



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 how to reduce the risk of developing skin cancer. It is aimed at people with an increased risk of developing skin cancer. 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. Please note that some of the treatment options in this leaflet may not be available on the NHS.

How likely am I to get skin cancer?

Anyone can develop skin cancer, and the risk increases with age; however, some people are more likely than others and include those who have:

- Fair skin that burns easily
- Light coloured eyes, e.g. blue, grey or hazel
- Naturally blonde or red hair
- Numerous freckles
- An outdoor occupation and/or had intense sun exposure in the past or currently (without the use of sunscreen)
- Outdoor recreation such as gardening, cycling, golf or sailing (without the use of sunscreen)
- Frequent use of artificial sun lamps and sunbeds
- Experienced sunburnt skin
- A history of skin cancer
- Had an organ transplant, a blood disorder such as leukaemia and/or taken immunosuppressive drug therapy.

Why am I more at risk from skin cancer?

People who have already had skin cancer or pre-cancerous skin lesion, who have generally had above average sun exposure (natural or artificial), or those on immunosuppressive drugs, particularly after an organ transplant may be at an increased risk of getting more than one skin cancer.

How can I spot the signs of skin cancer?

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

You should see your GP if you have either:

Marks on your skin which:

- Grow
- Bleed
- Change in appearance in any way
- Never heal completely or form a scab that falls off and then grows again

Or:

- Any existing moles that change in size, shape, colour or texture.

What do skin cancers look like?

The three main types of skin cancers are:

- **Basal cell carcinoma (rodent ulcer).** Most basal cell carcinomas are painless. People often first become aware of a possible basal cell carcinoma 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 have a pale shiny 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". Basal cell carcinomas can also be lumpy, with one or more shiny nodules crossed by small but easily seen blood vessels (see Patient Information Leaflet on [Basal Cell Carcinoma](#)).
- **Squamous cell carcinoma.** A squamous cell carcinoma usually appears as a scaly or crusty raised area of skin, with a red, inflamed base. It may look like an irritated wart, or develop to form a bleeding

ulcer. Most small squamous cell carcinomas are not painful, but pain in a growing lump is a suspicious symptom for squamous cell carcinoma. They occur most often on the face, bald scalp, neck, ears, lips, back of the hands and forearms. Organ transplant patients are more at risk from this form of skin cancer (see Patient Information Leaflet of [Squamous Cell Carcinoma](#)).

- **Melanoma.** Melanomas are more rare but are the most serious type of skin cancer. They are usually irregular brown or black spots, which may develop within a pre-existing mole or appear on normal skin that never had a mole in that place before. Any changes in a mole or a new mole occurring for the first time after the age of 40, should be shown to your doctor.

Lesions related to skin cancers:

- **Actinic keratoses (also known as solar keratoses).** Skin cancers may be preceded by a pre-cancerous condition known as actinic keratoses, caused by sun damage. These are usually pink or red spots, with a rough surface, which appear on skin that is exposed to the sun. The face, bald scalp, neck, backs of the hands and forearms are most often affected. Actinic keratoses may be easier to feel than they are to see, as they are rough. A small number are pre-cancerous, but early treatment may prevent them changing into skin cancer. Most actinic keratoses, however, will never become cancerous (see Patient Information Leaflet on [Actinic Keratoses](#)).

Remember, if you see **any changes** in your skin - whether an ulcer or a spot - you must tell your doctor or nurse, who will refer you to a dermatologist if appropriate.

How is skin cancer diagnosed?

If your GP thinks that the mark on your skin needs further investigation, he or she may refer you to the local dermatology outpatients' clinic for examination. Dermatologists use an instrument called a dermatoscope to examine any suspicious areas on the skin and, if necessary, a small piece of the abnormal skin (a biopsy), or the whole area (an excision), may be surgically 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 chances of getting skin cancer. These are:

- Learn how to recognise the early signs
- Examine your skin regularly for these signs
- Arrange an annual check from your GP or nurse
- Protect your skin from the sun
- Do not use sunlamps, sunbeds or visit tanning shops regardless of how safe it may be advertised
- Avoid getting a sunburn (see vitamin D advice below)

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 by following the below 'top sun safety tips':

- Protect your skin with clothing, and remember to wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- Stay in the shade between 11 am and 3 pm when the sun is particularly strong. Step out of the sun before your skin has a chance to redden or burn.
- When choosing a sunscreen look for a high protection SPF (SPF 30 or higher) to protect against UVB, and the UVA circle logo and/or 4 or 5 UVA stars to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and frequently reapply during the day and straight after swimming and towel-drying.
- Keep babies and young children out of direct sunlight.
- The British Association of Dermatologists recommends that you tell your doctor about any changes to a mole or patch of skin. If your GP is concerned about your skin, make sure you see a Consultant Dermatologist – an expert in diagnosing skin disease, including skin cancer. Your doctor can refer you through the NHS.
- Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
- Remember that winter sun, such as on a skiing holiday, can emit just as much of the damaging ultra-violet light as summer sun (especially at high altitudes).

- Consider purchasing UV protective swim and beachwear, which can particularly assist in protecting the trunk when swimming on holiday.
- If you are not often outdoors, are in an institution such as care home or usually wear clothes that cover up most of your skin when outdoors, you should consider taking 10mcg of Vitamin D supplement tablets (available from health food stores) throughout the year, as strictly avoiding sunlight can reduce your Vitamin D levels. Always consult your GP or nurse before taking vitamins and self-medication.

Vitamin D advice

The evidence relating to the health effects of serum Vitamin D levels, sunlight exposure and Vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with Vitamin D deficiency.

To protect bone and muscle health, the daily dietary requirement of vitamin D is 10mcg. Examples of foods that are high in Vitamin D include oily fish, eggs, meat, fortified margarines and cereals. However, it is difficult for people to meet the 10 microgram recommendation from consuming foods naturally containing or fortified with vitamin D.

On 21 July 2016, Public Health England advised a daily supplement containing 10mcg of vitamin D for people whose skin has little or no sun exposure. Vitamin D3 supplements are widely available from health food shops.

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 lesions 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 period of 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?

There are various treatments available, depending on the type of skin cancer.

- **Surgery.** Most skin cancers are excised (cut out) under a local anaesthetic. After an injection to numb the skin the tumour (growth of tissue) is cut away together with some of the surrounding skin. Sometimes a small skin graft is needed.
- **Curettage and cautery.** This is another type of surgery carried out under a local anaesthetic, in which the skin lesion (growth) is scraped away (curettage) and the remaining skin surface is sealed by heat (cautery).
- **Cryotherapy.** Freezing growth 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 lesion and covering it with a dressing for 4 to 6 hours. A special light is then shone on the area, and this destroys the skin lesions (see Patient Information Leaflet on [Photodynamic Therapy](#)).
- **Radiotherapy.** X-rays are shone on the area where the skin lesions are. Radiotherapy may also be used to relieve symptoms when skin cancer has spread to other parts of the body.

The removal of lymph nodes is usually only undertaken if the cancer has spread there, causing them to enlarge.

Some patients with organ transplants may be advised by their transplant surgeon in conjunction with their dermatologist to reduce or stop their immunosuppressant medication. Sometimes, a medication known as retinoid may be prescribed to inhibit 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 GP or nurse promptly
- Always protect your skin from the sun
- Do not use sunlamps or sunbeds

Where can I get more information about skin cancer?

Links to patient support groups:

Macmillan Cancer Support

89 Albert Embankment
London, SE1 7UQ
Free helpline (for emotional support): 0808 808 2020
Free helpline (for information): 0808 800 1234
Web: www.macmillan.org.uk

Cancer Research UK
Angel Building
407 St John Street
London, EC1V 4AD
Web: www.cancerresearchuk.org/sunsmart/

The Karen Clifford Skin Cancer Charity
1a Mabel Grove
West Bridgford
Nottingham
NG2 5GT
Tel: 0115 9819116
Web: www.skcin.org

Wessex Cancer Trust
91-95 Winchester Road
Chandler's Ford
Eastleigh
SO53 2GG
Tel: 023 8067 2200
Fax: 023 8067 2266
Email: wct@wessexcancer.org
Web: www.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.

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

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: individual patient circumstances may differ, which might alter both the advice and course of therapy 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

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