



SKIN CANCER:

HOW TO REDUCE THE RISK OF DEVELOPING SKIN CANCER

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand how to reduce the risk of developing skin cancer. It is aimed at people with an increased risk of developing skin cancer. It describes the main types of pre-cancerous and cancerous skin growths and explains the importance of detecting and treating them early. It tells you how to reduce the risk of developing a skin cancer, and how these can be treated.

HOW LIKELY AM I TO GET SKIN CANCER?

Anyone can develop skin cancer, and the risk increases with age; however, some people are more likely to be affected than others. These include those who have:

- Fair skin that burns easily
- Light coloured eyes, e.g. blue, grey or hazel
- Naturally blonde or red hair
- Numerous freckles
- Previous sunburns (especially in childhood)
- An outdoor occupation and/or have intense sun exposure or have had this in the past
- Outdoor hobbies such as gardening, cycling, golf, team sports, sailing, etc.
- Frequent use of artificial sun lamps and/or sunbeds
- A history of skin cancer
- Had an organ transplant or a blood disorder such as leukaemia,
- Had immunosuppressive drug therapy such as [azathioprine](#), [ciclosporin](#) and biologic therapies.

WHY AM I MORE AT RISK FROM SKIN CANCER?

People who have already had skin cancer, pre-cancerous skin lesions, or who have usually had more sun exposure than average, or those on immunosuppressive drugs, particularly after an organ transplant, may be at an increased risk of getting skin cancer.

HOW CAN I SPOT THE SIGNS OF SKIN CANCER?

Treatment will be more effective if skin cancer is detected early. For this reason, it is advisable to check your skin for changes approximately once a month. You may need to use a mirror to check your back; a friend, carer or family member can help you with this.

You should see your GP if you have either:

Marks on your skin which:

- Grow
- Bleed
- Change in appearance in any way
- Never heal completely or form a scab that falls off and then grows again

Or:

- Any existing moles that change in size, shape, colour or texture, or which look completely different to other moles on your body.

WHAT DO SKIN CANCERS LOOK LIKE?

The three main types of skin cancers are:

- **Basal cell carcinoma (rodent ulcer).** Most basal cell carcinomas are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some basal cell carcinomas look like a scaly flat red mark on the skin surface.



Others have a pale shiny edge surrounding a central dip (crater). If left untreated the latter type can erode the skin, eventually causing an ulcer which looks like a rodent bite - hence the name "rodent ulcer". Basal cell carcinomas can also be lumpy, with one or more shiny lumps with small but easily seen blood vessels.

- **Squamous cell carcinoma.** A squamous cell carcinoma usually appears as a scaly or crusty raised area of skin, with a red, inflamed base. In brown or black skin, the base may appear darker than the surrounding skin rather than red. It may look like an irritated wart or develop to form a bleeding ulcer. Most small squamous cell carcinomas are not painful, however pain in a growing lump is a suspicious symptom for squamous cell carcinoma. They occur most often on the face, bald scalp, neck, ears, lips, backs of the hands and forearms. Organ transplant patients are more at risk from this form of skin cancer.
- **Melanoma.** Melanomas are rarer but are the most serious type of skin cancer. They are usually irregular brown or black spots, which may develop within a pre-existing mole or appear on normal healthy skin where a mole has not existed before. Any changes in a mole, or a new mole occurring for the first time, especially after the age of 40, should be shown to your doctor.

Lesions related to skin cancers:

- **Actinic keratoses (also known as solar keratoses).** Skin cancers may be preceded by a pre-cancerous condition known as actinic keratoses, caused by sun damage. These are usually raised pink or red spots, with a rough surface, which appear on skin that is exposed to the sun. The face, bald scalp, neck, ears, backs of the hands and forearms are most often affected. Actinic keratoses may be easier to feel than they are to see, as they are a rough, scaly patch on the skin. A small number are pre-

cancerous, but early treatment may prevent them changing into a type of skin cancer. Most actinic keratoses, however, will never become cancerous.

Remember, if you see **any changes** in your skin - whether an ulcer or a spot - you must tell your doctor or nurse, who will refer you to a dermatologist if appropriate.

HOW IS SKIN CANCER DIAGNOSED?

If your GP thinks that the mark on your skin needs further investigation, they may refer you to the local dermatology outpatient clinic for examination. Dermatologists use a specialised instrument called a dermatoscope to examine areas of concern on the skin. The dermatologist may ask to see other areas of skin to ensure there are no other growths of concern. If necessary, the dermatologist may arrange for a small piece of the abnormal skin (a biopsy), or the whole area (an excision), to be surgically removed and examined under a microscope. Before the procedure, a local anaesthetic will be given to numb the skin.

HOW CAN I REDUCE THE RISK OF GETTING ANOTHER SKIN CANCER?

There are many ways in which you can help to reduce the possibility of getting skin cancer. These are:

- Learn how to recognise the early signs
- Examine your skin regularly for these signs
- Arrange an annual check from your GP or nurse
- Protect your skin from the sun
- Do not use sunlamps, sunbeds or visit tanning shops, regardless of how safe the advertising may suggest that they are
- Avoid getting a sunburn (see vitamin D advice below)

Exposure to the sun is the main cause of skin cancer. This does not just mean sunbathing; you are exposed to the sun each time you do any outdoor activities, including gardening, walking, sports, or even a long drive in the car.



The sun can cause problems all year round, not just in the summer.

Top sun safety tips

Sun protection is recommended for all people. It is advisable to protect the skin from further sun damage.

- Protect your skin with clothing. Ensure you wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- Stay in the shade between 11 am and 3 pm when the sun is strong.
- It is important to avoid sunburn, which is a sign of damage to your skin and increases your risk of developing a skin cancer in the future. However, even a tan is a sign of skin damage and should be avoided.
- Apply a high sun protection factor (SPF) sunscreen of at least 30. However, if you have an organ transplant, it is recommended to use SPF 50 all year round, which has both UVB and UVA protection. Look for the UVA circle logo and choose a sunscreen with 5 UVA stars as well as a high SPF, like this:



- Use this sunscreen every day to all exposed areas of skin, especially your head (including ears and balding scalp) neck, central chest, backs of hands, forearms and legs.
- Apply plenty of sunscreen 15-30 minutes before going out in the sun (ideally apply it twice) and reapply every two hours when outdoors. You should especially re-apply straight after swimming and towel-drying, even if the sunscreen states it is waterproof.
- Make a habit of sunscreen application, applying sunscreen as part of your morning bathroom routine. If you have an oily complexion, you may prefer an oil-free, alcohol-based or gel sunscreen.
- Keep babies and young children out of direct sunlight.

- The British Association of Dermatologists recommends that you tell your doctor about any changes to a mole or patch of skin. If your GP is concerned about your skin, you should be referred to see a consultant dermatologist or a member of their team at no cost to yourself through the NHS.
- No sunscreen can offer you 100% protection. They should be used to provide additional protection from the sun, not as an alternative to clothing and shade.
- For people of colour, particularly those with black or dark brown skin tones, routine sun protection is rarely necessary in the UK. However, there are important exceptions to this; for example, sun protection is important if you have a skin condition, such as photosensitivity, vitiligo or lupus, or if you have a high risk of skin cancer, especially if you are taking immunosuppressive treatments (including organ transplant recipients) or if you are genetically predisposed to skin cancer. Outside the UK, in places with more extreme climates, you may need to follow our standard sun protection advice.
- Consider the use of UV protective garments, which can include swimwear to help protect your skin.
- *Regardless of skin colour, you should still protect yourself from other risks to your health during especially hot weather, such as overheating, heat exhaustion or heatstroke. Follow NHS advice on www.nhs.uk/conditions/heat-exhaustion-heatstroke/.*
- *Babies and children can easily overheat, which can be very dangerous to their health. Take additional precautions to avoid them getting sun stroke or heat stroke, such as making use of shaded areas and keeping them hydrated.*
- It may be worth taking vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce your vitamin D levels.

Vitamin D advice

The evidence relating to the health effects of serum vitamin D levels, exposure to sunlight, and vitamin D intake, is inconclusive. People who are avoiding (or need to avoid) sun exposure may be at risk of vitamin D deficiency and should consider having their serum vitamin D levels checked. If the levels are low, they may consider:

- taking vitamin D supplements of 10-25 micrograms per day
- increasing intake of food rich in vitamin D such as oily fish, eggs, meat, fortified margarine and cereals.

In people who have had frequent and repeated non-melanoma skin cancers, the B-vitamin [nicotinamide](#) may be recommended by your dermatologist. There is evidence that nicotinamide may help reduce common skin cancers (basal and squamous cell) due to UV radiation. This is not a cure for skin cancer, and usual sun safety measures must be followed.

Some patients with organ transplants may be advised by their transplant surgeon, in conjunction with their dermatologist, to reduce or stop their immunosuppressant medication. Sometimes, a medication known as acitretin may be prescribed to help prevent further production of skin cancers.

CAN SKIN CANCER BE CURED?

Most skin cancers, if treated early, can be cured. It is important to report any new or changing areas of skin to your doctor to be sure of early treatment.

Basal cell carcinomas can be cured in almost every case, and seldom, if ever, spread to other parts of the body. Treatment may be more complicated if a [basal cell carcinoma](#) has been neglected for a very long period of time, or if it is in an awkward place, such as near the eye, nose or ear.

In a few cases squamous cell carcinoma and melanoma may spread (metastasise) to lymph glands and other organs.

HOW CAN SKIN CANCER BE TREATED?

There are various treatments available, depending on the type of skin cancer.

- **Surgery.** Most skin cancers are excised (cut out) under a local anaesthetic. After an injection to numb the skin the lesion (growth of tissue) is cut away, together with some of the surrounding skin. Sometimes a small skin graft is needed.
- **Curettage and cautery.** This is another type of surgery carried out under a local anaesthetic, in which the skin lesion (growth) is scraped away (curettage), and the remaining skin surface is sealed by heat (cautery).
- **Cryotherapy.** The growth is frozen with a very cold substance (liquid nitrogen).
- **Creams.** These can be applied to the skin. The two most commonly used are [5-fluorouracil](#) and [imiquimod](#).
- This involves applying a cream [Photodynamic therapy](#) to the skin lesion and covering it with a dressing for 4 to 6 hours. A special light is then shone on the area to destroy the skin lesion.
- **Radiotherapy.** X-rays are shone on the area where the skin lesion is. Radiotherapy may also be used to relieve symptoms when skin cancer has spread to other parts of the body.

The removal of lymph nodes is usually only undertaken if the cancer has spread there, causing them to enlarge. For some cases of melanoma, a sample of non-enlarged lymph nodes is taken, called a 'sentinel lymph node biopsy'.

Remember

Most skin cancers can be avoided if you follow these basic rules:

- Check your skin for changes regularly
- Report any skin changes to your GP or nurse promptly
- Always protect your skin from the sun
- Do not use sunlamps or sunbeds



WHERE CAN I GET MORE INFORMATION ABOUT SKIN CANCER?

Links to patient support groups:

Macmillan Cancer Support

Web: www.macmillan.org.uk

Support Line: 0808 808 00 00

Cancer Research UK

Web: www.cancerresearchuk.org

Tel: 0300 123 1022

The Karen Clifford Skin Cancer Charity

Web: www.skcin.org

Tel: 0115 9819116

Wessex Cancer Trust

Web: www.wessexcancer.org

Email: wct@wessexcancer.org

British Association of Dermatologists

Early detection and prevention of skin cancer

www.skinhealthinfo.org.uk/symptoms-treatments/skin-cancer/

Sun safety

www.skinhealthinfo.org.uk/sun-awareness/the-sunscreen-fact-sheet/

www.skinhealthinfo.org.uk/sun-awareness/sun-advice-for-skin-of-colour/

<https://www.skinhealthinfo.org.uk/sun-awareness/sun-protection-advice-for-children-and-babies/>

Vitamin D

www.skinhealthinfo.org.uk/sun-awareness/vitamin-d-information/

The information provided in this leaflet is based on our recommendations and adapted from those by the French Society of Dermatology and Cancer Research UK's SunSmart Campaign.

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.



This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists and the British Society for Dermatological Surgery: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

PATIENT INFORMATION LEAFLET

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