



## **SKIN CANCER: HOW TO REDUCE THE RISK OF GETTING A SECOND ONE**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand and deal with the risk of developing a skin cancer. It is aimed at people at increased risk, such as those who have already had one or who have significant sun damage to their skin, or those on immunosuppressive drugs particularly after a transplant. It describes the main types of pre-cancerous and cancerous skin growths, and explains the importance of detecting and treating them early. It tells you how to reduce the risk of getting another skin cancer, and how these can be treated.

### **Why am I more at risk from skin cancer?**

People who have already had a skin cancer or pre-cancerous lesion have generally had above average sun exposure (natural or artificial), and so may be at increased risk of getting more than one skin cancer.

### **How likely am I to get skin cancer?**

Anyone can develop a skin cancer, and this risk increases with time. However some people are more likely to do so than others; they include those who have:

- Fair skin that burns easily
- Light coloured eyes: blue, grey or hazel
- Naturally blonde or red hair
- Numerous freckles
- Outdoor work and/or -intense sun exposure in the past
- Frequent use artificial sun lamps and sunbeds.
- Have suffered from sunburn
- A history of skin cancer

- Organ transplant patient and/or on immunosuppressive drug therapy

### How can I spot the signs of a skin cancer?

Treatment will be much easier if your skin cancer is detected early. For this reason, check your skin for changes once a month. A friend, carer or family member can help you with this. You may need to use a mirror to check your back.

You should see your doctor if you have any marks on your skin which are:

- Growing
- Bleeding
- Changing in appearance in any way
- Never healing completely
- Any existing mole that changes shape, texture or colour

### What do skin cancers, and lesions related to them, look like?

Some of the most common are described below:

- **Actinic keratoses (also known as solar keratoses):** Skin cancers may be preceded by a pre-cancerous condition known as actinic keratoses. These are usually pink or red spots, with a rough surface, which appear on skin that is exposed to the sun. The head and neck, face, backs of the hands and forearms are most often affected. Actinic keratoses may be easier to feel, as they are rough, than they are to see. Early treatment may prevent them changing into skin cancer. Most actinic keratoses, however, will never become cancerous.
- **Basal cell carcinoma (rodent ulcer):** Most basal cell carcinomas are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some basal cell carcinomas are very superficial and look like a scaly flat red mark: others show a white pearly rim surrounding a central crater. If left for years, the latter type can erode the skin, eventually causing an ulcer - hence the name 'rodent ulcer'. Other basal cell carcinomas are quite lumpy, with one or more shiny nodules crossed by small but easily seen blood vessels.
- **Squamous cell carcinoma:** A squamous cell carcinoma usually appears as a scaly or crusty area of skin, with a red, inflamed base. It may look like an irritated wart, or break down to form a bleeding ulcer. Most small squamous cell carcinomas are not painful, but pain in a growing lump is a suspicious sign for squamous cell carcinoma. They occur most often on

the head, neck, ears, lips, back of the hands and forearms. Organ transplant patients are most at risk from this form of skin cancer.

- **Melanoma:** Melanomas are much rarer, but are the most serious type of skin cancer. They are usually an irregular brown or black spot, which may start in a pre-existing mole or appear on previously normal skin. Any change in a mole, or any new mole occurring for the first time after the age of thirty, should be shown to your doctor.

Remember, if you see **any change** in your skin - whether an ulcer or a spot - you must tell your doctor or nurse. Any skin problem that does not heal should be shown to a skin specialist (dermatologist).

### **How is skin cancer diagnosed?**

If your doctor thinks that the mark on your skin needs further investigation, a small piece of the abnormal skin (a biopsy), or the whole area (an excision), will be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin.

### **How can I reduce the risk of getting another skin cancer?**

There are many ways in which you can help to reduce your chance of getting skin cancer, these are:

- Learn how to recognise their early signs
- Examine your skin regularly for these signs
- Get an annual check from your doctor or nurse
- Protect yourself from the sun
- Do not use sunlamps and sunbeds

Exposure to the sun is the main cause of skin cancer. This does not just mean sunbathing; you expose yourself to the sun each time you do any outdoor activities, including gardening, walking, sports, or even a long drive in the car. The sun can cause problems all year round, not just in the summer.

You can take some simple precautions to protect your skin:

- Cover up; wear a sun hat, long sleeves and trousers in sunny weather.
- Stay in the shade, particularly between 11 am and 3 pm.
- When outdoors, use a sunscreen of Sun Protection Factor (SPF) 30 or above, and star rating **\*\*\*** or **\*\*\*\***, that protects against both Ultraviolet A and Ultraviolet B, and apply it every 2 to 3 hours.

- Remember that winter sun, such as on a skiing holiday, can contain just as much of the damaging ultra-violet light as summer sun.
- Do not use sunbeds or sunlamps.
- Consider purchasing UV protective swim and beach wear which can particularly assist in protecting the trunk when swimming on holiday.

### Can skin cancer be cured?

Most skin cancers, if treated early, can be cured. That is why it is important to report any new or changing skin lesion to your doctor.

Basal cell carcinomas can be cured in almost every case and seldom, if ever, spread to other parts of the body. Treatment may be more complicated if they have been neglected for a very long time, or if they are in an awkward place - such as near the eye, nose or ear.

In a few cases squamous cell carcinoma and melanoma may spread (metastasise) to lymph glands and other organs.

### How can skin cancer be treated?

- **Surgery:** Most skin cancers are excised (cut out) under a local anaesthetic. After an injection to numb the skin the tumour is cut away along with some clear skin around it. Sometimes a small skin graft is needed.
- **Curettage and cautery:** This is another type of surgery, done under local anaesthetic, in which the skin cancer is scraped away (curettage) and then the skin surface is sealed (cautery).
- **Cryotherapy:** Freezing the skin cancer with a very cold substance (liquid nitrogen).
- **Creams:** These can be applied to the skin. The two used most commonly are 5-fluorouracil (Efudix) and imiquimod (Aldara).
- **Photodynamic therapy:** This involves applying a cream to the skin cancer under a dressing for 4 to 6 hours. A special light is then shone on to the area and this destroys the skin cancer.
- **The removal of lymph nodes:** This is usually undertaken only if the cancer has spread there, causing them to enlarge.
- **Radiotherapy:** X-rays are shone onto the area containing the skin cancer. It may also be used to relieve symptoms when a skin cancer has spread to other parts of the body.
- Some patients with organ transplants may be advised to reduce or stop their immunosuppressant medication by their transplant surgeon in conjunction with their dermatologist. Sometimes, medication known as

retinoids may be prescribed to inhibit the further production of skin cancers.

## Remember

Most skin cancers can be avoided if you follow these basic rules:

- Check your skin for changes regularly
- Report any skin changes to your doctor or nurse promptly
- Always protect yourself from the sun
- Do not use sunlamps or sunbeds

### Where can I get more information about skin cancer?

Several other leaflets produced by the British Association of Dermatologists on related topics are also available on this website: [Actinic keratoses](#), [Basal cell carcinoma](#), [Bowen's disease](#), [Keratoacanthoma](#), [Melanoma](#) and [Squamous cell carcinoma](#)

#### *Macmillan Cancer Support*

89 Albert Embankment,  
London SE1 7UQ

Free helpline (for emotional support): 0808 808 2020

Free helpline (for information): 0808 800 1234

[www.macmillan.org.uk](http://www.macmillan.org.uk)

#### *Cancer Research UK*

Lincoln's Inn Fields,  
London, WC2A 3PX

[www.cancerresearchuk.org/sunsmart/](http://www.cancerresearchuk.org/sunsmart/)

#### *Wessex Cancer Trust*

Bellis House, 11 Westwood Road  
Southampton SO17 1DL

Tel: (023) 8067 2200

Fax: (023) 8067 2266

Web: [www.wessexcancer.org](http://www.wessexcancer.org)

Email: [wct@wessexcancer.org](mailto:wct@wessexcancer.org)

This leaflet is based on recommendations adapted from those of the French Society of Dermatology, the British Association of Dermatologists, and Cancer Research UK's Sunsmart Campaign.

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

**BRITISH ASSOCIATION OF DERMATOLOGISTS  
PATIENT INFORMATION LEAFLET  
PRODUCED DECEMBER 2005  
UPDATED NOVEMBER 2010  
REVIEW DATE NOVEMBER 2013**