



What to expect during each stage of treatment and beyond

## Basal cell carcinoma and squamous cell carcinoma

This information sheet tells you what you can ask for before, during and after your basal cell carcinoma or squamous cell carcinoma treatment. You can ask your team for more information and

support. Working with your team means you can make sure you are getting the treatment, information and support that are right for you.

### 2. Your doctor visit

Your doctor will look at any lesions that are unusual, change or grow quickly. A lesion can be a spot, mole, scab, area of a different colour, lump, growth or anything different on your skin. They might use a dermoscope so they can see them more clearly. The dermoscope will magnify the lesion so it is larger. Your doctor should take a photograph and measurement, and talk to you about what to look for between visits.

Your doctor should work with you to make sure you have the information and help you need. You can ask your doctor about what will or might happen, and where you can get more information and support.

**In Australia, skin cancer clinics are not regulated. This means that they are privately owned, and that the government doesn't check them. If you go to a skin cancer clinic it is important that you check the staff's training. Make sure they are trained in skin cancer. This will mean that you are getting the best care, information and support.**

Your doctor might do a test on the lesion to see if

it is cancer. In some instances (for example, if your lesion is in an unusual place) your doctor might send you to a specialist to do the test:

#### Excisional Biopsy

The lesion and a small area around it will be cut out, and the area stitched up. This is called a biopsy. This sample is sent to the laboratory so they can see if it is skin cancer. This is done under local anaesthetic so you cannot feel it.

If you do have a basal cell carcinoma or squamous cell carcinoma you might have another surgery to create what is called a safety margin. This is where your doctor takes extra area around the lesion out to make sure it is all removed.

If your doctor or surgeon can take all of the lesion out it is unlikely that you will need any more treatment.

Your doctor might send you to get more tests with a specialist if they haven't already. Your specialist will be a dermatologist or surgeon. They are a doctor that is trained in working with people with skin cancer or skin problems.

### 3. Tests

The specialist should do tests to see how the cancer is growing or if it has spread. This is called staging.

You can ask the specialist:

- What tests you are going to have
- What will happen in the tests
- What the tests will tell you

You might have one test or a mix of tests:

#### Surgery in the specialist's office

Sometimes, your specialist might need to do another biopsy to make sure the lesion is all out. This is called a complete excisional biopsy.

### 3. Tests cont'd

#### Ultrasound-guided fine needle aspiration

Sound waves are used to make a picture of the lesion. The specialist uses this picture to insert needles in to the lesion to collect samples. The samples are checked under a microscope. This is done under anaesthetic so you cannot feel anything.

#### Sentinel lymph node biopsy

A small amount of radioactive material is injected into the area where the lesion was cut out. This will show the lymph node near it. The lymph node will be cut out and checked for cancer.

#### Complete regional lymphadenectomy (LND)

If the skin cancer has spread, the lymph nodes are cut out. This can stop the cancer spreading more.

**For most people, no treatment is needed once the lesion is removed. You can ask your doctor for more information and support to make sure you have what you need.**

Your doctor or specialist should talk to you about your risk for getting more skin cancers. They will make a plan so that together you can look out for any basal cell carcinomas or squamous cell carcinomas and other skin cancers if they grow.

To look at your skin cancer risk **visit** [www.scanyourskin.org/skin-cancer-risk-checklist](http://www.scanyourskin.org/skin-cancer-risk-checklist)

### 4. Treatment

If your basal cell carcinoma or squamous cell carcinoma is in an unusual position or has spread, your specialist should work with a team. Your team is made up of people that understand skin cancer.

Your team will review your test results. They should ask you what you want and need. You should work together to make the best plan for your treatment.

You can ask your team:

- What treatment you are having
- Why you are having that treatment
- What will happen in that treatment
- What the treatment will do
- How long the treatment will take
- Risks and benefits of the treatment
- How you might feel during the treatment, side effects, and what you can do to feel as well as possible
- What you can expect after the treatment

Your team might suggest you take part in a clinical trial. A clinical trial is used to test a new treatment, or to see if a treatment works better than another. You can ask for more time, or a second opinion before you decide on your treatment.

Complementary therapies include things like massage, acupuncture and meditation as well as other medicines you might take at the same time as your treatment.

Some therapies might not work well with your treatment.

It is very important to talk to your team about any complementary therapies you are using, or would like to use.

You might have one treatment or a mix of treatments:

**Radiation therapy** or radiotherapy is where radiation is used to stop the cancer growing.

It is used if surgery is not a good option, or if this is not your first basal cell carcinoma or squamous cell carcinoma.

**Chemotherapy** or drug therapy is where drugs are used to stop the cancer growing.

It might be used if the basal cell carcinoma or squamous cell carcinoma has spread to other parts of the body.

#### Treatments that do not require surgery:

These treatments might be used if surgery is not a good option. If your lesion is in an unusual position, surgery might not be possible.

**Cryotherapy** is where liquid nitrogen is used to freeze the lesion off.

**Creams** are used to dissolve the lesion. Some creams that might be used are Imiquimod or Fluorouracil.

## 4. Treatment cont'd

**Curettage** is when the lesion is scraped off.

**Electrocautery** is where the lesion is burnt off.

**Photodynamic** therapy is where a medicine is put on the lesion to make it react to light, and a laser is used to remove the lesion.

For more information about treatment and side effects you can ask your doctor or **visit** [www.cancer.org.au/about-cancer/treatment](http://www.cancer.org.au/about-cancer/treatment)

**Your team should talk to you about your needs before, during and after your treatment.**

**You can ask for information and support at any time to make sure you have everything you need.**

**Your team can connect you with other services and health professionals to make sure you stay physically and emotionally healthy.**

**You can ask your doctor about finding a skin cancer peer support group. It can help knowing that there are other people who understand what you are going through.**

**Your friends and family can talk to a support group for carers.**

## 4. After your treatment

After your treatment is finished, your team should give you a treatment summary. Your treatment summary has all of the information on the treatment you received:

- Tests you had to diagnose your skin cancer, and the results of these tests
- Treatment you had, and when you had it
- Support services and other treatment plans you received

Your team should work with you to make a plan now that your treatment is finished. Your specialist will decide which type of specialist or doctor will be best for managing your care.

You should have a follow-up plan that includes:

- The follow-up that is best for you
- Plans for managing any side effects of treatment
- How to get help quickly if you think your cancer has come back or got worse

Your doctor should work with you and talk about:

- Finding more information and support to keep physically and emotionally healthy, and get what you need
- Signs and symptoms to look for that might mean the cancer is coming back
- Prevention and healthy living

**Sometimes skin cancer can come back after treatment. It is usually found at a follow-up visit, or if you notice any symptoms come back. It is important to have regular check-ups. You will need to have skin check-ups every year. If you notice anything different go to your doctor.**

**It is important that your doctor shows you how to do your own skin checks. You can ask for more information and support.**

## 5. Living with cancer

### Side effects

Some people get side effects during and after their treatment. Side effects are your body responding to the treatment you are having. They are normal, but can make you feel unwell. You might have side effects straight away, not at all, or months after your treatment.

You can talk to your doctor about your side effects

and get information and support to help you feel well or **visit** [www.cancervic.org.au/about-cancer/survivors/long-term-side-effects](http://www.cancervic.org.au/about-cancer/survivors/long-term-side-effects)

### Advance care plan

Your team might work with you to make an advance care plan. An advance care plan is a way of setting out your wishes and making sure everyone knows what you want in future medical care.

## 5. Living with cancer cont'd

You can talk to your doctor about making an advance care plan together or **visit** [www.advancecareplanning.org.au](http://www.advancecareplanning.org.au)

### Palliative care

Palliative care is the treatment used at different stages of your treatment to help you feel well. Palliative care can help with pain relief, to reduce your symptoms and to improve your quality of life.

You can talk to your doctor about the type of palliative care that is best for you or **visit** [www.palliativecare.org.au](http://www.palliativecare.org.au)

### Cost

There are costs at every stage of your cancer including treatment, accommodation and travel. You might have costs if you are having treatment in a private health service even if you have private health insurance. You can talk to your team and your private health insurer if you have questions about the cost of each treatment you might have

You can also talk to the social worker at your hospital.

You can talk to your doctor about the cost of your treatment or **visit** [www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment](http://www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment)

You can talk to your doctor about the cost of accommodation and travel or **visit** [www.cancercouncil.com.au/get-support/practical-support-services](http://www.cancercouncil.com.au/get-support/practical-support-services)

**There are a lot of things to think about when you have basal cell carcinoma or squamous cell carcinoma that has spread. There is also a lot of information and support. It is important that you do what is right for you. You can work with your team to make sure you have the best care.**

## Information and support

### Cancer Council

- You can talk to a cancer nurse: **13 11 20**
-  If you need an interpreter: **13 14 50**

### Carers Australia

- Information and support for carers: **1800 242 636**

For more information visit  
[www.cancerpathways.org.au](http://www.cancerpathways.org.au)



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