Cancer Council Queensland

Understanding Sunspots and skin cancer

A guide for people with cancer, their families and friends

Cancer information

Cancer Council Helpline
13 11 20
www.cancerqld.org.au

Cancer Council Queensland is a not-for-profit, non-government organisation that provides free information and support for people with cancer and their families and friends throughout Queensland. These services are made possible through the generous donations of Queenslanders and we thank them for their continued support.

If you would like to know more about the information and support services provided by Cancer Council Queensland, call our Helpline on 13 11 20 Monday to Friday, 8am to 6pm.

Introduction

This booklet is designed to help you understand more about sunspots and skin cancer. People affected by cancer often report that seeking information about cancer and treatment options assists them to feel more in control and prepared for what is happening. However people have different needs for information, different levels they are comfortable with, and their information needs change over time.

Your capacity to absorb information can also be affected by a stressful event such as the diagnosis of cancer. With this in mind, we recommend that you approach this booklet with an open mind. Read what is relevant to you and take your time to absorb the content. You may find it helpful to read this booklet in small sections and skip over those that do not interest you at this stage. You may also find you want more detailed information than this booklet provides.

The information provided in this booklet may be helpful in deciding what questions to ask the doctor and nurses involved in your care. This booklet is not designed to replace information provided by your treating doctor or health care team. We encourage you to talk with your doctor or health team about the questions and concerns you have.

A separate booklet called **'Understanding Melanoma'** is available from **Cancer Council Queensland**, if you wish to read it.

For further information, please feel free to call the **Cancer Council Helpline** on **13 11 20**, Monday to Friday, between 8am and 6pm.

Personal information

Ask your doctor or nurse to help you complete this page

Name .....

Doctor's name .....

Phone ..... A/H .....

Hospital .....

Hospital contact person /
cancer co-ordinator .....

Phone ..... A/H .....

Specialist .....

Phone .....

Nurse .....

Phone .....

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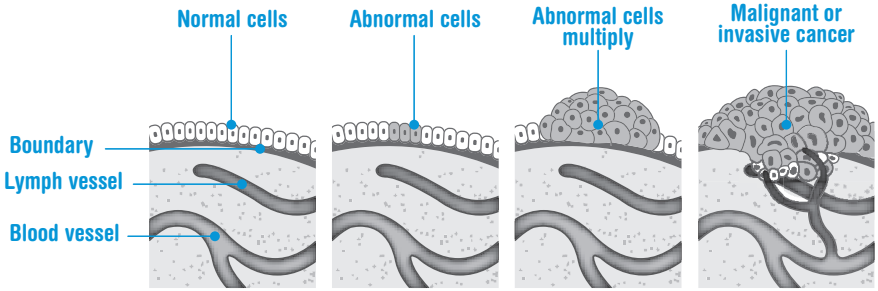
What is cancer?

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

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

A tumour can be benign (not cancer) or malignant (cancer). A benign tumour does not spread outside its normal boundary to other parts ofthe body. However, if a benign tumour continues to grow at the original site, it can cause a problem by pressing on nearby organs.

The beginnings of cancer

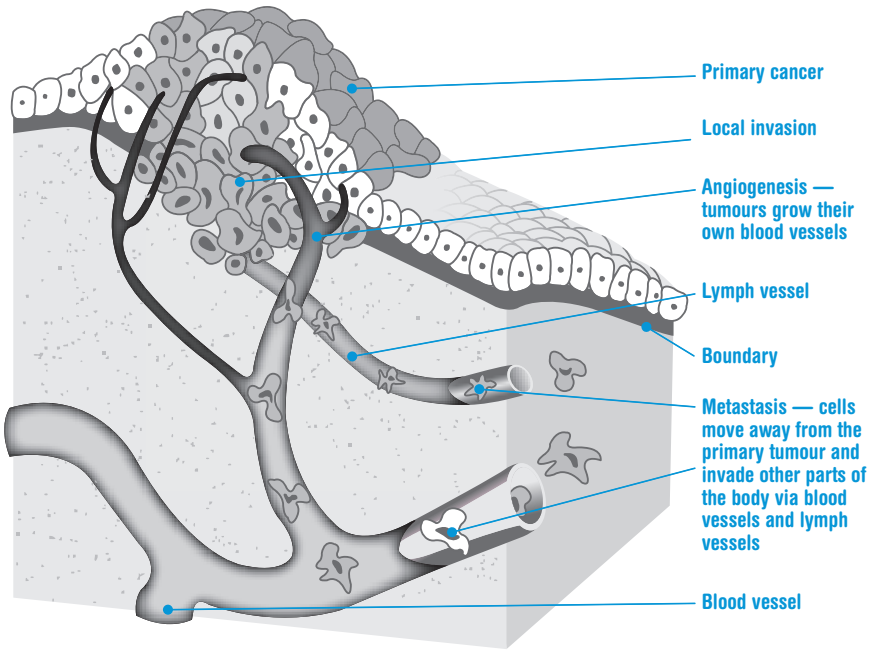


Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may not have invaded nearby tissue. This is known as a cancer in-situ (or carcinoma in-situ). As the tumour grows, it invades surrounding tissue becoming invasive cancer. An invasive cancer that has not spread to other parts of the body is called primary cancer.

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

How cancer spreads

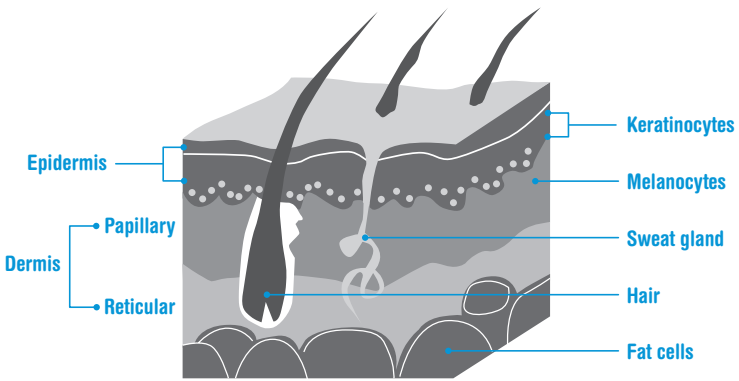


Your skin

Your skin, like all the organs and tissues of your body, is made up of tiny building blocks called cells.

The outer layer of skin, the epidermis, is made up largely of flat cells called squamous cells. These cells contain a substance called keratin, which resists heat and cold and the effects of many chemicals. Lower down in the epidermis are rounder cells called basal cells, and scattered among these lie the melanocytes, the cells which produce melanin, the pigment that gives skin its colour. Melanin protects the body against the damaging ultraviolet (UV) rays present in sunlight by absorbing these rays. Unfortunately, most Australians don't make enough melanin to protect them against the harmful effects of our strong UV radiation. Below the epidermis is the dermis, which contains the roots of hairs, glands which make sweat and oil, blood and lymph vessels and nerves.

Moles and freckles are both areas of skin where there is a lot of melanin. Freckles are flat; they gradually darken in sunlight and tend to fade in winter. Moles can be flat or raised and they remain constant in colour.



What happens to skin in the sun?

Each time your unprotected skin is exposed to the sun, UV radiation causes changes to take place both in the structure of the cells and in what they do.

Over many years of exposure to sunshine, the skin becomes permanently damaged and the damage will continue to worsen as long as your skin keeps getting more sun.

These changes are often described as 'premature ageing', but they are in fact quite different from normal ageing in skin. In old age, the 'peaches and cream' skin which is not exposed to the sun is smooth, without spots or blemishes. It is a little thinner than younger skin, but there are relatively few wrinkles and it remains fairly firm.

On the other hand, skin which has been exposed to the sun, becomes thickened, rough and leathery. Gradually, over some 20 to 40 years, it acquires many blotches and blemishes, and fair skin particularly may become yellowish. It loses its elasticity and becomes generally loose. It is covered with fine wrinkles, broken by a number of deep creases or furrows.

These effects are seen especially on the skin which gets most sun – the face, the back of the neck, the backs of hands and arms and the 'v' neckline. Skin exposed to sun over many years may also develop scaly red 'sunspots' or solar keratoses.

Most importantly, the sun's UV rays cause skin cancer to develop. You do not need to sun bake, sunburn or expose yourself to UV rays for prolonged periods to get skin cancer. In Australia, sunburn can occur in as little as 15 minutes on a fine January day.

What are solar keratoses (sunspots)?

Solar keratoses (often called ‘sunspots’) are scaling spots, red or occasionally brown in colour.

They appear on areas of skin which are frequently in the sun – most commonly the face, ears, neck, forearms or hands. The spots vary in size from 2mm to 2cm in diameter. They are not painful or itchy, but may sting when in the sun or if they are picked.

Solar keratoses are not skin cancers, but they are like skin cancers; the result of many years of exposure to the sun. Occasionally they may change into a skin cancer, but probably at a low rate. They may remain for years or they may come and go over the years. They are however, a warning sign.

Solar keratoses occur on skin which has had enough sun to develop skin cancer, and skin cancers are more common in people with solar keratoses. If you have a solar keratosis, you should watch out for signs of early skin cancers. You should also take extra care in sunlight – use protective clothing, sunglasses, SPF 30+ sunscreen, minimise your time in the sun between 10am and 3pm and seek shade to protect yourself.

What is skin cancer?

Skin cancers begin in the lower part of the epidermis. There are three main types of skin cancer; basal cell carcinoma and squamous cell carcinoma (known together as non-melanoma skin cancer) and melanoma.

The different skin cancers are named after the type of cell they start from; squamous cells, basal cells and melanocytes.

Basal cell carcinoma

Basal cell carcinoma (BCC) is the most common but the least dangerous type of skin cancer. About 75 per cent of skin cancers in Australia are BCCs. They grow slowly over months or years and rarely spread to other parts of the body.

However, if they are not treated, they may form an ulcer (that is, a break or hole in the skin which does not heal), and as this enlarges and deepens it may cause damage to tissue and organs nearby for instance, the eyelids or nose. In rare instances basal cell carcinomas can be life threatening, especially those occurring on the face where they can penetrate deeply.

Basal cell carcinomas occur most often on the head, neck or upper trunk, though they may appear on other parts of the body. They usually start as small round or flattened lumps which are red, pale or pearly in colour, and may have blood vessels on the surface. A BCC may also appear as a small area of scaling, like a patch of eczema.

If you have one BCC you are likely to have others, either at the same time or in later years. They are most common in people over 40 years of age, but they can also occur in younger adults.

Squamous cell carcinoma

Squamous cell carcinomas (SCC) are less common than basal cell carcinomas but grow faster and are more dangerous. They usually grow over a period of weeks to months, and may spread to other parts of the body if not treated promptly. They occur most often (but not only) on the head, neck, hands and forearms.

An SCC looks like a skin coloured or light red scaling nodule which may bleed easily or ulcerate after some time. It may be tender to touch. SCCs very rarely occur before 40 years of age. They are almost always a result of years of exposure to the sun.

Melanoma

Melanoma is the least common but most dangerous skin cancer. It is often fast growing and, if left untreated, can be carried quickly to distant parts of the body to form secondary cancers, or metastases.

Melanomas can occur anywhere on the body, not only in areas that get a lot of sun.

A melanoma appears either as a new spot, or as an existing freckle or mole that changes in colour, size or shape. The changes are normally seen over a period of weeks or months.

A melanoma usually has an irregular or smudgy outline and more than one colour and may be flat or raised.

Melanoma occurs more commonly in people over 40 years of age, but it also occurs in younger adults, and occasionally in teenagers.
It is seen only very rarely in children.

Melanoma accounts for less than five per cent of all skin cancers;
but because of the speed with which melanomas develop, and the way it can spread through the blood stream, most deaths from skin cancer are the result of melanoma.

There are a number of different types of melanoma. The superficial spreading melanoma, for example, starts as a flat, freckle-like spot which first spreads out sideways in the epidermis. A melanoma which is raised above the skin is described as nodular.

Melanomas tend to spread out within the epidermis before they move into the deeper layer of the skin (the dermis). Once a melanoma has spread into the dermis, it is known as an invasive melanoma. From here, cancer cells may break away and spread through blood and lymph vessels to other parts of the body. However, when detected early, most melanomas are removed by surgery before this occurs.

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What causes skin cancer?

Exposure to the sun, in particular, to the sun's UV rays, is the main cause of both skin cancer and solar keratoses.

Solar keratoses and squamous cell carcinomas seem to be related to a slow build up of the effects of sunlight over many years. Basal cell carcinomas and melanoma on the other hand, seem to be related to episodes of sunburn, particularly in childhood as well as to sunlight over many years.

The most dangerous years are during childhood. Exposure to the sun during these years considerably increases your likelihood of getting skin cancer at some time in your life.

How common is skin cancer?

On current figures, one in two Australians develop some form of skin cancer during their lifetime. This is the highest rate in the world. In Australia, skin cancer is the most common type of cancer.

In Queensland, roughly one person in 19 will get a melanoma in their lifetime. Around 2500 Queenslanders develop melanoma each year.

It is important to follow these simple preventative steps to greatly reduce your risk of skin cancer:

- Reduce your sunlight exposure, especially in the peak ultraviolet radiation (UVR) hours of 10am to 3pm.
- Find some shade, or create your own with an umbrella.
- Slip on some protective clothing.

- Slap on a broad brimmed hat, or one that covers your neck and shoulders.
- Slop on a good layer of broad-spectrum water-resistant SPF30+ sunscreen. Remember to reapply frequently if outdoors.
- Protect your eyes with close fitting sunglasses.
- Avoid getting a suntan, using a solarium or getting sunburnt.

Diagnosis

Signs of skin cancer

Skin cancers take a variety of forms. Skin cancer is visible, so you can usually find it early and have it checked as soon as it develops. It is rarely painful and may not be ugly. If you notice anything unusual on your skin which does not go away within a couple of weeks, you should show it to your doctor.

Who is at risk?

Everyone in Australia is at risk of developing skin cancer, but a fair skinned person who doesn't tan but goes red in the sun is at greatest risk. People with red hair and blue eyes, and people who have freckles or have many moles, are also more at risk.

A sub-group of people with the ability to lightly tan but who have light coloured eyes appear to be at considerable risk of skin cancer. This group can be lulled into 'a false sense of security' because of their ability to tan.

Those who have been exposed to Australia's sun during childhood seem to be more at risk than those who moved here in adulthood. Skin cancer is most common in people of Celtic (Scottish, Irish or Welsh) background, but it also occurs in people whose parents migrated from Southern Europe, for example, Greece or Italy, and who have spent all or most of their lives in Australia. We also know that those who have family members who have had melanoma are at a greater risk.

People with very dark skin, black Africans or Australian Aborigines, for example, rarely get skin cancer. Because of this, their skin cancers are often not detected early.

Research suggests that using sunlamps, sunbeds and solariums may also increase the risk of developing skin cancer.

There appears to be an increased risk of squamous cell carcinoma if your immune system is suppressed by drugs, for example, after a kidney transplant. Some medications may also make you more sensitive to the sun resulting in being sunburnt more easily or causing a rash when exposed to the sun.

Ask your doctor about any medicines prescribed for you, particularly if you are likely to be in a sunny environment, or at high altitude. If you are taking medicine which makes you more susceptible to sun, take extra care to protect yourself.

People who have received UV therapy for conditions such as psoriasis may also be at slightly higher risk. Other rare causes are over-exposure, perhaps through heavy industrial use, to certain chemicals including coal tar, soot, pitch, asphalt, creosotes, paraffin waxes, petroleum derivatives and arsenic. Protective clothing should be worn if you handle these substances often at work.

There are also some rare hereditary conditions which can lead to the development of skin cancer.

What does a melanoma look like?

The first sign of a melanoma is usually a change in an unusual freckle or mole, or the appearance of a new spot on normal skin. The change may be in size, shape and/or colour, and is normally seen over several weeks or months, rather than days.

A melanoma looks like an unusual freckle with an irregular or smudgy edge. It may have a variety of subtle colours including brown, black, blue, red and occasionally, light grey. In contrast, a normal freckle or mole usually has an even colour and a clean edge. A freckle or mole which itches or bleeds is sometimes (but not always) a melanoma.

Many people believe, mistakenly, that melanomas always begin in existing moles. This does occur, but many melanomas begin as new spots on normal skin.

It is quite normal for moles to change during puberty and pregnancy. A number of moles tend to change together at this time. It is a cause for concern only when one mole changes alone or changes out of proportion to the others.

Melanomas can occur anywhere on the body, even in areas that have not been exposed to the sun such as the genitals. If you are concerned about any freckle or mole it is important to see your doctor. The sooner a melanoma is discovered, the more successful treatment will be.

Diagnosing skin cancer

If your doctor suspects that you may have a skin cancer, a biopsy may be needed to make a firm diagnosis. This is a quick and simple procedure which can usually be done using a local anaesthetic. It may be done by your family doctor, or you can be referred to a specialist.

Often the doctor cuts out the whole spot at this stage and sends it for diagnosis. If all the cancer cells have been removed, you may not need further treatment.

It will probably take at least a week for the results of your tests to be ready, and a follow-up appointment may be arranged for you. This waiting period can be an anxious time, and it may help to talk things over with a close friend or relative.

If you have a melanoma, the doctor will then carefully examine your whole body to make sure the cancer cells have not spread to other areas. This will include careful examination of your lymph glands and liver. Further tests including x-rays, scans and blood tests may also be done to help detect if the cancer has spread.

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Treatment and recovery

Common skin cancers

A variety of methods are available to treat the common skin cancers, basal cell carcinoma and squamous cell carcinoma. In choosing the best treatment for you, your doctor will take into account a number of factors including your age, general health, the type and size of the cancer, where it is on your body and your personal preference. The treatment choice will also depend on whether the cancer has spread anywhere else in your body, although this is unusual with the common skin cancers.

Doctors will sometimes have different views on treatment. If you have any questions about your own treatment, don't hesitate to ask your doctor. It may help to make a list of your questions, or to take a close friend or relative with you. Most doctors will be pleased to refer you to another doctor, or to a specialist, for a second medical opinion if you feel this will be helpful or reassuring.

Surgery

The skin cancer may be cut out along with a small area of normal skin. This is a simple operation which can usually be done in the doctor's surgery under local anaesthetic. The wound is usually closed using stitches. If the cancer is large or spreading, you may need to be admitted to hospital to have a larger amount of skin removed, and you may require a skin graft to cover the wound. You will probably have a general anaesthetic for this. For the skin graft, the surgeon may take a layer of skin from another part of your body and place it on the wound.

Flaps/grafts can be performed if the wound is too large or in a difficult position. The surgeon will lift a flap of skin near the wound, leaving it attached at one end, and swing the flap across to cover the wound. Either way, the wound with its new skin will be covered

with a dressing, and left undisturbed for several days. It will then be checked to see if it is healing properly. You will also have dressings on the area the skin was taken from.

Cryosurgery

If you have a solar keratosis or a common skin cancer which is very small and not deep, then it may be possible to remove it by freezing. This is known as cryosurgery. Liquid nitrogen is sprayed on the cancer to freeze it. Often you will have some blistering and scabbing in the three or four weeks after the treatment. Sometimes more than one treatment is needed to remove the cancer completely. It can take up to four weeks for the area to heal, and it may leave a white scar.

Curettage and cautery

If you have only a small basal cell carcinoma, your doctor may simply scrape it off under local anaesthetic using a small instrument called a curette. The doctor may then use cautery (hot wire), hyfraecation (electric current) or laser to control any bleeding and to destroy any remaining cancer cells. These techniques commonly leave a white scar.

Topical treatments

Aldara (Imiquimod) is a topical cream that can be used to treat solar keratoses and basal cell carcinomas. Imiquimod works by stimulating the immune system to release a number of chemicals called cytokines, which are important in fighting viruses and destroying cancer cells. Imiquimod is particularly useful on areas where surgery or other treatments may be difficult, complicated or otherwise undesirable such as the face and lower legs. Imiquimod generally produces a good or excellent result with little scarring.

Radiation therapy

This is seldom used to treat skin cancers, but it may be useful where surgery might be difficult or disfiguring. It may be used if a person is medically unfit for surgery. In radiation therapy, high energy rays are

used to destroy the cancer cells. The treatment is often divided into several doses, given over two or more weeks.

Radiation therapy does not make you radioactive, and it is perfectly safe for you to be with other people, including children, throughout your treatment. Cancer Council Queensland's booklet 'Understanding Radiation Therapy' discusses in more detail radiation therapy and ways of managing any side effects that may occur. Call the **Cancer Council Helpline** on **13 11 20** Monday to Friday, 8am to 6pm for more information.

Chemotherapy

Chemotherapy is a treatment for cancer using anti-cancer drugs. The aim is to destroy cancer cells whilst having the least possible effect on normal cells.

If chemotherapy is used in skin cancer treatment, a drug called 5-fluoro-uracil (5-FU) is usually applied directly to the tumour in the form of a cream or solution. It is used every day, often for several weeks. The skin in the area may become red and inflamed, but this will only be temporary, and there are usually no other side-effects. It is most commonly used for solar keratoses.

A few people with squamous cell carcinomas which keep developing may be given tablets called Acitretin (Neotigason). These are derived from Vitamin A, and can sometimes help to treat the cancer and prevent new ones developing.

Cancer Council Queensland's booklet ***'Understanding Chemotherapy'*** discusses in more detail chemotherapy and ways of managing any side-effects that may occur.

Call the **Cancer Council Helpline** on **13 11 20** Monday to Friday, 8am to 6pm for more information.

Treatment for melanoma

Treatment choices depend upon the type of melanoma, how deep it is in the skin and whether it has spread to other parts of the body.

Thickness and depth of a melanoma

Treatment may depend upon how far a melanoma has invaded the skin. The thickness of a melanoma is measured in millimetres (from the top to the deepest point it has reached). The thinner the melanoma when found, the better the outlook following treatment.

A melanoma is also classified by the level of the skin it has reached. The earliest melanoma, known as Level I, is in the epidermis. Levels II to V describe the extent to which the melanoma has become invasive (spread into the dermis and subcutaneous fat, the skin's inner layer).

Staging

A melanoma may also be described depending upon whether it has spread from the skin into other parts of the body. This is called staging. For instance, Stage I melanoma is an early cancer that is limited to the skin. Early melanomas are always removed by surgery. The tumour is removed, along with a small area of normal skin, and this is done under local anaesthetic.

For a melanoma which has grown deeper into the skin, a wide area of skin may need to be cut out to make sure that all the cancer cells have been removed. The nearby lymph glands may also be removed at this time.

Newer techniques are becoming available to trace melanoma cells to specific lymph glands allowing the excision of one or two involved glands only with a higher cure rate.

If the melanoma is widespread or not suitable for surgery, other forms of treatment may be used. These include chemotherapy and

radiotherapy. Immunotherapy may also be used to stimulate the body's own immune system to fight the melanoma.

Although these treatments do not always fully cure melanoma, they can be used to help control the symptoms of the disease.

Do solar keratoses need treatment?

Most solar keratoses do not change to SCC's, but some will, especially if they are large or thickened.

Options for treatment include cryotherapy, cautery, laser or chemotherapy. Or a solar keratosis may respond to a simple ointment and keeping it out of the sun. If your doctor is not sure whether the spot is a skin cancer or a solar keratosis, it may be surgically removed under local anaesthetic and sent to a pathology laboratory for diagnosis.

Some apparently simpler and less aggressive types of treatments may on occasion produce better cosmetic results at the risk of lower cure rates. Talk to your doctor about what treatment is best for you. You can also call the **Cancer Council Helpline** on **13 11 20** Monday to Friday, 8am to 6pm for more information.

Outlook

More than 99 per cent of people with basal cell carcinoma and squamous cell carcinoma are cured. This includes virtually all those that are found and treated early.

After your treatment for common skin cancer is completed, your doctor may want you to have regular check-ups for a time just to make sure the cancer has not returned and that treatment has been successful.

It is also important to pick up any new skin cancers on other areas of skin. If you notice any symptoms or are worried between appointments it is a good idea to tell your doctor as soon as possible.

The majority of people treated for early melanoma do not have any further trouble with their disease. However, because there is a chance that the melanoma will reappear, your doctor will examine you at regular intervals for many years.

Overall, 85 per cent of people with melanoma diagnosed five years ago are still alive today. This percentage has grown steadily over the years and with early detection and better treatment, the percentage of people cured should continue to grow.

Other factors can influence outlook. For example, melanomas on the limbs have a better outlook than those on the trunk, head or neck. Overall, women seem to fare better than men, but the reasons for this are unclear.

For further details on outlook, you should speak to your own doctor, who is familiar with your full medical history.

Making decisions about treatment

Sometimes, making decisions about your treatment can be difficult. It may be more difficult when you know that the treatment is aimed at relieving and controlling symptoms rather than curing the cancer.

Some people will always choose active treatment even if it offers only a small chance of cure. Others want to make sure that the possible benefits of treatment will outweigh the possible side-effects. Still, others will choose whichever option offers what they consider to be the best quality of life.

Once you have discussed treatment options with your doctor, you may want to talk them over with your family or friends, with the nursing staff, the hospital social worker or chaplain, or your own minister or priest. Talking it over can help you to sort out what course of action is right for you.

Remember it is still important to follow these simple preventative steps:

1) Reduce your sunlight exposure, especially in the peak ultraviolet radiation (UVR) hours of 10am to 3pm.
2) Find some shade, or create your own with an umbrella.
3) Slip on some protective clothing.
4) Slap on a broad brimmed hat, or one that covers your neck and shoulders.

5) Slop on a good layer of broad-spectrum water-resistant SPF30+ sunscreen 20 minutes before going out into the sun. Remember to reapply frequently if outdoors.

6) Protect your eyes with close fitting sunglasses.

7) Avoid getting a suntan, using a solarium or getting sunburnt.

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Coping with skin cancer

"There is a fear that goes through you when you are told you have cancer. It's so hard in the beginning to think about anything but your diagnosis. It's the first thing you think about every morning. I want people diagnosed with cancer to know it does get better. Talking about your cancer helps you deal with all of the new emotions you are feeling. Remember, it's normal to get upset."

— Katrina, cancer survivor

When you are told you have cancer, the diagnosis affects not only you, but also your family and friends. You may feel scared, uncertain, or angry about the unwanted changes cancer will bring to your life and theirs. You may feel numb or confused. You may have trouble listening to, understanding, or remembering what people tell you during this time. This is especially true when your doctor first tells you that you have cancer. It is common for people to shut down once they hear the word "cancer."

There is nothing fair about cancer and no one "deserves" to have it. A cancer diagnosis is hard to take and having cancer is not easy. Accepting the diagnosis and figuring out how cancer fits into your life is challenging. The good news is that more than 60 per cent of cancer patients will survive more than five years after diagnosis. For those diagnosed with advanced disease there are many treatments and services to assist you to live a good quality life while living with cancer.

After you are diagnosed with cancer, you may feel shock, disbelief, fear, anxiety, guilt, sadness, grief, depressed, and anger. Each person may have some or all of these feelings, and each will handle them in a different way.

There are many resources and people to help you through this phase of your life and you do not need to go through this on your own. The following tips for managing come from those who have survived the cancer journey themselves.

- Gather information about your cancer diagnosis and treatment so that you are informed about your body, your treatment and potential treatment side-effects. Knowledge can help lessen the fear of the unknown.
- Be your own advocate. Even though people facing cancer cannot change their diagnosis, they can seek out reliable, up-to-date information and talk to family members, friends, and their health care team. Finding good sources of support can help people with cancer take control of their situation and make informed decisions.
- Bring a family member or friend along to appointments. They can serve as an extra pair of ears, help you remember things later, and give you support.
- Ask for support from family, friends, and others. Just having someone who cares and will listen to you can be very helpful. If friends or family members are not able to be supportive, find others who will. Health care professionals (such as social workers, psychologists, or other licensed health care professionals) and support groups can be extra sources of support.

- Pay attention to your physical needs for rest, nutrition, and other self-care measures.
- Find out what helped other patients and families manage their cancer, and/or talk with other people diagnosed with the same type of cancer.
- Take one day at a time.

Cancer Council Queensland has a range of support services available to those affected by cancer. **If you are seeking information, support, guidance or practical assistance** make the call and speak to a trained health professional who can respond to your query while providing support. Call the **Cancer Council Helpline** on **13 11 20** Monday to Friday, 8am to 6pm for more information.

Talking to your doctor

Getting all the facts about your cancer and its treatment helps you to feel more in control. Here are some tips for communicating with your doctor.

- **Talk with your doctor as often as necessary.**
- **Take someone with you to your doctor's appointments.** Have a family member or a friend with you, so that they can ask questions, write down the answers and help you keep the information straight.
- **Don't be afraid to ask.** If you have questions of a confidential nature about any aspect of your treatment, don't hesitate to ask your doctor. For example, you may have questions about the cost of medications and treatment. If your doctor cannot answer these questions, ask to be referred to someone who can.
- **Don't be afraid to interrupt.** Stop the doctor to ask about technical terms or statements you don't understand.
- **Write it down.** You'll feel more confident of what you know if you have it in writing. Urge the doctor to make notes for you (if you can't read the doctor's handwriting, let the doctor know).
- **Take your time.** Whenever possible, talk with your doctor when you both have enough time. If your doctor doesn't have time to sit down and really explain things, suggest an appointment at a specific time when you, a friend or family member and the doctor can talk at length.

- **Where to start.** If you're not sure what to ask or how much information you need, start by getting your general practitioner's help, for example: "If you were me, what would you ask?"

The **Cancer Council Helpline** may also be able to assist. Call **13 11 20** Monday to Friday, 8am to 6pm.

Cancer Council Helpline

The Cancer Council Helpline is a service of Cancer Council Queensland. The Helpline is a telephone information and support service for people affected by cancer.

It is a confidential service where you can talk about your concerns and needs with specially trained staff.

The staff can also send written information and can put you in touch with appropriate services in your own area.

The Cancer Council Helpline can also refer you to Cancer Council Queensland's Cancer Counselling Service which is a free and confidential service that is available to all people affected by cancer in Queensland. It is available either by telephone anywhere in the state and face-to-face in some regions.

The **Cancer Council Helpline** can be contacted on **13 11 20** from anywhere in the state.

Glossary

Basal cells: Round skin cells which generally lie below the outer squamous cells. They form the bottom layer of the epidermis.

Cautery: A method of destroying small areas of tissue using a small electric current, applied through a needle.

Chemotherapy: The use of special drugs to kill cancer cells or to slow their growth.

Cryotherapy: The use of extreme cold to freeze and destroy unwanted cells.

Dermis: The inner layer of skin below the epidermis.

Epidermis: The outer layer of skin.

Keratin: A fibrous protein that forms the body's horny tissues and is found in the skin and hair.

Melanin: The brown pigment which gives the skin its colour. Its role is to protect the body against the damaging effect of the ultraviolet rays present in sunlight.

Melanocytes: Skin cells within the basal layer which produce melanin.

Solar keratoses: Flat, slightly red, scaling areas which may appear on skin that is exposed to sunlight.

Squamous cells: The flat skin cells which make up the epidermis above the basal cells.

For information and support call
Monday to Friday, 8am - 6pm

www.cancerqld.org.au

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