Treating Skin Cancer (non melanoma) - A Quick Guide

Contents

This is a brief summary of the information on 'Treating skin cancer (non melanoma)' from CancerHelp UK. You will find more detailed information on the website.

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Stages of skin cancer

The stage of a cancer tells the doctor how far it has spread. It is important because treatment is often decided according to the stage of a cancer. Most basal cell cancers do not need staging because it is very rare for them to spread. Staging is more likely to be done for squamous cell cancers because spread is possible.

The TNM staging system

Doctors use a staging system that is common to all cancers. It is called the TNM system. The T indicates the size of the tumour. The N shows whether the cancer has spread to the lymph nodes. The M shows whether the cancer has spread to another part of the body.

The number system

Once the TNM categories have all been decided, the information is put together to give a number stage of 0 to 4. These are the main points

- **Stage 0** – the cancer is only in the top layer of skin
- **Stage 1** – the cancer is less than 2cm across and has not spread
- **Stage 2** – the cancer is more than 2cm across and has not spread
- **Stage 3** – the cancer has spread to the tissues under the skin and possibly to nearby lymph nodes
- **Stage 4** – the cancer has spread to another part of the body

Squamous cell stage 0 is also called Bowen's disease. The cells have started to become cancerous. But it is very early. Your doctor may describe this as pre cancerous or pre malignant. If it is not treated, Bowen's disease can develop into a squamous cell skin cancer.

Statistics and outlook for skin cancer

Doctors collect statistical information about the different types of cancer and outlook. Outlook means your chances of getting better. Your doctor may call this your prognosis. The cure rates for skin cancers are very high.

- More than 90 out of every 100 people (90%) with basal cell cancer are cured
- 70 to 90 out of every 100 people (70 to 90%) with squamous cell skin cancer are cured. The cure rate for squamous cell cancer diagnosed at an early stage is even higher

How reliable are statistics?

It is important to realise that statistics are based on large numbers of people. They cannot be used to predict what will happen to you because no two people are alike. Also the response to treatment is different for each person. Cancer statistics are not detailed enough to tell you about the different treatments people may have had.

Your doctor will have all your personal details and is the best person for you to talk to about your prognosis.

Types of treatment for skin cancer

The main treatment for skin cancer is surgery. For most people this will be all the treatment you need.

Radiotherapy can also be used to treat and cure skin cancers. This is sometimes used if surgery is not suitable for you. Radiotherapy can also be given after surgery to reduce the chances of the cancer coming back.

Another alternative to an operation is treatment with a drug to make your skin sensitive to light. This is followed by treatment with a bright light to the affected area. This treatment is called photodynamic therapy or PDT.

Chemotherapy is also sometimes used for skin cancer.

A drug called interferon is a type of immunotherapy. It is sometimes used to treat advanced squamous cell cancers. Basal cell carcinoma may be treated with imiquimod cream. This cream stimulates the immune system to attack the cancer.

Surgery for skin cancer

The most common treatment for small cancers is to remove the cancer under local anaesthetic. This is called an excision biopsy. The cancer needs to be removed with a border of healthy tissue all around it. The healthy tissue border is examined under the microscope. This is to make sure it doesn't contain any cancer cells. If it does, you may need further surgery. Other types of surgery to diagnose and treat skin cancer include

- Curettage and electrocautery - scraping the cancer cells away then treating the

area with an electric needle to kill any remaining cancer cells
- Cryosurgery - using extreme cold to remove the cancer
- Mohs micrographic surgery (MMS) - a specialist technique removing a little tissue at a time. It will help you keep as much healthy skin as possible
- Wide local excision - this is done if your skin cancer was not completely removed at biopsy. It means taking away the remains of the skin cancer plus a safety margin of normal skin. It is not usually a big operation. If a large area of skin has to be removed, you may need a skin graft to repair the area
- Lymph node surgery - if any of your lymph nodes are found to have cancer cells, you may need an operation to remove them. This is rarely necessary.

The type of surgery you have will depend where on your body was affected by cancer.

Radiotherapy for skin cancer

Radiotherapy uses high energy rays to kill cancer cells. It can be used to treat skin cancers that cover a large area. It is also used for areas of the body that are difficult to operate on or where the appearance after surgery may be poor. It can also be used for people who are not fit enough for surgery. Radiotherapy may be given after surgery to lower the risk of the cancer coming back. Or to treat skin cancers that have spread.

Having treatment

Radiotherapy can be given sometimes as a single treatment. But you usually have treatment over a number of weeks. It is given once a day from Monday to Friday with a rest over the weekend. Or you may have 3 treatments each week. Each radiotherapy treatment session is called a fraction. This is because the total amount of radiotherapy you will have is calculated and divided up into fractions.

Radiotherapy does not hurt. You will not be able to feel it. The actual treatment only takes a few minutes. External radiotherapy does not make you radioactive. The radiation comes from the machine and is focussed on your cancer. It does not stay in your body. It is safe to be with other people, including children, throughout your radiotherapy course.

Side effects

Radiotherapy to the skin does not have very many side effects. The skin in the treatment area may become slightly red and sore during the treatment period. It may become crusty and scab over at first. But when the scab falls off, there will be healthy skin underneath. If radiotherapy is given to a part of the body that has hair, you will have some hair loss. The hair will start to grow back some time after treatment has finished – this can be up to a year. The regrowth may be patchy.

Photodynamic therapy (PDT) for skin cancer

Photodynamic therapy or PDT is a relatively new type of treatment. It is a treatment that uses a drug and a special type of light. The drug is a chemical that makes the skin cells sensitive to light. The drug is taken up by the cells and the affected area is exposed to the light. Then the cancer cells are destroyed.

PDT is an alternative to surgery. It is best used in cases where you would need a lot of surgery. It is not suitable for deeper skin

cancers because the light cannot penetrate far enough into the skin.

In the UK there is not enough information to support the use of PDT for squamous cell skin cancers. There is also a high a risk of this type of skin cancer coming back after PDT. But PDT is now available on the NHS for Bowen's disease, basal cell skin cancers and actinic keratosis (solar keratosis).

How you have PDT

You have a cream that contains the light sensitising chemical applied to the skin cancer and the surrounding area. Sometimes, you may have the chemical as an injection. After the drug has been absorbed, you will have a special light focussed on to the treated area. The light will kill any cell that has absorbed the drug. You can have the treatment more than once.

Chemotherapy for skin cancer

Chemotherapy means the use of anti cancer drugs to destroy cancer cells. You can have chemotherapy as a cream or through a drip into a vein to treat your skin cancer.

Chemotherapy cream

The chemotherapy drug 5FU (fluorouracil) can be applied to the skin cancer in a cream. This is called topical chemotherapy. Very little of the drug is absorbed into the body. This treatment is only used for cancers affecting the top layer of skin.

You put the chemotherapy cream on yourself, at home. Usually you have to apply it twice a day. Treatment usually lasts for a few weeks. The cream may make the skin red, sore and inflamed. These effects should wear off within 2 weeks after your treatment has ended.

Chemotherapy into a vein

Chemotherapy can be given into a vein to treat squamous cell cancer that has spread to other parts of your body. This is still experimental treatment. You have the drugs for a few days. Then you have three or four weeks without drugs, then another few days of drugs. This cycle is usually repeated six or more times.

Chemotherapy does have side effects. The side effect you get depend on which drugs you have.

Imiquimod cream for skin cancer

Imiquimod cream uses your immune system to attack cancers. This means it uses your body's natural defences to kill the skin cancer cells. It does this by releasing a number of chemicals called cytokines. One of these cytokines is called interferon. Interferon is a protein that is made naturally as part of the body's immune response. Interferon is also used as a cancer treatment. It is thought that imiquimod makes cells produce more interferon which destroys the skin cancer cells

Imiquimod is approved in the UK for treatment of superficial BCCs of up to 2cm across. It can be used for BCC on the trunk, neck, arms and legs (including hands and feet) if the doctor feels it is a more appropriate treatment than surgery. But it may not be widely available on the NHS yet. Imiquimod has not been approved for nodular BCC.

Follow up for skin cancer

Check ups after treatment are important. This is because once you have had one skin cancer you are more at risk of getting another.

How often you will need to go for check ups will depend on how likely it is that your cancer could come back. Some people will only need to have follow up appointments for 6 months. Others may need to be seen every 6 months for 5 years. The follow up appointments can often be with your GP. If your cancer has already spread you will have check ups with your specialist, probably at least every three months.

What happens during a check up?

At each appointment, your doctor will examine you, and ask about your health. If there is any cause for concern, you may have tests to check for any signs that the cancer has come back. These can include a CT scan or a chest X-ray.

It is important to check your skin yourself. If you spot any signs of another skin cancer, you should arrange an appointment with your GP.

Worrying about check ups

Many people find their check ups quite worrying. You may find it helpful to tell someone close to you how you are feeling. Remember that the risk of basal cell cancer spreading to other parts of the body is very low.

Skin cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First, treatments are developed and tested in laboratories. Then, only once we know that they are safe are they tested in people. This is done in clinical trials.

Researchers are looking into preventing and finding skin cancers. They are also looking at the genetics of skin cancer, retinoids (chemicals similar to Vitamin A) and creams to treat skin cancer.

What to ask your doctor about skin cancer treatment

- What stage is my skin cancer?
- How does that affect my treatment?
- What is the treatment you recommend?
- Why do I need this treatment?
- Is there any choice of treatment?
- Will I have to come into hospital or be treated as an out patient?
- Should I have any other treatment after surgery?
- Does the treatment have any side effects?
- Are there any long term side effects?
- What is the risk of the cancer coming back?
- How often will you want to see me after my treatment has finished?
- What should I look out for between appointments?
- How should I protect my skin in future?

Notes

More information

For more information about skin cancer, visit our website
http://cancerhelp.cancerresearchuk.org

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday