

**WE ARE
MACMILLAN.
CANCER SUPPORT**

A practical guide to understanding cancer

UNDERSTANDING SKIN CANCER



About this booklet

This information is for people who have, or are having tests for, skin cancer. We have also listed other sources of support and information, which we hope you'll find useful.

This booklet is about two common types of skin cancer: **basal cell carcinoma** and **squamous cell carcinoma**. These cancers are known as **non-melanoma skin cancer**. Around 132,000 people in the UK are diagnosed with non-melanoma skin cancer each year.

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

We hope this booklet answers your questions and helps you deal with some of the feelings you may have. We can't advise you about the best treatment for you. This information can only come from your own doctor, who knows your full medical history.

If you would like to discuss this information, call the Macmillan Support line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm. If you are hard of hearing, you can use textphone **0808 808 0121**, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit **macmillan.org.uk**

Throughout this booklet we have included quotes from people affected by skin cancer. One is from our Online Community ([macmillan.org.uk/community](https://www.macmillan.org.uk/community)). The other is from someone who has chosen to share their experiences with us by becoming a Cancer Voice. To find out how you can share your experience, visit [macmillan.org.uk/cancervoices](https://www.macmillan.org.uk/cancervoices)

At the end of this booklet there are details of other organisations that can help (pages 65 to 67), and space to write down questions and notes for your doctor or nurse (page 68).

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

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you and your health is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country. You can find more information at [macmillan.org.uk/cancerregistry](https://www.macmillan.org.uk/cancerregistry)

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THE SKIN AND SKIN CANCER

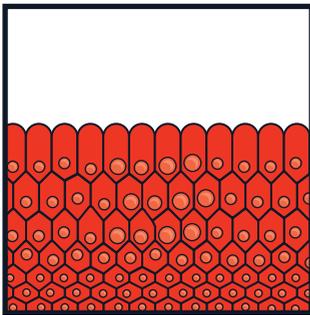
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What is cancer?

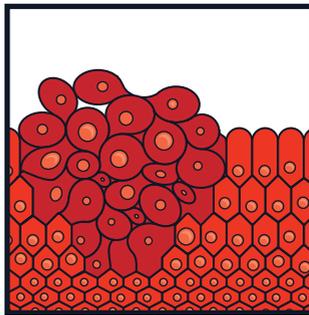
Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide in a controlled way to make new cells. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow, and when to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

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing, making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell whether a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

Normal cells



Cells forming a tumour



A lump that is not cancerous (**benign**) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

A lump that is cancer (**malignant**) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system (see the next page).

When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a **secondary cancer** or a **metastasis**.

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

The lymphatic system

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

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



The skin

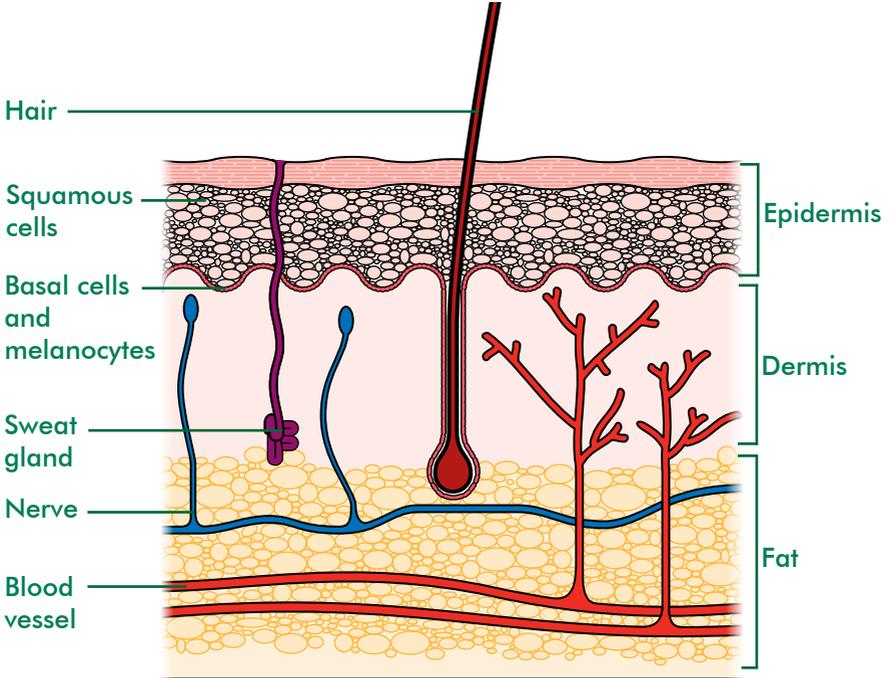
The skin has many purposes. It:

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

The skin is divided into two main layers (see the diagram on the next page). The outer layer is the **epidermis** and the layer underneath is the **dermis**. Below these is a deeper layer of fatty tissue.

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

The structure of the skin



Types of skin cancer

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

Basal cell carcinoma (BCC)

Basal cell carcinoma, or BCC, is a cancer of the basal cells at the bottom of the epidermis. It is sometimes called a rodent ulcer. It is very common. About 75% of all skin cancers in the UK (75 in 100) are BCCs. Most BCCs are very slow-growing and almost never spread to other parts of the body. Nearly everyone with a BCC who has treatment is completely cured.

Occasionally some BCCs are aggressive, and, if left to grow, may spread into the deeper layers of the skin and sometimes to the bones. This can make treatment difficult.

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

Squamous cell carcinoma (SCC)

Squamous cell carcinoma, or SCC, is a cancer of the cells in the outer layer of the skin. It is the second most common type of skin cancer in the UK. Most people treated for SCC are completely cured. Usually, SCCs are slow-growing. They only spread to other parts of the body if they are left untreated for a long time. Occasionally, though, they can behave more aggressively and spread at an earlier stage.

Malignant melanoma

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

Rarer types of non-melanoma skin cancer

There are some other rare types of skin cancer:

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

Less than 1% (1 in 100) of all skin cancers in the UK are these rarer types of skin cancer. We have separate information about some of these that we can send you. See page 60 for information on how to order this.

Causes and risk factors

Sun exposure

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

Being exposed to too much sun or getting sunburnt as a child are important risk factors for developing BCCs or SCCs. It is likely that skin damage from UV light during childhood does not show up until many years later.

Skin cancer is more common than it used to be. This is because people are living longer, so their exposure to the sun over their lifetime is greater. Sun exposure over a long time can cause both types of skin cancer. But it is more strongly linked with developing an SCC.

People who work outdoors for a living, such as farm workers, builders and gardeners, are more at risk of developing skin cancer. This is because they are often exposed to the sun for long periods of time.

Pale skin which tends to go red or freckle in the sun will be most at risk. Children and young adults who have been over-exposed to the sun have an increased risk of developing some forms of skin cancer, especially if they have pale skin.

Skin cancer will usually show up later in life. It often happens after the age of 40, but it is more common in older age. However, the number of younger people developing skin cancer is also rising.

People with darker or black skin have a very low risk of getting BCCs and SCCs. This is because they have a pigment in their skin called melanin, which gives them protection. But although the risk is much lower, they can still get BCCs and SCCs.

Actinic keratosis

Actinic keratosis (AK), also called solar keratosis, is a crusty skin growth caused by damage from exposure to UV light. Usually, AK affects mainly the face, scalp and hands. If left untreated for many years, AK may sometimes develop into SCC.

Sunbeds

Using sunbeds and sunlamps increases the risk of developing some skin cancers. The risk increases the more you use a sunbed or sunlamp. It also increases if you were young when you started using them.

Previous skin cancers

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

Bowen's disease

Bowen's disease is sometimes called squamous cell carcinoma in-situ. It is caused by the abnormal growth of cells in the outer layer of the skin (the epidermis – see pages 10 to 11). These cells do not spread into the deeper layers of the skin. If left untreated, occasionally Bowen's disease may develop into SCC. We have more information about Bowen's disease we can send you.

Previous radiotherapy treatment

Having radiotherapy treatment for other conditions can sometimes cause skin cancer (particularly BCC) in the treatment area, later in life.

Lowered immunity

People who have a weakened immune system have a higher risk of developing skin cancer. This can include, for example:

- people who take drugs that lower their immunity (immunosuppressants) after a transplant of an organ, such as a kidney
- people who have HIV
- people with some types of blood cancer, such as chronic lymphocytic leukaemia (CLL).

People with a weakened immune system are more likely to develop SCCs. But BCCs and melanomas are also more common in them than in the general population.

If you need to take drugs to suppress your immune system, the benefit of this outweighs the potential risk of developing skin cancer. However, it is important that you see your doctor regularly to check for early signs of skin cancer.

Exposure to chemicals

Another possible rare cause for non-melanoma skin cancer is overexposure to certain chemicals, usually at work. If you may be at risk from chemicals in the workplace, you should wear protective clothing and use protective equipment. Always follow the manufacturer's instructions when using chemicals at home.

Genetic conditions

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

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

Gender

Men have a slightly higher risk of developing non-melanoma skin cancers than women.

Signs and symptoms

Both BCCs and SCCs can appear in a variety of forms. They are usually painless and grow slowly. They can show up anywhere on your body.

Symptoms of basal cell carcinoma

BCCs are more likely to develop on skin that is regularly exposed to the sun, especially on the face, head and neck.

BCCs may:

- be smooth and pearly
- look waxy
- appear as a firm, red lump or may look sunken in the middle
- appear as a pearly brown or black lump if you have darker skin
- feel itchy and bleed sometimes
- develop a crust or scab
- begin to heal but never completely heal
- look like a flat, red spot that is scaly and crusty
- look like a pale non-healing scar
- develop into a painless ulcer.



Symptoms of squamous cell carcinoma

SCCs usually develop in areas that have been damaged by sun exposure. In people with pale skin, they are mainly found on the face, neck, bald scalps, arms, backs of hands and lower legs.

In people with darker or black skin, SCCs are more likely to affect areas that have less or no sun exposure. These include the lower legs, torso, genitals or areas where there has been long-term scarring, for example after a burn.

SCCs may:

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

What to do if you notice skin changes

If you notice anything unusual on your skin that does not go away after four weeks, show it to your doctor. It might help to take a photograph of anything unusual so you can check for any changes. Remember that there are many other skin conditions that are not cancer, especially in older people.

It can be more difficult to notice changes if you have darker skin. This is because symptoms of skin cancer can be less obvious than those for people with paler skin. If you notice any changes, or develop a sore that does not heal, speak to your doctor.





DIAGNOSING SKIN CANCER

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How skin cancers are diagnosed

If you have symptoms, you will usually begin by seeing your GP, who will examine you. If they think your symptoms could be caused by cancer, they will refer you to a hospital for specialist advice and treatment.

In certain situations, a specially trained GP may be able to remove the affected area. However, most people with suspected skin cancer are referred to a specialist at their local hospital. A doctor who specialises in treating skin diseases is called a **dermatologist**.

Your GP will decide how quickly you need to see the specialist after looking at your symptoms. This will be based on their experience and national guidelines. If they think you have an SCC, you will usually see the specialist within two weeks. This is the usual waiting time for cancer of this type.

If your GP suspects that you have a BCC, you will usually be seen within 18 weeks. This is because nearly all BCCs are slow-growing and unlikely to change during this time. Sometimes, your GP may refer you to see the specialist within two weeks for a BCC if they think you need to be seen sooner. Your GP can explain the referral process to you.

At the hospital

The dermatologist will examine the affected area of skin. They will also ask you questions about how long you have had it and any changes you have noticed. They will be able to learn a lot from a simple examination. They may use an instrument called a dermatoscope. This looks like a magnifying glass with a light. Your doctor will usually also check the rest of your skin to see if you have any other unusual areas.

Biopsy

It is not always possible to tell the difference between skin cancers and benign (non-cancerous) conditions just by examining the skin.

The doctors may advise you to have a sample of tissue taken (biopsy). This is a simple procedure which you can have in the outpatient department. The doctor will give you a local anaesthetic to numb the area. Then they will remove all or part of the affected area and send it to the laboratory. A doctor who specialises in analysing cells (pathologist) will then look at it under a microscope.

Further tests

If you have a BCC, you probably won't need any further tests as long as the cancer has been completely removed. This is because BCCs almost never spread.

If you have an SCC, your doctor may want to check the rest of your body. This is to make sure that you do not need any further treatment, as SCCs can occasionally spread.

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

Rarely, your doctor may recommend that you have an operation to take samples of the nearby lymph nodes (see page 8) if they think the cancer may have spread there.

Very occasionally, you may have some scans if your doctor thinks that the cancer may have started to spread. These can include:

- an ultrasound
- a CT (computerised tomography) scan
- an MRI (magnetic resonance imaging) scan
- sometimes a PET (positron emission tomography) scan.

These scans are not usually needed when you are first diagnosed. Your doctor will explain these tests to you.

Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, family or a close friend. Your specialist nurse or one of the organisations listed on pages 65 to 67 can also provide support. You can also talk to one of our cancer support specialists on **0808 808 00 00**.





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Treatment overview

Most people with BCCs or SCCs are cured with treatment. There are a variety of treatments. The one you are offered will depend on:

- the size of the skin cancer
- where it is on your body
- the biopsy results
- whether you have had skin cancer before
- your general health and any preferences you have.

Surgery

This is an important treatment for many skin cancers. It can be done in a variety of ways (see pages 35 to 39).

Cryotherapy

This destroys cancer cells by using liquid nitrogen to freeze them. It is a very quick way of treating small, low-risk skin cancers, such as superficial BCCs (see page 40).

'I've had skin cancers removed from my upper arm, shoulder, neck and thumb. After the first injection of anaesthetic I didn't feel anything, just a bit of pulling when the stitches were put in.'

Chris

Photodynamic therapy (PDT)

PDT uses light sources, combined with a light-sensitive drug (sometimes called a photosensitising agent), to destroy cancer cells (see page 41).

Chemotherapy cream

A chemotherapy cream containing a drug called 5-Fluorouracil, or 5FU (Efudix[®]), can be used to treat some early superficial BCCs (see page 42).

Immunotherapy cream

A cream called imiquimod (Aldara[®]) can be used to treat some early superficial BCCs (see page 43).

Radiotherapy

This can be a very effective treatment for BCCs and SCCs. Radiotherapy may be used instead of surgery. Or you may have it after surgery if there is a risk that some cancer cells may still be present. Sometimes it is used for cancers that have grown into the deeper layers of the skin (see pages 10 to 11). For more information on radiotherapy, see pages 44 to 45.

How treatment is planned

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

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

The specialists will talk to you about your treatment options, and about what to expect. They will answer any questions you have. You may be asked if you would like to take part in a clinical trial (see pages 48 to 49).

Discussing your treatment

If you have any questions about your treatment, ask your doctor or nurse to explain things to you. It often helps to make a list of questions and to take a relative or close friend with you. They can remind you of questions you want to ask and help you remember what was said. You can use the space on page 68 to write down your questions and the answers you receive.

Giving your consent

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

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

If you do not understand what you have been told, tell the staff straight away, so they can explain again. Some cancer treatments are complex, so it is not unusual to need repeated explanations.

People sometimes feel that hospital staff are too busy to answer their questions. But it is important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions. You can always ask for more time if you feel that you can't make a decision when your treatment is first explained to you.

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

Second opinion

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



Surgery

Surgery is the most common treatment for skin cancer. How it is done depends mostly on the size of the cancer and where it is.

If you have a small cancer, the doctor can usually remove (excise) it under local anaesthetic. Or they may use a technique to destroy the cells known as **curettage and electrocautery** (see page 39).

A larger cancer is more likely to be removed while you are under a general anaesthetic. The skin is replaced with a skin graft or skin flap, if needed (see pages 36 to 37). A type of surgery called **Mohs micrographic surgery** (or margin-controlled excision) is used in some hospitals in the UK (see page 38).

Excision

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

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

Skin grafts and skin flaps

If the cancer is large or spreading, a larger area of skin may need to be removed to cover the wound. You may need a skin graft or, less commonly, a skin flap.

Skin grafts

A skin graft is a layer of skin taken from another part of the body and placed over the area where the skin cancer was removed. The place where the skin is taken from is known as the **donor site**. The place where it is moved to is called the **grafted area**. The amount of skin that is taken depends on the size of the area to be covered. Your doctor or specialist nurse will tell you more about this.

The donor site

You will have a dressing on the donor site to protect it from infection. How long the site takes to heal will depend on how much skin was removed. If skin was taken from the thigh, buttock or upper arm, it may take up to two weeks to heal. If it was taken from the neck, behind the ears or the inner side of the upper arm, it may only take about five days to heal. The donor site can often feel more uncomfortable than the grafted area. You may need to take regular painkillers for a while.

The grafted area

The grafted area may be secured with stitches. You will have a dressing over it, which will be left in place while the graft heals. The skin graft will connect with the blood supply in the area. This usually takes five to seven days. The area will look red and swollen to begin with, but eventually it will heal and the redness will fade.

We can send you more information about skin grafts.

After skin graft surgery

After a skin graft, you can usually go home on the same day. Some people need a short stay in hospital depending on where the graft is on the body and how big it is.

Try not to do too much during the first couple of weeks after surgery. You will need to allow the graft to heal properly. The grafted area will be quite fragile. It is important not to put pressure on it, or rub or brush against it. Some people may need to take some time off work until it has healed. If you have young children, you may need some extra help at home until you feel able to do the things you normally do.

Your stitches will be removed 5 to 14 days after your operation. Some people may have stitches that dissolve and do not need to be removed.

Both the grafted and donor areas will develop scars. These should gradually become less noticeable. There will also be some difference between how the grafted skin and the skin surrounding it looks. This will lessen over time. Your hospital team can tell you more about what to expect.

Skin flaps

A skin flap is a slightly thicker layer of skin, which is taken from an area very close to the wound where the cancer has been removed. The flap is cut away, but left partly connected so it still has a blood supply. It is moved over the wound and stitched in place. If you have a skin flap, you may need to stay in hospital for a few days.

Skin flap surgery is very specialised. A plastic surgeon usually does it. You may have to travel to a different hospital to have it. If you need a skin flap, your doctor will be able to tell you more about it.

Mohs micrographic surgery

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

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

During Mohs surgery, the surgeon removes the cancer in thin layers. The tissue that has been removed is looked at under a microscope during the surgery. The surgeon continues to remove more layers until no cancer cells are seen in the tissue. This technique makes sure that all the cancer cells are removed and only a very small amount of healthy tissue is removed.

Mohs surgery is often done under local anaesthetic. You are usually allowed to go home the same day.

If you are having a large cancer removed, you may also need to have a skin graft or skin flap to cover the wound (see pages 36 to 37).

Curettage and electrocautery

Occasionally, people have treatment using curettage and electrocautery. This involves scraping away the cancer and using heat or electricity to stop any bleeding. It is usually only used for skin cancers that are small.

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

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



Cryotherapy

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

The doctor sprays liquid nitrogen onto the cancer to freeze it. It can be a bit painful when the liquid nitrogen is applied. Some people describe the feeling as being like a bee sting.

After treatment, the area may ache or throb for a minute or two. After about an hour or so, the area may blister. This is normal. The blister may contain blood. Your doctor or nurse may need to drain the fluid from the blister using a sterile needle. But the top of the blister should be left intact.

Keep the treated area covered with a dressing until a scab forms. About two weeks after your treatment, the scab drops off and the cancer cells should have cleared. You may have a white scar in the area. Occasionally, you may need more than one cryotherapy treatment to get rid of the cancer completely.

Photodynamic therapy (PDT)

Photodynamic therapy (PDT) uses light sources combined with a light-sensitive drug to destroy cancer cells. PDT is particularly useful in areas where the skin cancer develops directly over bone, such as on the shins and hands. It is also useful for superficial BCCs.

Before treatment, the doctor or nurse may remove any scabs from the area. Then they will put a cream containing the light-sensitive drug onto the area. They will usually cover this with a dressing. You then wait for around three hours before having the light treatment. This allows the cream to soak into the layers of the skin.

Next, the doctor or nurse will clean the area. Then they will shine a special light directly onto your skin. The light treatment usually lasts between 8 and 45 minutes, depending on the light source they use. Some people may find they get a stinging or burning feeling in the treatment area. Tell your doctor or nurse if you are uncomfortable. They can give you something to help.

After this, they will put a dressing over the area to cover it and protect it from light. Keep the dressing on for up to 36 hours after your treatment. Your doctor or nurse will give you instructions about this before you leave hospital.

After having PDT, a crust usually forms over the treated area. This crust will fall off naturally after a few weeks, leaving the healed, new skin underneath.

Usually, only one treatment of PDT is needed. But occasionally you may need two or three if the skin cancer is thick. Your doctor or nurse will explain how you will have the treatment and how many you may need.

Chemotherapy cream

Chemotherapy uses anti-cancer drugs to destroy cancer cells. Chemotherapy cream or lotion can be applied directly onto the skin cancer. This is called **topical chemotherapy**.

Usually a drug called 5-fluorouracil (Efudix®), often called 5FU, is used to treat non-melanoma skin cancers. Your doctor or nurse will give you the cream to put on at home. They, or a pharmacist, will explain how to apply it.

You apply the cream either once or twice a day. The area can usually be left uncovered. However, your doctor or nurse may advise you to cover the area with a waterproof dressing after putting on the cream. You should follow the instructions they give you.

The treatment should make the skin red and inflamed. Once the area becomes sore and weepy, the treatment will be stopped. This is usually after three to four weeks depending on where it is on your body. It may be less if it is on your face, or longer for other areas.

If the area is very sore, your doctor can prescribe a steroid cream to help. The skin usually takes a week or two to heal after you finish the treatment. But sometimes it can take longer.

Try to protect the treated area from the sun, as it can make the inflammation worse. Usually there are no other side effects with this type of chemotherapy.

Immunotherapy cream

Immunotherapy is the name given to cancer treatments that use the body's immune system to attack cancer cells.

An immunotherapy cream called imiquimod (Aldara®) stimulates the immune system. Doctors may use it to treat some small, superficial BCCs. It is usually used in areas where surgery may be difficult or for people who have more than one cancer.

Your doctor or nurse will give you the cream to put on at home. They, or a pharmacist, will explain how to apply it and how often to use it. You usually apply the cream once a day, five days a week for six weeks.

Some redness or crusting of the skin usually occurs during the treatment, but there should be no permanent scarring. If the skin reaction is very strong, your doctor may give you a steroid cream to help.

Some people may feel a burning or tender feeling in the area being treated. This is most common at the start of treatment. Occasionally, the immunotherapy cream may cause shivers and other flu-like symptoms. If this is the case, tell your doctor or specialist nurse, as they may advise you to stop using it.

Your multidisciplinary team can give you more detailed instructions on how to use your immunotherapy cream and how to manage any side effects.

Radiotherapy

Radiotherapy uses x-rays to destroy the cancer cells, while doing as little harm as possible to normal cells.

It works well for treating skin cancers. Radiotherapy is particularly useful in cases where surgery might be difficult or disfiguring, for example:

- areas on the face (such as near the nose)
- large areas
- cancers that are deep in the skin.

However, radiotherapy is not recommended for young people, as it can cause skin changes which may become more visible over time.

Radiotherapy is occasionally used when a non-melanoma skin cancer has spread to other places. This can include lymph nodes or an organ such as the lungs.

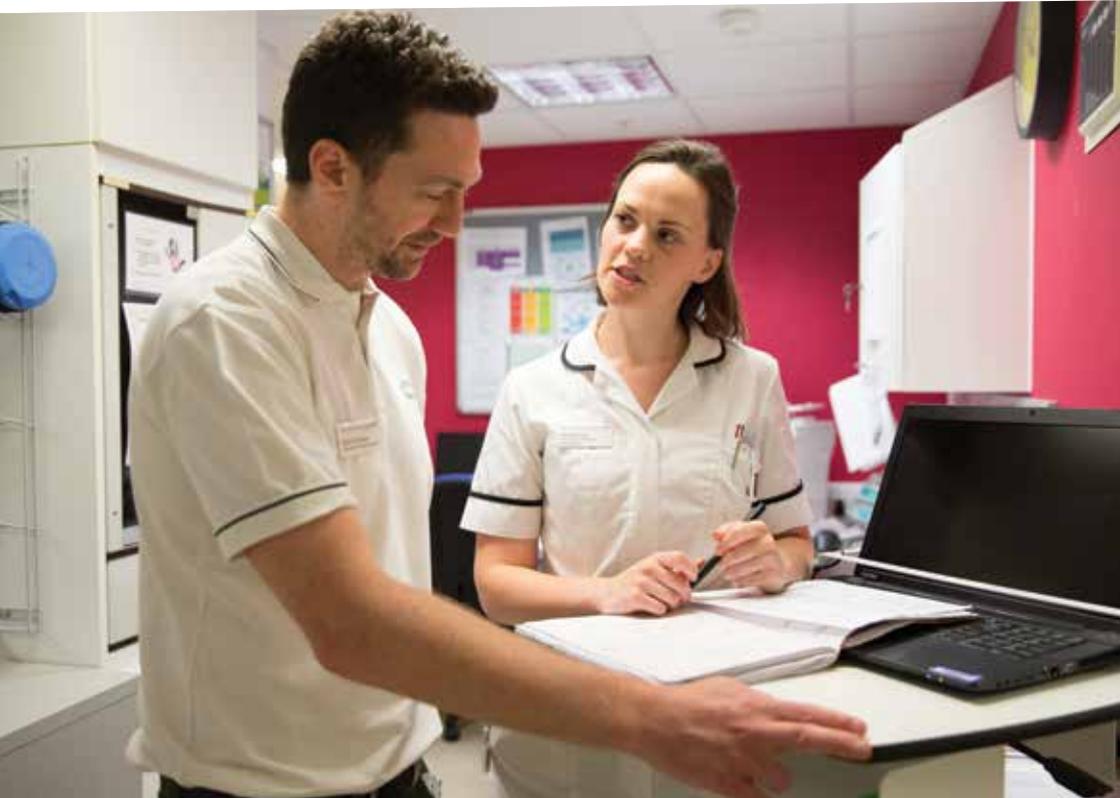
You have the treatment in the hospital radiotherapy department. You may only have a single treatment, but usually several doses are needed. You have these each day over one or more weeks. Your doctor will discuss your treatment plan with you.

Radiotherapy treatment affects only a small area of skin and will not make you feel unwell. The treated skin will be red and inflamed for up to a month after treatment. During this time, it will look as though the treatment has made things worse rather than better. This is normal. After a few more weeks, the area will dry up and form a crust or scab. In time, the scab will peel away, leaving healed skin underneath.

At first, this new skin will look pinker than the skin around it. This should gradually fade and the treated area will start to look like the skin around it, although it may be slightly paler. If you have dark skin, you might notice that the area gets darker.

Radiotherapy to areas where hair grows can make the hair fall out in the treated area. Your hair usually grows back in 6 to 12 months, depending on the dose of radiotherapy and how many sessions you have had. Some people find that the hair loss is permanent. You can talk to your clinical oncologist about whether your hair is likely to grow back after treatment.

Radiotherapy for skin cancer does not make you radioactive. This means it is perfectly safe for you to be around other people, including children, during your treatment.



Less commonly used treatments

The following treatments are less commonly used. Doctors may occasionally use these for a skin cancer that has spread.

Surgery to remove lymph nodes

If there is evidence that an SCC has spread, you may need to have some lymph nodes removed. This operation is called a **lymphadenectomy** or **lymph node dissection**. It is done to see if there are any cancer cells in the lymph nodes. If cancer cells are present, removing the lymph nodes can help to prevent them from spreading further. This is a large operation and is done under a general anaesthetic.

Only a very small number of people who have SCCs need this operation. It is not done for people with BCCs, as they almost never spread to the lymph nodes.

After a lymphadenectomy, you will have tubes (drains) coming from the wound to allow fluid to drain away. These will be removed a few days after the operation.

Occasionally, this operation may cause permanent swelling of the affected area. This is called lymphoedema. It happens when lymph fluid can't drain properly from the area after the lymph nodes have been removed.

We have more information about lymphoedema in our booklet **Understanding lymphoedema**. You can order a copy from **be.macmillan.org.uk** or by calling **0808 808 00 00**.

Targeted therapies

Targeted therapies interfere with the way cancer cells grow. They are sometimes called biological therapies. They may occasionally be used when a BCC has spread. Because it is rare for a BCC to spread, targeted therapies are rarely used.

Doctors may use targeted therapies if a BCC has spread deeper, but surgery or radiotherapy is not suitable. They may also occasionally use them if a BCC has spread away from the original site (advanced or metastatic).

These drugs are not widely available throughout the UK for skin cancers. Your doctor can tell you if they are appropriate for you.

Chemotherapy

Chemotherapy is very rarely used to treat non-melanoma skin cancers. It is occasionally used when someone has a skin cancer that has spread away from the original site. It is usually given into a vein (intravenously). Different types of chemotherapy may be used depending on the type of skin cancer.

We can send you more information about chemotherapy.

Research – clinical trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are done on patients are known as clinical trials. These may be carried out to:

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

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

Taking part in a trial

You may be asked to take part in a treatment research trial. There can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments. You will be carefully monitored during and after the study.

Usually, several hospitals around the country take part in these trials. It is important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.

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

Our booklet **Understanding cancer research trials (clinical trials)** describes clinical trials in more detail. You can order a copy from **be.macmillan.org.uk** or by calling **0808 808 00 00**.





AFTER TREATMENT

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After treatment – follow-up

Many people who have surgery for BCCs and very early-stage SCCs will not need long-term follow-ups. However, your doctor may want you to have regular check-ups for a time. This is to make sure that treatment has been successful and the cancer has not come back. These check-ups are a good opportunity to talk to your doctor about any problems or worries you may have.

Once you have had a skin cancer, you are more at risk of developing another one somewhere else. You also have a higher risk of developing a recurrence of the skin cancer in the area where you had it before.

It is important to regularly check your skin for any new symptoms or changes that could be cancer. Using a mirror can help if there are areas you cannot see easily, such as your back. Or you can ask a relative or friend, if you feel comfortable doing so. If you have any problems, or notice any new symptoms in between check-ups, tell your doctor as soon as possible.

Share your experience

When treatment finishes, many people find it helps to talk about and share their thoughts, feelings and advice with other people. This can be especially helpful for others with skin cancer who are about to start their treatment. Just hearing about how you have coped, what side effects you had and how you managed them is very helpful to someone in a similar situation.

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

Preventing further skin cancers

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

- The best protection is to cover up. Wear clothing made of cotton or natural fibres that have a close weave. These will give you more protection against the sun.
- Keep your arms and legs covered by wearing long-sleeved tops and trousers. Wear a wide-brimmed hat to protect your face and neck.
- Use suncream with a high sun protection factor (SPF) of at least 30. Choose one that protects against UVA and UVB, with four or five stars. Follow the instructions on the bottle and re-apply as recommended, particularly after swimming. Remember to apply suncream on and behind your ears.
- Many people do not use enough suncream. Experts say you need at least six to eight teaspoons of lotion for an average-sized adult to give the SPF coverage it says on the bottle.
- Always wear sunglasses in strong sunlight.
- Do not let your skin burn.
- Stay out of the sun during the hottest part of the day. This is usually between 11am and 3pm.
- Do not use a sunbed or sunlamp. If it is important for you to look tanned, use fake tan lotions or sprays.
- Check your skin regularly for any changes.

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

If you are not often exposed to the sun, you may want to ask your specialist or GP to check your vitamin D levels. This vitamin is important for general health and can get very low in people who avoid the sun.

'Now I am just extra careful and make sure that I use a lot of suncream and I always wear a hat. I am much more aware and careful about the risks.'

Andrew

Body image

Doctors try to minimise the effects of skin cancer treatments on appearance. Many people have only minor scarring after treatment. But sometimes, if the skin cancer was larger or deeper, the effects may be more obvious.

If treatment has changed the way you look, you may feel differently about yourself and your body image. Although the effects will often improve with time, it may make some people feel more self-conscious about how they look.

Everyone's reactions are different. Some people may feel more self-conscious about their body but find it manageable. Or you may find your concerns are on your mind a lot of the time, which can be upsetting.

Talking openly with people you trust can be the best way forward. This could be your family or close friends, or your cancer doctor or nurse. Talking to another person who has been through something similar can also help.

There are practical things that can help you to feel better about your appearance, manage changes to your body and improve your confidence. For example, you may want to consider using camouflage make-up to cover a scar. You can talk to your doctor or specialist nurse about camouflage make-up or about any concerns you have.

We have more information that you may find helpful. You can order our booklet **Body image and cancer** from **be.macmillan.org.uk** or by calling **0808 808 00 00**.

Your feelings

Although your skin cancer is likely to be cured, you may feel anxious or upset for a while after you have been diagnosed. It is important to remember there is no right or wrong way to feel. Everyone's reactions are different and you might have a mixture of emotions.

Talking about your feelings can be helpful. If other people know how you feel, it makes it easier for them to support you. You can talk to your doctor or specialist nurse for support too.

Occasionally, some people may need more than the advice and support of their healthcare professionals, family and friends. Sometimes it is easier to talk to someone who is not directly involved in your situation.

If you are finding it difficult to cope, your specialist or GP can usually refer you to a counsellor who can help. You can call the Macmillan Support Line on **0808 808 00 00** to speak to cancer support specialists about anything that is on your mind. Or you could contact one of the support organisations on pages 65 to 67.





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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

Online information

All of our information is also available at **macmillan.org.uk/information-and-support**

There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday to Friday, 9am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00**
or email us via our website,
macmillan.org.uk/talktous

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face. Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**

Macmillan's My Organiser app

This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

British Association of Skin Camouflage

Tel 01254 703107

www.skin-camouflage.net

Shows people how to use make-up such as skin camouflage. Holds camouflage awareness presentations and demonstrations for patient support groups.

Changing Faces

Tel 0300 012 0275

Email

support@changingfaces.org.uk

www.changingfaces.org.uk

Offers support and information for children, young people and adults who have any sort of disfigurement, and their families. Also works with healthcare professionals, schools and employers to promote awareness about disfigurement.

Let's Face It

Tel 01843 491291

Email chrisletsfaceit@aol.com

or julialetsfaceit@talktalk.net

www.lets-face-it.org.uk

An international network for people with facial disfigurement. Links patients, their families, friends and professionals for self-help, information and mutual support.

Skinship UK

Tel 01557 428 504

Aims to improve current public perception of, and reaction to, skin diseases and disfigurement. Offers a UK-wide network of support groups, telephone helpline and one-to-one counselling.

Skin support

www.skincare.org.uk

Developed by the British Association of Dermatologists to support people with skin conditions. Offers information about different skin conditions including skin cancer and Bowen's disease.

General cancer support organisations

Cancer Focus

Northern Ireland

Helpline 0800 783 3339

(Mon to Fri, 9am to 1pm)

Email

nurseline@cancerfocusni.org

www.cancerfocusni.org

Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

Cancer Support Scotland

Tel 0800 652 4531

(Mon to Fri, 9am to 5pm)

Email

info@cancersupportscotland.org

www.

cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Maggie's Centres

Tel 0300 123 1801

Email

enquiries@maggiescentres.org

www.maggiescentres.org

Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.



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

Tenovus

Helpline 0808 808 1010

(Daily, 8am to 8pm)

Email

info@tenovuscancercare.org.uk

www.

tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

Support for older people

Age UK

Helpline 0800 055 6112

(Daily, 8am to 7pm)

www.ageuk.org.uk

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

Financial or legal advice and information

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use their online webchat or find details for your local office in the phone book or by contacting:

England

Helpline 03444 111 444

www.citizensadvice.org.uk

Wales

Helpline 03444 77 2020

www.citizensadvice.org.uk/wales

Scotland

Helpline 0808 800 9060

www.citizensadvice.org.uk/scotland

Northern Ireland

Helpline 0800 028 1181

www.citizensadvice.co.uk

Disclaimer

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

Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, James Larkin, Consultant Medical Oncologist.

With thanks to: Dr Ophelia Dadzie, Consultant Dermatologist; Dr Conal Perrett, Consultant Dermatologist; Dr Agata Rembielak, Consultant Clinical Oncologist; and Joanna Watson, Clinical Nurse Specialist in Skin Cancer.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **cancerinformationteam@macmillan.org.uk**

Sources

We've listed a sample of the sources used in the publication below. If you would like further information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

Motley et al. British Association of Dermatologists. Management of the patient with primary cutaneous squamous cell carcinoma. 2009.

National Institute for Health and Care Excellence (NICE). NG12: Suspected cancer: recognition and referral. 2015 (updated 2017).

National Institute for Health and Care Excellence (NICE). NG134: Sunlight Exposure: Benefits and Risks. 2016.

National Institute for Health and Care Excellence (NICE). PH32: Skin Cancer Prevention. 2011 (updated 2016).

Scottish Intercollegiate Guidelines Network (SIGN) 140. Management of primary cutaneous squamous cell carcinoma. 2014.

Telfar N et al. Guidelines for the management of basal cell carcinoma. British Journal of Haematology. 2008.

Can you do something to help?

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

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



Share your cancer experience

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

Campaign for change

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

Help someone in your community

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

Raise money

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

Give money

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

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

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Issue no

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Security number

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Signature

Date

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Don't let the taxman keep your money

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

I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

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

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



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

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

This booklet is about skin cancer. It is for anyone who has, or is having tests for, skin cancer.

This booklet explains the different types of skin cancer and how it is diagnosed. It tells you how it is treated, what to expect after treatment finishes, and how to prevent further skin cancers.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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CANCER SUPPORT**