Skin Cancer

OVERVIEW

If you have been diagnosed with a skin cancer, this information sheet will help you to understand more about skin cancer types, treatment options and what you should expect.

Firstly – Don't Panic!
Skin cancers are very common in Australia because of our exposure to sunlight over a long period of time, outdoor lifestyles and (often) fairer complexions. It is important to realise that the diagnosis of "cancer" applies to a very wide spectrum of diseases. They are not all the same. For example bowel or breast cancer is different to skin cancer. The majority of skin cancers if detected and treated early are entirely curable.

SKIN CANCER LESIONS

Benign Lesions

These are technically not cancerous. They may include simple moles (naevi), skin tags or lumps. They may be treated because of cosmetic concerns or because either you or a doctor is concerned about them being one of the more serious lesions.

Pre-cancerous Lesions

Early changes of skin cancer are present. Examples include SCC-in-situ (Bowen's disease) and solar keratoses. Often treatment is recommended to prevent these lesions from developing further to become malignant skin cancers.

Malignant Lesions

Encompasses a broad range of skin cancers which have a wide spectrum of prognoses.

BCC (Basal Cell Carcinoma)

The most common skin cancer in Australia. Often found on the face. Rarely, if ever, spreads to lymph nodes or other organs. Generally, if treated early and completely, these do not return. If not treated, these lesions will continue to grow and burrow. After successful treatment the initial skin cancer is unlikely to recur but there is a significant rate of developing further lesions because of the previous prolonged exposure to sunlight.

SCC (Squamous Cell Carcinoma)

Often found on the ears, backs of hands and limbs. As SCCs get bigger there is more of a chance of spread to other body areas (metastasising) e.g. Lymph nodes.

Melanoma

Can be found all over the body. Its prognosis is strongly dependent on how thick the lesion is, which in turn is often related to how long it has been present/growing. Melanoma has the highest rate of spread but the thinner types still have a good prognosis if treated early.

Other

There are a large number of rarer skin cancers which also occur.

TREATMENT TYPES

SURGICAL

A skin cancer lesion can be surgically cut out leaving a 'defect' which may be repaired using one of the surgical techniques described below. The lesion is then sent to pathology, which will enable the clinical diagnosis of the type of skin cancer to be confirmed and also confirms whether all of the skin cancer has been removed. The pathology results are discussed with you at your appointment with Assoc. Prof White following surgery.

Surgery can involve several options including:

- **Direct closure** (closing a wound edge to edge).
- **Skin flaps**. This involves moving some tissue/skin around to either fill a defect that can't be closed by just suturing the wound together or to achieve a better cosmetic outcome.
- **Skin grafts.** This involves taking some skin from another location to fill the defect. It usually means that there is a relatively bulky dressing which stays for 5-7 days (if on your legs this usually requires a stay in hospital). At this stage the skin graft often looks darker than the surrounding skin and will need to be protected for another week or so. The final cosmetic result can take a little longer.

The final wound may be longer than you initially expect. The objective is to clear the cancer and get the best possible outcome. Somewhat counterintuitively, a longer wound may get a better cosmetic result in many cases.

Depending on the size and site of the lesion, surgery can be done under local anesthesia, with or without sedation or may require a general anaesthetic.

NON SURGICAL

Creams - These may be suitable for some skin lesions/cancers.

Radiation - Can be used as a treatment in its own right or in combination with surgery.

FOLLOWING SURGERY

At the first post operative visit your wound will be checked, sutures removed if necessary and the pathology results discussed with you. A copy of these results will be provided for you (Assoc. Prof White's rooms will send a separate copy back to your referring doctor). You will also receive information that outlines what you will need to do to look after your wound to maximise the clinical and cosmetic outcomes.

FOLLOW UP/FURTHER PREVENTION

No matter what type of skin cancer you have had it is very important to have a plan in place for follow up - both of the cancer you have had treated and detection of new lesions.

This involves regular skin surveillance by yourself in conjunction with your doctors. If you notice any changes in your skin, or lumps appearing in your lymph nodes (glands), such as in your neck, armpits or groin, please let your doctors know. Depending on the type of lesion you have, follow up may be with your local doctor, a dermatologist or Assoc. Prof White.

It is never too late to start applying good prevention measures such as sunscreens, hats, sunglasses and minimising exposure to sunlight when the sun is strongest in the middle part of the day.

> Please note - This information sheet is provided as a general guide only. The specific circumstances of your condition need to be discussed with Assoc. Prof Dean White.

[Updated: July 4, 2022]]