Cancer Council Victoria

Common Skin Cancers

For people with cancer, their family and friends

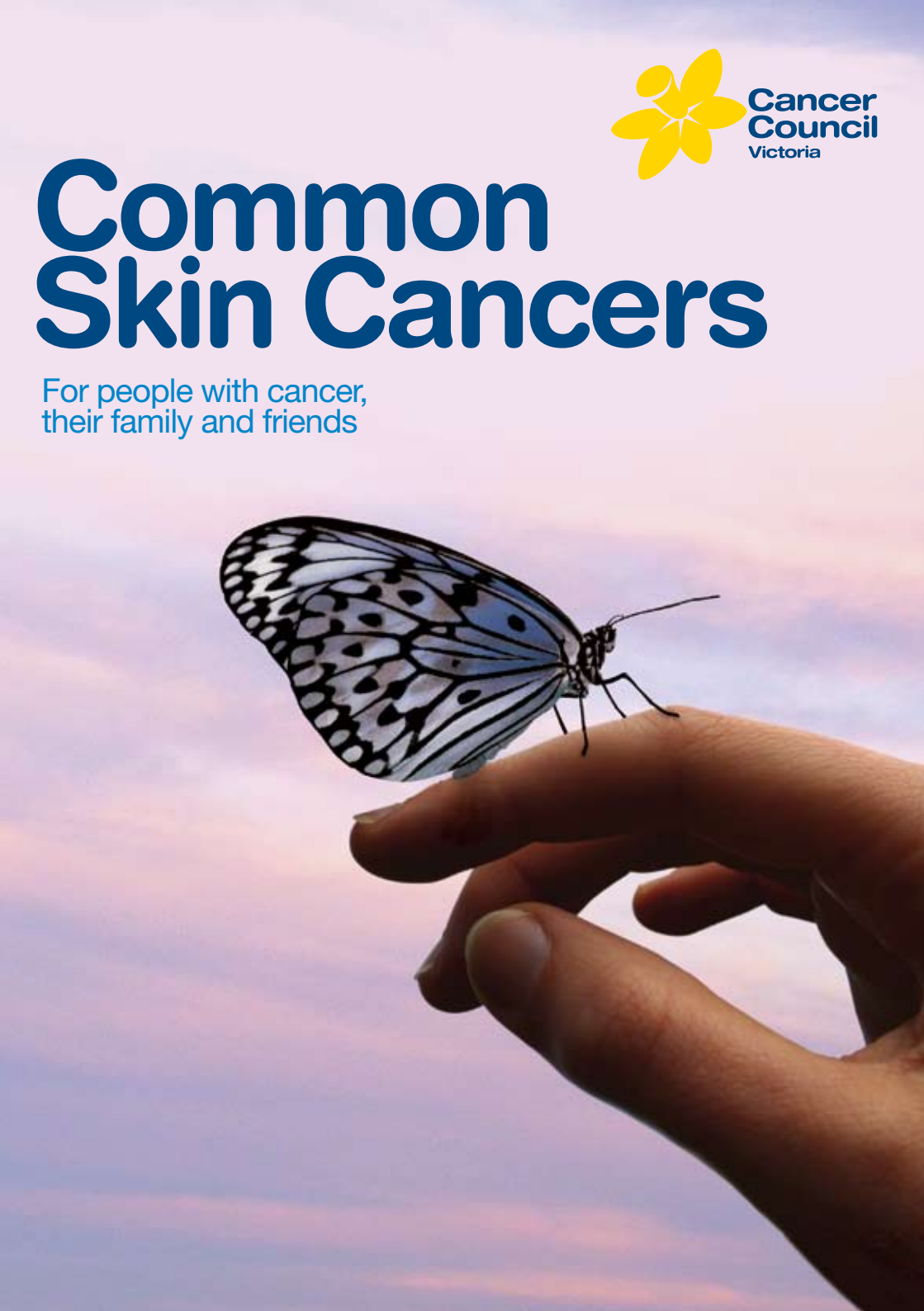

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Illustration on page 6 by Con Stamatis.

Many Cancer Council services, including the publication of this booklet, would not be possible without the generous support of many Victorians.

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Introduction

This booklet has been prepared to help you understand more about the common skin cancers—basal cell carcinoma and squamous cell carcinoma (carcinoma is another word for cancer). These types of skin cancers are generally less serious than melanoma but are much more common and cause a great deal of unnecessary suffering (and sometimes death) if not controlled.

Most Australians develop one or more of these common skin cancers in their later years, as a result of over exposure to ultraviolet radiation. Many people feel understandably shocked and upset when they are told that they have skin cancer. This booklet aims to help you understand how these cancers are diagnosed and treated.

We cannot tell you about the best treatment for you. You need to discuss this with your own doctors. However, we hope this information will answer some of your questions and help you to think about the questions you want to ask your doctors.

If you find this booklet helpful, you may like to pass it on to your family and friends, who may also find it useful.

This booklet does not need to be read from cover to cover, but can be read in sections according to your needs or interest. The words in **bold** are explained in the glossary at the back of this booklet.

* **Melanoma is not discussed in detail in this booklet. Contact the Cancer Council on 13 11 20 for a copy of *Melanoma: for people with cancer, their families and friends* or visit www.cancervic.org.au**

* **Are you reading this for someone who does not understand English? Tell them about the Multilingual Cancer Information Line. See the inside back cover for details.**

Contents

What is cancer?

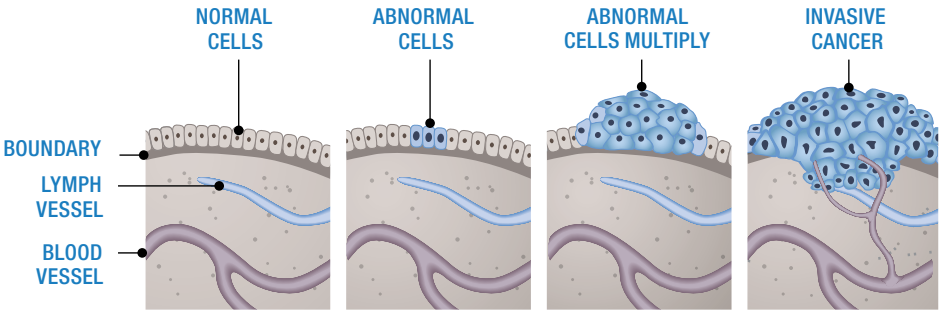
Cancer is a disease of the body's cells. Our bodies are always making new cells: so we can grow, to replace worn-out cells, or to heal damaged cells after an injury. This process is controlled by certain **genes**. All cancers are caused by changes (**mutations**) to these genes. Changes usually happen during our lifetime, although a small number of people inherit a changed gene from a parent.

Normally, cells grow and multiply in an orderly way. However, changed genes can cause cells to behave abnormally. They may grow into a lump (or **tumour**). These lumps can be **benign** (not cancerous) or **malignant** (cancerous).

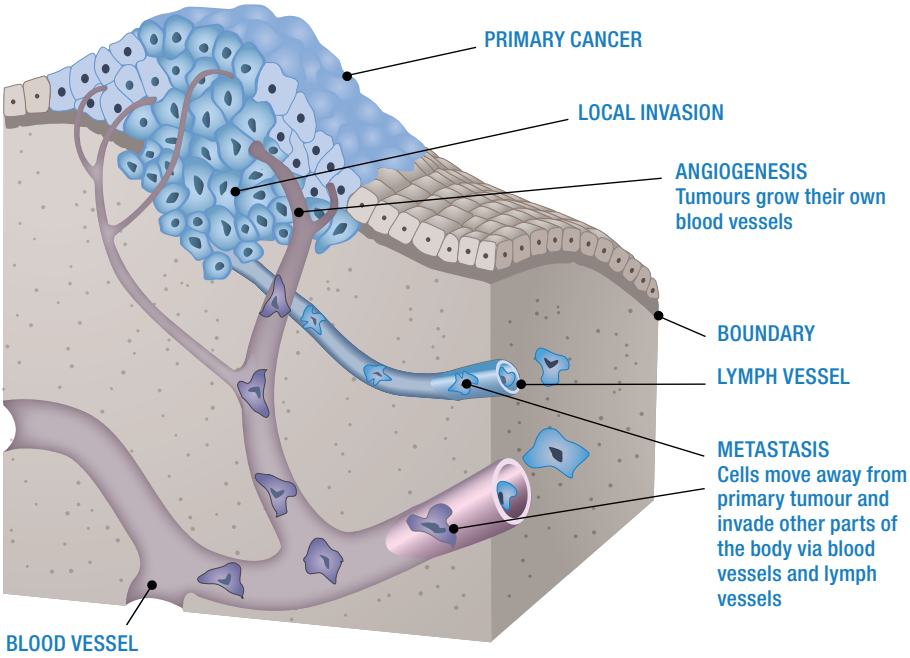
Benign lumps do not spread to other parts of the body but can cause problems nearby which require treatment.

A malignant lump (more commonly called a malignant **tumour** or a cancer) is made up of millions of cancer cells. When it first develops, this malignant tumour is confined to its original site. If it is not treated, cancer cells may spread into surrounding **tissue** and to other parts of the body.

The beginnings of cancer



How cancer spreads



When these cells reach a new site they may continue to grow and form another **tumour** at that site. Such tumours are called secondary cancers or **metastases**.

Some cancers, such as leukaemia and multiple myeloma, do not grow as tumours that spread, but affect the whole body from the start.

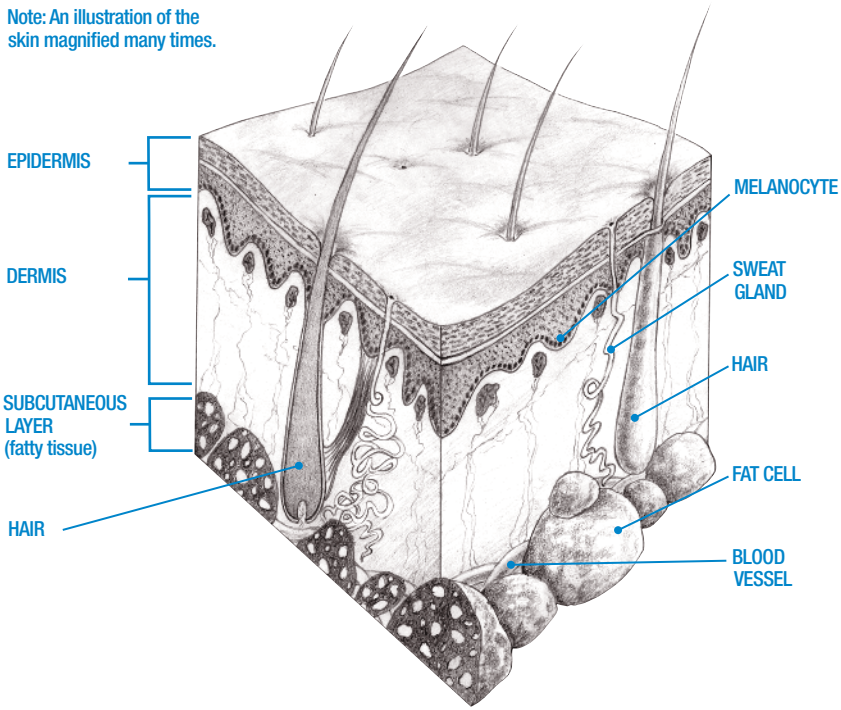
The skin

The skin has many important functions. It protects us from disease, injury and changes in temperature.

The skin has two main layers. The outer layer is called the **epidermis**. It contains **basal cells** and **squamous cells**, which link tightly together to form the barrier, and **melanocytes**, which produce **melanin**, the substance that gives skin its colour. The layer underneath the epidermis is called the **dermis**. The dermis contains the roots of hairs, glands that make sweat and oil, blood and lymph vessels and nerves. Below this is a layer of fat.

The skin

Note: An illustration of the skin magnified many times.



What happens to skin in the sun?

Each time your unprotected skin is exposed to **ultraviolet (UV) radiation**, it causes changes to take place in the structure of the **cells** and in what they do. Through years of over exposure to UV radiation, the skin becomes permanently damaged. The more exposure, the worse the damage to the skin.

These changes are often described as 'premature ageing', but they are, in fact, quite different from normal ageing in skin. In old age, the skin that has not been exposed to the sun is smooth, without spots or blemishes. It is a little thinner than younger skin, but there are relatively few wrinkles and it remains fairly firm.

Skin that has been exposed to the sun, on the other hand, becomes thickened, rough and leathery. Gradually, over 20 to 40 years, it acquires many blotches and blemishes and fair skin particularly may become yellowish. It becomes loose, and it is covered with fine wrinkles broken by a number of deep creases. These effects are seen especially on skin that gets the most sun—the face, the back of the neck, the backs of hands and arms and the neckline.

You can compare these two types of age-related change by looking at the non-sun-exposed skin on your inner arm near the armpit, and then the sun-exposed skin on the face.

Skin exposed to sun over time may also develop scaly red 'sunspots' or **solar keratoses**.

Solar keratoses ('sunspots')

Solar keratoses are scaly spots, red or occasionally brown in colour.

They appear on areas of skin that are frequently in the sun—most commonly the face, ears, neck, forearms or hands. The spots vary in size: usually from a few millimetres to 2 centimetres across. They may sometimes be

painful or itchy, and may sting when in the sun or if they are scratched. Solar keratoses are not skin cancers, but like skin cancers, they are the result of exposure to the sun. Rarely, they may change into a skin cancer. They may remain for years or disappear and reappear over the years.

Solar keratoses are a warning sign that you are at risk of skin cancer: skin cancers are more common in people with solar keratoses. If you have a solar keratosis, you should watch out for other signs of early skin cancers. Refer to 'Protecting your skin' (page 19).

Skin cancer

The epidermis contains three different types of cells: **squamous cells**, **basal cells** and **melanocytes**, each of which can turn cancerous. Skin cancers are named after the type of cell from which they start. The three main types of skin cancer are **basal cell carcinoma**, **squamous cell carcinoma** and—the most serious skin cancer—**melanoma**.

*** Melanoma is not discussed in detail in this booklet. Contact the Cancer Council on 13 11 20 for a copy of *Melanoma: for people with cancer, their families and friends.***

Melanoma

Melanoma develops in the **melanocytes**. It can occur anywhere on the body. It may grow quickly and, if it is not treated, may spread to other parts of the body to form new, secondary cancers.

Basal cell carcinoma

Basal cell carcinoma is the most common but least dangerous type of skin cancer. About 75% of skin cancers in Australia are basal cell carcinomas. They grow slowly over months or years and very rarely spread to other parts of the body. However if they are not treated, they may form an ulcer (a break in the surface of the skin); as this deepens,

it may cause damage to tissue and organs nearby—for instance, the eyelids or nose.

Basal cell carcinomas occur most often on the head, neck or upper body, though they may appear on other parts of the body. They usually start as small, round or flattened lumps that are red, pale or pearly in colour, and may have blood vessels on the surface. A basal cell carcinoma may also appear as a small area of red and scaly skin, similar to a patch of eczema.

If you have one basal cell carcinoma, you are likely to have others, either at the same time or in later years. Basal cell carcinomas are most common in people over 40 years, but also occur in younger adults. Basal cell carcinomas are easily treated if detected early.

Squamous cell carcinoma

Squamous cell carcinomas are less common than **basal cell carcinomas** but are potentially more dangerous. They grow more quickly, usually over weeks or months and may spread to nearby lymph nodes or other parts of the body if not treated promptly. They occur most often (but not only) on the head, neck, hands and forearms.

A squamous cell carcinoma looks like a red scaly spot, usually thickened, which may bleed easily or ulcerate after some time. It may be tender to touch. Squamous cell carcinomas rarely occur before 40 years of age.

Causes of skin cancer

Skin cancers and **solar keratoses** generally develop because of too much **UV radiation** from the sun and other sources such as solariums or sunlamps. Skin cancer is related to sunburn, particularly during

childhood, as well as exposure to UV radiation over a number of years.

Each time your unprotected skin is exposed to UV radiation from the sun or other sources such as solariums, the UV radiation causes changes to take place in the structure of the cells. In particular, UV radiation damages your **genes**. Too much UV radiation causes the skin to become permanently damaged, and the damage will worsen as long as your skin is exposed to UV radiation.

UV radiation also decreases the ability of the **immune system** in the skin to recognise and attack newly forming skin cancer cells, making it easier for them to grow.

Skin cancer is one of the few almost totally preventable cancers. The most important years for sun protection are during childhood and adolescence. Sunburn and overexposure to UV radiation during these years greatly increase the chance of **melanoma** and other skin cancers later in life.

How common is skin cancer?

Over 380,000 Australians are treated for skin cancer every year. This is the highest rate in the world. In Australia, skin cancer is the most common type of cancer. Over 95% of skin cancers are cured if treated early.

Who is at risk?

Most Australians are at risk of skin cancer, but some are more at risk than others. They include people who:

- are fair-skinned and don't tan but go red in the sun
- have freckles or many moles
- were exposed to Australia's sun as children
- suntan or burn intentionally to make their skin appear browner
- have a family history of skin cancer

- work indoors, but get a lot of sun exposure every weekend
- work outdoors for long periods of time
- use sunlamps, sunbeds and solariums.

There is a greatly increased risk of **squamous cell carcinoma** if your **immune system** is lowered by drugs taken after an organ transplant.

Less common risk factors

If you take medicine that makes you more sensitive to sun exposure, take extra care to protect yourself. People who have received UV therapy for conditions such as psoriasis may also be at slightly higher risk. Ask your doctor if you are concerned about medicines you take. Other rare risk factors are overexposure—perhaps through heavy industrial use—to certain chemicals including coal tar, soot, pitch, asphalt, creosotes (coal or wood tar), paraffin waxes, petroleum derivatives and arsenic. Protective clothing should be worn if you handle these substances.

Diagnosis

If you check your skin regularly (at least four times a year), you will be able to identify early changes that could be skin cancer. Make an appointment to get any changes checked by a doctor.

Skin cancer is not necessarily painful or itchy. If you notice anything that is unusual, new or changing on your skin and that does not go away within a couple of weeks, you should show it to your doctor.

Health professionals you may see

Your doctor will examine you first, and may refer you to a specialist if cancer is suspected.

Health professionals who care for people with skin cancers include:

- dermatologists, who specialise in the diagnosis and treatment of skin disorders
- surgeons, who specialise in surgery. You may see a plastic surgeon, who does special skin surgery
- radiation oncologists, who specialise in radiotherapy
- medical oncologists, who specialise in chemotherapy.

You may see other health professionals, depending on the sort of treatment you need.

How skin cancer is diagnosed

Skin cancer is diagnosed by physical examination and **biopsy**. Your doctor will first examine the suspicious spot and will check other parts of your skin. A magnifying instrument (dermascope) may be used on suspicious spots.

Some people with a lot of moles may be advised to have their skin photographed. This provides an ongoing 'map' that is used for comparison of spots over time to see if they are changing.

It is a good idea for all adults to have an examination at least once to learn if they are at high risk of skin cancer. They may then be advised to have regular check-ups. Most people will be advised to regularly check their own skin, including their back, scalp and feet. This can be done using a good light, a mirror and asking a partner to help for those areas that you can't see yourself.

Biopsy

If your doctor suspects that you have a skin cancer and needs to confirm it, they will suggest that you have a **biopsy**.

This is a quick and simple procedure. It may be done by your local doctor, or you can be referred to a dermatologist or surgeon. The doctor will give you a local **anaesthetic** and then use a scalpel to remove part or all of the spot and some surrounding tissue. You may have a stitch or stitches to help the wound to heal.

The tissue that is removed is then sent to a laboratory to be examined under a microscope. It may take about a week for the results of your tests to be ready and a follow-up appointment may be arranged for you. This waiting period can be an anxious time and it may help to talk things over with a close friend or relative or your doctor.

Treatment

There are several ways to treat basal cell carcinoma and squamous cell carcinoma. In choosing the best treatment for you, your doctor will take into account a number of factors, including your age, general health, the type and size of the cancer, where it is on your body and what you want. The treatment choice will also depend on whether the cancer has spread anywhere else in your body, although this is unusual with common skin cancers.

If you have any questions about your treatment, don't hesitate to ask your doctor. It may help to make a list of questions (see the sample list at the end of this booklet) or take a close friend or relative with you.

Surgery

Most skin cancers can be simply cut out, along with a small area of normal skin from around the skin cancer. This is a simple operation that can usually be done in the doctor's rooms under local **anaesthetic**. The wound is usually closed using stitches.

If the cancer is large or spreading, you may be admitted to hospital to have a larger amount of skin removed to make sure all the cancer **cells** are removed. You may have a general anaesthetic. In most cases the wound is stitched together and heals as a straight scar.

Skin grafts or flaps

If a relatively large area of skin is removed, a **skin graft** may be required to cover the wound. For the graft, the surgeon will take a layer of skin from another part of your body and place it over the wound.

The other possibility is to do a 'flap', where the surgeon will cover the wound using a flap of skin near the wound. It is left attached at one end to provide a blood supply. Most people, however, will be able to have the skin sewn up without a graft or flap.

After the operation

The wound will be covered with a dressing and left undisturbed for several days. You may also have dressings on any area from which skin was taken.

You may be uncomfortable for several days. If you have pain, your doctor will prescribe pain relievers for you.

If you had a **skin graft**, the area where the skin was grafted on may look unattractive immediately after the operation, but eventually it will heal and the redness will fade. There is a risk of infection, **haematoma** and scarring. Occasionally, the skin graft fails. If this happens, your doctor will advise you of the best next course of treatment.

Cryotherapy

If you have a **solar keratosis** or a common skin cancer that is small and not very deep, it may be possible to treat it by freezing it. This is known as **cryotherapy**. Liquid nitrogen is applied to the cancer to freeze it. This can cause a stinging or burning feeling.

Often people have some blistering and scabbing for one to two weeks after treatment. It can take up to four weeks for the area to heal, and it may leave a pale scar. Areas treated on the leg can take longer to heal.

Sometimes more than one treatment is needed to remove the cancer or keratosis completely.

Curettage and cautery

This procedure is also known as electrodesiccation and curettage. If you have only a small **basal cell carcinoma**, your doctor may simply scrape it off under local anaesthetic using a small instrument called a curette. The doctor may then use cautery to control any bleeding and to destroy any remaining cancer cells. Cautery involves using a needle to pass a very mild electric current into the area. This technique commonly leaves a pale scar.

The main advantage of this treatment is that it is simple. It can be done in a doctor's room, and you may be able to get back to normal activities very quickly.

Radiotherapy

Radiotherapy treats cancer by using radiation to destroy the cancer cells. It is given by machines that target intense beams of radiation onto the cancer.

Radiotherapy is not often used to treat early skin cancers, but it is valuable in situations where surgery could be difficult or disfiguring. It may also be used if a person is medically unfit for surgery. The main role for radiotherapy is to complement surgery in the treatment of locally advanced skin cancers and those that have spread to nearby lymph nodes. The treatment is often divided into several doses, given over two to six weeks depending on the severity of the problem. It is painless and only takes a few minutes for each treatment.

Side effects of radiotherapy

Skin in the treatment area may become red and sore after two or three weeks of treatment. From the start of your treatment, you will need to take care washing and avoid shaving the area or wearing clothing that can rub. Check with your doctor or nurse before using any talcum powders or lotions. Ask a member of your radiotherapy treatment team for a cream to ease any burning sensation.

✱ **The Cancer Council's booklet *Coping with radiotherapy* discusses ways of managing side effects. Telephone 13 11 20 for a copy or visit www.cancervic.org.au**

Chemotherapy cream

This cream is used for the treatment of cancer with anti-cancer drugs. The drugs work by destroying cancer **cells**.

If topical **chemotherapy** is used in skin cancer treatment, a cream containing a medication called 5-fluorouracil (Efudix) is applied directly to skin. This cream is mainly used for the treatment of solar keratoses. It is used every day, often for several weeks. The skin in the area may become red and inflamed, but this will only be temporary and there are usually no other side effects. The advantage of this treatment is that you can do it at home, there are no injections and usually there is no scar. However, it is only recommended for shallow cancers.

Immunotherapy

This involves stimulating the body's **immune system** to fight the skin cancer more vigorously. It is used to treat **solar keratoses** and some **basal cell carcinomas**. A cream containing the drug imiquimod is applied to the cancer. It boosts the immune response in the area where it is applied. The treatment is taken for about six weeks. It causes reddening and sometimes scabbing of the affected skin, which may be present for up to three months. The skin settles down after treatment with little or no scarring.

Photodynamic therapy

This is another method of treating some **basal cell carcinomas** and **solar keratoses.** It involves the use of a chemical that is activated by a special light source.

The chemical is applied in a cream form to the lesion and left on for three to four hours. Abnormal cells absorb the cream during this time. After this, an intense light source is shone onto the area for a few minutes. The abnormal cells which have absorbed the cream are selectively destroyed by the light, while normal skin cells are not affected. The treated area will form scabs and then heal over the next one to two weeks, leaving little or no scarring.

Prognosis

More than 99% of people with **basal cell carcinoma** and **squamous cell carcinoma** are cured. The **prognosis** is good for most skin cancers that are found and treated early.

After your treatment for common skin cancer is complete, your doctor may want you to have regular check-ups for a time to make sure there is no cancer remaining and that treatment has been successful.

If you have had one skin cancer, you are at increased risk of developing another one. If you notice any changing or new spots, or are worried between appointments, it is a good idea to tell your doctor as soon as possible.

You will need to talk with your doctor about your own prognosis. Your medical history is unique, so you will need to discuss with someone who knows your medical history what you can expect and the treatment options that are best for you.

Do solar keratoses need treatment?

You may be advised to have a solar keratosis removed because your doctor feels it is at risk of becoming a **squamous cell carcinoma**. Or you may want to have one removed because of its appearance, or symptoms it is causing.

If you want a solar keratosis removed, the options are similar to those described above for common skin cancer: **cryotherapy, cautery, chemotherapy** cream, **immunotherapy** or **photodynamic therapy.**

A solar keratosis may respond to a simple moisturiser and keeping it out of the sun. Most are easily treated with freezing (cryotherapy). If your doctor is not sure whether the spot is a skin cancer or a solar keratosis, a piece may be cut out and sent to a laboratory for diagnosis (**biopsy**).

Protecting your skin

Whenever UV radiation levels reach 3* (moderate) and above, sun protection is required. At that level UV radiation is intense enough to damage the skin and eyes and contribute to the risk of skin cancer. In Victoria from September to April, UV radiation levels are 3 and above for most of the day. Particular care should be taken between 10 am and 2 pm (11 am and 3 pm daylight saving time) when UV radiation levels reach their peak.

The SunSmart UV Alert is issued by the Bureau of Meteorology when the UV Index is forecast to reach 3 and above and tells you the time sun protection is needed for the day. It is reported in most daily newspapers and some television and radio weather forecasts across Australia. It is also on the Bureau of Meteorology website www.bom.gov.au/weather/uv and SunSmart website www.sunsmart.com.au.

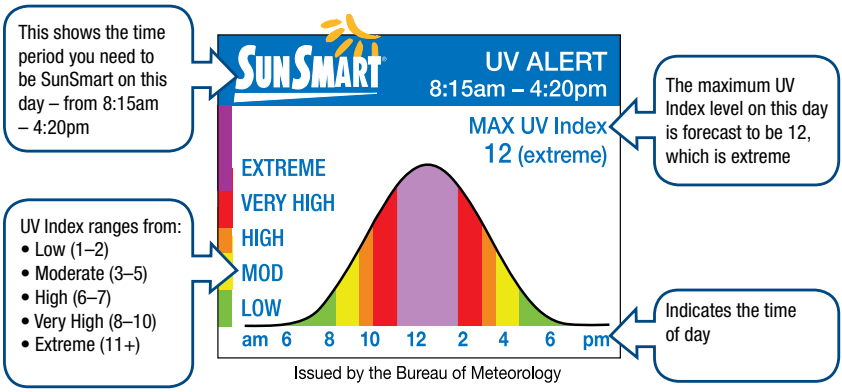
To protect against skin damage and skin cancer when the UV level is 3 and above, use a combination of five sun protection measures:

1. Slip on some sun-protective clothing—cover as much skin as possible.
2. Slop on SPF30+ sunscreen—make sure it is broad spectrum and water resistant. Put it on 20 minutes before you go outdoors and every two hours afterwards. Sunscreen should never be used to extend the time you spend in the sun.
3. Slap on a hat—one that protects your face, head, neck and ears.
4. Seek shade.
5. Slide on some sunglasses—make sure they meet Australian Standards.

From May to August, UV radiation levels in Victoria are usually low (below 3). Therefore, sun protection measures are not necessary during these months unless you are in alpine regions, or near highly reflective surfaces, such as snow or water.

* The Global Solar UV Index is a rating system adapted from the World Health Organization. It ranges from:

- 0 – 2 Low
- 3 – 5 Moderate
- 6 – 7 High
- 8 – 10 Very high
- 11+ Extreme



Making decisions about treatment

Sometimes it is hard to decide what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. Some people find that waiting for test results and for treatment to begin is very difficult.

While some people feel they have too much information, others may feel that they do not have enough. You need to make sure that you know enough about the possible treatments and side effects to make your own decisions.

If you are offered a choice of treatments, you need to weigh up what is good and bad about each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.

Talking with doctors

Before you see the doctor, it may help to write down your questions. There is a list of suggested questions to ask your doctor on page 25. Taking notes during the session can also help. Many people like to have a family member or friend go with them, to take part in the discussion,

take notes or simply listen. Some people find it is helpful to tape record the discussion, but ask your doctor first.

Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with others. Talking it over can help to sort out which course of action is right for you.

A second opinion

You may want to ask for a second opinion. This is okay and can help you make your decision. Your doctor can refer you to another doctor. You can ask for a copy of your results to be sent to the second-opinion doctor. You can still ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.

Some people may find a second opinion confusing. It may help to talk to your treating doctor, or another health professional on your treating team, about the things you need a second opinion on. Write down the questions you want to ask and let the second-opinion doctor know what you already know about your case and what you are asking them to clarify for you.

Research into skin cancer

Researchers are continually looking for new, simple ways of preventing and treating skin cancer.

No method, other than avoiding UV radiation exposure, has been shown to prevent skin cancers.

With regard to treatment, a lot of attention is being paid to drugs and vaccines that stimulate the body's immune response, and enhance its natural (but weak) ability to destroy cancer cells.

You may want to ask your doctor about research and new treatments, including new treatments being tested in clinical trials.

Cancer Council Helpline

The Cancer Council Helpline is a free, confidential service where you can talk about your concerns and needs with cancer nurses. They can send you information and can put you in touch with other services in your own area. Telephone 13 11 20.

* **Information about skin cancer treatment and sun protection is also available at www.sunsmart.com.au**

Multilingual Cancer Information Line

The Multilingual Cancer Information Line is a free and confidential service of the Cancer Council. You can call and speak to a cancer nurse with the help of an interpreter. It is for people with cancer, and people who are close to them. People who speak any language can use the service. See the inside back cover for details.

Questions to ask your doctors

You may find this list helpful when thinking about the questions you want to ask your doctors about common skin cancers and their treatment.

1. What type of skin cancer do I have?
2. Has my skin cancer spread? If so, how far?
3. What are my chances of cure?
4. Which treatment do you advise for my cancer and why?
5. Do you specialise in skin cancer?
6. Are there other treatment choices for me? If not, why not?
7. Are there any clinical trials of new treatments that I should know about?
8. What are the risks and possible side effects of each treatment?
9. What if I don't have any treatment?
10. Will I have to stay in hospital, or be treated as an outpatient?
11. How long will the treatment take? How much will it affect what I can do? How much will it cost?
12. Will I have any pain with the treatment? What will be done about this?
13. If I need further treatment, what will it be like and when will it begin?
14. Will the treatment affect me physically? Will I be able to do normal things? Will the treatment affect me sexually?
15. How often will my check-ups be? What will they involve?
16. Are there any problems I should watch out for?
17. I would like to have a second opinion. Can you refer me to someone else?
18. Is my cancer hereditary?

If there are answers you do not understand, feel comfortable to say, 'Can you explain that again?' or 'I am not sure what you mean by …'

Glossary: what does that word mean?

Most of the words listed here are used in this booklet; others are words you are likely to hear used by doctors and other health professionals who will be working with you.

anaesthetic A drug given to stop a person feeling pain. A 'local' anaesthetic numbs the skin only; a 'general' anaesthetic causes temporary loss of consciousness.

basal cell carcinoma Cancer arising from basal cells of the skin.

basal cells Round cells that lie below the outer squamous cells of the epidermis in the skin.

benign Not cancerous. Benign cells are not able to spread like cancer cells.

biopsy The removal of a sample of tissue from the body, for examination under a microscope, to assist diagnosis of a disease.

carcinoma Cancer that begins in the tissue that lines the skin and internal organs.

cautery A method of destroying small areas of tissue using a small electric current, which is applied through a needle and which burns the skin cells.

cells The 'building blocks' of the body. A human is made of billions of cells, which are adapted for different functions. Cells are able to reproduce themselves exactly, unless they are abnormal or damaged, like cancer cells.

chemotherapy The use of special drugs to treat cancer by destroying cells or slowing their growth.

cryotherapy The use of extreme cold to freeze and destroy unwanted cells.

curettage Scraping or cleaning a body surface using a 'curette'—an instrument with a scoop, loop or ring at its tip.

dermis One of two main layers that make up the skin. The dermis is the second layer, which contains the roots of hairs, glands that make sweat, blood and lymph vessels and nerves.

epidermis One of two main layers that make up the skin. The epidermis is the surface layer, which contains basal cells, squamous cells and melanocytes.

genes The tiny factors that control the way the body's cells grow and behave. Each person has a set of many thousands of genes inherited from both parents.

haematoma An accumulation of blood in the tissues that clots to form a solid swelling.

immune system One of the body's defence systems, designed to protect us against anything it recognises as 'foreign', for example bacteria, viruses, transplanted organs and tissues, cancer cells and parasites.

immunotherapy A type of treatment that involves stimulating the body's immune system to fight the skin cancer more vigorously.

lymph vessels Part of the lymphatic system. Lymph flows through these vessels, which run throughout the body, carrying cells that help to fight disease and infection. Lymph nodes filter the lymph to remove bacteria and other harmful agents, such as cancer cells.

malignant Cancerous. Malignant cells can invade normal tissues and spread (metastasise) to other parts of the body.

melanin The brown pigments produced by melanocytes, which gives the skin its colour.

melanocytes Cells in the epidermis and elsewhere that produce melanin.

melanoma Cancer of the melanocytes. The cancer usually appears on the skin, but may affect the eye and mucous membranes. Excessive exposure to UV radiation contributes to the development of melanoma.

metastases Also known as 'secondaries'. Tumours or masses of cells that develop when cancer cells break away from the original (primary) cancer and are carried by the lymphatic and blood systems to other parts of the body.

mutation A change in the genetic material of a cell or the change this causes in an individual.

photodynamic therapy A type of treatment that involves using a chemical activated by light. The chemical is absorbed by abnormal cells, which are then destroyed when exposed to a light source.

prognosis An assessment of the course and likely outcome of a person's disease.

radiotherapy The use of radiation, usually x-rays or gamma rays, to destroy cancer cells or alter them so that they cannot grow and multiply. Radiotherapy can also harm normal cells, but they are able to repair themselves.

secondary cancers Cancer metastases.

skin graft A piece of skin that is taken from one area of the body to replace skin that has been lost from another area because of surgery or disease.

solar keratoses Red or brown scaly areas that may appear on skin that is exposed to sunlight. Often called 'sunspots'.

squamous cell carcinoma Cancer arising from squamous cells.

squamous cells Flat skin cells that make up the epidermis and cover surfaces in the body. Squamous skin cells contain keratin, a protective substance that resists heat, cold and the effects of many chemicals.

tissue A collection of similar cells.

tumour A new or abnormal growth of tissue on or in the body.

ulcer A break in the skin that won't heal and may be inflamed.

ultraviolet (UV) radiation The part of the sun's rays that can cause sunburn, skin and eye damage and skin cancer. Ultraviolet radiation can't be seen or felt. Other sources of UV radiation include solariums, sunlamps and sun beds.

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