

Understanding non-melanoma skin cancer



About this booklet

This booklet is about 2 common types of non-melanoma skin cancer – basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).

This booklet is for anyone diagnosed with these types of skin cancer.

The booklet explains how skin cancer is treated. It also has information about what to expect after treatment finishes, preventing further skin cancers and getting support. We hope it helps you deal with some of the questions or feelings you may have.

The other main type of skin cancer is called melanoma. Melanoma is treated differently to non-melanoma skin cancers. We have another booklet about this called [Understanding melanoma: surgery to remove a melanoma](#).

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

How to use this booklet

This booklet is split into sections to help you find what you need.

You do not have to read it from start to finish. You can use the [contents list](#) to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On [pages 66 to 71](#), there are details of other organisations that can help.

There is also space to write down [notes and questions for your doctor or nurse](#).

Quotes

In this booklet, we have included quotes from people who have had skin cancer, which you may find helpful. These are from people who have chosen to share their story with us. To share your experience, visit macmillan.org.uk/shareyourstory

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit macmillan.org.uk

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDFs and translations. To order these, visit macmillan.org.uk/otherformats or call **0808 808 00 00**.

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The skin and cancer

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What is cancer?

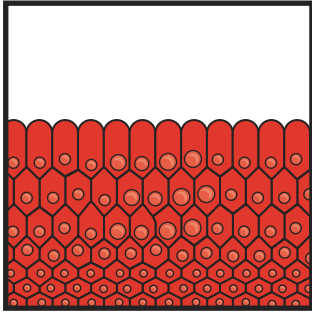
Our bodies are made up of tiny building blocks called cells. Inside every cell is a set of genes. Genes are the instructions the cell needs to work properly.

The instructions send signals to cells to grow and divide and make new cells. This is how our bodies grow and heal. Over time, cells become old or damaged. When this happens, signals tell the cell to stop working and die.

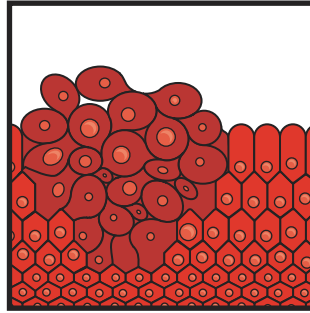
Sometimes genes in the cell can develop changes. If a gene is changed, it may not give the correct instructions anymore. A change in a gene is called a gene variant or mutation.

Gene variants in a cell may stop the cell working normally. Cancer may develop if cells like this multiply in an abnormal way and grow out of control. Over time, these cells can grow into a lump called a tumour.

Abnormal cells forming a tumour



Normal cells



Cells forming a tumour

Not all tumours are cancer. Doctors can tell if a tumour is cancer by taking a small sample to look for cancer cells. This is called a biopsy.

Tumours that are not cancer are called benign. Benign tumours cannot spread anywhere else in the body. But they can cause problems if they grow and press on nearby organs.

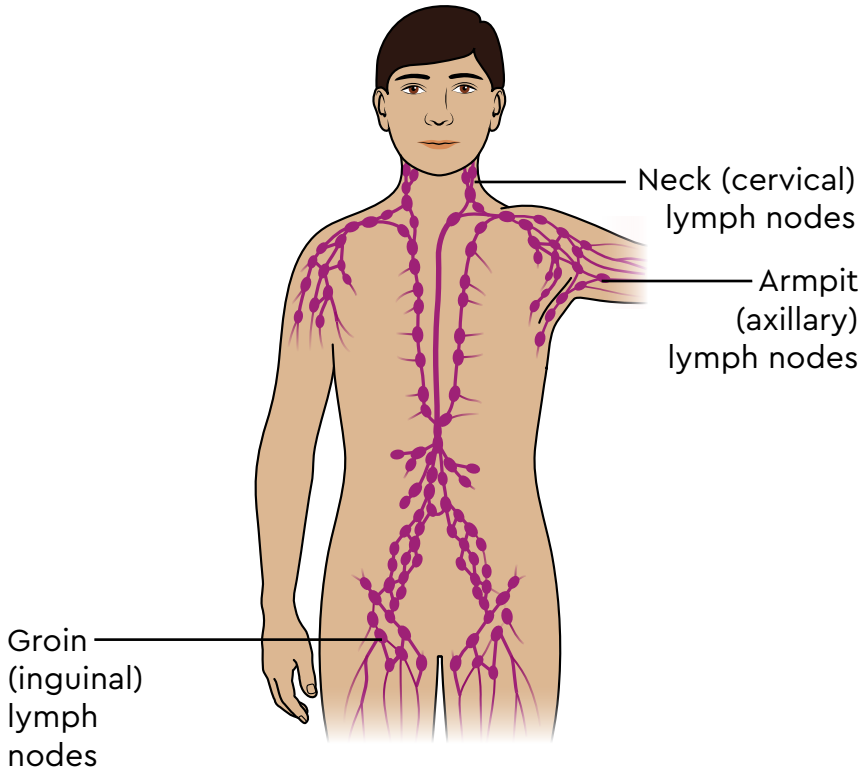
Tumours that are cancer are called malignant. Malignant tumours can grow into nearby tissue and spread to other parts of the body.

Cancer can spread from one place (the primary site) to another through the [blood or lymphatic system](#). When cancer spreads and grows somewhere else, it is called secondary cancer or a metastasis.

The lymphatic system

The lymphatic system helps protect us from infection and disease. It is made up of fine tubes called lymphatic vessels. These vessels connect to groups of small lymph nodes throughout the body. The lymphatic system drains lymph fluid from the tissues of the body before returning it to the blood. Lymph nodes are sometimes called lymph glands. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, some lymph nodes may swell as they fight the infection.

The lymphatic system



The skin

The skin is the largest organ in the body. It:

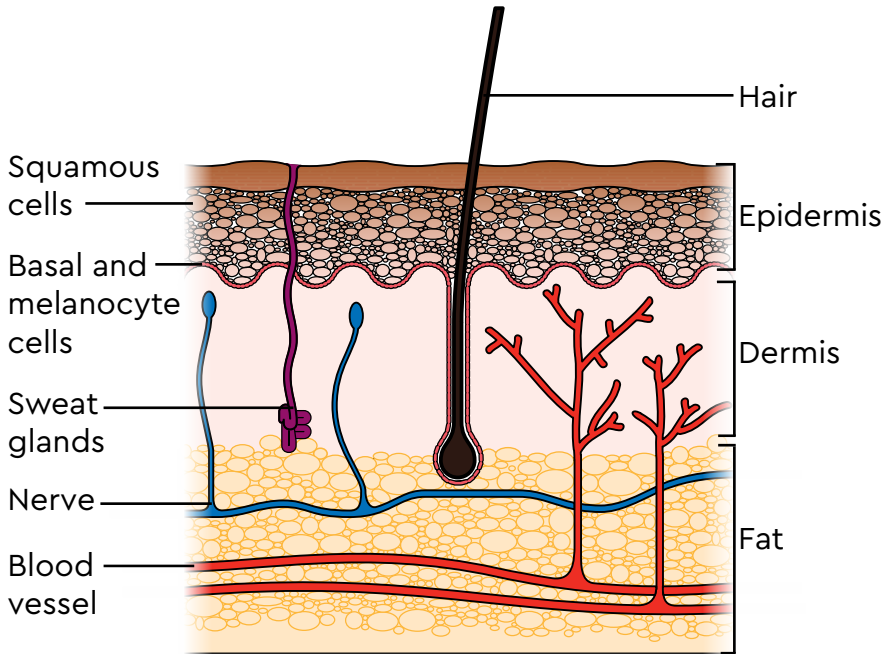
- protects the body from injury and infection
- protects the body from ultraviolet light (UV light) by producing melanin – this is the pigment that gives skin its colour
- keeps fluids and proteins in the body
- helps to control body temperature
- gives us our sense of touch, through nerve endings – this is how we can feel and react to pain, heat or pressure
- helps the body make vitamin D when exposed to the sun – this is important to keep our bones healthy.

The skin is divided into 2 main layers. The surface layer is the epidermis. The layer underneath is the dermis. Below these layers is a deeper layer of fatty tissue.

The epidermis contains 3 types of cells:

- Squamous cells – these are flat cells on the surface of the skin that are always shedding to make way for newer cells.
- Basal cells – these are rounder cells that are found under the squamous cells.
- Melanocytes – these are found in between the basal cells. They make a pigment called melanin. This gives skin its colour and protects it from UV light.

Structure of the skin



Types of skin cancer

Skin cancers can be split into 2 groups:

- non-melanoma, including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)
- melanoma, including melanoma, lentigo maligna melanoma, superficial spreading melanoma.

This booklet is about non-melanoma skin cancers.

Melanoma is treated differently from non-melanoma skin cancers. We have separate information about melanoma in our booklets:

- [Understanding melanoma: surgery to remove a melanoma](#)
- [Understanding melanoma: tests and treatment after surgery to remove a melanoma](#)
- [Understanding advanced melanoma](#).

We also have more information about melanoma on our website. Visit [macmillan.org.uk/melanoma](https://www.macmillan.org.uk/melanoma)

You can order our booklets and leaflets for free.
Visit orders.macmillan.org.uk or call **0808 808 00 00**.



Basal cell carcinoma

Basal cell carcinoma (BCC) is the most common type of skin cancer in the UK. It starts in the [basal layer of the epidermis](#). BCCs sometimes used to be called rodent ulcers.

Most BCCs are very slow-growing, low-risk skin cancers. They almost never spread to other parts of the body. Nearly everyone who has treatment for a BCC is completely cured.

A few BCCs may come back in the same area of skin after treatment. This is known as a local recurrence.

Occasionally, BCCs grow more quickly. If left to grow, they may spread into the deeper layers of the skin or areas under the skin. Very rarely, BCC can spread to the bones.

Squamous cell carcinoma of the skin

Squamous cell carcinoma (SCC) of the skin is sometimes called cutaneous squamous cell carcinoma. It is the second most common type of skin cancer in the UK. It develops from the [squamous cell layers of the skin](#).

Most people treated for SCC of the skin are completely cured. But if SCC is left untreated for a long time, it may spread to other parts of the body, such as the [lymph nodes](#). Sometimes SCC can grow and spread quickly. But this is not common.

Rarer types of non-melanoma skin cancer

There are some other types of cancer that can affect the skin:

- Merkel cell carcinoma
- Kaposi's sarcoma
- cutaneous T-cell lymphoma (CTCL)
- sarcoma.

These are much less common than BCC and SCC. They are treated differently.

We have more information about these cancers on our website. Visit [macmillan.org.uk/cancer-types](https://www.macmillan.org.uk/cancer-types)



Other skin conditions

The following skin conditions are not cancer. But over time they can sometimes develop into skin cancer. They are often treated in the same way as skin cancer.

Bowen's disease

Bowen's disease is a skin condition that may develop into SCC if left untreated. Sometimes it is called squamous cell carcinoma in situ.

Researchers think that 3 out of every 100 people with Bowen's disease (3%) might develop SCC over time. But for most people, Bowen's disease is not a serious condition and can be treated effectively.

We have more information about Bowen's disease on our website. Visit [macmillan.org.uk/bowens-disease](https://www.macmillan.org.uk/bowens-disease)

Actinic keratosis (AK)

Actinic keratosis (AK) is a rough or crusty skin growth caused by damage from exposure to UV light over time. It is also called solar keratosis.

AK mainly affects areas that are exposed to the sun, such as the:

- hands and forearms
- face, ears and scalp
- lower legs.

If left untreated, AK may develop into SCC.



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Treatment overview

Most people who have a basal cell carcinoma (BCC) or squamous cell carcinoma (SCC) are cured with treatment. We have listed the most common types of treatment that may be used. The treatment you are offered depends on:

- the type of skin cancer
- the size of the skin cancer
- where it is on the body
- whether you have had skin cancer before
- your general health.

You may not need any treatment if you had an [excision](#) to diagnose a BCC or SCC. But this is only if tests show that the cancer cells have been completely removed.

Surgery

Surgery is often the first and only treatment needed for many skin cancers. There are different types of [surgery](#) that may be used.

Cryosurgery

This treatment destroys cancer cells by using liquid nitrogen to freeze them. It is a very quick way of treating actinic keratosis (page 15 and small, low-risk skin cancers, such as a type of BCC called superficial BCC.

We have more information about [cryosurgery](#).

Photodynamic therapy (PDT)

PDT uses a skin cream that is activated by light to treat cancer cells. It is mainly used to treat superficial BCC. We have [more information about PDT](#).

Chemotherapy cream

A cream called fluorouracil or 5FU (Efudix®) can be used to treat early superficial BCC. We have more information about [chemotherapy cream](#).

Immunotherapy cream

An immunotherapy cream called imiquimod (Aldara®) can be used to treat early superficial BCC. We have more information about [immunotherapy cream](#).

Radiotherapy

Radiotherapy may be used instead of surgery for BCCs and SCCs. For example, radiotherapy may be used if surgery might be difficult or would affect a very visible part of the body, such as the face.

Sometimes radiotherapy may be given to treat cancer that has spread. Or it may be given after surgery to reduce the risk of cancer coming back in the same area.

We have more information about [radiotherapy](#).

How treatment is planned

In most hospitals, a team of specialists will talk to you about the treatment they feel is best for you. They are called a multidisciplinary team (MDT). For skin cancer, the MDT will usually include:

- **a dermatologist** – a doctor who treats skin problems
- **a plastic surgeon** – a doctor who does operations (surgery) to repair or reconstruct tissue and skin
- **a medical oncologist** – a doctor who uses chemotherapy and other anti-cancer drugs to treat people with cancer
- **a clinical oncologist** – a doctor who uses radiotherapy, chemotherapy and other anti-cancer drugs to treat people with cancer
- **a skin cancer clinical nurse specialist (CNS)** – a nurse who gives information about cancer, and support during treatment
- **radiologists** – doctors who look at scans and x-rays to diagnose problems
- **pathologists** – doctors who look at cells or body tissue under a microscope to diagnose cancer.

These specialists will talk to you about your treatment options. They will tell you what to expect and answer any questions you have.

You may be asked if you would like to take part in a clinical trial. We have more information about [clinical trials](#).

Giving your permission (consent)

Doctors need your permission (consent) before you have any treatment. They will give you all the information you need to make your decision.

You can give consent in writing when you sign a form that your doctor gives you, agreeing to a treatment. Or it can be a spoken agreement with your doctor. Your doctor records your consent in your patient notes.

You may decide not to have treatment even when your doctor advises you to have it. If you refuse treatment, your decision must be respected. But your doctor needs to make sure you have all the information you need to make your decision. You need to understand all your treatment options and what will happen if you do not have the treatment. Always talk to your doctor about any concerns you have, so they can give you the best advice.

We have more information about cancer treatment consent on our website. Visit [macmillan.org.uk/treatment-consent](https://www.macmillan.org.uk/treatment-consent)



Second opinion

A second opinion is an opinion from a different doctor about your treatment. If you think you want a second opinion, talk to your cancer doctor or GP first. Tell them your concerns or ask them to explain anything you do not understand. This might help reassure you.

If you still want a second opinion, you can ask your cancer doctor or GP to arrange it. They are usually happy to do this. You may have to travel to another hospital to get a second opinion. Getting a second opinion could delay your treatment. Check with your doctor if this delay could be harmful to you.

If the doctor you visit for the second opinion gives you the same advice, this can reassure you. Sometimes they give you other treatment options to think about.

We have more information about getting a second opinion on our website. Visit [macmillan.org.uk/second-opinion](https://www.macmillan.org.uk/second-opinion)



Clinical trials – research

Clinical trials are a type of medical research involving people. They are important because they show which treatments are most effective and safe. This helps healthcare teams plan the best treatment for the people they care for.

Trials may test how effective a new treatment is compared to the current treatment used. Or they may get information about the safety and side effects of treatments.

Some trials help answer questions about treatments we already use. They may test whether combining treatments is more effective. Or they may research different ways to give a treatment so it works better or causes fewer side effects.

Clinical trials also research other areas of cancer care. These include diagnosis and managing side effects or symptoms.

Taking part in a clinical trial

Your cancer doctor or specialist nurse may talk to you about taking part in a clinical trial. Or you could ask them if there are any trials suitable for you.

Joining a trial is always your decision. If you join and then change your mind, you can leave at any time. You do not have to give a reason. Your healthcare team will support you whatever you decide. You will always have the standard treatment for the type and stage of cancer you have.

Not all hospitals have the expertise or resources to take part in certain trials. This means for some trials you may have to travel to a different hospital.

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A research nurse or doctor will give you information about the trial. You can ask them any questions you have. It is important to understand what is involved before you [agree \(consent\)](#) to take part. They will explain the possible benefits and any possible risks of the trial. Clinical trials are designed with safety measures to keep any risks to you as low as possible.

Some trials involve collecting blood samples, or tissue samples from a biopsy. This often happens as a standard part of your treatment. But your research nurse or doctor will explain if they need to take extra samples for the trial.

Your samples can only be stored and used for research if you give your permission. Your name is removed from the samples before they are used. This means you cannot be identified.

We have more information about cancer clinical trial on our website. Visit [macmillan.org.uk/clinical-trials](https://www.macmillan.org.uk/clinical-trials)



Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected in a cancer registry.

The information is used to help understand cancer in the UK better. This is important for planning and improving health and care services. It can be used to ensure that people living with cancer get the best possible care and support.

Hospitals automatically send information to the cancer registry. There are strict rules about how the information is stored, accessed and used. Information about health is sensitive, so by law it has to be kept under the highest levels of security.

If you have any questions, talk to your doctor or nurse. If you do not want your information included in the registry, you can contact the [cancer registry](#) in your country to opt out.



Skin cancer surgery

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Surgery

Surgery is the most common treatment for skin cancer. The type of surgery you have depends on the size of the cancer and where it is.

Your doctor or nurse will give you information about:

- the type of surgery and what it involves
- where you will go to have it done
- how to look after the wound as it heals.

Surgery always leaves a mark on the skin. The aim is to remove the skin cancer safely and with the least amount of scarring. Your doctor or nurse will explain what to expect and how they can support you.

If you have a small cancer, the doctor can usually remove (excise) it with a local anaesthetic (opposite page). Or they may use another technique to remove the cells, called [curettage and electrocautery](#).

A larger skin cancer is more likely to be removed while you are under a general anaesthetic. The area of skin removed may be replaced with a [skin graft](#) or [skin flap](#).

A type of surgery called [Mohs micrographic surgery](#) is also sometimes used. This is also called a margin-controlled excision. This is when layers of skin are removed one at a time and examined under a microscope. The layers are removed until all the cancer is gone.

Excision

Most small skin cancers are removed in a minor operation called an excision. The surgeon or dermatologist removes (excises) the cancer and some normal-looking skin around it. The normal-looking skin is checked under a microscope to make sure that the cancer has been completely removed.

Most excisions are done using a local anaesthetic, and you can go home the same day. You will have a dressing over the wound. You may have stitches that need to be removed 5 to 14 days after your operation or once the wound has healed. Sometimes surgeons use dissolvable stitches that do not need to be removed.

Your hospital team will explain how to take care of the wound and the dressing. If necessary, they can arrange for a district nurse to change your dressing at home. Or they may advise you to go to your GP surgery or return to the hospital to have the dressing changed.

Skin grafts

If the cancer is large or has spread, a larger area of skin may need to be removed. You may need skin graft surgery.

A skin graft is a healthy layer of skin that is taken from another part of the body. The layer of skin is then placed over the area where the skin cancer was removed. The place where the skin is taken from is called the donor site.

The place where it is moved to is called the grafted area. The amount of skin that is taken depends on the size of the area to be covered. Your doctor or specialist nurse will tell you more about this.

The donor site

You will have a dressing on the donor site to protect it from infection. How long the site takes to heal will vary. It can depend on how much skin was removed and where it was taken from. It may take up to 2 weeks to heal, but it can take longer. Your surgeon will discuss this with you. The donor site can often feel more uncomfortable than the grafted area. You may need to take regular pain relief for a while.

The grafted area

The graft may be stapled, stitched or glued in place. Sometimes it may simply be laid onto the area. Your surgeon will discuss this with you.

You will have a dressing over the area. This will be left in place while the graft heals. As the skin graft heals, it will connect to the surrounding blood supply. This usually takes 5 to 7 days. The area will look red and swollen to begin with. But eventually it will fully heal, and the redness will fade.

After a skin graft surgery

After a skin graft, you can usually go home on the same day. But some people need to have a short stay in hospital. This depends on where the graft is on the body and how big it is.

Try to rest for the first 2 weeks after surgery. You will need to allow time for the graft to heal properly. The grafted area will be quite fragile to begin with. It is important not to put pressure on it, or rub or brush against it. You may need to take some time off work until it has healed. If you have young children, you may need some extra help at home until you feel able to do the things you normally do.

You may need to have your stitches removed 5 to 14 days after your operation. Or you may have stitches that dissolve and do not need to be removed.

Both the grafted and donor areas will develop scars. These should gradually fade. The grafted skin may also look different from the surrounding skin. This will improve over time. Your hospital team can tell you more about what to expect.

Skin flaps

You may need skin flap surgery to cover the wound. But this is not as common as skin graft surgery.

A skin flap is when a slightly thicker layer of skin is used. The skin is usually taken from an area very close to where the cancer has been removed. The flap is cut away but left partly connected so it still has a blood supply. It is moved to cover the wound and stitched in place. You may need to stay in hospital for a few days after skin flap surgery.

Skin flap surgery is very specialised. You may have to travel to a hospital that specialises in doing it. If you need a skin flap, your doctor can tell you more about it.

Mohs micrographic surgery

Mohs micrographic surgery is a specialised surgery. It is sometimes called a margin-controlled excision. Your doctors will refer you to a hospital that specialises in this type of surgery if they think you might need it.

During Mohs surgery, the surgeon removes the cancer in thin layers. They look at these layers under a microscope during the operation. They continue to remove layers until no cancer cells can be seen in the tissue. This technique makes sure that all the cancer cells are removed and that only a very small amount of healthy tissue is removed. It is often done under a local anaesthetic. You are usually allowed to go home the same day.

You may also need to have a skin graft or skin flap to cover the wound.

Mohs surgery can be used for:

- skin cancers that have come back in the same place after removal
- skin cancers that could not be fully removed
- faster-growing types of skin cancer that have begun to spread into the surrounding area
- skin cancers on the face, where it is important to remove as little tissue as possible to leave the smallest possible scar
- some large skin cancers – for example, if they are larger than 2cm.

Curettage and electrocautery

Some people have treatment using curettage and electrocautery. This involves scraping away the cancer and using heat or electricity to stop any bleeding. It is usually only used for skin cancers that are small.

First, the doctor or nurse gives you a local anaesthetic to numb the area. Once the area is numb, the doctor scrapes away the cancer using an instrument called a curette. They then use an electrically heated loop or needle to stop any bleeding from the wound. This is called cauterising the wound. This also destroys any remaining cancer cells.





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Cryosurgery

Cryosurgery is also called cryotherapy. This treatment removes cancer by freezing it. It is sometimes used for small skin cancers. It is commonly used for [actinic keratoses](#).

The doctor sprays liquid nitrogen onto the area to freeze it. The skin turns white while the area is frozen. It can be painful. Some people describe it as feeling like a bee sting.

After treatment, the area may ache or throb for a few minutes. After about 1 hour, it is common for the area to blister. The blister may become filled with blood and be painful. Your doctor or nurse may need to drain the fluid using a sterile needle. But the top of the blister should be left intact. It will gradually scab over.

About 2 weeks after your treatment, the scab drops off. You may have a scar in the area. This will be paler than the surrounding skin. You may need more than 1 cryotherapy treatment to get rid of the cancer completely.

Photodynamic therapy (PDT)

Photodynamic therapy (PDT) is mainly used to treat:

- Bowen's disease (page 15)
- a type of basal cell carcinoma (BCC) called superficial BCC.

This treatment can be helpful for areas that are over a bony part of the body, such as the hands or shins.

This treatment uses a cream that is put on the area that needs treatment. The drug in the cream is activated by light.

Before treatment, the doctor or nurse may remove any scabs from the area. Then they put the cream onto the area. They usually cover it with a dressing. You then wait for about 3 hours before having the light treatment. This allows the cream to soak into the layers of the skin.

Next, the doctor or nurse cleans the area. Then they shine a special light directly onto your skin. The light treatment usually lasts between 8 and 45 minutes, depending on the light source they use. Some people find they get a stinging or burning feeling in the treatment area. Tell your doctor or nurse if you are uncomfortable. They can give you something to help. Sometimes this may include a small injection of local anaesthetic.

After treatment, a dressing is put over the area to cover it and protect it from light. This stays on for up to 48 hours. Your doctor or nurse will give you instructions about this before you leave hospital.

After PDT, a crust usually forms over the treated area. This crust falls off naturally after a few weeks. It leaves healed, new skin underneath.

You may need 2 sessions, 1 to 2 weeks apart. Your doctor or nurse will explain how you will have the treatment and how many sessions you may need.

Chemotherapy cream

Chemotherapy uses anti-cancer drugs to destroy cancer cells. Chemotherapy can come as a cream or lotion that you put directly onto a skin cancer. This is called topical chemotherapy. It only affects the area of skin you use it on. This means it does not cause the same side effects as chemotherapy tablets or other types of chemotherapy.

Chemotherapy cream is used for:

- [Bowen's disease](#)
- a type of basal cell carcinoma (BCC) called superficial BCC.

Usually, a cream called Efudix® is used. This contains a drug called fluorouracil or 5FU.

Your doctor, nurse or a pharmacist will give you the cream to put on (apply) at home. They will explain:

- how to apply it
- how long to use it for
- when to stop using it.

You apply the cream once or twice a day. The area can usually be left uncovered. But your doctor or nurse may advise you to cover the area with a waterproof dressing after putting on the cream. Follow the instructions they give you.

Treatment is usually for 2 to 6 weeks, depending on the area of the body. The treatment should make the skin inflamed. If you have white skin, the area may become red. It may become sore and leak fluid. If the skin reaction is particularly severe, the treatment may be paused or sometimes stopped.

Your doctor may prescribe a steroid cream to help with the inflammation. The skin usually takes about 2 weeks to fully heal after you finish the treatment. But it can take longer.

Try to protect the treated area from the sun. Sunlight can make the inflammation worse. Usually, there are no other side effects with this type of chemotherapy.

“ Speaking to Macmillan helped me to feel less afraid. It was a comfort to know that I could pick up the phone and someone was waiting for me at the other end. ”

Ravinder

Immunotherapy cream

Immunotherapy drugs use the body's immune system to attack cancer cells.

An immunotherapy cream called imiquimod (Aldara®) is used to treat:

- [Bowen's disease](#)
- some small superficial basal cell carcinomas (BCCs).

It is usually used if surgery is not suitable or if the skin cancer is in more than 1 area.

Your doctor, nurse or a pharmacist will give you the cream to put on at home. They will explain how to put it on and how often to use it. You usually put the cream on once a day, 5 days a week, for 6 weeks.

You may feel a burning or tender feeling in the area being treated. This is most common at the start of treatment. Some redness or crusting of the skin usually occurs during the treatment. But there should be no permanent scarring. If the skin reaction is very strong, your doctor may give you a steroid cream to help. It is normal for redness and some crusting to continue for about 2 weeks after the treatment has finished.

Usually, you only notice side effects where you apply the cream. But some people may feel unwell with shivers or flu-like symptoms. If this happens, contact your doctor or specialist nurse for advice.

Your doctor, nurse or pharmacist can give you more detailed instructions on how to use the cream. They can also help manage any side effects.



Radiotherapy

Radiotherapy uses x-rays to destroy the cancer cells while doing as little harm as possible to normal cells.

Radiotherapy may be useful if surgery might be difficult. For example, when skin cancer:

- affects a large area
- goes deep into the skin
- affects a very visible part of the body, such as parts of the face.

Radiotherapy is not recommended for young people. This is because it can cause skin changes that may become more noticeable over time.

Radiotherapy is also occasionally used:

- to treat a non-melanoma skin cancer that has spread to other places – this can include lymph nodes or an organ, such as the lungs
- after surgery to reduce the risk of skin cancer coming back in the same area.

You have radiotherapy in the hospital outpatient department.

Depending on the type and size of skin cancer, you usually have several sessions of treatment. You may have radiotherapy each day, 5 days of the week, for 1 or more weeks. Your doctor will discuss your treatment plan with you.

Radiotherapy treatment mainly affects only the small area of skin being treated. It does not make you feel unwell, but it can make you more tired than normal. The treated skin will be inflamed for up to 1 month after treatment. If you have white skin, the area may appear red.

During this time, it will look as though the treatment has made things worse rather than better. This is normal. After a few more weeks, the area dries up and forms a crust or scab. Over time, the scab peels away, leaving healed skin underneath.

At first, the new skin will look pinker than the skin around it. But it should gradually fade to look more like the skin around it. If you have white skin, the treated area may become slightly paler. If you have black or brown skin, the area may get darker or paler.

If you have radiotherapy to an area where hair grows, it will cause the hair in the treated area to fall out. This is often permanent. You can talk to your doctor about whether your hair is likely to grow back after treatment.

Radiotherapy for skin cancer does not make you radioactive. This means it is safe for you to be around other people during treatment, including children and pregnant women.

We have more information in our booklets:

- [Understanding radiotherapy](#)
- [Coping with hair loss](#)
- [Coping with fatigue \(tiredness\)](#).

You can order our booklets and leaflets for free.
Visit orders.macmillan.org.uk or call **0808 808 00 00**.



Surgery to remove lymph nodes

A small number of people with a squamous cell carcinoma (SCC) have surgery to remove some nearby lymph nodes. This operation is called a lymph node dissection or lymphadenectomy. If cancer cells have spread to the lymph nodes, removing them can help stop the cancer spreading further.

This is a large operation done under a general anaesthetic. Sometimes, removing the lymph nodes can affect the drainage of lymph fluid. This may cause permanent swelling of the affected area (lymphoedema). We have more information in our booklet [Understanding lymphoedema](#).

Systemic anti-cancer drugs

Systemic means a treatment that goes into the bloodstream rather than directly onto the skin. This includes cancer drugs that are given into a vein or as tablets. These are sometimes used to treat skin cancers that have spread. The drugs travel in the bloodstream through the body. This means they can treat cancer cells around the body, not just where the cancer started in the skin.

Systemic treatments for skin cancer may include the following types of cancer drug:

- targeted therapy – a drug that targets something in or around cancer cells to attack them
- immunotherapy – a drug that uses the body's immune system to find and attack cancer cells
- chemotherapy – different chemotherapy drugs may be used depending on the type of skin cancer.

Sometimes, a low dose of chemotherapy and a small electrical current is used to treat 1 area of skin cancer. This is called electrochemotherapy. We have more information on our website. Visit [macmillan.org.uk/electrochemotherapy](https://www.macmillan.org.uk/electrochemotherapy)

Cemiplimab (Libtayo®) is a targeted and immunotherapy drug used to treat some locally advanced or advanced skin cancers. Your doctor or specialist nurse can tell you whether a cancer drug treatment is appropriate for you.

We have more information about cancer drug treatments. Visit [macmillan.org.uk/treatments-and-drugs](https://www.macmillan.org.uk/treatments-and-drugs)



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After treatment for skin cancer

Many people who have surgery for basal cell carcinomas (BCCs) and early-stage squamous cell carcinomas (SCCs) do not need long-term follow-up hospital appointments. But your doctor may want you to have regular check-ups for a time. This is to make sure that treatment has been successful and the cancer has not come back. You can also talk to your doctor or specialist nurse about any problems or worries you may have.

Once you have had a skin cancer, you have a higher risk of developing it again in the same area. This is called a recurrence. You are also more at risk of developing another one somewhere else on your skin.

Your specialist team may advise you to have regular skin checks with your GP. It is important to regularly check your skin for any new symptoms or changes that could be cancer. Using a mirror can help if there are areas you cannot see easily, such as your back. Or you can ask a family member or friend, if you feel comfortable doing so. If you have any problems, or notice any new symptoms in between check-ups, tell your doctor as soon as possible.

Share your experience

When treatment finishes, you may want to share your thoughts, feelings and advice with other people. This can be helpful for you. It may also be helpful for others with skin cancer who are about to start their treatment. Hearing about how you coped, what side effects you had and how you managed them is very helpful to someone in a similar situation.

We can help you share your story. Call us on **0808 808 00 00** or read about becoming a [Macmillan Cancer Voice](#).

You can also share your story, ask questions and connect with other people affected by cancer on our Online Community.

Visit macmillan.org.uk/community

“ I have been back to the hospital once because I thought something was amiss but I was all cleared. But that was so important to be able to go back and have them take you seriously, and going through it all again was something that was really, really valuable. ”

Betty, diagnosed with skin cancer

Preventing further skin cancers

Protecting yourself from the sun is even more important after you have had treatment for skin cancer. Here are some suggestions on how you can protect your skin:

- The best protection is to cover up. Wear clothing made of a close-weave fabric. This will give you more protection against the sun.
- Keep your arms and legs covered by wearing long-sleeved tops and trousers. Wear a wide-brimmed hat to protect your face, neck and ears.
- Use a suncream with a sun protection factor (SPF) of at least 30 whenever you are exposed to the sun for a period of time. Follow the instructions on the bottle and re-apply it as recommended.
- Choose a suncream that protects against ultraviolet A radiation (UVA) and ultraviolet B radiation (UVB) – for example, a suncream with a 4-star UVA rating that is SPF 30 or above.
- Make sure you use enough suncream. About 6 to 8 teaspoons is enough to cover most adults.
- Do not use suncream instead of covering up or staying in the shade. You might think that if you use suncream, you can stay in the sun for longer. But the best protection is to cover up and to stay out of direct sunlight. There is no such thing as a safe suntan. Always wear sunglasses in the sun.
- Stay out of the sun when it is strongest. This is usually between 11am and 3pm.

- Never use an indoor tanning device, such as a sunbed or sunlamp. If you prefer to look tanned, use fake tan.
- Check your skin regularly for any changes.

If you are not often outdoors or in the sun, ask your specialist doctor or GP to check your vitamin D levels. Vitamin D is important for general health and can become low in people who avoid the sun or are indoors most of the time. You may need to take vitamin D supplements if your levels are low.



Body image

Doctors will try to minimise the effects of skin cancer treatments on your appearance. Many people have only minor scarring after treatment. But for others, it may be more obvious.

If treatment has changed the way you look, you may feel differently about yourself and your body image. Body image is the picture in your mind of how your body looks and works. The effects will often improve with time, but you may feel more self-conscious about how you look.

Everyone's reactions are different. You may feel more self-conscious about your body but find it manageable. Or you may find your concerns are on your mind a lot of the time, which may affect how you cope.

Talking with people you trust can help. This could be your family, friends, cancer doctor or nurse. Talking to another person who has been through something similar can also help.

There are practical things that can help you to:

- feel better about your appearance
- manage changes to your body
- improve your confidence.

You may want to consider using camouflage make-up to cover a scar. Talk to your doctor or specialist nurse about camouflage make-up or about any concerns you have. [Changing Faces](#) has more information about skin camouflage.

We have more information in our booklet [Body image and cancer](#).

Your feelings

Even though your skin cancer is likely to be cured, you may feel anxious or upset for a while after you have been diagnosed. It is important to remember there is no right or wrong way to feel. Everyone's reactions are different, and you might have a mixture of emotions.

Talking about your feelings can be helpful. You may find it helpful to talk with your family, friends, doctor or nurse. Sometimes it is easier to talk to someone who is not directly involved in your situation. If you are finding it difficult to cope, your cancer doctor, specialist nurse or GP may be able to refer you to a counsellor who can help.

We have more information in our booklets:

- [How are you feeling? The emotional effects of cancer](#)
- [Your feelings after cancer treatment.](#)

You can call the Macmillan Support Line on **0808 808 00 00** to speak to cancer support specialists about anything that is on your mind.

You can order our booklets and leaflets for free.

Visit orders.macmillan.org.uk or call **0808 808 00 00**.





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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit orders.macmillan.org.uk or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at macmillan.org.uk/information-and-support. You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at macmillan.org.uk/otherformats

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit [macmillan.org.uk/ourinfo](https://www.macmillan.org.uk/ourinfo)



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our nurses about things like diagnosis and treatments from our nurse specialists
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit macmillan.org.uk/support-line to chat online and see the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to macmillan.org.uk/talktous

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at macmillan.org.uk/informationcentres or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit [macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport) for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit [macmillan.org.uk/work](https://www.macmillan.org.uk/work)

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at macmillan.org.uk/community

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Skin cancer support organisations

Changing Faces

Helpline **0300 012 0275**

www.changingfaces.org.uk

Offers a range of advice and information services about visual differences to the face or body. Provides support and information by phone and online, through workshops and counselling services. Also offers a skin camouflage service in England and Scotland.

Know your skin

knowyourskin.britishskinfoundation.org.uk

Developed by the British Skin Foundation to support people with skin conditions. Offers information about different skin conditions including skin cancer and Bowen's disease.

Skcin: the Karen Clifford skin cancer charity

www.skcin.org

Offers information focusing on the prevention of skin cancer through education, promoting sun safety and early detection.

General cancer support organisations

Black Women Rising

www.blackwomenrisinguk.org

Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

Cancer Black Care

Tel **0734 047 1970**

www.cancerblackcare.org.uk

Offers UK-wide information and support for people from Black and minority ethnic communities who have cancer. Also supports their friends, carers and families.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**

www.cancerfocusni.org

Offers a variety of services to people affected by cancer in Northern Ireland.

Macmillan Cancer Voices

macmillan.org.uk/cancervoices

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**

www.maggies.org

Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Tenovus

Helpline **0808 808 1010**

www.tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'Therapist directory' page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**

www.psychotherapy.org.uk

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Mind

Helpline **0300 123 3393**

www.mind.org.uk

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**

Email **jo@samaritans.org**

www.samaritans.org

Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Support for older people

Age UK

Helpline **0800 678 1602**

www.ageuk.org.uk

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**

lgbt.foundation

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients

www.outpatients.org.uk

A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is a cancer registry in each country in the UK. They are run by the following organisations:

England – National Disease Registration Service (NDRS)

digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**

phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**

qub.ac.uk/research-centres/nicr/AboutUs/Registry

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Senior Medical Editor, Professor Samra Turajlic, Consultant Medical Oncologist.

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Thanks also to the other professionals and people affected by cancer who reviewed this edition, and to those who shared their stories.

We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our skin cancer information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

Keohane SG, Botting J, Budny PG, Dolan OM, Fife K, Harwood CA, et al. British Association of Dermatologists guidelines for the management of people with cutaneous squamous cell carcinoma 2020. *The British Journal of Dermatology*. 2021;184(3): 401–414. Available from www.doi.org/10.1111/bjd.19621 [accessed May 2024].

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Sharma A, Birnie AJ, Bordea C, Cheung ST, Mann J, Morton CA, et al. British Association of Dermatologists guidelines for the management of people with cutaneous squamous cell carcinoma in situ (Bowen disease) 2022. *The British Journal of Dermatology*. 2023;188(2): 186–194. Available from www.doi.org/10.1093/bjd/ljac042 [accessed May 2024].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer.

They are produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

2. Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. Give money

Big or small, every penny helps. To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to macmillan.org.uk/donate



This booklet is about 2 common types of non-melanoma skin cancer – basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). This booklet is for anyone diagnosed with these types of skin cancer.


The booklet talks about treatments for non-melanoma skin cancer. It also has information about what to expect after treatment ends and how to prevent further skin cancers.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit [macmillan.org.uk](https://www.macmillan.org.uk)

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

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