



What to expect during each stage of treatment and beyond

Skin cancer support

You can speak to qualified cancer nurses at the Cancer Council on **13 11 20**. They can answer your questions about the effects of cancer, explain what will happen during treatment and link you to support groups and other community resources.

If you need an interpreter, call TIS (the Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral

Your general practitioner (GP) will examine any suspicious, changing or rapidly growing skin lesions and may use a magnifying instrument called a dermoscope to see them more clearly. Your GP may take a photograph or measurement and instruct you about what to look for in between appointments.

Your GP should also discuss your needs including physical, psychological, social and information needs and recommend sources of reliable information and support.

If skin cancer is suspected, you should have an excisional biopsy. This will either be done by your GP or they will refer you to a dermatologist or surgeon.

It can be helpful to bring a family member or friend with you to your appointments.

Excisional biopsy

A small surgical procedure where local anaesthetic is injected into the area near the suspicious growth. The doctor will remove the spot and a small area of tissue around it using a scalpel. Stitches will be used to close up the wound and the sample will be sent to a laboratory for examination.

Note: Skin cancer clinics are not regulated in Australia, so it is important that you check the practitioner's credentials when seeking screening or treatment in a clinic (establish whether the practitioner is medically qualified, and the extent of their qualifications in general practice, skin cancer medicine, surgery or dermatology).

2. Diagnosis and staging

The biopsy will provide information about whether you have skin cancer. If you do have a basal cell carcinoma (BCC) or squamous cell carcinoma (SCC), further surgery to remove a safety margin of normal skin around the site of the growth is generally necessary to ensure complete removal. If this is the case, further treatment might not be required.

In some cases, your GP may refer you to a specialist (a dermatologist or surgeon) for examination to find any other skin cancers or for further assessment to check that the skin cancer has not spread to other parts of your body.

You may have one or more of these tests:

Surgery in the specialist's office

In rare instances, your specialist may need to undertake another biopsy to completely remove the lesion (a complete excisional biopsy).

Ultrasound-guided fine needle aspiration

The ultrasound uses high-frequency sound waves to create an image. This is used by the doctor to guide the insertion of a needle to collect samples of cells. A local anaesthetic may be given. The cells will then be examined under a microscope.

Sentinel lymph node biopsy

A small amount of radioactive fluid is injected into the area where the spot was removed. The lymph node that absorbs the fluid is removed in a small operation and checked for cancer cells.

Complete regional lymphadenectomy (LND)

This is an operation to remove the lymph nodes if the skin cancer has spread.

The doctor will speak to you about your test results and let you know you if cancer is present. If it is, the doctor will tell you about its stage of development and if it has spread.

Your GP or specialist should assess your risk for developing further skin cancers and develop a follow-up plan to pick up any other BCCs or SCCs should they develop (a dermatological assessment).

For most people, no further treatment is required once the spot or mole is removed.

For a useful questionnaire to assess your skin cancer risk **visit** www.scanyourskin.org/skin-cancer-risk-checklist

3. Treatment

In cases where the BCC/SCC is in an unusual position or has spread, your specialist will arrange for a team of health professionals to plan your treatment based on your preferences and needs.

The team will be made up of professionals who have experience managing and supporting a person with BCC/SCC.

Your specialist will tell you when the team will be discussing your case.

Your team should discuss the different treatment options with you including the likely outcomes, expected timeframes, possible side effects and the risks and benefits. You might want to ask for more time before deciding on your treatment.

3. Treatment cont'd

Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.

There are a number of ways to treat BCC or SCC that has spread. In some cases, more than one type of treatment could be used to get the best outcome.

Further treatment after surgery for BCC or SCC:

Radiation therapy (also known as radiotherapy) may benefit patients with some types of BCC or SCC, especially if surgery is unsuitable or for recurring BCCs or SCCs.

Chemotherapy may be used for BCC or SCC that has spread to other parts of the body.

Non-surgical therapies include:

- cryotherapy (using liquid nitrogen to rapidly freeze the cancer off)
- curettage (scraping)
- electrocautery (burning)
- photodynamic therapy (using a photosensitising agent and laser light)
- creams (imiquimod or fluorouracil)

For more information about treatment and treatment side effects ask your doctor or **visit** www.cancer.org.au/about-cancer/treatment

Your doctor should discuss your needs with you during and after treatment (including physical, psychological, social and information needs) and may refer you to another service or health professional for different aspects of your care.

It can be helpful to contact cancer peer support groups and support groups for carers.

4. After treatment

After treatment is completed, your doctor should provide you with a treatment summary that details the care you received, including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- supportive care services provided to you.

To monitor your health, and to make sure the cancer has not returned, you will need regular check-ups and undergo annual skin examinations for life. You and your GP should receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you
- care plans for managing any side effects of treatment, should they occur
- how to get specialist medical help quickly if you think the cancer has returned or worsened.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

5. If cancer returns

Sometimes skin cancer can come back after treatment. This is why it is important that you have regular check-ups. Usually this will be detected at your routine follow-up appointments or if you notice symptoms are coming back.

6. Living with cancer

Side effects: Some people experience side effects (for example, tiredness) that continue beyond the end of treatment. Sometimes side effects can begin months after treatment has finished.

For more information about side effects ask your doctor or **visit** www.cancer.org.au/about-cancer/survivors/long-term-side-effects

Advance care plan: Your doctor may discuss with you the option

of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care. For more information about advance care planning ask your doctor or **visit** www.advancecareplanning.org.au

Palliative care: This type of treatment could be used at different stages to help you with pain relief, to reduce symptoms or to help improve your quality of life. For more information about palliative care ask your doctor or **visit** www.palliativecare.org.au

7. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance. You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have. If you are experiencing financial difficulties due to your cancer treatment

you can contact the social worker at your local hospital.

For more information about treatment costs **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

For more information about accommodation and travel costs **visit** www.cancercouncil.com.au/get-support/practical-support-services

