

The Cancer Professionals Podcast

Episode 9 (October 2024) – Alleviating the side effects: Skin care during cancer treatment

(Intro music)

00:00:10 Paul

One of the most overlooked challenges in cancer treatment is how it affects something as simple yet so important as our skin. What can someone do to alleviate and even prevent these side effects?

00:00:23 Rosamund

I think it would just be really helpful if kind of after all of that has died down, there is a conversation that's more like how's your skin doing? Because there are certain really simple steps you can take now that will, if not completely prevent any skin health side effects, at least drastically reduce them which is which is massive because it has such a huge impact on your quality of life.

00:00:52 Carly

Hello. I'm Carly and my pronouns are she/ her.

00:00:55 Paul

And I'm Paul and I go by he/ him. Welcome to the Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests, including health and social care professionals, to lift the lid on current issues faced by the cancer workforce.

00:01:12 Carly

In this episode, we're joined by Rosamund Dean, journalist, author and coach and Dr Fiona McCarthy, consultant medical oncologist. Rosamund opens up about her experience with breast cancer and the challenges she faced with skin side effects during treatment. Skin care expert Fiona shares valuable tips on maintaining healthy skin and offers practical advice on how people living with cancer can help prevent and soothe these side effects.

00:01:40 Fiona

I mean, I think patients are really scared of what they can use and what if they use something going to make it worse or will it make their side effects worse? I think what my general rule of thumb is to keep things super simple.

00:01:51 Paul

This podcast episode is sponsored by La Roche Posay. La Roche Posay is working in partnership with Macmillan Cancer Support to provide information, support and education on ways to prevent and alleviate the side effects of cancer treatment on skin.

00:02:11 Carly

This episode contains conversations about lived experience of cancer, which you may find upsetting or triggering. Listener discretion is advised.

00:02:20 Carly

So hello, Rosamund and Fiona, and welcome to the Cancer Professionals Podcast. It's really lovely to have you on the podcast. And actually, what's particularly exciting about this podcast is that this is our first in person recording. So we've been doing this podcast for this is maybe our 8th or 9th episode so it's really good to to be with you in person. So shall we start by you introducing yourselves and a little bit about you. Shall we start with you, Fiona?

00:02:59 Fiona

Yes, indeed. Thank you for having me on the podcast. My name is Fiona McCarthy. I'm a consultant medical oncologist, and I have a specialist interest in skin side effects from cancer treatments, both chemotherapy and immunotherapy.

00:03:13 Carly

Thank you, and Rosamund.

00:03:16 Rosamund

My name is Rosamund Dean. I'm a journalist and author of the book Reconstruction: How to Rebuild Your Body, Mind and Life After a Breast Cancer Diagnosis, which I wrote after my own breast cancer diagnosis.

00:03:28 Carly

Lovely, thank you. So this episode is about skin side effects of cancer treatments. And Rosamund, you talked about your breast cancer diagnosis, so could you tell us a little bit more about your experience within that in terms of changes to your skin or when you notice those and a little bit about that please?

00:03:50 Rosamund

Yeah, absolutely. So I was diagnosed in January 2021 and it was grade three, stage 3, triple negative breast cancer so they kind of threw everything at it. So I had 20 weeks of chemotherapy, 12 rounds of Taxol Carbo, and then 4 fortnightly AC chemo and mastectomy surgery, lymph node clearance, 3 weeks of radiotherapy and then adjuvant chemo as well,

a drug called Capecitabine which was oral chemotherapy for a further year after surgery. So yeah, it works and each each of those treatments had different skin side effects. With the first with the with the IV chemotherapy I would say the main thing was kind of dry, itchy skin all over, but particularly on my legs, which I later learned could have been exacerbated by the fact that I wore the cold cap to reduce hair loss, and a friend who had been through chemotherapy recommended getting one of those heated pads, which is, you know, just kind of keep you warm in the chair during your chemotherapy with this kind of hat of ice. And I would have it on my legs and that's where the rash came. So I don't know if it had a kind of opposite effect to the cold cap of of kind of targeting it all there. So, yeah, I had this very, very itchy rash all over my thighs. And. And yeah, there are lots of the the visual side effects, not just skin, I guess also nails my nails kind of lifted up from the nail bed and were kind of threatening to fall off, although I didn't actually lose any fingernails and obviously hair loss.

Then with surgery I guess the the skin side effects of that is really the scarring, which is there's a lot you can do in terms of prehab and rehab around scarring and preventing other post-surgical issues like cording. Then into radiotherapy, which presented a whole other catalogue of issues which mostly around sensitivity and heat and redness. And then my adjuvant chemotherapy, capecitabine, caused very, very painful and red palms of my hands and soles of my feet, a condition which is known as.

00:06:24 Fiona

Palmer planter erythema pr PPE as we call it. Yeah, which is really common with the the campsite pin. It's really, really common.

00:06:31 Rosamund

Yeah and it's it's kind of cumulative. So as as it goes on, it gets worse and worse and it to the extent where it can be really difficult to just walk around cause the soles of your feet are so painful. Uhm yeah, I've also heard it called hand Foot syndrome, which is a bit easier to say.

So yes, that's the short version of all the skin side effects.

00:06:51 Carly

Wow. So there's a lot. There's so many different types of, you know, effects that it had to your skin at different stages when you started to notice some of those changes and some of the effects that it was having on your skin, how did you feel at that time in terms of, was it a surprise? Was it something that you were maybe prepared for or that you'd had a conversation about before? Or was it something that you completely didn't expect to happen?

00:07:23 Rosamund

I didn't really expect it, which is possibly naive of me. And of course all the information is on the very long list of side effects and the consent form that you're given to sign. I know informed consent is very important and that that job is done, you know, all of that information is on there, but when you're given it as a patient, it's so overwhelming because there are so many side effects and the ones you know, you're reading down the list and you're like, oh my God, my my periods are gonna stop, I'm gonna go into early menopause. I was 40 when I was diagnosed. And and you know, I'm going to lose my hair, effect on your immunity, effect on your libido as well, I was very anxious about that. There were so many things that were causing me anxiety. So when it said skin side effects, I think it's a bit like, you know, that was the least of my concerns. So I didn't really think about it until it actually happened. And it was only then that I realised how debilitating it can be because it has a huge impact on your quality of life and especially, you know, we've all seen the statistics more and more young people getting cancer, I think particularly bowel cancer. And you know your your skin is, it's quite a big part of your identity and how you look it's it's really important. It feels like such a superficial thing and especially when you're going through treatment you don't want to make a fuss or complain about something as seemingly superficial as your skin when you are lucky enough to be having this amazing life saving treatment and and you know your oncologist is so busy your breast care nurse is so busy and you don't want to make a fuss. But yeah, those symptoms can be really, really difficult.

00:09:14 Carly

Absolutely. And it sounds like, you know, you referred to that long list of things was there any particular skin side effect that you found had the biggest impact?

00:09:26 Rosamund

I think it was when I was on capecitabine, the hand foot syndrome. Because because it's so painful, and it starts off just being kind of red palms of your hands and soles of your feet and you're a bit like this is this is a weird side effect. It's almost a bit funny, and then it really, you know, with each cycle of chemotherapy, it gets worse and worse to the point where you can't, like, hold, you can't open bottles or really do much at all with your hands and it's painful to walk on your feet. I found that really difficult. That was I think I would say that was the worst skin side effect for me. But I know another person might have exactly the same treatment that I did and would find a different part of it the most difficult because everybody's different and everybody's skin reacts differently.

And yeah, I I guess that's one of the things that's so difficult to address when it comes to cancer treatment, because there are so many side effects and they all affect people in different ways. And you might not be affected by everything on that long list so yeah, I can

see why it's difficult for healthcare professionals to be able to give all the information in their small window of time that they have with each patient.

00:10:44 Carly

Yeah, absolutely.

00:10:45 Paul

And can we bring in Fiona as our medical expert? Could you maybe describe what was happening to Rosamund's skin while all that was going on?

00:10:55 Fiona

Yes, so we know that when patients are on chemotherapy, we know that they will experience some kind of skin side effect at some kind of severity, you know over 95% of people. The commonest ones are, as Rosamund described with her first lot of intravenous chemotherapy, the dry skin bit of itching and sometimes you can get a rash. And we know that really, majority of times we don't need to stop our treatment or anything. It can be present but not severe enough to stop treatment or interrupt treatment in any way.

And I think what Rosamund said about the kind of almost feeling a bit embarrassed to say it is really common because I think we say yes, 95% of patients will experience some skin side effect. But I know personally we don't as oncologists, we don't particularly say are you itching or do you have dry skin and I think a lot of patients feel very much like you describe going. Oh well, I'm having chemo I shouldn't be worrying about my skin, but you know it's our largest organ, and realistically it is something that it will affect you on your a daily basis and I think it's really important for patients to talk about that with their oncologist. And yes, there may be more serious side effects, but if it's affecting your quality of life, which it does, it's really important to mention it.

The the tablet that Rosamund took after her surgery. The oral chemotherapy capecitabine is really well known for causing hand foot syndrome or PPE palmoplantar erythema, and that can be really debilitating. Now again, it's different with everybody, and some people can have their capecitabine and have no skin side effects. With some people, when you do get the Palmer planter erythema I I always think the kind of hand foot syndrome sounds very mild, but actually we've seen cases where, so it starts off being, you know red palms and you can have red soles your feet as well and then your skin starts to crack, your skin can peel and also you can get peeling of the skin and cracking around your nails. So on a daily basis every time you wash your hands, every time you pick up something people we can get to the case of the state that people can't do up buttons or do up their bra or pick up a pen, particularly if you've got young kids and you're running around after them and you're you'll find it difficult to actually walk around because of this. So it can have huge impact on your quality of life.

And when we consent people for chemotherapy, and particularly say for capecitabine, and that is something we will say, look, you can get Palmer plantar erythema or hand foot, but we don't I think probably we as oncologists need to highlight the significance and the severity or the potential severity of it more. And you're quite right, you get a list of, you know you consent people for chemotherapies as an oncologist there's a huge, long list you need to go through and realistically, you need to spend time on the more significant side effects like the neutropenic sepsis or anything that can impact survival. However, I know myself we say there may be skin side effects, you may get a rash, you may get some itching. It's a very kind of rushed over very quickly and I think we as oncologists probably need to have another look at that, or even just caveat it with, there are skin side effects. Please talk to us about your skin. Because of course, we can't spend 5 or 10 minutes on that side effect alone when realistically it's not going to interrupt your treatment very often, but it is about quality of life and it is about getting patients through chemo. We're now our chemotherapies and our immunotherapies are so much better now and our survival is so much better. But we don't need to compromise on quality of life if we don't have to and there is are, there are things that we can do to make it easier on patients. But there is that feeling and I know myself patients have such my own really embarrassed to ask about this, but I'm a bit itchy or I've got really dry skin, you know, and it's totally understandable.

00:14:43 Paul

And you mentioned itching and dry skin are there any other kind of really common side effects that perhaps people wouldn't think are a side effect?

00:14:51 Fiona

Yeah, so things like, I mean, obviously the the hair loss can be very, it can be have a huge impact on self-confidence, itching, dry eyes, the the dry skin, palmer planter erythema or the hand foot syndrome. The nail changes can be really significant. The toenails, the hand and the hands and on the feet it can be really, really painful. Again, not just with the with the hand foot syndrome, but actually the nails lifting off the the nail bed can make it really difficult to pick up things as well. Another common side effect or relatively common side effect of some uh, drugs umm called tyrosine kinase inhibitors is the acne form rash.

So some people, as a result of their cancer treatment can get this very acne type rash. It's not acne, but it looks like acne and patients can actually find that really embarrassing. You know because it's a very visible outward sign that there's something going on because a lot of the time your chemotherapy or some of the time your chemotherapy won't necessarily make you lose your hair or look any different, but if you're starting to develop a very acne rash and it can be very severe , it can often start in your cheeks, go up into your head, go down onto your body. It's a very visible sign that something going on and it's funny because if you lose your hair, people aren't going to walk up to you and say, are you

having cancer treatment? But if you develop an acne form rash, people are more likely to ask you what's going on without thinking it's got any relation to cancer treatment.

00:16:23 Paul

And is there anything particular as to why different people get different side effects?

00:16:28 Fiona

We don't know. We really don't know. And I think that would be, it's a bit like with other chemotherapy side effects, we don't know who's going to get the side effects and to what severity. We do know that if you have it pre-existing skin conditions you're potentially more likely to get skin side effects but there's no hard and fast evidence to be honest. So our advice is generally very broad brush strokes as a result and generally we just see how it goes as as you go through your treatment. So you know with patients we see them before every cycle of treatment to assess them and it should be one of the kind of standard questions that we ask during our our consultation to see if they've had any skin side effects. But often people don't think dry skin would be a side effect of chemotherapy and they won't mention it. But I think as well as oncologists, we don't particularly ask about dry skin, but that can be very itchy and it can be very uncomfortable on a daily basis.

00:17:25 Paul

And are there any differences in different skin types?

00:17:29 Fiona

So with for example, with patients with skin of colour, they will often have more issues with hyperpigmentation, so excess pigmentation, particularly post radiotherapy, where you may get further darkening of the skin. And that again patients can find it really embarrassing and people can find being very self-conscious about it. Again with chemotherapies and immunotherapy patients, all cancer patients, are potentially more sensitive to the sun. With skin of colour you might you can get this kind of almost post inflammatory hyperpigmentation where you get a darkening of their original skin type as well and skin tone and again that takes quite a long time to fade and it can be very again, people can feel very self-conscious about it.

00:18:19 Paul

And in terms of our listeners, the healthcare professionals who are listening how can they perhaps be make sure they're in being inclusive in having these kind of conversations?

00:18:30 Fiona

I think first of all, it's about the knowledge I think as healthcare professionals and I obviously I have a specialist interest in it. But for most of us it's we don't know what we

don't know and it's not something that is particularly taught or is particularly known about. We know about the PPE or the hand foot syndrome with with the say the fluoropyrimidine or the capecitabine chemotherapy. But I think we don't have that conversation and I think it's really important for not just us as doctors, but like the whole multidisciplinary team to be aware of what can be done. Because often it'll be somebody will be having physiotherapy and they'll be telling their physiotherapist about, you know, finding it really difficult to pick stuff up because of their nails being sore, so we have to educate our entire team. It's not just about educating our doctors, but we have to, we have to start doing that umm, because every member of the team is really important in the treatment of the patient and we'll often get physiotherapists or occupational therapist or some other healthcare professional coming to us and saying actually this patient mentioned this, is there anything we can do?

So I think we I think we need to educate ourselves as health care professionals as well. And I think it's not just accepting that or you will get skin side effects. There are things that we can do to improve people's quality of life and there's things we can do to reduce the risk of skin side effects. But we're not doing them routinely on the NHS.

00:19:52 Paul

And going back to Rosamund, kind of what kind of support did you get while you were going through your treatment and starting to see these side effects?

00:20:03 Rosamund

From my medical team, you mean?

00:20:05 Paul

Yeah, yeah.

00:20:07 Rosamund

I would say I didn't get any support, but that's as much my fault as it is theirs because I didn't mention my skin side effects. I didn't bring them up in my oncologist meetings. I do think there's this desire to be a good patient if that makes sense. And to go into those appointments being like I'm doing great look at me I'm a good patient. And I think I remember, like, sort of hiding my fingernails at my sleeve. And, you know, trying not to, you don't want to make a fuss. So yeah, I can't blame anybody for the lack of support, because I also didn't ask for any support, so maybe it's a case of, like Fiona said at at the beginning saying there will likely be skin side effects and you don't necessarily have to live with them. There are things you can do, so please do mention them if it's you know just that one line thrown in at the beginning I think would help a lot because there are lots of side effects about which you can't do much. And this is one where you can actually do a

lot. So it it would be really great to say that from the beginning because the sooner you start with good skin care and staying hydrated and there are so many things you can do.

00:21:31 Fiona

Yeah, really simple things that you can do as well that you can kind of take a bit of power back for yourself.

00:21:33 Rosamund

Really simple.

00:21:38 Rosamund

Yeah. And the sooner you start them the better. So, yeah, I don't want to say I didn't get any support. It's really bad because you know, I I also, I didn't ask.

00:21:49 Fiona

No, but I think that's that's the experience I think of a lot of patients and I, you're totally right. People kind of want to come in and say no, I'm doing fine. Honestly, I'm fine. I'm OK and you, you can understand that. But actually it's also the responsibility of us as doctors and and healthcare professionals to ask patients and also for it to be an an open enough environment that people don't feel embarrassed about saying they've got a bit of dry skin or there is that feeling of oh God, I should be so grateful that I'm having chemotherapy and that it's working, that I can't mention any other side effects which there's no need these days. But we should be able to have that open environment that people don't feel embarrassed to say these thing.

00:22:23 Carly

Yeah, definitely.

00:22:25 Paul

And do you look back, Rosamund now and think you know why did I go into that appointment and hide my nails?

00:22:32 Rosamund

Yeah. Yes, I do. I do wish I'd been more kind of straightforward about what my symptoms and side effects were. Because it it is, I mean with breast cancer and I think with lots of different types of cancer, if you're a premenopausal woman, chemo can cause early menopause as well, which also comes with side effects quite, quite similar to chemotherapy side effects in a way in dry skin is a big part of that too. So there's a lot of I don't know is this my hormones, there's there's a lot of confusion and a lot of overwhelm. And I think there's a tendency to just focus on the bigger picture things which are I'm

having life saving treatment, what the hell am I going to do about my hair. The most obvious things you know and everything else gets kind of swept under the carpet. But yeah, I do wish I had said something sooner.

00:23:33 Fiona

But also you get such a short amount of time in there during your chemo appointments that it is kind of just going OK what am I going to do with my hair or you know, how is my tumour responding. People don't feel like and also it's, you know our patients take in understandably they're in an absolute maelstrom of like this crazy time in their lives, it's only afterwards half the time that people will come and knock on the door afterwards and say by the way, can I just ask you about that? You know that's really common because and you're in a bit of a, you know, you're waiting to see this oncologist for like 3 weeks and sometimes patients will say they come in and they they just kind of go I can't think of what I was going to ask at all, you know it's really it's really common.

00:24:13 Carly

Yeah, I think your sort of suggestion about a healthcare professional just saying the one line, or asking the one question to start to open up that conversation I think is could really go a long way, couldn't it? So actually if they felt that maybe they had forgotten or maybe they felt like they wanted to be the good patient, actually that can, that's that invitation, isn't it to to to start a conversation about that.

00:24:26 Rosamund

Absolutely.

00:24:38 Carly

And you mentioned a bit earlier about there's lots of things that you can do. So I think that's quite a nice kind of segue into I'm interested to know a bit about what helped you in terms of your skin, what what was helpful for you?

00:24:56 Rosamund

I found very helpful for me was just really taking care of my skin in terms of being really diligent with skin care. Because I wouldn't necessarily always bother to kind of moisturise my body in the morning. You know, I had my kids were age 6 and 3 at the time when I was diagnosed. I was quite busy. It was the pandemic. It was home schooling. There was a lot going on so yeah, but taking that time to be really diligent with skin care and especially in the evening before bed. I found it really helpful to kind of instil this routine where I did like a Epsom salt bath. A nice cool one. And then moisturiser before bed that. It certainly really helped me. And also information because you don't normally get this kind of information from your oncologist or your medical team about what is safe to use on your

skin. And during cancer treatment there's so much anxiety around different chemicals and what might make your skin worse and you know, you're definitely very aware of avoiding things that are fragranced or you know certain ingredients, but it is a bit of a minefield for the lay person who's not necessarily a skin expert who is, you know, feeling so anxious about those different skin care ingredients.

So what really helped me to be honest, was social media and people on Instagram sharing their own experience and what helped them and sharing recommendations and organisations like Macmillan and look good feel better helped me a lot, but in terms of ingredients, Fiona will know more than me about what's safe to use.

00:26:53 Fiona

Yeah, I mean, I think it's exactly that. I mean, I think patients are really scared of what they can use and what if they use something going to make it worse? Or will it make their side effects worse? I think what my general rule of thumb is to keep things super simple. And to do a very straightforward routine, I advise don't have any hot hot showers or hot baths like extremely hot, because it strips the skin of its natural oils and lipids. So just lukewarm short showers or baths, try and say don't necessarily use soap. I mean obviously you also have to go and live your normal life as best possible during this time, and if that is something that gives you pleasure, I would very much encourage patients to do it. But ideally if you can use a soap alternative, there's things called syndets. So synthetic detergents that lots of brands do that can that will still wash your body but won't strip your body of its natural oils. Moisturise, I think moisturising every day morning and evening, I think is really good advice. Ingredients. I tell patients to use urea, glycerin, shea butter, hyaluronic acid. So all of those things are humectants that draw water into the skin and help your skin to stay hydrated and your skin barrier function to work well. And SPF every day, we know that all of our chemotherapy agents and our immunotherapy agents as well as radiotherapy make your skin a lot more sensitive to sun and that can cause rashes even with or even with a little bit of sun exposure. I know we don't get a huge amount of London but you know even with a little bit you can still develop a rash, so it's really important. And then subsequently you could develop hyperpigmentation. So it's really important to wear SPF every day. And I also say my kind of rule of thumb in terms of looking after your hands and your feet, it's something that none of us really do very well. I say to patients use gloves when they're washing their hands or doing the dishes or whatever. Put a tube of hand cream with some urea in it by each of the sinks that they use regularly. So maybe put one in the in the loo, put one with the kitchen sink just after you've washed you've used any water anything like, just put it on and at bedtime, just slather on some foot cream with urea in it before going into bed as well. So I think those are really simple kind of rules of thumb, nothing too exciting.

I do say try and avoid things that are fragranced simply because it can irritate already potentially irritated skin, but I think it's really difficult because a lot of people when when our patients are diagnosed with cancer, you know, family and friends don't know what to do and they'll buy, you know, a nice body cream or, you know, just to try and make particularly going through chemo, they'll buy presents.

Often they'll be very fragranced not saying that's the wrong thing to do but it's, you know, there are possibly more simple things that you can use that would be better for your skin.

00:29:54 Carly

Yeah, absolutely. So urea was one example you mentioned then you mentioned some other ingredients. So it would be, would it be a case of having a look at creams and then sort of looking out for those particular things, if it's in there and avoiding fragrances as well.

00:30:09 Fiona

Yeah, absolutely.

00:30:14 Rosamund

And in terms of other things to avoid, we were talking about zinc earlier because lots of Moisturisers and SPFs use zinc as a stabiliser.

00:30:15 Fiona

Yes, yes.

00:30:20 Rosamund

Which is obviously metal particles. So if you're having radiotherapy, that should absolutely be avoided. I didn't learn about this until after my radiotherapy.

00:30:28 Fiona

And I only learned about it about 10 minutes ago. One of our colleagues who is a radiotherapist is an expert in kind of post radiotherapy skin reactions and he was telling you and I had never heard of that as a medical oncologist. We deal with chemo and immuno but that's I found that really interesting. It's not something that I would have known to tell patients to avoid.

00:30:46 Rosamund

Yeah. Yeah, because obviously radiotherapy makes your skin extremely sensitive to the sun. You do kind of slather on SPF so I'm sure I went in there absolutely covered in zinc. So yeah, it's it's really good to have that information beforehand.

00:31:00 Fiona

Yeah.

00:31:01 Carly (ad)

We hope you are enjoying this conversation with Fiona and Rosamund about skin side effects sponsored by La Roche Posay. La Roche Posay is working in partnership with Macmillan Cancer Support to provide information, support and education on ways to prevent and alleviate the side effects of cancer treatment on skin.

00:31:20 Carly

And is there anything else from your perspective, Fiona, that is helpful, helpful ways that people can look after their skin during treatment?

00:31:31 Fiona

I think there's not a huge number of clinical trials, but there are an increasing number of clinical trials that look at skin health during cancer treatment and what people can do to kind of improve the the side effects they experience and reduce the side effects they experience and generally the I mean some of the trials are slightly unrealistic in the normal world, because they'll use seven or eight products in the morning and seven or eight products and you know that's not realistic. It's not and it's also not what we want our patients to be doing, slathering on layers upon layers upon layers of things, but it does show that looking after your skin can reduce your frequency of skin, side effects and the severity.

Often patients ask us before we know what can I do? What can I do when you're about to start treatment? So I say to them, actually the things that you can do start using, start using your moisturiser now, start using your hand care now, don't choose any fragrance ingredients. And it's it's something that patients can do to I think get a bit of control themselves back as well because lots of patients ask us about diet and exercise and all of that and we can give advice on that. But there's also things like skin that you can really kind of stack the odds a little bit in your favour in terms of what you experience. Now it's not saying that skin care can totally alleviate the incidence of skin side effects but there is evidence to say they can improve skin side effects significantly.

00:32:55 Rosamund

Absolutely. And when you first start getting the kind of itchy rash, if you know, if you don't do anything and you don't use skin care and you kind of scratch it, it's gonna crack and break the skin and be really painful. Whereas if you're moisturising from the beginning and also drinking lots of water, and I guess, eating healthily and reducing alcohol, all those things help support skin health, don't they?

00:33:21 Fiona

And also your mental health as well. I think there's, you know I don't think there's any point just changing your entire lifestyle and becoming kind of in inverted commas this "perfect person" not drinking anything, not doing this that and the other I think you have to be sensible and everything in moderation. But this is something that we know shouldn't cost an awful lot of money, people can do for themselves and it can make a difference. And if this was a tablet and said actually if you do this it can reduce your skin side effects people would be all up for it, whereas this is something. It's not very exciting, but it is very practical.

00:33:58 Carly

Absolutely, and I suppose things that are not obvious, but things like you said that are simple when things that make sense. And I really like what you said about doing that, you know beforehand or at the start of their treatment can help them feel that it's something that is within their control and they can help themselves to do, which I think is really, really important. Are there any myths or misconceptions that people or health professionals might have about skin during cancer treatment or side effects that you've heard of or that you know of?

00:34:31 Fiona

I think the biggest one for me, it's more it's not so much misconceptions, it's lack of education. And that goes for all of us in as as healthcare professionals. It's not something we have traditionally focused on. What we focused on in terms of skin side effects if somebody gets a really significant rash yes then we will, we will focus on it. If people get Palmer planter erythema or the hand foot syndrome, that is something that we really focus on. And if they get the acne form rash. Everything else it's kind of gone oh it'll be fine it's not gonna stop the treatment. And I think the biggest misconception is that if it's not those kind of big things, then people are fine with their skin, whereas actually the commonest side effect is dry, itchy skin. And that in itself, we all know if you have an itch, if you have dry skin, it can become itchy. We all know if you've got an itch, it can be really debilitating. And it's something that we can do something about and if it's making your life miserable when already you're going through a tough time I mean, it seems like a no brainer to be able to to be able to use something to treat it, but again it's the education hasn't been out there regarding the impact of topical treatments to actually improve skin side effects.

00:35:39 Rosamund

Yeah, absolutely. Which is why it's so amazing that there's so much information that Macmillan has so much information for, for professionals and patients going through treatment, because it's really reassuring to know that what you're doing is the right thing and it's safe.

00:35:53 Fiona

I think, yeah. And what you're advising the patients is the right thing as well because I think you know, when patients ring up and say they've got a rash, you know, there's the usual old aqueous cream, which isn't always the right thing to do. You know, it just seems to be the kind of the in the back of every health care professional's mind. But actually, by knowing these things, you know, education, that Macmillan is doing as well is fantastic to kind of give healthcare professionals the confidence that the the advice that they're giving is correct.

00:36:19 Rosamund

Yeah. And the information from Macmillan, you know, is very rigorously researched

00:36:24 Fiona

Yeah, reputable and rigorous.

00:36:26 Rosamund

Exactly.

00:36:27 Carly

Absolutely. And are there any other tips or anything else that you have found helpful and that healthcare professionals can talk to people living with cancer to help them and help their skin?

00:36:46 Fiona

I mean, I think I I think ideally as healthcare professionals, what I would love is that we would be able to focus on skin health. I I think there's a big misconception around skin care and skin health. I think when patients hear about skin care during cancer treatment they often think of more kind of the more cosmetic type things. Whereas this is optimising your skin health during cancer treatment. And I think the wording needs to be as as healthcare professionals need to be used around skin health, because I think again people feel a bit more empowered and almost allowed to to be worried about it. It's to do with your health, whereas skin care often again, not not correctly, but has a connotation of just using it for pleasure rather than function and, and I think that I what I would love as a as healthcare professionals in an ideal NHS is that we could give everybody at the start of their treatment, you know a body wash and moisturiser and an SPF that everybody can use during their treatment. Because that would be ideal to, you know, to make it really prominent in their minds that this is important and also something useful that we can give our patients. I think it would be I mean that would be the dream.

00:37:53 Rosamund

That would be incredible. Yeah. Yeah. But like you say, language is really important. Yeah. And also, it's almost giving patients permission to talk about it and to say what they're going through because, you know, there is this sense that it's skin care is vanity.

00:38:12 Fiona

That's exactly what patients say so many times, or even people asking about, you know, I've I've had a couple of patients knocking on the door going. Can I just ask if I can wear fake tan and things like, you know, things like that, and then they're really embarrassed about it, but it's not. This is what makes the world go round and just because you've had a diagnosis, other things still happen in your life. You still have family weddings and you want to wear, you know, fake tan or something. You know, this patient in particular that I was thinking about.

But we have to allow our patients the kind of the kind of safe space to ask these things without being judged and without feeling like they're embarrassed about it or that we're going to think it's vanity or superficial or anything like that.

00:38:49 Rosamund

Yeah. And maybe it's a case of rather than giving that information right at the beginning with all of the other information, which is so overwhelming, it's almost like the first check in once chemotherapy has started. Maybe that's the time to say you're likely to have skin health side effects. Yeah. And it might look like this. And there's a lot you can do about it. So definitely bring it up.

00:39:15 Fiona

Yeah, I think there's so many touch points during the patient's cancer journey that can be used to bring this up. I mean, we obviously when you have your first consultation about chemotherapy and we talk through the side effects, but also your first meeting for example with the breast care nurse or your specialist nurse. And then your first meeting on the chemo unit when you meet your chemo nurse, there's loads of touch points that we can that we can utilise to make sure that this is a priority. But we're we're just not doing it. There's also the physios, the OTs, the social workers that all our patients will have these contacts with that we can we can use, we just need to educate everyone as an MDT, multidisciplinary team.

00:39:58 Carly

Yeah, absolutely. So it's all of those people there's so many opportunities to have a conversation about that with lots of different people that you're meeting and and seeing absolutely.

00:40:08 Fiona

And also I think it's sometimes you might not feel comfortable talking to your oncologist about it, but then say if you're your specialist nurse, you may have a better relationship or a more trusting relationships, so you may feel more comfortable saying it to them or the person that's seeing you every week for physio. So I think we need to that's why I think as a multidisciplinary team, we all need to know what to do or at least where to refer to or who to ask about how to manage these side effects.

00:40:35 Rosamund

Yes, it would be amazing if oncologists were able to signpost to organisations like Macmillan or Look Good, Feel Better or Maggie's or, In London, Future Dreams, so all these organisations that have all this incredible information. And and I I was probably halfway through my treatment before I was aware of any of it. I didn't even know they existed. So yeah, they signposting to those would be amazing. And I know it's probably part of that massive pile of leaflets you're giving right at the beginning, but that's...

00:41:08 Fiona

Yeah but there's so many leaflets and there's so much that you're so much information that you're given you can't keep it all in your head when. In reality you're you're taking in 20-30% at best because it's so overwhelming.

00:41:18 Rosamund

Exactly. Yeah. That's why it's like you say there are so many touch points and it's kind of an ongoing conversation rather than your appointment with your oncologist being the case of how are you doing? Yeah, fine. Feel quite sick. Quite sick. Quite tired. Fine. I'm fine. Yeah. And yeah, if if people could if if they were able to signpost Macmillan and all of the resources that were on there, that would be incredible.

00:41:45 Carly

Considering budget and budget limitations and actually the fact that most clinical teams will have particular products that they already have and can offer, what is there that would be available to them that healthcare professionals can offer and that would be helpful? That they don't have to go out and perhaps get themselves.

00:42:03 Fiona

Yeah, because I mean the the reality is a lot of our patients can't afford to and particularly with cost of living crisis now. And the demographic in the UK we you know lots of patients can't afford to spend money on skin care when actually priority has to be food and heating and lighting and that's the reality.

There are things within the NHS that we can prescribe. If you just, I mean, you just have to focus on the ingredients. It may not be the the perfect product, but if you're looking at things like the urea or the the hyaluronic acid or the Shea butter there are there are ingredients that are on formulary. So within the formulary of every hospital that can be prescribed because often you can adapt some of the treatments that you use, for example for eczema or you know more sensitive skin conditions in the dermatological setting, you can you can potentially use those in the oncology setting as well. The other thing that's happened that's quite exciting is that a particular SPF has been become on formulary in the UK and now I think it needs to be added to each hospital individually, but it means that now we can prescribe SPF or sun protection factor for for patients.

And particularly, you know, there are criteria that the patients need to fulfil in order to get access to it. But you know, one of the criteria is that you've been on medication or your on medication that makes your skin more sensitive to the sun, which is essentially all chemotherapy and immunotherapy treatments and radiotherapy as well. So there are ways and means around get getting these products on the NHS and as Rosamund pointed out earlier that you know when you are having cancer treatment, your prescriptions are free. So it requires a little bit of agile thinking, but there are ways and means around these things.

00:43:42 Rosamund

And I think it's worth mentioning as part of that, that a big symptom of chemotherapy, particularly for younger women who are put into crash menopause, can be vaginal dryness, which is a really difficult thing to talk about. I used to be very embarrassed to bring up vaginal dryness with my oncologist. Now I'm like, let me tell you about my vaginal dryness.

00:44:02 Fiona

That's really great that that's fantastic.

00:44:04 Rosamund

But vaginal lubricants and moisturisers are also available on prescription. Yeah, which I I don't think all medical professionals know.

00:44:11 Fiona

No, not at all. I think it's a kind of. Again, one of those things that it's there, but unless you kind of again, unless patients bring it up, it's not something that we routinely ask about, but actually libido, your sex life, how you view yourself, how your symptoms are, you know, gynaecological and neurologically, it's a massive thing for patients. As you said, you know, for our younger breast cancer patients who then go into crash menopause with chemotherapy. I mean, you have the, the, the absolute chaos of all of those symptoms

happening at the same time and vaginal dryness can be incredibly uncomfortable. Yeah, but it's again, not something that we talk about routinely. We should. These are conversations we should be having. What I mean, it's a part of our body. It's important.

00:44:51 Rosamund

Definitely.

00:44:52 Paul

Can I just touch on ingredients again because we've we've mentioned ingredients a few times and do you think kind of manufacturers of products are clear enough about the ingredients cause I know if I'm in a shop looking for ingredients and it's like where can I find out what products are better than others?

00:45:12 Fiona

So I think it depends. I mean actually on the Macmillan website there are there is advice on skin health and what you can what ingredients and what products you can use. I think Macmillan and LaRoche Posey have also done a collaboration on skin health in cancer patients, and there is something on the La Roche Posay website as well about skin health in patients. It is very difficult to get specific ingredient information because often you know you have lots of these websites will tell you everything is toxic or you know. It's just keeping really, really simple in terms of the products, you know, on the back of the of the product you'll always have the ingredient list you want something with as little ingredients as possible, and you want you know those kind of key four or five humectants that are very popular and are very, common in skin care. You want one of those, particularly for your moisturisers and things.

00:46:09 Paul

And we can sign post to the professionals who are listening to the podcast. We can sign post to some resources which will help people understand kind of the ingredients. And. And that kind of thing. Rosamund, was there anything in particular, anything that particularly helped you during your treatment in terms of products?

00:46:29 Rosamund

I love La Roche Posay products and I use them regularly and did before my diagnosis. Also during treatment recommendations I got online were for oat based things like Aveeno yeah good for itching, good for an itchy rash.

00:46:45 Fiona

Yep, Aveeno. Yeah.

00:46:49 Rosamund

And Moogoo. People love Moogoo.

00:46:52 Fiona

Yes. People love it and it can be prescribed on the NHS as well, yes. So they can. I didn't realise that until last week actually somebody told me in Future Dreams that they can be prescribed in the NHS. So people really love that as well.

00:47:06 Rosamund

And I think just having that information that certain products are safe to use during cancer treatment is so important because there is so much anxiety during cancer treatment around everything, not just what you put on your skin, but what you're eating, drinking, breathing. If you look at the Internet, you're going to be told that anything you're doing is causing your cancer. So there's so much anxiety around it, so anything you can do to be reassured that what you're doing is safe for your skin and your body during cancer treatment is so important. And that reassurance just takes a weight off your shoulders.

00:47:47 Fiona

I think cutting through the noise of the the scaremongering around cancer and the ingredients and everything like that and just having evidence based information, which is, I mean, why the Macmillan website is such a a, you know, a wonderful wealth of of sensible knowledge as well for patients.

00:48:05 Rosamund

Dr Fiona, I'm very interested to know if you rate any of those apps because you can get these apps now where you scan the barcode and it tells you about the ingredients and which of them might be bad for your skin. Do you rate those?

00:48:18 Fiona

No, I don't. Because I think if you, I mean it's not, they're not done by medical professionals. They're subjective at best. And I mean technically anything in excess can cause problems. So I think it needs to be they, I think all of those need to be taken with a pinch of salt. Not not that I'm not a fan, but I think when people are already anxious about something and then using one of those, it can just tell you that everything you're doing is wrong and then send you into a spiral. So I think just going for more reputable, more medical based kind of websites like Macmillan, much more sensible approach.

00:48:54 Paul

And is there anything people can look out for when shopping?

00:48:58 Fiona

In certain brands in Boots there is the sign at the back of the products saying they are safe in cancer patients.

00:49:04 Paul

And Rosamund back, back to you. Kind of. In terms of having listened to you talk about your your side effects and the treatments, was there anything missing that would have really helped?

00:49:18 Rosamund

I think it was like we said, I think it was that kind of permission to ask about it and to talk about those symptoms and side effects because they're it's in the initial flood of information and that kind of overwhelming feeling of, oh, my God, I've got cancer. Oh my God. I'm gonna have to have all this treatment. All these things are going to happen. There's so much to think about. I think it would just be really helpful if kind of after all of that has died down, there is a conversation that's more like. How's your skin doing because there are certain really simple steps you can take now that will, if not completely prevent any skin health side effects, at least drastically reduce them which is which is massive because it has such a huge impact on your quality of life.

00:50:13 Fiona

Yeah.

00:50:14 Paul

So as we kind of wrap up the episode, we have a a little feature where we ask our guests 3 questions. Fiona, if I start with you, if you could go back in time to the start of your career, what piece of advice would you kind of give yourself in the spirit of skin and skin care?

00:50:36 Fiona

I think I would remind myself that just because something isn't visible doesn't mean it doesn't impact a patient. So things like dry skin, absolutely it may not be necessarily visible with flaking skin, but it can really impact a patient and have a huge impact on quality of life. And I think that's something that not everything is visible to doctors and healthcare professionals and also there is an element of we don't know what we don't know. So it's really important to listen to patients.

00:51:05 Paul

Rosamund before if you kind of take a step back to before you started your treatment, what piece of advice would you give yourself?

00:51:14 Rosamund

I think it was really interesting when Fiona said earlier that often in those oncologist appointments everything goes out of the patient's head and they they can't remember all of the things they've been dealing with over the last three weeks since their last appointment. So yeah, I I wish that from the beginning I had, I I started doing this towards the end, but I wish I'd done it from the beginning. It's just keep a note on my phone where I write down all of the things that I want to ask my oncologist. So on the day I've got it there and I'm not going to have that moment of panic of, this is the 10 minutes I've got with my expert. I need to remember everything and I can't remember.

00:51:52 Paul

Anything. And Fiona, what change would you like to see to improve the lives of people living with cancer?

00:52:00 Fiona

I think for me it's about equality and equity of treatment. I think across the UK it's there is not equality and access to both, necessarily treatments, but also services. And I think that would be the biggest for me. That would be the biggest thing that would improve the lives of cancer sufferers in the UK, that everybody, wherever they are in the UK, will get the same access to services.

00:52:28 Paul

And Rosamund, what change would you like to see to improve the lives of people living with cancer?

00:52:33 Rosamund

For me, I think it would be about communication and you know, when the patient is presented with this enormous list of side effects that they kind of have to sign off before beginning their treatment. If there was just a conversation where the oncologist said, you know, there are lots of things that we can do about all of these, cause you're informed consent is obviously very important and it's important for patients to know that all of this stuff can happen. But it's presented in such a grim way where it's, you know, all of this stuff might happen to you. And it would just be amazing if there was a conversation where they said there is a lot we can do about all of this. So please keep talking to us and just open up that door.

00:53:19 Paul

And Fiona, you've given us loads of advice as we've been talking today. What would you like our listeners, the healthcare professionals what would you like to them to take away from this episode?

00:53:31 Fiona

I think for healthcare professionals looking after patients with cancer is to obviously we're talking about skin health to ask patients about their skin to educate themselves about what patients can do and to educate themselves about the impact it can have on patients, quality of life.

00:53:48 Paul

And Rosamund the healthcare professionals who are listening, as a patient, what would you perhaps like them to take away from listening to your story?

00:53:58 Rosamund

I would say first of all that I had incredible treatment on the NHS and I felt very lucky and grateful to have lifesaving treatment for a for a type of breast cancer that was really quite brutal and I think you know, one oncologist said to me 10 years ago this would have been a death sentence so. I really had that sense that I'm incredibly lucky to be having life saving treatment. And I know every oncologist, every therapeutic radiographer every breast care nurse, every surgeon. They're so, so busy. And they've got so much on their plates and so many people to see. So I guess it's not necessarily that they have to have all the answers about every single element of treatment, they don't need to become skin care experts, but it's just the awareness to say this is where you can get more information about this and you know signpost to the right people that you know. Macmillan is an amazing resource for that. And because the more you know, knowledge is power and the more information the patients have, the better. I think the more correct information because there's so much misinformation out there.

00:55:12 Paul

Thank you.

00:55:13 Carly

Oh, thank you. Thank you so much for being on the podcast. Thank you. Firstly, thank you, Rosamund, for sharing your experiences so openly. And thank you, Fiona, for your expertise. And yeah, just everything. Thank you so much for coming on The Cancer Professionals Podcast.

00:55:14 Fiona

Thank you for having us.

00:55:32 Rosamund

Thanks so much.

00:55:36 Paul

(outro music)

You've been listening to the Cancer Professionals Podcast, which is brought to you by Macmillan Cancer Support.

If you work in health or social care, visit macmillan.org.uk/learning to find out more about our Learning Hub, where you can access free education and training. For links to the resources mentioned, see the episode description.

00:55:59 Carly

If you enjoyed this episode, follow us so you don't miss our next conversation, where we'll be joined by Mary Tannay, Macmillan nurse consultant in Genomics and president-elect at the UK Oncology Nursing Society and Tootie Bueser, director of Nursing and Midwifery. We explore genomics further following our first Genomics episode in August.

00:56:19 Paul

We'd love you to rate our show and share with your colleagues. Get in touch with us by emailing professionalspodcast@macmillan.org.uk. New episodes are released on the first Wednesday of each month.

00:56:33 Carly

I'm Carly.

00:56:34 Paul

And I'm Paul. And you've been listening to The Cancer Professionals Podcast by Macmillan Cancer Support.

The content and information in these episodes is for informational and educational purposes only and does not constitute medical advice. All examples discussed in episodes are UK based and reflect UK health systems at the time of recording. No material within this series is intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified and registered healthcare providers.

La Roche-Posay is supporting Macmillan Cancer Support and the vital work it does to support people living with cancer. Working in partnership, La Roche-Posay and Macmillan aim to provide information on the side effects of cancer treatment on skin and ways to

alleviate these. Macmillan's participation in this partnership does not constitute an endorsement of La Roche-Posay or L'Oréal products."