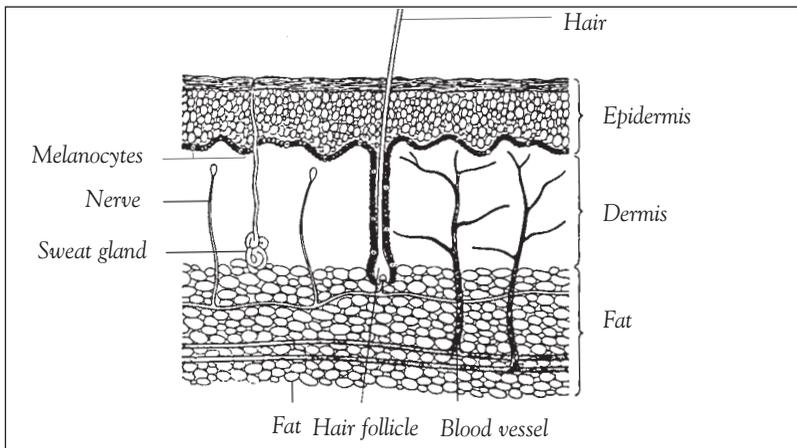
Lymph nodes are found in groups throughout the body, such as in the neck, armpits and groin. Sometimes you may become aware of these glands if they become swollen or bigger in size. More of these lymph nodes are found grouped together in the chest and abdomen. Other parts of the lymphatic system include the liver, spleen, thymus, tonsils and bone marrow.

*To sum up*

- Cancer is a disease of the cells of the body.
- Cancer cells do not behave like normal cells. They keep on growing in an uncontrolled way.
- These abnormal cells can form a skin cancer.
- Cells may break away from a malignant tumour and enter the bloodstream or lymphatic vessels to form a new tumour somewhere else. This is called metastasis or a secondary tumour.

## ■ *The skin*

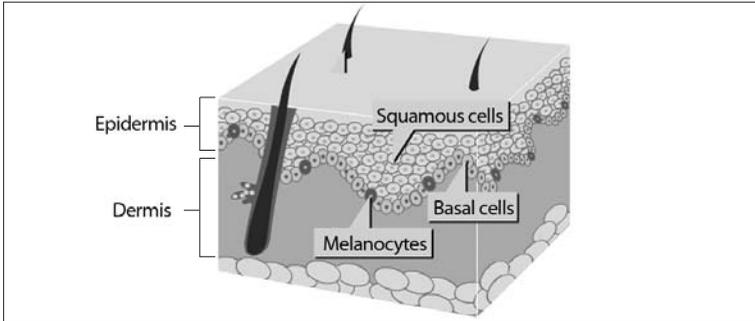
The skin is the outer covering of the body. It protects the body from injury and infection. It also helps to regulate body temperature and get rid of waste matter through the sweat glands. The skin is made up of two main layers – the epidermis and the dermis.



The **epidermis** is the outer layer of the skin. It is mainly made up of flat, scale-like cells called **squamous** cells. These cells produce keratin. Under the squamous cells are round cells called **basal** cells. The deepest part of the epidermis also contains **melanocytes**. These cells produce melanin, which gives the skin its colour.

The **dermis** is the inner/deeper layer of the skin. It contains blood and lymph vessels, hair follicles and glands. These glands produce sweat, which helps regulate body temperature, and sebum, an oily substance that stops the skin from drying out. Sweat and sebum reach the skin's surface through tiny openings called pores.

## What are the types of non-melanoma skin cancer?



The most common types of non-melanoma skin cancer are **basal cell carcinoma** and **squamous cell carcinoma**.

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 **pre-malignant 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. However, it does not mean that you have cancer.

### *Basal cell carcinoma*

Basal cell carcinoma (BCC) is a cancer of the cells at the base of the epidermis – the outer layer of the skin. It is the most common type of skin cancer.

Most basal cell cancers are slow growing. However, if left untreated, they can enlarge and form an ulcer, known as a **rodent ulcer**. In general, basal cell cancers do not spread to other tissues and organs.

### *Squamous cell carcinoma*

Squamous cell carcinoma (SCC) is a cancer of the squamous cells, which are the cells nearest the surface of the skin. They lie above the basal cells. It is the second most common type of skin cancer in Ireland. If left untreated, squamous cell cancer can enlarge or spread to other parts of the body. However, most patients are completely cured with surgery alone.

### *Pre-malignant changes*

The earliest forms of squamous cell cancer are rough, scaly patches such as **solar keratoses**, also known as **actinic keratosis**. This kind of skin damage is caused by casual exposure to sunlight, which builds up over the years.

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 is also known as 'squamous cell carcinoma in situ' because it remains where it occurs, and does not grow deeper into the skin. It is believed to be caused by long-term exposure to sunlight.

Both solar keratoses and Bowen's disease can be treated by a variety of methods, including cryotherapy and chemical treatment in the form of creams.

Non-melanoma skin cancers account for a quarter of all cancers in Ireland. Another rare type of skin cancer that occurs in Ireland is called malignant melanoma. The Irish Cancer Society has a separate booklet called *Understanding Malignant Melanoma*, which is available by calling the National Cancer Helpline 1800 200 700.

## ■ *What causes skin cancer?*

The main cause of skin cancer is ultraviolet (UV) radiation from sunlight. Over the years, the depletion of the ozone layer has caused an increase in skin cancer. The type of skin you have and your lifetime exposure to sunlight may also affect your chance of developing skin cancer. This also includes tanning using sunbeds. In rare cases, skin cancer may be hereditary or caused by chemicals. Also, if you have had skin cancer in the past, you have a higher chance of developing another one.

### *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 have a lower risk of skin cancer due to the protective effect of the pigment **melanin** in their skin.

### *Sun exposure*

Nowadays people are exposing their skin to sunlight more than ever. This is due to fashion trends and travel to sunnier climates. However, people who have never been abroad can be at risk of developing 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.

Non-melanoma skin cancer occurs less frequently 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. This is thought to result from regular sun exposure, associated with working outdoors and playing sport, not using a sunscreen or wearing protective clothing.

### *Sunbeds*

Artificial sunlight can be as damaging to your skin as natural sunlight. Sunbeds and sunlamps use ultraviolet A (UVA) rays to tan the skin. UVA rays may cause little of the skin redness and peeling that is normally seen after exposure to natural sunlight. For this reason, you may not be aware of the damage you are doing to your skin by using a sunbed. Using a sunbed at regular intervals 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 against sunburn from natural sunlight.

**Sunbeds do not protect you against sunburn from natural sunlight.**

### *Other possible causes*

An increased risk of skin cancer can also occur with the following:

- Squamous cell cancer can develop on skin badly burnt from fire or chemicals.
- Radiotherapy given to treat other conditions can sometimes cause skin cancers later in life.
- If you are taking drugs over a long period that lower your immunity (immunosuppressants), e.g. after an organ transplant.

- Too much exposure to certain chemicals at work; e.g. 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.
- Some rare hereditary conditions, e.g. albinism and xeroderma pigmentosa. However, this does not mean that skin cancer can be passed on to other family members by abnormal genes.

## ■ *What are the signs and symptoms of skin cancer?*

Look for a change on the skin — a new growth or a sore that does not heal.

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. Skin cancers do not all look the same.

If you notice anything unusual on your skin, which does not go away within a month, you should show it to your family doctor.

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

### *Basal cell cancers*

Basal cell cancer can develop as a small lump on your skin, which may look smooth and pearly or waxy. It may bleed sometimes or develop a crust. It may begin to show signs of healing but never does quite heal. Or you may see a flat red spot, scaly and crusty. Skin cancers are usually painless and grow slowly. They can appear anywhere on your body but are most likely on exposed skin, especially on your face, head and neck.

### *Squamous cell cancers*

#### **Solar keratoses**

The earliest form of squamous cell cancer is solar keratoses. These pre-malignant changes are scaly spots, which can wax and wane. They normally occur in fair-skinned men and women. Older people are more usually affected, particularly those who have lived in sunny climates or who work outdoors. The lesions can appear on your face, ears, back of hands, forearms, and bald scalp.

Solar keratoses may involve:

- Rough, scaly patches
- Begin as small red or brown scaly patches
- Become thicker and rougher over time
- One or many more may appear.

Solar keratoses may lead to cancer, if not treated.

#### **Bowen's disease**

The next stage of squamous skin cancer is Bowen's disease, or 'squamous cell carcinoma in situ'. It usually appears as a red and scaly patch on the lower legs, but can occur on any part of the body. Women are very often affected by the condition.

One-fifth of women develop more than one patch on their legs. Scaling may occur on the patch, which can be a nuisance, as it catches on clothing. Occasionally, the patches develop into a true skin cancer.

### **Squamous cell cancers**

Squamous cell cancers often have a scaly appearance. Sometimes they have a hard, horny cap and can feel tender to touch. They can be found on your face, lips, bald scalps, ears, arms, backs of hands and lower legs.

*To sum up*

Skin cancers can appear as any of the following:

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

## ■ *How does the doctor make the diagnosis?*

Both basal cell and squamous cell cancers are generally diagnosed in the same way. Most people begin by visiting their 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. On the other hand, some GPs have a special interest in dermatology and are trained in minor surgical procedures and may decide to treat you in the surgery.

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 is a quick and straightforward procedure, usually done in the outpatients department of the hospital or in a GP surgery. Your GP or specialist will remove some of the affected skin under local anaesthetic. Normally it causes little pain. The local anaesthetic used to numb the skin can sting a little as it is being given.

When you are ready, a small cut is made through the skin, and all or some of the affected skin is removed (**excised**). Some of the skin surrounding the affected area may be removed as well. This may be done to ensure that no cancer cells, if present, are left behind.

Sometimes a biopsy is the only treatment required for skin cancer. It is called an **excision biopsy** when all the cancer is removed.

Usually the biopsy takes 5–10 minutes. You may need a couple of stitches after the biopsy 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. It's a good idea to have someone to take you home after the procedure, as you may feel a little tired. The result of the biopsy is usually available within 10 days.

### *Other tests*

Your doctor will carry out 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. He or she will feel your lymph glands to see if any are enlarged.

### *Results of tests*

The biopsy result will show if you have skin cancer and if it has been fully removed. Your doctor will then have to determine if any cancer cells have spread beyond the original site. Knowing the stage or extent of the cancer helps the doctors to decide on the most suitable treatment.

If the biopsy shows that you have pre-malignant changes, your doctor will monitor your condition to ensure that it does not develop into a true skin cancer.

### **Basal cell cancers**

Most people with basal cell cancers do not need further tests to find the stage of the cancer. This is because it is very rare for this type of cancer to spread beyond the initial area of skin. Fully removing the cancer by excision biopsy is usually the only treatment required. Tests will only be done if the cancer is very large.

### **Squamous cell cancers**

If you have a pre-malignant condition, such as solar keratoses or Bowen's disease, your doctor will note the level of dysplasia (abnormal cell structure). 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 it may be necessary 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.

In general, specialists describe the extent of squamous cell cancer (SCC) as follows:

- **Solar keratoses:** The dysplasia is partial thickness.
- **Bowen's disease:** The dysplasia is full thickness.
- **SCC – invasive:** The cancer has started to invade other layers of the skin.
- **SCC – local spread:** The cancer has spread locally, i.e. to the surrounding skin and possibly to tissues under the skin.
- **SCC – widespread:** The cancer has spread to other tissues and organs, e.g. muscle, cartilage or bone.

## ■ *What types of treatment are used?*

**Surgery is the most common treatment for skin cancers.**

In general, basal cell and squamous cell cancers are treated in the same way. Nine out of 10 people with these cancers are completely cured. Surgery is the most important and common treatment for all skin cancers. In many cases all that is needed is surgical removal of the suspect lump.

There are other forms of treatment too. Basal cell and squamous cell cancers may be removed by:

- **Surgery** – cutting out or scraping away the cancer cells
- **Cryotherapy** – freezing the cancer cells directly
- **Radiotherapy** – using X-rays to shrink or destroy the cancer
- **Chemotherapy** – using anti-cancer creams applied directly to the skin
- **Photodynamic therapy** – using visible light in combination with a chemical to destroy the cancer cells.

Your doctor will plan your treatment by looking at a number of factors. These include your age and your general health, the type and size of the tumour, where it is on your body and what the cancer cells actually look like under the microscope.

You may find that other people with skin cancer are having different treatments from you. Often this is because their disease takes a different form, so they have other needs. If you have any questions about your treatment, don't be afraid to ask your doctor or nurse. It often helps to write down the questions you have for your doctor. The fill-in form at the back of this booklet may help. You may also want to take 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.

### *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. Before treatment, you should have been given full information about:

- The type and amount of treatment you are advised to have
- The advantages and disadvantages of the treatment
- Any alternative treatments that may be available
- Any major risks or side-effects of the treatment.

If you do not understand what you have been told, let the doctor or nurse know straight away. They can explain it to you again. Some cancer treatments are complex, so it is not unusual for people to need repeated explanations.

If you are being treated in hospital, sometimes you may feel that the staff are too busy to answer your questions.

However, it is important for you to know how the treatment is likely to affect you. Also the staff should make time for you to ask questions. You can always ask for more time to decide about the treatment, if you are unsure when it is first explained to you.

You are also free to choose not to have the treatment. However, your doctor or nurse can explain what may happen if you decide against it. It is essential that you tell your doctor, or the nurse in charge, immediately so that he or she can record your decision in your medical notes. It is also helpful to give your reason for not

**If you do not understand what your treatment involves, let the doctor or nurse know straight away.**

wanting to have treatment. Often it is fear of the unknown that makes people decide not to have treatment. If you have concerns, your doctor or nurse can give you the best advice.

### *Benefits and disadvantages of treatment*

Many people are anxious of having cancer treatments. This is usually because of the possible side-effects that can occur. 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.

Some people ask what would happen if they did not have any treatment. 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. It is important to discuss treatments in detail with your doctors, especially if you are given a choice of treatments.



## ■ *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. How this is done depends mainly on the size of the cancer. 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**).

**Cryotherapy** or cryosurgery can be a suitable method for treating skin cancers if they are quite small and not very deep. It may be possible to remove these cancers by freezing them with liquid nitrogen.

A very small number of patients with squamous cell skin cancers will have more major surgery to remove nearby **lymph nodes**. This is to see if the cancer has spread locally.

Another technique called margin-controlled excision or **Moh's surgery** is used to treat skin cancer. This is a very specialised treatment and not widely available.

### *Excision*

Your surgeon or dermatologist will remove your lump and also some normal-looking skin around it. This is to ensure that the cancer has been completely removed. If the cancer is fairly small, the procedure is usually done under local anaesthetic. You will have stitches that will need to be removed 7 to 10 days after the operation. A dressing will cover the wound and the hospital staff will tell you how to take care of it. You will probably be able to go home on the same day.

If the tumour is large or spreading, more of the surrounding skin

may have to be removed. As a result, it may not be possible to stretch the nearby skin to close the wound. You may need a **skin graft** or **skin flap** to cover the area.

Skin grafts and flaps are layers of healthy skin taken from another part of the body under general anaesthetic usually by a plastic surgeon or specialist surgeon.

A skin graft is a very thin layer of skin that is placed over the wound. A skin flap is a slightly 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.

If you have a skin graft, you can probably go home on the same day. But if the graft is large, or you have a skin flap, you may have to stay in hospital for up to four days. You will also have a dressing over the area. This is to protect the graft and prevent infection.

A skin graft for the face will usually be taken from behind the ear or the neck to get a good match for the skin colour. At first, the skin graft area is not pleasant to look at, but will heal and fade in time. Sometimes a graft is taken from the thigh area. This takes about two weeks to heal and will become less noticeable over time.

### *Curettage and electrocautery*

If you have a small cancer that is not very deep, curettage and electrocautery may be used instead of excision. This means scraping away the cancer and using heat or electricity to stop any bleeding. Nowadays, it is not commonly done.

First you will be given a local anaesthetic. When the area is numb, your doctor will scrape away the cancer using a spoon-shaped

instrument called a curette. An electrically heated loop or needle is then applied to cauterise the wound (stop the bleeding) and destroy any remaining cancer cells. After this treatment, you may develop a scar, which is different from your normal skin colour. If you have fair skin, any scarring may be more noticeable.

### *Cryotherapy*

If your cancer is very small and not very deep, it may be possible to destroy it by freezing. This method is called cryotherapy or cryosurgery. Liquid nitrogen is sprayed onto the cancer to freeze it. The coldness caused by the liquid can be a little painful. Some patients describe the feeling as a bee-sting. Afterwards, the sensation in the area may feel like a burn. Within a day or so the area may blister, and may contain blood. Fluid may then need to be drained from the blister using a sterile needle, but the top of the blister should be left intact.

The treated area needs to be covered with a dressing until a scab forms. About a month after treatment, the scab drops off and the tumour should have cleared. You may have a white scar in the area. Sometimes, more than one cryotherapy treatment is needed to remove the tumour completely.

### *Removing lymph glands*

If your doctor thinks your squamous cell cancer might have spread, you may need to have lymph nodes removed from the area around the cancer. The operation, called a **lymphadenectomy**, is done to see if there are cancer cells in the lymph glands or not. If cancer cells are present, removing the glands can also help to prevent further spread. The operation is only necessary for a small number of people who have squamous cell cancer.

The operation is done under general anaesthetic. You may feel sore for the first few days after the operation, but most people recover quickly.

After the operation, you will have drains (tubes) in place that drain fluids from the wound. These drains will be removed a few days after the operation. In a small number of cases, swelling may occur near the wound. This is called **lymphoedema**. If you would like more information about lymphoedema, a booklet is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

### *Moh's surgery*

Moh's technique is a very specialised type of surgery used for skin cancer. It aims to remove all the cancerous tissue and as little of the healthy tissue as possible. In Moh's surgery, the tumour is removed piece by piece. Each piece is then examined under a microscope in the laboratory straight away. Tissue is removed until there are no signs of any more cancer cells. This type of surgery reduces the amount of healthy skin removed, while making sure that the cancer has all been taken away. Doctors specially trained in this type of treatment should only carry out Moh's surgery. At present, there is limited availability of this service in Ireland.

Moh's surgery is suitable for basal cell cancers that have come back in the same place. It can also be used when the doctor suspects that the cancer has begun to spread into the surrounding area. Sometimes it is used for skin cancers on the face. For example, it can be used on the nose, eyes, ears, forehead, and scalp to lessen the effects of surgery. It is useful too in treating tumours on or near the fingers and genital area, or for larger skin

cancers. The procedure is often done under local anaesthetic and you are usually allowed home the same day. However, if you are having a large tumour removed, you may need a skin graft or flap to cover the wound. For this reason, you may need to stay in hospital for up to four days.

*To sum up*

- Surgery is the most common method of treating skin cancer
- The aim of surgery is to remove the cancer, leaving as small a scar as possible
- An excision biopsy is sometimes the only treatment needed to cure the cancer.

## ■ *Radiotherapy*

Although surgery is the most common way to treat skin cancer, and usually the only treatment needed, radiotherapy can be used in a number of cases. Radiotherapy is a treatment where high-energy rays (usually X-rays) are directed at a cancer to cure or shrink it. Usually it is available in specialised centres.

**Radiotherapy works well for skin cancers and is useful where surgery might be difficult or cause scarring.**

Radiotherapy works well for skin cancers and is useful in areas where surgery might be difficult or cause scarring. For example, it is frequently used on the face. It is also effective for large cancers or for tumours that have grown deeply into the skin.

### *Planning your treatment*

Before radiotherapy, 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 damage to normal cells. Some skin cancers can be treated with a single dose of radiation but others may need several doses. These can be given over a period of one or more weeks.

Before treatment begins, you will be marked on the skin where the treatment is to be delivered. The X-rays are then directed at the same area each day. These marks should not be washed off until treatment is over. You will be told how to look after your skin during and after treatment.



*The radiographer watches on closed-circuit TV while the treatment is given*

The radiotherapy affects only a small amount of skin and will not make you feel unwell.

For a week or two after treatment, the treated skin will be inflamed.

Indeed, it may look as if the treatment has made things worse, rather than better. It is important not

to be worried by this – after a few weeks the sore will dry up and form a scab. Over another week or so, the scab will peel away leaving healed, new skin underneath. At first, the skin will look pinker than the surrounding skin. But this will gradually fade and the treated area will look like the surrounding skin, though it can be slightly paler. If you are worried, contact your nurse for advice.

Radiotherapy to areas that produce hair, such as the head, can cause hair loss in the treated area. The hair lost usually grows back within 6–12 months, depending on the dose of radiotherapy and the length of treatment you have received. In some cases, the hair loss is permanent. Your doctor can discuss with you whether your hair is likely to grow back once the treatment has ended.

Radiotherapy does not make you radioactive. It is perfectly safe for you to mix freely with family and friends. If you would like more information on radiotherapy, a booklet is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

*To sum up*

- Radiotherapy is treatment of cancer using high-energy rays
- You will not feel any pain while getting treatment
- Some skin cancers can be treated with a single dose of radiation.

## ■ *Chemotherapy*

Chemotherapy is treatment using drugs that cure or control cancer. Rarely is it used to treat skin cancer. If it is used, it is for superficial cancers only. It is applied directly to the skin cancer as a cream.

When applied in the form of a cream, the drug reaches cancer cells near the skin surface. But it but does not reach cancer cells deep in the skin or which have spread to other organs.

The chemotherapy cream should be applied one or twice a day for

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

three or four weeks, or as your doctor prescribes. It should be massaged into the skin and not covered. Be sure to wash your hands afterwards.

After treatment, the area of the skin will become red and inflamed. Indeed it may look worse. Do not be alarmed as this is usually the only side-effect, which will not last long. The skin will take a week or two to heal after treatment has finished.

Sometimes your doctor may prescribe a steroid cream to reduce the inflammation if your skin is very sore. Until the area has healed, you should keep it out of the sun as this can make the inflammation worse.

Occasionally, chemotherapy for squamous cell cancer is given when the cancer has spread to other parts of the body. It can be given by injection so the drugs are carried around the body in the bloodstream to reach cancer cells wherever they are. This type of treatment is usually given in day care. How long the treatment takes to give will depend on the drugs being used. And how long the course of treatment lasts also depends on the drugs used.

Chemotherapy can cause unpleasant side-effects. However, these can usually be well controlled with medicine. Common problems include feelings of sickness (nausea), fatigue, hair loss, reduced resistance to infection and a sore mouth. The side-effects will disappear once the treatment is over.

For more information about chemotherapy, a booklet called *Understanding Chemotherapy* is available from the Irish Cancer Society. Contact the National Cancer Helpline 1800 200 700 if you would like a free copy.

## ■ *Photodynamic therapy*

Photodynamic therapy (PDT) is a new type of treatment for several types of cancer, including skin cancer. PDT uses a beam of visible light combined with a light-sensitive drug to destroy the cancer cells. It is useful for treating superficial skin cancers, e.g. Bowen's disease, solar keratoses, or superficial basal cell cancers.

First, the light-sensitive drug is applied to your skin cancer as a cream. You will then need to wait for three, four or six hours depending on the treatment used. The skin is covered with a dressing to protect it from light. During this time the cream becomes concentrated within the cancer cells.

After several hours, the dressing is then removed. When light is shone on the cancer, the drug is activated and the cancer cells are destroyed. The drug does not affect the normal skin cells.

Treatment with the light will last for up to 20 minutes. Afterwards a dressing is placed on the area to protect it from light.

Occasionally, only one treatment is needed, but sometimes two or three more treatments may be given.

It is not yet known if this type of treatment is better or as effective as standard methods of treatment.

### *Effects of treatment*

During PDT your skin will burn, mostly at the start of the treatment. This can be eased by using a fan or spraying cold water on your skin. The treated skin will be sensitive to daylight and bright, indoor light for about 48 hours after treatment. During this time you will need to keep the treated area covered. Afterwards, you can wash, bathe or shower as normal. But you will need to

treat the skin gently and not rub it until fully healed. Normally with PDT the skin heals quickly and with no scarring, so the appearance is quite good.

PDT is not suitable for everyone. Some people are very sensitive to light and cannot tolerate it. The cause is unknown, but most likely due to the range of medication taken. If you cannot tolerate the light, treatment can be stopped.



## ■ *Complementary and alternative therapies*

There is great interest today in complementary and alternative treatments for cancer. Lots of people find them very helpful and beneficial during their illness. In many countries the way cancer is treated depends on the culture and environment in which you live. In Ireland cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted.

Before you decide to change your treatment or add any methods of your own, be sure to talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, it is important to talk openly with your GP and cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don't be afraid that your doctor will be angry or disappointed by your wish for a different treatment. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don't be misled by promises of cures. At present in Ireland, this is an unregulated area with no register of certified practitioners. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group.

It is also important to make sure that the practitioner is charging a fair price for your treatment. A free booklet is available from the Irish Cancer Society called *Cancer and Complementary Therapies*. If you would like a copy or more advice, call the National Cancer Helpline 1800 200 700.

## ■ *Prevention of further skin cancer*

Many patients are delighted when treatment ends and especially when told they no longer have cancer. However, after treatment for skin cancer it is important that you do not expose your skin to strong sunlight. You may have an increased risk of developing skin cancer, either at the same or a different place on your body.

There are a number of precautions you can take to protect your skin. If you are unsure, remember to ask your doctor or nurse for advice when you go for check-ups.

### *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.

Whatever treatment you receive, you will have to come back for regular check-ups. Usually the specialist will want to see you every three to six months and then less frequently. Visits will involve having your skin examined.

Remember to keep all of your follow-up visits. If you are unable to attend your 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 five 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.

### *Self-examination*

**The best way to detect a skin cancer early is to inspect your skin regularly.**

The best way to detect a skin cancer early is to inspect your skin regularly. This should be at least once a month. Your doctor will show you how to examine your skin and tell you what to look out for. By examining your skin regularly, you will become familiar with any existing marks. You will also notice any change in these marks or the growth of new spots or lumps more quickly. Do a thorough inspection, checking your hands and the soles of your feet as well. Ask a relative or friend to check your back or any areas which you cannot see clearly. If you notice something that concerns you, visit your doctor as soon as possible.

### *Protecting your skin*

After treatment for skin cancer, it is more important than ever to avoid strong sunlight, particularly at the site of the treated skin cancer. There are a number of precautions you can take:

- Stay out of the sun during the hottest part of the day. This is normally between 11 am – 3 pm. Remember that sunlight can also reflect off water, clouds, sand, concrete, snow, and can reach below the water's surface.
- Wear loose clothing made of cotton or natural fibres that have a close weave and offer more protection against the sun. Cover up your skin with long-sleeved tops and long trousers.
- Protect your face and neck with a wide-brimmed hat.
- Wear wraparound sunglasses in strong sunlight to protect your eyes (European Standard EN 1836 or British Standard BS 27 24 19 87).

- Use a high skin protection factor (at least SPF 30) sunscreen whenever you are exposed to the sun. Follow the instructions on the bottle and reapply frequently, especially after swimming or perspiring.
- Never allow your skin to burn. Do not sunbathe.
- Do not use sunbeds or sunlamps. If you really want to tan, use fake tanning lotions or sprays instead.
- Try to keep babies and children out of the sun as much as possible.
- Wear suncream all year round.

### *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, malignant melanoma. Therefore, it makes sense to protect children's skin from an early age.

All children under six months of age should be kept out of direct sunlight. From the age of six 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.

### *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 practise self-examination and follow the guidelines for protecting their skin. 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.



## ■ *Research – what is a clinical trial?*

Research into new ways of treating skin cancer goes on all the time. Depending on the type and extent of your skin cancer, your doctor may ask you to try a new treatment. There are many benefits in doing this. You will be helping to improve knowledge about cancer and the development of new treatments. You will also be carefully monitored during and after the study.

When a new treatment is being developed, it goes through stages called **phases**. If the treatment in the laboratory looks useful for treating cancer, it is then given to patients in research studies called **clinical trials**. These early studies are phase 1 trials and aim to:

- Find a safe dose
- See what side-effects may occur
- Identify which cancers can be treated.

If early studies on a new treatment seem safe and effective, further trials (phases 2 and 3) are done to answer some questions:

- Does the treatment work better than the one we're now using?
- Are the benefits greater than the side-effects?
- Which patients are most likely to find this treatment helpful?

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. 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 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 research, your doctors may ask your permission to store some samples of your cancer cells or blood. This is because they can be used as part of trials to find the causes of cancer.

If you would like to find out more about clinical trials, a booklet is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a copy.

## ■ *Coping with cancer*

Even though non-melanoma skin cancer is highly curable, you may still feel shocked when told you have cancer. Often this is because people think cancer is a completely fatal disease.

You can feel swamped with many emotions ranging from disbelief to anger. At first the news may be very hard to take in. It may all seem 'unreal'. All these feelings are normal and to be expected. It does not mean that you are not coping. Rather they are part of the process you must go through in coming to terms with your illness.

After any cancer treatment, it can take 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. Although the treatment for cancer can have some unpleasant side-effects, most people manage to live a normal life during treatment. Depending on your diagnosis, you may need to take some time off for your treatment as well as time afterwards to recover. Remember to do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

*Who can ever understand? – Talking about your cancer* is a booklet written for people with cancer and is available from the Irish Cancer Society. You may find this booklet helpful and can obtain a copy by calling 1800 200 700.

### *If you are a relative or friend*

The treatment for skin cancer can usually be over quite quickly. However, the person may still feel upset and shocked, despite

being cured. For partners, friends and relatives it can be hard to know what to say when someone close to you gets cancer. It may seem best to pretend that everything is fine and carry on as normal. You can help the person by listening carefully to what he or she wants to say. Don't rush into talking about the illness. But knowing that you are always ready to listen and give help will reassure the person.

*Lost for words* is a booklet written for relatives and friends of people with cancer and is available from the Irish Cancer Society. You may find this booklet helpful and can obtain a copy by calling 1800 200 700.

### *Talking to children*

If your skin cancer has affected your appearance, your children may notice it too. They may need a simple explanation about your cancer. How much you tell your children 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 don't 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.

The Irish Cancer Society has a booklet called *What do I tell the children? – A guide for a parent with cancer*, which may be helpful. If you would like a copy or more information, call the National Cancer Helpline 1800 200 700.

### *What you can do*

Most people with skin cancer will be completely cured and it will not affect their lives very much once the initial treatment is over. Others may need more than advice and support. If you and your family understand your illness and its treatment, you will be better able to cope. 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. Write down the answers if you like.
- Let your doctor know if you have any problems or worrying side-effects. He or she can decide what to do to help you. If you say nothing, a small problem can become more serious.
- Try to eat as well as you can. Small meals can be appetising, using 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.
- Some people find it helpful to talk to a counsellor or their specialist nurse.

### *Who can help?*

A small number of people with non-melanoma skin cancer will need more treatment and support because their symptoms and

diagnosis are more stressful. The most important thing to remember is that there are people ready to help you and your family throughout your treatment and afterwards. The **medical social worker** in your hospital can help in many ways. He or she provides support and counselling to the patients and their families and can provide advice on benefits, entitlements and services available when you go home.

Some of the major cancer treatment hospitals have **oncology liaison nurses** and/or **cancer nurse co-ordinators**. These specially trained nurses provide support to patients and their families from the time of diagnosis and throughout treatment. These nurses, along with other members of your medical team, work together to meet your needs.

When you go home there are a variety of **community health services** available from your local health centre, if you need them. These centres have GPs, public health nurses (who can visit you at home), welfare officers and home-help organisers. All these people can provide advice and support.

You can get more information on the services available either from the medical social worker in the hospital before you go home or at your local health centre.

The **Cancer Helpline nurses** will be happy to discuss any concerns you or your family may have, at any stage of your illness. They can give you more information about any of the services outlined above and can also let you know about support services in your area. A useful booklet called *Directory of Cancer Care Services in Ireland* is available free of charge from the Irish Cancer Society. For a copy, call the National Cancer Helpline 1800 200 700.

## ■ *Support resources*

The treatment of non-melanoma skin cancer is fairly quick and straightforward and should not disrupt your life too much. It is unlikely that you will need the array of additional services listed in this section. However, for those whose skin cancer does become more serious, help and support are available.

## ■ *Health cover*

Health cover falls into two categories – cover for medical card holders and for all other categories. At the end of this section there are 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 €45 a day charge up to a maximum of €450 in any 12 consecutive months. 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 department of a public hospital, without being referred there by a GP, you may be charged €45. There is no charge if you are referred by a GP. This charge does not apply if you have a medical card or are admitted to hospital as a result of attending the A&E department 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, outpatient services and medical appliances. Every person aged 70 or over has a right to a medical card and no means test is required. For most people, eligibility for a medical card is dependent on a means test. Financial guidelines are set out each year and these are available from your local health board or clinic. If your means are above but close to the guidelines, you should apply for a card anyway as a card can be granted in some situations. For example, if you have a large amount of medical expenses, you may be granted a medical card. Also you may be eligible for a medical card as an individual because you have a cancer diagnosis. In this case, your spouse and children will not be covered if your means are over the limit.

### *Drugs Payment Scheme*

Under the Drugs Payment Scheme (DPS), individuals and families including spouses and dependant children pay a maximum of €78 each month to cover the cost of prescribed drugs, medicines and appliances. If you have not already received a DPS card for yourself and your family, you can apply for cover under the scheme by contacting your local health board office. You can also register for this scheme by filling in a registration form at your pharmacy.

### *Private healthcare cover*

Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland this is available through the VHI, BUPA and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. It is advisable to check the level of cover provided by your insurance company, both for inpatient and outpatient services, before attending hospital.

## *Benefits and Allowances*

### **Disability benefit**

This is a benefit for insured people. Eligibility will depend on your PRSI contributions. You must be under 66 and unfit to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social and Family Affairs, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within seven days of becoming ill and unable to attend work. A delay might result in loss of payment.

### **Disability allowance**

You may qualify for Disability Allowance if you are not eligible for Disability Benefit and not able to work for at least a year. Disability Allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. You must have a means test and be medically suitable for this allowance. To be medically suitable you should have an illness that has continued or may continue for at least one year. This means that you are unlikely to be able to work for at least a year due to your illness. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

### **Invalidity pension**

This is a pension paid instead of a Disability Benefit or Allowance, if you are unable to work in the long term. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you

are over age 60 and have a serious illness or incapacity.

Your eligibility for this pension will also depend on your PRSI contributions. You are allowed a free travel pass and certain extra benefits, such as bottled gas, telephone rental, fuel allowance and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

### **Carer's allowance**

This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. There are a number of benefits with this scheme such as a free travel pass for the carer, free television licence, and home energy allowance. A free telephone rental has been extended to carers giving full-time care. There is also a contribution towards respite care. This allowance is means tested. For more advice, talk to your social worker and/or the Dept of Social and Family Affairs. Application forms are available from your social welfare office or from the Carer's Allowance Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

### **Appliances**

For patients who have medical cards most appliances are free of charge.

### **Travel to hospital**

Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your social worker at the hospital. Limited help may also be available from your community welfare officer. Some health boards

provide transport services to hospitals for outpatient appointments and day centres. Sometimes the health board may assist with transport costs for a person who has to travel a long distance to a hospital. In general, people who do not have medical cards may be charged for the service. However, the practice varies between health boards and is often dependent on personal circumstances. Charges may be waived in certain cases, e.g. hardship, etc.

### *Further information*

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements which 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 social worker in the hospital you are attending.

For social welfare queries contact:

Information Service  
Dept of Social and Family Affairs  
Áras Mhic Dhiarmada  
Store Street  
Dublin 1  
Tel: 01 874 8444  
Leaflet line: 1890 202 325  
Email: [info@welfare.ie](mailto:info@welfare.ie)  
Website: [www.welfare.ie](http://www.welfare.ie)

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

**Eastern Regional Health**

**Authority**

Customer Services Department  
 Dr Steeven’s Hospital  
 Dublin 8  
 Tel: 01 679 0700  
 or Freefone 1800 520 520  
 Email: customerservices@erha.ie  
 Website: www.erha.ie

**Midland Health Board**

Head Office  
 Arden Road  
 Tullamore  
 Co Offaly  
 Tel: 0506 218 68  
 Fax: 0506 517 60  
 Website: www.mhb.ie

**Mid-Western Health Board**

Head Office  
 31–33 Catherine Street  
 Limerick  
 Tel: 061 316 665  
 Fax: 061 483 250  
 Website: www.mwhb.ie

**North Eastern Health Board**

Head Office  
 Navan Road  
 Kells  
 Co Meath  
 Tel: 046 9280 500  
 Fax: 046 9241 459  
 Website: www.nehb.ie

**North Western Health Board**

Head Office  
 Manorhamilton  
 Co Leitrim  
 Tel: 071 9820 400 / 1850 636 313  
 Fax: 071 9820 431  
 Website: www.nwhb.ie

**South Eastern Health Board**

Head Office  
 Lacken  
 Dublin Road  
 Kilkenny  
 Tel: 056 7784 100  
 Fax: 056 7784 388  
 Website: www.sehb.ie

**Southern Health Board**

Head Office  
 Wilton Road  
 Cork  
 Tel: 021 4545 011  
 Website: www.shb.ie

**Western Health Board**

Head Office  
 Merlin Park Regional Hospital  
 Galway  
 Tel: 091 751 131  
 Fax: 091 752 644  
 Website: www.whb.ie

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

**Comhairle (formerly the National Social Services Board)**

7th Floor

Hume House

Ballsbridge

Dublin 4

Tel: 01 605 9000

Citizen Information: 1890 777 121

Email: [comhairle@comhairle.ie](mailto:comhairle@comhairle.ie)

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

There are also some booklets available that may help you. These include:

*Directory of Cancer Care Services in Ireland* (published by the Irish Cancer Society). For a free copy call National Cancer Helpline: 1800 200 700. Email: [helpline@irishcancer.ie](mailto:helpline@irishcancer.ie)

*Information Guide to Health Services* (published by the Dept of Health and Children). Copies are available from your local health board office. Tel: 01 671 4711 for local health board numbers.  
Website: [www.doh.ie](http://www.doh.ie)

*Guide to Social Welfare Services* (published by the Dept of Social and Family Affairs). Copies are available from the Dept of Social and Family Affairs. Tel: 01 874 8444.  
Email: [info@welfare.ie](mailto:info@welfare.ie). Website: [www.welfare.ie](http://www.welfare.ie)

*Entitlements for People with Disabilities* (published by Comhairle). Available from Comhairle. Tel: 01 605 9000.  
Email: [comhairle@comhairle.ie](mailto:comhairle@comhairle.ie)

## ■ *Irish Cancer Society services*

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

### *Homecare nurses*

Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. These nurses work with family doctors and public health nurses to form homecare teams bringing care and support, free of charge, to patients in their own homes. Based in local hospitals, health centres and hospices, they can be contacted through your GP or public health nurse.

### *Night nursing*

The Irish Cancer Society can provide a night nurse, free of charge, for up to seven nights to families who are caring for a seriously ill person at home. If you need help, you can find out more about this service by talking to a member of the homecare team, your GP or local public health nurse.

### *Oncology liaison nurses*

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

### *National Cancer Helpline*

The Cancer Helpline gives confidential information, support and guidance to people concerned about cancer. It is a freefone service. The specially trained nurses who staff the helpline have access to the most up-to-date facts on cancer-related issues using a computerised directory and library of resources. The nurses can provide information to anyone enquiring about treatment, counselling and other support services. They can also help you to make contact with the various support groups that are available. The National Cancer Helpline 1800 200 700 operates weekdays from 9 am – 5 pm.

### *Counselling*

Coping with a cancer diagnosis can be very stressful. Patients and their families sometimes find it difficult to come to terms with the illness. Many people feel that they cannot talk to a close friend or relative. Counselling can provide emotional support in a safe and confidential environment. Call the Cancer Helpline to find out about counselling services provided by the Irish Cancer Society and services available in your area.

### *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.

### *Cancer information booklets*

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

### *Patient grants*

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 assistance to patients in need. Requests for this kind of help should be directed through your social worker, GP or public health nurse.

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

### *Useful organisations*

**Irish Cancer Society**  
5 Northumberland Road  
Dublin 4  
National Cancer Helpline  
1800 200 700  
Tel: 01 231 0500  
Fax: 01 231 0555  
Email: [helpline@irishcancer.ie](mailto:helpline@irishcancer.ie)  
Website: [www.cancer.ie](http://www.cancer.ie)

**Comhairle (formerly National Social Services Board)**  
7th Floor  
Hume House  
Ballsbridge  
Dublin 4  
Tel: 01 605 9000  
Email: [comhairle@comhairle.ie](mailto:comhairle@comhairle.ie)

**Dept of Social and Family Affairs – Information Service**  
Áras Mhic Dhiarmada  
Store Street  
Dublin 1  
Tel: 01 874 8444  
Email: [info@welfare.ie](mailto:info@welfare.ie)  
Website: [www.welfare.ie](http://www.welfare.ie)

**Health Promotion Unit**  
Dept of Health and Children  
Hawkins House  
Hawkins Street  
Dublin 2  
Tel: 01 635 4000  
Email: [healthpromotionunit@health.irlgov.ie](mailto:healthpromotionunit@health.irlgov.ie)  
Website: [www.healthpromotion.ie](http://www.healthpromotion.ie)

### *Health insurers*

#### **BUPA Ireland**

Mill Island  
 Fermoy  
 Co Cork  
 Locall: 1890 70 08 90  
 Fax: 025 42122  
 Email: [choices@bupa.ie](mailto:choices@bupa.ie)  
 Website: [www.bupa.ie](http://www.bupa.ie)

#### **Voluntary Health Insurance (VHI)**

VHI House  
 Lower Abbey Street  
 Dublin 1  
 Tel: 01 872 4499  
 Email: [info@vhi.ie](mailto:info@vhi.ie)  
 Website: [www.vhi.ie](http://www.vhi.ie)

### *Support centres*

#### **ARC Cancer Support Centre**

ARC House  
 65 Eccles Street  
 Dublin 7  
 Tel: 01 830 7333  
 Email:  
[info@arccancersupport.ie](mailto:info@arccancersupport.ie)  
 Website:  
[www.arccancersupport.ie](http://www.arccancersupport.ie)

#### **Cork ARC Cancer Support House**

Cliffdale  
 5 O'Donovan Rossa Road  
 Cork  
 Tel: 021 434 6688

#### **Donegal Cancer Support Group**

Clar  
 Co Donegal  
 Tel: 074 974 0837

#### **Bray Cancer Support & Information Centre**

36B Main Street  
 Bray  
 Co Wicklow  
 Tel: 286 6966  
 Email: [bcsc@iol.ie](mailto:bcsc@iol.ie)  
 Website:  
[www.braycancersupport.ie](http://www.braycancersupport.ie)

#### **The Gary Kelly Support Centre**

Georges Street  
 Drogheda  
 Co Louth  
 Tel: 041 980 5100  
 Fax: 041 980 5101  
 Email: [info@garykellycentre.org](mailto:info@garykellycentre.org)  
 Website: [www.garykellycentre.org](http://www.garykellycentre.org)

#### **Cancer Information & Support Centre**

Mid-Western Regional Hospital  
 Dooradoyle  
 Co Limerick  
 Tel: 061 482615

#### **Greystones Cancer Support**

La Touche Place  
 Greystones  
 Co Wicklow  
 Tel: 01 287 1601

**HOPE**

Enniscorthy Cancer Support &  
Information Centre  
6 Church Street  
Enniscorthy  
Co Wexford  
Tel: 054 38555

**The LARCC Centre**

Ballinalack  
Mullingar  
Co Westmeath  
Tel: 044 71971  
Email: [info@larcc.ie](mailto:info@larcc.ie)  
Website: [www.larcc.ie](http://www.larcc.ie)

**Lios Aoibhinn Cancer  
Support Centre**

St Vincent's University  
Hospital  
Herbert House  
St Anthony's  
Herbert Avenue  
Dublin 4  
Tel: 01 277 3545

**Mayo Cancer Support  
Association**

Rock Rose House  
32 St Patrick's Avenue  
Castlebar  
Co Mayo  
Tel: 094 903 8407

**Slánú Cancer Help Centre**

Birchall  
Oughterard  
Co Galway  
Tel: 091 550050  
Email: [info@slanu.ie](mailto:info@slanu.ie)  
Website: [www.slanu.ie](http://www.slanu.ie)

**Sligo Cancer Support Centre**

2A Wine Street  
Sligo  
Tel: 071 70399  
Email: [scsg@tinet.ie](mailto:scsg@tinet.ie)

**South East Cancer Foundation**

Pairc Clinic  
Lismore Park  
Waterford  
Tel: 051 590881

**The Tuam Cancer Care Centre**

30 Temple Jarlath Court  
High Street  
Tuam  
Co Galway  
Tel: 093 28522  
Email: [info@tuamcancercare.ie](mailto:info@tuamcancercare.ie)  
Website: [www.tuamcancercare.ie](http://www.tuamcancercare.ie)

**Turning Point – Positive Health  
Centre**

23 Crofton Road  
Dun Laoghaire  
Co Dublin  
Tel: 01 280 7888  
Email: [turningpoint@eircom.net](mailto:turningpoint@eircom.net)  
Website: [www.turningpoint.ie](http://www.turningpoint.ie)

*Useful addresses outside Ireland*

**American Cancer Society**  
1599 Clifton Road NE  
Atlanta, GA 30329-4251  
Website: [www.cancer.org](http://www.cancer.org)

**CancerBACUP**  
3 Bath Place  
Rivington Street  
London EC2A 3JR  
Tel: 0044 207 739 2280  
Website:  
[www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

**Cancerlink**  
89 Albert Embankment  
London SE1 7UQ  
Tel: 0044 207 840 7840  
Website: [www.cancerlink.org](http://www.cancerlink.org)

**DermWeb**  
Website:  
[www.dermatology.org/dermlinks](http://www.dermatology.org/dermlinks)

**MARC'S Line**  
Dermatology Treatment  
Centre, Level 3  
Salisbury District Hospital  
Salisbury  
Wiltshire SP2 8BJ  
Tel: 0044 172 241 5071  
Email:  
[marcsline@wessexcancer.org](mailto:marcsline@wessexcancer.org)  
Website: [www.wessexcancer.org](http://www.wessexcancer.org)

**National Cancer Institute (US)**  
Website: [www.nci.nih.gov](http://www.nci.nih.gov)

**The Ulster Cancer Foundation**  
40-42 Eglantine Avenue  
Belfast BT9 6DX  
Tel: 048 906 63281  
Website: [www.ulstercancer.co.uk](http://www.ulstercancer.co.uk)

**University of Heidelberg, Dept of  
Clinical Social Medicine**  
Website:  
[www.skincancer.dermis.net/content](http://www.skincancer.dermis.net/content)

**University of Pennsylvania Cancer  
Center**  
Website: [www.oncolink.com](http://www.oncolink.com)

## Helpful books

*Cancer: What Every Patient Needs to Know*  
Jeffrey Tobias  
Bloomsbury, 2001  
ISBN 0-74755-410-2

*Challenging Cancer: Fighting Back, Taking Control, Finding Options* (2nd edn) Maurice Slevin & Nira Kfir  
Class Publishing, 2002  
ISBN 1-85959-068-3

*What You Really Need to Know about Cancer*  
Dr Robert Buckman  
Pan, 1997  
ISBN 0-33033-628-2

*Understanding Cancer*  
Gareth Rees  
Family Doctor Publications, 2002  
ISBN 1-89820-551-5

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

For more useful information please read the *Directory of Cancer Care Services in Ireland*. For a copy, call the National Cancer Helpline 1800 200 700.



## ■ *Frequently asked questions*

Here is a list of questions people often want to ask. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- What is skin cancer?
- What kind of skin cancer do I have?
- Has my cancer spread beyond the skin?
- What type of treatment do I need?
- What side-effects or after-effects will I have?
- Will I have a scar after my treatment?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- Is there anything I can do to help myself during treatment?
- Will I be okay if the cancer is just removed with no follow-up treatment?
- What can I do to protect my skin?

## ■ *Your own questions*

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer

## *Acknowledgements*

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Susan Rowan, Patient Education Editor

We hope that this booklet has been of help to you. If you have any suggestions as to how it could be improved, we would be delighted to hear from you. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.

If, after reading this booklet or at any time in the future, you feel you would like more information or someone to talk to, please phone our Cancer Helpline Nurses on Freefone 1800 200 700.

## *Would you like to help us?*

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research.

If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us.

**Irish Cancer Society, 5 Northumberland Road, Dublin 4**

Tel: 01 231 0500 Email: [reception@irishcancer.ie](mailto:reception@irishcancer.ie)

