

Understanding Skin Cancer

A guide for people with cancer, their families and friends



For information & support, call **13 11 20**

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Understanding Skin Cancer is reviewed approximately every 3 years.

Check the publication date above to ensure this copy is up to date.

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Note to reader

Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your specific situation from appropriate professionals, and you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

Cancer Council

Cancer Council is Australia's peak non-government cancer control organisation. Through the 8 state and territory Cancer Councils, we provide a broad range of programs and services to help improve the quality of life of people living with cancer, their families and friends. Cancer Councils also invest heavily in research and prevention. To make a donation and help us beat cancer, visit cancer.org.au or call your local Cancer Council.



Cancer Council acknowledges Traditional Custodians of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present.



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About this booklet

This booklet has been prepared to help you understand more about the 2 most common types of skin cancer – basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). These skin cancers are called non-melanoma skin cancer or keratinocyte cancer. For information about melanoma, see our *Understanding Melanoma* booklet.

Many people feel shocked and upset when told they have skin cancer. We hope this booklet will help you, your family and friends understand how skin cancer is diagnosed and treated. We also include information about support services.

We cannot give advice about the best treatment for you. You need to discuss this with your doctors. However, this information may answer some of your questions and help you think about what to ask your treatment team (see page 36 for a question checklist).

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some medical terms that may be unfamiliar are explained in the glossary (see page 37).

How this booklet was developed – This information was developed with help from a range of health professionals and people affected by skin cancer. It is based on Australian clinical practice guidelines.¹⁻²



If you or your family have any questions or concerns, call **Cancer Council 13 11 20**. We can send you more information and connect you with support services in your area. You can also visit your local Cancer Council website (see back cover).

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Key to icons

Icons are used throughout this booklet to indicate:



More information

Is this Cancer Council booklet helpful?
Please follow this QR code for a quick 3-minute survey, or call 13 11 20 to provide your feedback.



SCAN ME

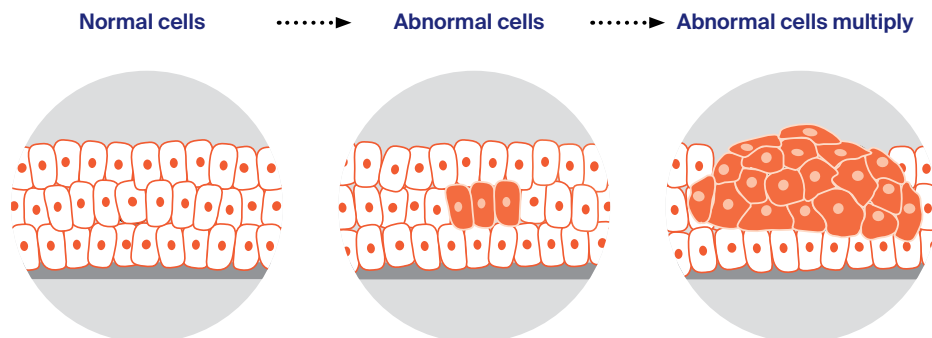
What is cancer?

Cancer is a disease of the cells. Cells are the body's basic building blocks - they make up tissues and organs. The body constantly makes new cells to help us grow, replace worn-out tissue and heal injuries.

Normally, cells multiply and die in an orderly way, so that each new cell replaces one lost. Sometimes, however, cells become abnormal and keep growing. These abnormal cells may turn into cancer.

In solid cancers, such as skin cancer, the abnormal cells form a mass or lump called a tumour. In some cancers, such as leukaemia, the abnormal cells build up in the blood.

How cancer starts

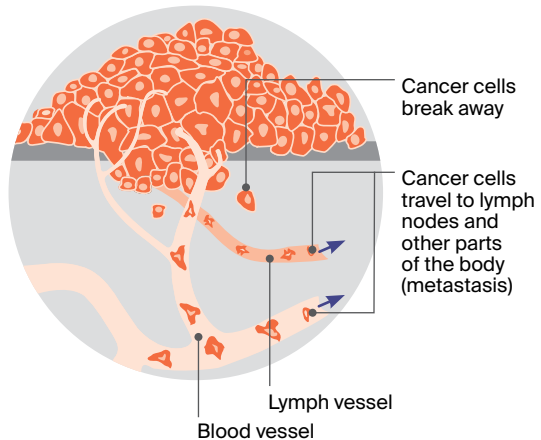
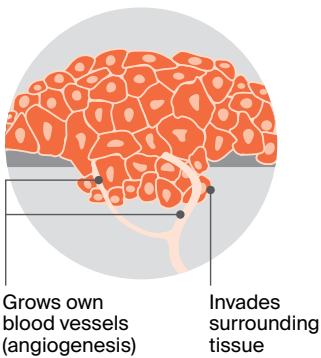


Not all tumours are cancer. Benign tumours tend to grow slowly and usually don't move into other parts of the body or turn into cancer. Cancerous tumours, also known as malignant tumours, have the potential to spread. They may invade nearby tissue, destroying normal cells. The cancer cells can break away and travel through the bloodstream or lymph vessels to other parts of the body.

The cancer that first develops is called the primary cancer. It is considered localised cancer if it has not spread to other parts of the body. If the primary cancer cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the original cancer. For example, squamous cell carcinoma that has spread from the skin to the lymph nodes is called metastatic squamous cell carcinoma.

How cancer spreads

Malignant cancer



The skin

The skin is the largest organ of the body. It acts as a barrier to protect the body from injury, control body temperature and prevent loss of body fluids. The 2 main layers of the skin are the epidermis and dermis.

Epidermis

This is the top, outer layer of the skin. It has 3 main types of cells:

Squamous cells – These flat squamous cells are packed tightly together to make up the top layer of skin. They form the thickest layer of the epidermis.

Basal cells – These block-like basal cells make up the lower layer of the epidermis. The body makes new basal cells all the time. As they age, they move up into the epidermis and flatten out to form squamous cells.

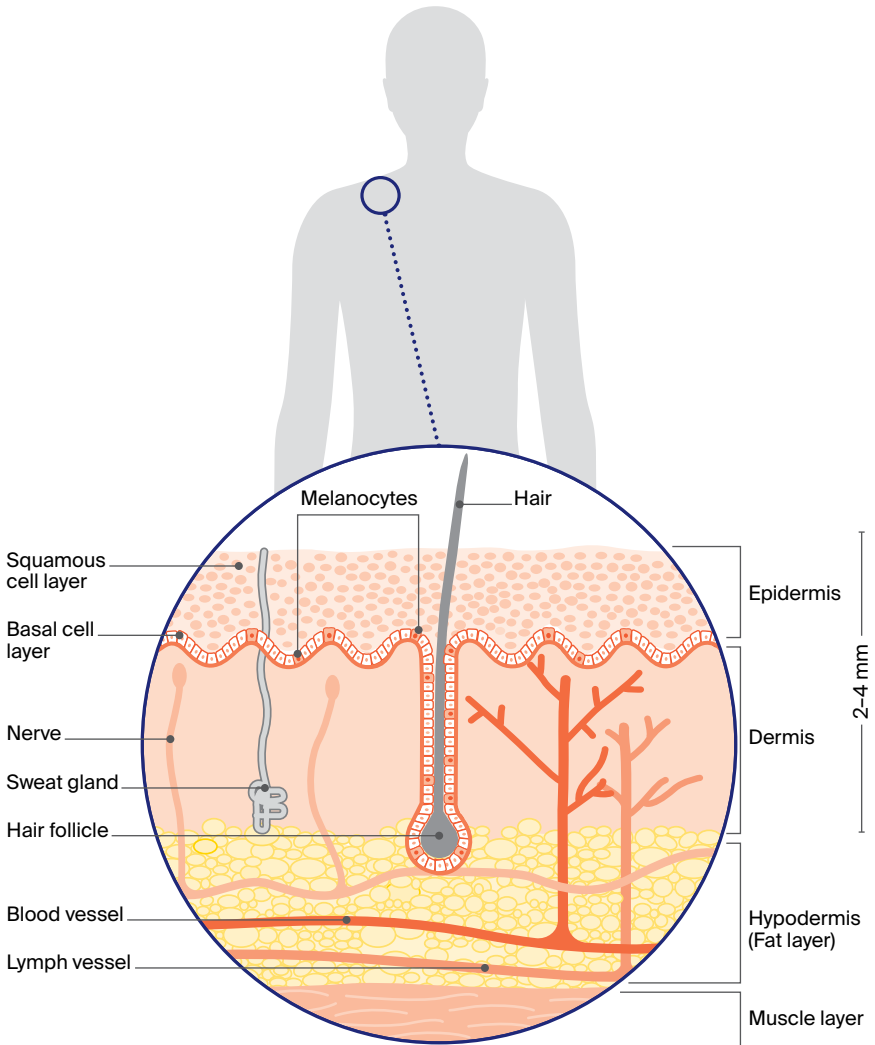
Both basal and squamous cells are keratinocyte cells, which is why non-melanoma skin cancers are sometimes called keratinocyte cancers.

Melanocytes – These cells sit between the basal cells and produce a dark pigment called melanin that gives skin its colour. When skin is exposed to ultraviolet (UV) radiation, melanocytes make melanin to try to protect the skin from getting burnt. Melanocytes are also found in non-cancerous spots on the skin called moles or naevi (see page 11).

Dermis

This layer of the skin sits below the epidermis. The dermis is made up of fibrous tissue and contains the roots of hairs (follicles), sweat glands, blood vessels, lymph vessels and nerves.

The layers of the skin



Key questions

Q: What is skin cancer?

A: Skin cancer is the uncontrolled growth of abnormal cells in the skin. The 3 main types are:

- **basal cell carcinoma (BCC)** – about 2 out of 3 skin cancers
- **squamous cell carcinoma (SCC)** – about 1 in 3 skin cancers
- **melanoma** – about 1 in 100 skin cancers.

BCC and SCC – These are also called non-melanoma skin cancer or keratinocyte cancer. They are far more common than melanoma and make up about 99% of skin cancers. See table opposite for more information about each type.

Melanoma – This starts in the melanocytes and makes up 1–2% of all skin cancers. It is the most serious form of skin cancer because it is more likely to spread to other parts of the body, especially if not found and treated early. This booklet is only about non-melanoma (keratinocyte) skin cancers.


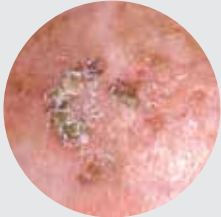
▶ See our *Understanding Melanoma* booklet for more information.

Rare types of skin cancer – These include Merkel cell carcinoma and angiosarcoma. They are treated differently from BCC and SCC. Call Cancer Council 13 11 20 for more information.



For an overview of what to expect at every stage of your cancer care, visit cancer.org.au/cancercareguides/basal-and-squamous-cell-carcinoma. This is a short guide to what is recommended, from diagnosis to treatment and beyond.

Non-melanoma (keratinocyte) skin cancer

	Basal cell carcinoma (BCC)	Squamous cell carcinoma (SCC)
how it may look		
the most common signs	a pink, pearl-like, flat or raised lump; shiny, pale/bright/dark pink scaly area	a thick scaly lesion; a fast-growing pink lump; a red, scaly or crusted spot
what it may feel like	can be itchy, inflamed, ulcerate, weep, ooze, scab or bleed; may “heal” then inflame/bleed/itch again	can become inflamed and often feel tender to the touch; may occasionally bleed
where it is most often found	sun-exposed areas, such as head, face, neck, shoulders, arms and legs, but may be anywhere	sun-exposed areas, such as head, neck, hands, forearms and lower legs, but can start anywhere
how it usually grows	slowly over months or years; very rarely spreads to other parts of the body; may grow deeper, invade nerves and tissue, making treatment more difficult	quickly over weeks or months; called invasive SCC if it invades past skin’s top layer; untreated, may spread to other parts of the body (metastatic SCC)
the risk factors	having had a BCC increases the risk of developing another BCC	SCCs on head, neck, lips, ears and in people with weakened immune systems are more likely to spread

Q: What about other skin spots?

A: Some spots that appear on the skin are not cancerous. We have given examples of the most common ones here, but these skin spots can vary in how they look. If you are concerned about any mark or growth on your skin, see a general practitioner (GP) or a dermatologist to have it checked.

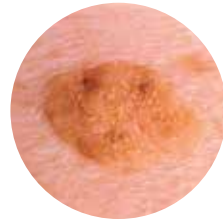
Types of non-cancerous skin spots

Sunspot (actinic or solar keratosis)



- flat, scaly spot that feels rough; often the colour of your skin or red
- usually appears on skin that is most exposed to the sun, such as the head, neck, hands, forearms and legs
- a sign of too much sun exposure and a marker of sun damage; a risk factor for skin cancer
- may on rare occasions develop into SCC skin cancer
- more common in people over 40, but anyone of any age can develop them

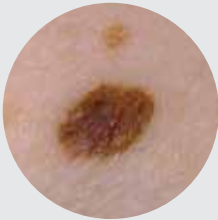
Age spot (seborrhoeic keratosis)



- raised area on the skin that feels rough; may look and feel a bit like a wart
- may be itchy or bleed if scratched
- may range in colour from light to very dark brown
- found anywhere on the body apart from the palms of the hands and soles of the feet
- may look similar to a skin cancer or sunspot
- very common but harmless

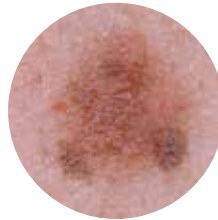
“I have lots of age spots and moles. I find it hard, but I try to keep track of what they look like, and any changes. But I make sure to get a skin check by a doctor every year too. Last check they found an SCC, but luckily it was treated early.” GWEN

Mole (naevus)



- brown, black or the same colour as your skin; usually round or oval
- a normal skin growth that develops when melanocytes grow in groups
- some people have lots of moles – this can run in families
- too much sun exposure, especially as a child, may increase the number of moles
- very common
- a risk factor for melanoma; people with lot of moles may have a higher risk of developing melanoma

Irregular mole (dysplastic naevus)



- a larger mole with an irregular shape and uneven colour
- just as with moles, people with lots of irregular moles may have a higher risk of developing melanoma

Q: What causes skin cancer?

A: More than 95% of skin cancers are caused by exposure to UV radiation. When unprotected skin is exposed to UV radiation, how the cells look and behave can change.

Australia has one of the highest UV levels in the world. The UV peaks during summer, but can damage unprotected skin most of the year. Even moderate UV levels can still do damage. UV radiation can't be seen or felt. It isn't related to the temperature and can still be high on cloudy days. UV radiation can cause sunburn; premature skin ageing; and damage to skin cells, which can lead to skin cancer.

You can't always see sun damage that's happened to the skin – and it can happen long before you get sunburnt or develop a tan. The damage also adds up over time and can't be reversed.

You can check the UV levels in your local area on the SunSmart Global UV app. For information on how to properly protect your skin from the sun and prevent skin cancer, see pages 32–33.

Q: How common is skin cancer?

A: Australia has one of the highest rates of skin cancer in the world. About 2 out of 3 Australians will be diagnosed with some form of skin cancer before the age of 70.³

Non-melanoma (keratinocyte) skin cancer is the most common cancer diagnosed in Australia. Over 1 million treatments are given each year in Australia for non-melanoma skin cancers. BCC can develop in young people, but it is more common in people over 40. SCC occurs mostly in people over 50.

Q: Who is at risk?

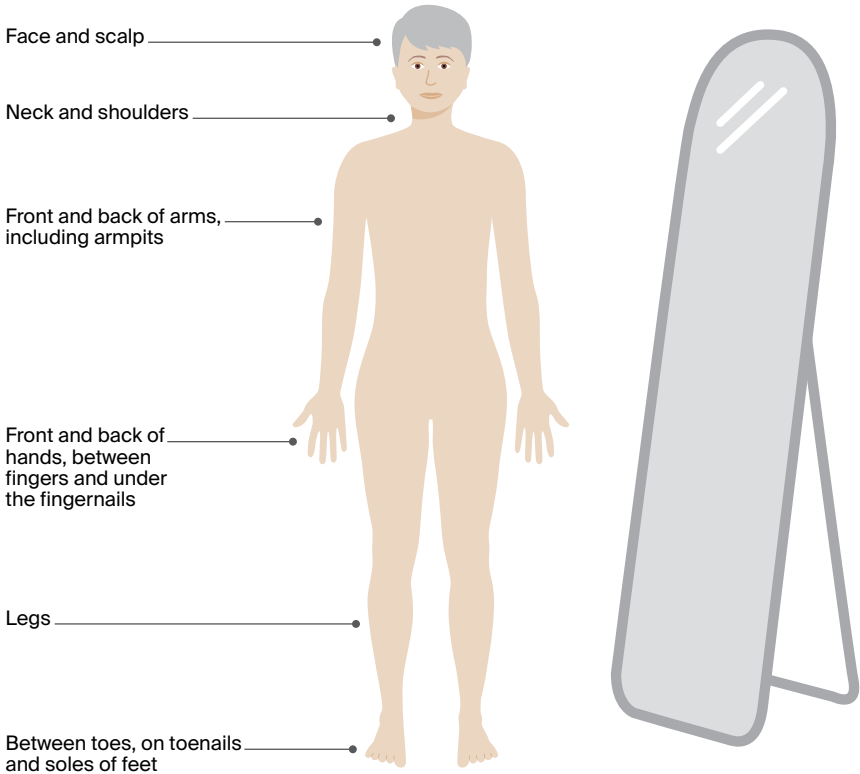
A: Anyone of any age can develop skin cancer but it becomes more common as you get older. Many factors can increase your risk of skin cancer, including having:

- pale or freckled skin, especially if it burns easily and doesn't tan
- red or fair hair and light-coloured eyes (blue or green)
- unprotected exposure to UV radiation, particularly a pattern of short, intense periods of sun exposure and sunburn, such as on weekends and holidays
- actively tanned, sunbaked or used solariums
- worked outdoors or spent a lot of time outside (e.g. gardening or golfing)
- been exposed to arsenic
- a weakened immune system – this may be from having leukaemia or lymphoma or using medicines that suppress the immune system (e.g. for rheumatoid arthritis, another autoimmune disease or for an organ transplant)
- lots of moles, or lots of moles with an irregular shape and uneven colour (see page 11)
- a previous skin cancer or family members with a history of skin cancer
- certain skin conditions such as sunspots (see page 10) because it shows that you have had a lot of skin damage from exposure to the sun.

People with brown, black, olive or very dark skin often have more protection against UV radiation, because their skin produces more melanin than fair skin does. However, people with darker skin can still develop skin cancer, sometimes in less sun-exposed areas of the body.

How to check your skin

In a room with good light, undress completely and use a full-length mirror to check your whole body. To check areas that are difficult to see, use a handheld mirror or ask someone to help you.



If there are any changes to your skin, if you notice something new, or you are worried about a spot you see, make an appointment with your doctor straightaway (see page 16). You will have a better outcome if the skin cancer is found and treated early. For more information on checking your skin, visit sunsmart.com.au/skin-cancer/checking-for-skin-cancer.

Q: How do I spot a skin cancer?

A: Most skin cancers are self-detected. If you know what changes to watch for, you'll be more likely to find a skin cancer early.

Skin cancers don't all look the same, but there are some signs to look out for, including:

- a spot that looks and feels different from other spots on your skin
- a spot that has changed size, shape, colour or texture
- a spot that is tender or sore to touch
- a sore that doesn't heal within a few weeks
- a sore that is itchy or bleeds.

Getting to know your skin will help you notice any new or changing spots. Make a time to regularly check your skin. You could try having a calendar reminder for the first day of the month, or you may want to do a check at the change of each season.

There is no set guideline on how often to check for skin cancer, but if you have had a skin cancer or are at greater risk of developing skin cancer, your doctor will do regular check-ups and will tell you how often you need to check your own skin.

Q: Can smartphone apps help to detect skin cancer?

A: Some smartphone apps let you photograph your skin at regular intervals and compare the photos to check for changes. These apps may be a way to record any spot you are worried about or remind you to check your skin. However, research shows that apps cannot reliably detect skin cancer. If you notice a spot that worries you, make an appointment with your doctor straightaway.

Q: Which health professionals will I see?

A: You may see one or more of the following doctors:

GP – Many GPs diagnose and treat people with BCC and SCC skin cancers. They may perform surgery, cryotherapy or prescribe topical treatments (see pages 22–26). Some GPs have extra training related to skin cancer. Before choosing a GP, you can ask what experience or qualifications they have with skin cancer. You may see a GP at a general practice, medical centre or skin cancer clinic. Skin cancer clinics are run by GPs with an interest in skin cancer. A GP may refer you to a dermatologist, surgeon, or radiation or medical oncologist for larger areas or cancers that are hard to remove. If there's a waiting list and spot of concern, your GP can ask for an earlier appointment.

Dermatologist – A doctor who diagnoses, treats and manages skin conditions and skin cancer. They perform surgery, cryotherapy and prescribe topical treatments. See pages 22–26 for more information.

Radiation or medical oncologist – A radiation oncologist prescribes and oversees a course of radiation therapy, which may be used to treat some skin cancers (see pages 27–28). A medical oncologist prescribes cancer drug therapies, which may be used for a small number of (usually) advanced skin cancers (see page 28).

Surgeon – Some skin cancers are treated by surgeons:

- Surgical oncologists specialise in treating cancer with surgery; they manage complex skin cancers, including those that have spread to the lymph nodes.
- Reconstructive (plastic) surgeons are trained in surgical oncology and in complex reconstructive techniques for more difficult to treat areas (e.g. the nose, lips, eyelids and ears).

Diagnosis

Physical examination

If you notice any changes to your skin, your doctor will look carefully at your skin and examine any spots you think are unusual. The doctor will use a handheld magnifying instrument called a dermatoscope to examine the spots more closely. They will also usually do a total body skin check to look at all your other moles and spots.

Skin biopsy

If the doctor feels they can diagnose the skin cancer by examining the spot, you may not need any further tests before having treatment (see pages 22-29). However, it's not always possible to tell the difference between a skin cancer and a non-cancerous skin spot just by looking at it. If there is any doubt, the doctor may need to take a tissue sample (biopsy) to confirm the diagnosis.

A biopsy is a quick and simple procedure that is usually done in the doctor's room. You will be given a local anaesthetic to numb the area, then the doctor will either:

- completely cut out the spot and a small amount of healthy tissue around it to be tested (excision biopsy)
- take a small piece of tissue from the spot to be tested (shave or punch biopsy).

Stitches may be used to close a larger wound. After a biopsy, your doctor will give you instructions on how to look after the wound. The biopsy skin tissue is sent to a laboratory where a pathologist examines it under a microscope. Your doctor will get the results in 1-2 weeks.

If all the cancer and a margin of healthy tissue (see page 22) are removed during the biopsy, this may be the only treatment you need. If the doctor has taken a small piece from a larger spot, and it shows cancer, you will have the rest of the cancerous spot removed (see pages 22–24).

Staging

The stage of a cancer describes its size and whether it has spread. BCCs rarely need staging because they don't often spread or have other high-risk features. A small number of SCCs may need staging – because of where it is, how big it is or because it has spread.

Usually a biopsy is the only information a doctor needs to stage skin cancer. The doctor may also feel the lymph nodes near the skin cancer to check for swelling. This may be a sign that the cancer has spread to the lymph nodes. Rarely, some people will have imaging scans to help with staging. For more information about this, talk to your doctor.

Prognosis

Prognosis means the expected outcome of a disease. Your treating doctor is the best person to talk to about your prognosis. Most BCCs and SCCs are successfully treated, especially when found early. If the skin cancer is large, deep, in a difficult place, has spread to nerves or lymph nodes, or if you have a weakened immune system, you may be treated by a multidisciplinary team (MDT). This group of health professionals can confirm the best treatment approach, including access to clinical trials.

Being told you have cancer can cause a range of emotions. You can talk to your doctor, ask to see a counsellor or call Cancer Council 13 11 20.

Key points about diagnosing skin cancer

Signs of skin cancer

- About 99% of non-melanoma skin cancers (also called keratinocyte cancers) are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).
- Common signs include a spot that looks and feels different from others on the skin; a spot that has changed size, shape, colour or texture; a sore that doesn't heal within a few weeks; or a sore that is tender, itchy or bleeds.

Health professionals

- GPs can treat most skin cancers. You may see a GP at a general practice, medical centre or skin cancer clinic. If necessary, they can refer you to a dermatologist, surgical oncologist, reconstructive (plastic) surgeon or radiation oncologist.
- Skin cancer clinics are usually run by GPs with an interest in skin cancer.
- A dermatologist is a specialist doctor trained in preventing, diagnosing and treating skin conditions, including skin cancer.
- A surgical oncologist is trained to perform surgery to treat skin cancer. In some cases, a reconstructive (plastic) surgeon may be the treating specialist.
- A radiation oncologist is a specialist doctor trained to use radiation to treat cancer, including skin cancer.

Main tests

- Your doctor will examine your skin closely with a magnifying instrument called a dermatoscope.
 - Sometimes a biopsy is used to work out if the spot is cancerous. Tissue is removed and examined under a microscope. Stitches may be used to close the wound.
 - An excision biopsy may be the only procedure needed to remove skin cancer.
-



Making treatment decisions

Know your options – Understanding the type of skin cancer you have, available treatments, possible side effects and costs (see below) can help you weigh up the options and make a well-informed decision.

Record the details – When your doctor first says you have cancer, you may not remember everything you are told. Taking notes can help. If you would like to record the discussion, ask your doctor first. It is a good idea to have a family member or friend go with you to appointments to join in the discussion, write notes or simply listen.

Ask questions – If you are confused or want to check anything, it is important to ask questions. Try to make a list before appointments (see page 36). You could also talk to a cancer care coordinator or nurse.

Consider a second opinion – You may want to get a second opinion from another doctor to confirm or clarify your doctor's recommendations or reassure you that you have explored all of your options. Doctors are used to people doing this, and they can refer you and send your initial results to another doctor. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. You might decide to be treated by the second doctor.

It's your decision – Adults have the right to accept or refuse any treatment that they are offered.

Find out any costs – If you see your GP or go to a skin cancer clinic, your visit may be bulk-billed or you may have to pay upfront. Medical

centres and skin cancer clinics may offer a bulk-billed skin check, but you may need to pay for any treatment you have. Fees often depend on whether you have surgery or a biopsy. You may also need to pay for follow-up appointments to check the wound or have stitches removed.

When you make an appointment, ask what you will have to pay and how much is refunded by Medicare. Most places will ask you to pay on the day you see the doctor. If you have concerns about the cost, ask whether there are any payment plans or other options available to you.

Some public hospitals have outpatient clinics that provide government-funded skin cancer treatment. Your GP can refer you when appropriate. In areas without a clinic, you may be able to see a visiting specialist.

Cancer Council does not operate or recommend any specific skin cancer clinics or individual specialists.

Should I join a clinical trial?

Your doctor or nurse may suggest you take part in a clinical trial. Doctors run clinical trials to test new or modified treatments and ways of diagnosing disease to see if they are better than current methods. For example, if you join a randomised trial for a new treatment, you will be chosen at random to receive either the best existing treatment or the modified new treatment. Over the years, trials have improved treatments and

led to better outcomes for people diagnosed with cancer.

You may find it helpful to talk to your specialist, clinical trials nurse or GP, or to get a second opinion. If you decide to take part in a clinical trial, you can withdraw at any time. For more information, visit australiancancertrials.gov.au.

► See our *Understanding Clinical Trials and Research* booklet.

Treatment

Non-melanoma skin cancer is treated in different ways. The treatment recommended by your doctors will depend on:

- the type, size and location of the cancer
- your general health
- any medicines you are taking (these may increase the risk of bleeding after surgery or delay healing)
- whether the cancer has spread to other parts of your body.

If an excision biopsy (see pages 17–18) removed all the cancer, you may not need any further treatment.

Surgery

Surgery to remove the cancer (surgical excision) is the most common treatment for invasive BCC and SCC. Most small skin cancers are removed by a GP or a dermatologist in their consulting rooms.

A surgeon may treat more complex cases.

The doctor will use a local anaesthetic to numb the affected area, then cut out the skin cancer and some nearby normal-looking tissue (margin). This margin may be very small or around 1 cm depending on the type of skin cancer and where it is on your body.

A pathologist checks the margin for cancer cells to make sure the cancer has been completely removed. The results usually take about a week. If cancer cells are found at the margin, you may need further surgery, radiation therapy or other treatment options.

▶ See our *Understanding Surgery* booklet.

Treatment of sunspots and superficial skin cancer

Many of the treatments described in this chapter are used for sunspots as well as skin cancers. Some sunspots may need treatment if they are causing symptoms or to prevent them becoming cancers.

Skin cancer that affects cells only on the surface of the skin's top layer is called superficial. Treatment options for superficial BCC and SCC in situ

(Bowen's disease) include curettage and electrodesiccation (also known as cautery), freezing, topical creams and photodynamic therapy.

Surgery is not always used for superficial BCC and SCC in situ.

It may be used if the diagnosis is uncertain or if the area of abnormal tissue does not respond to non-surgical treatments.

Mohs micrographic surgery

Mohs micrographic surgery is usually done under local anaesthetic by a Mohs trained dermatologist or Mohs specialist. It is used to treat skin cancers that have poorly defined edges; cancers in areas that are hard to treat, such as near the eye or on the nose, lips and ears; and BCCs that have come back.

This procedure is done in stages. The doctor removes the cancer little by little and checks each section of tissue under a microscope. They keep removing tissue until they see only healthy tissue under the microscope. Mohs surgery aims to reduce the amount of healthy skin that is removed along with the cancer.

Having Mohs surgery depends on where the skin cancer is and how aggressive or advanced it is. This technique costs more than other types of surgery. Special equipment and training are needed, so it's available only at some hospitals or clinics.

Repairing the wound after surgery

Most people will be able to have the wound closed with stitches. You will have a scar. This should be less noticeable over time. The area around the excision may feel tight and tender for a few days.

If you have a large skin cancer removed, your doctor will explain the most suitable type of reconstruction for your wound. This may be a:

- **skin flap** – when nearby loose skin and underlying fatty tissue is moved over the wound and stitched
- **skin graft** – when a thin piece of skin is removed from another part of the body (the donor site) and stitched over the wound. The donor site may be stitched, or it may be dressed and allowed to heal by itself.

Skin flaps and grafts are often done as day surgery in hospital under a local or general anaesthetic, but may be done in a doctor's rooms. The affected area will heal over a few weeks. Whether you have an excision or Mohs surgery, sometimes you may need more complex reconstructive surgery. This can involve more than one reconstruction technique, surgery that is done in stages, and a longer stay in hospital.

Curettage and electrodesiccation

Curettage and electrodesiccation (cautery) is used to treat some BCCs, small SCCs and areas of SCC in situ (Bowen's disease).

The doctor will give you a local anaesthetic and then scoop out the cancer using a small, sharp, spoon-shaped instrument called a curette. Low-level heat will be applied to stop the bleeding and destroy any remaining cancer. The wound should heal within a few weeks, leaving a small, flat, round, white scar. Some people may have cryotherapy (see the opposite page) after curettage to destroy any remaining cancer cells.

Cryotherapy

Cryotherapy, or cryosurgery (freezing), uses extreme cold to treat sunspots, some small superficial BCCs and SCC in situ (Bowen's disease). It is not suitable for some SCCs that have come back.

The GP or dermatologist sprays liquid nitrogen onto the sunspot or skin cancer and a small area of skin around it. You may feel a burning or stinging sensation, which lasts a few minutes. The liquid nitrogen freezes and kills the abnormal skin cells and creates a wound.

The treated area will be sore and red. A blister may form soon after. A few days later, a crust will form on the wound. The dead tissue will start to fall off 1–6 weeks later, depending on the area treated. New, healthy skin cells will grow and a scar may develop. The healed skin may look paler than the surrounding skin.

Your doctor will tell you about follow-ups to check if the skin cancer has come back. In some cases, the procedure may need to be repeated.

Topical treatments

Some spots and superficial skin cancers can be treated with creams or gels called topical treatments. They may contain immunotherapy or chemotherapy drugs, and are prescribed by a doctor. Only use them on the specific areas that your doctor has asked you to treat. Don't use leftover cream on spots that have not been checked by your doctor.

Immunotherapy cream

Imiquimod cream is a type of immunotherapy that causes the body's immune system to destroy cancer cells. It's used to treat sunspots and superficial BCCs. You may need a biopsy (if you haven't had one) before

using this cream. Your doctor will explain how and when to apply the cream. For superficial BCCs, the cream is often applied at night, usually 5 days a week for 6 weeks. Within days, the treated skin may get red, sore or tender. It may peel and scab over before it gets better. Some people experience pain or itching in the affected area, fever, achy joints, headache and a rash. If you notice any of these more serious side effects, stop using the cream and see your doctor immediately.

Chemotherapy cream

A cream called 5-fluorouracil (5-FU) is a type of chemotherapy drug used to treat sunspots and sometimes SCC in situ (Bowen's disease). 5-FU works best on the face and scalp. Your doctor will explain how to apply the cream and how often. Many people use it once or twice a day for 2-4 weeks. It may need to be used for longer for some skin cancers.

While using the cream, your skin will be more sensitive to UV radiation and you will need to stay out of the sun. The treated skin may become red, blister, peel and crack, and feel uncomfortable. These effects will usually settle within a few weeks of finishing treatment.

Other treatments

As at October 2025, there are no Australian guidelines or recommendations on the use of topical radiation creams such as Rhenium-188. Information on its effectiveness and side effects is needed before it may be considered a standard treatment.

Photodynamic therapy

Photodynamic therapy (PDT) uses a cream that kills cancer cells when a special light is applied. It is used to treat sunspots, superficial BCCs and SCC in situ (Bowen's disease). This treatment may have a high cost.

After gently scraping the area to remove any dry skin or crusting, the doctor applies a cream to the skin. After 3 hours, light is used to activate the cream, either using an LED light or by indirect sun exposure (daylight PDT). An LED light is usually used on the area for about 8 minutes. The area is then covered with a bandage. For skin cancers, LED PDT is usually repeated 1-2 weeks later. Daylight PDT works in a similar way – your doctor will give you instructions for how long to expose only the area with the cream to sunlight.

Side effects can include redness and swelling, which usually ease after a few days. PDT commonly causes a burning, stinging or tender feeling in the treatment area, particularly on the face. Your doctor may treat these side effects with a cold water spray or pack, or give you a local anaesthetic to help ease any discomfort.

Radiation therapy

Radiation therapy (or radiotherapy) uses radiation to kill or damage cancer cells so they can't grow, multiply or spread. It's used as the main treatment for BCCs or SCCs that can't be removed surgically, for large areas, or for people not fit enough for surgery.

You may have radiation therapy after surgery to reduce the risk of cancer returning. It should be started within 6 weeks after surgery.

Radiation therapy to treat skin cancer is given from outside the body (externally). It may use low-energy x-rays from a superficial x-ray machine or high-energy x-rays from a machine called a linear accelerator or LINAC. Different techniques and types of radiation may be used. You will have a separate planning session so the radiation therapy team can work out the best position for your body during treatment.

Treatment will usually start a couple of weeks after a planning session. During each treatment session, you will lie on a table under the radiation machine. Once you are in the correct position, the machine will rotate around you to deliver radiation to the area with the cancer. The process can take 10–20 minutes, but the treatment itself takes only a few minutes.

The number of treatments varies and may take 2–7 weeks to complete. Your treatment team will consider things such as the type and position of the skin cancer and your preferences and circumstances to tailor the best treatment course. Some people have 5 sessions a week for several weeks, while others may have a much shorter course of treatment.

Skin in the treatment area may become red, dry or moist, and sore 7–10 days after treatment starts, depending on how long you have treatment. This soreness may get worse after treatment has finished but it usually improves within 6 weeks. The treatment team will suggest creams or coverings to make you more comfortable.

► See our *Understanding Radiation Therapy* booklet.

Hard to treat and advanced skin cancer

A very small number of SCCs and even fewer BCCs spread to lymph nodes or other areas of the body. To work out if the skin cancer has spread, your doctor will feel nearby lymph nodes and may recommend a biopsy, imaging scans or other tests. You may be referred to a cancer specialist called a medical oncologist. Your

doctor or medical oncologist will explain your treatment options, which may include surgery, radiation therapy or drug therapies such as immunotherapy, targeted therapy or chemotherapy. Drug therapies such as immunotherapy may be used before or after surgery for some cancers, or used instead of surgery or radiation therapy for some people.

Key points about treating skin cancer

Main treatment

Surgery is the most common treatment for skin cancer.

How surgery is done

- The doctor will cut out the cancer and close the wound, usually with stitches.
 - During Mohs surgery, the surgeon removes sections of cells and checks them under a microscope immediately.
 - For larger wounds, the doctor may use skin from another part of the body (the donor site) to cover the wound with a flap or graft.
 - During curettage and electrodesiccation (cautery), the doctor removes the cancer with a small, sharp tool called a curette. Heat is then applied to stop the bleeding and destroy any remaining cancer cells.
-

Other treatments

- Cryotherapy (freezing) is used to treat sunspots and some early skin cancers. The doctor will spray liquid nitrogen onto the skin to freeze and destroy the cancer cells.
 - Creams and gels are used to treat some sunspots and cancers. This is known as topical treatment. They may contain immunotherapy or chemotherapy drugs.
 - Photodynamic therapy uses a cream and a light source to treat sunspots and some skin cancers.
 - Radiation therapy can be used in areas that are difficult to treat, for large areas and as an alternative to surgery in some cases. It can also be used to reduce the chance of the cancer coming back.
-

Life after treatment

Will I get more skin cancers?

If you've had skin cancer, you have a higher risk of getting more. You'll need regular check-ups to see if the cancer has come back and check for new ones. It's common to have check-ups every 3–6 months if you had a high-risk cancer, and every year for low-risk cancers. People who have a weakened immune system may have more frequent check-ups. Your doctor will tell you how often they need to examine you.

It's very important to avoid more skin damage (see pages 32–33), check your skin often (see page 14), and see your doctor if you notice a change.

Sun protection and UV

After a skin cancer diagnosis, you need to take special care to protect your skin from the sun's UV radiation. UV radiation is not the same as sunshine – UV levels can be high on a cloudy day or at the snowfields.

The UV index shows the intensity of the sun's UV radiation. It can help you work out when to use sun protection. An index of 3 or above means that UV levels are high enough to damage unprotected skin. Using a sunscreen daily when the UV level is forecast to be 3 or above has been shown to reduce the risk of skin cancer. But when UV levels are 3 or more, you need to use more than one type of sun protection, including protective clothing, a hat, sunscreen, sunglasses and seeking shade.

The recommended daily sun protection times are the times of day the UV levels are expected to be 3 or higher. The daily sun protection times will vary according to where you live and the time of year.

Some medicines and health conditions may make the skin more sensitive to UV radiation, causing it to burn or be damaged by the sun more quickly or easily. Ask your doctor if this applies to you and if there are any extra things you should do to protect your skin. You may need to use sun protection all the time, whatever the UV level is.

Vitamin D

UV radiation from the sun causes skin cancer, but it is also the best source of vitamin D. People need vitamin D to develop and maintain strong, healthy bones. The body can absorb only a set amount of vitamin D at a time. Most people can get enough vitamin D through incidental exposure to the sun, while using sun protection. When the UV index is 3 or above, this may mean spending just a few minutes outdoors on most days of the week, depending on where in Australia you live and the time of year. However, people with naturally very dark skin tones, who do not burn, may need longer sun exposure to get enough vitamin D.

After a diagnosis of skin cancer, talk to your doctor about the best ways to get enough vitamin D while reducing your risk of getting more skin cancers. Your doctor may advise you to limit your sun exposure as much as possible when the UV index is 3 or above. In some cases, this may mean you don't get enough sun exposure to maintain your vitamin D levels. Your doctor may advise you to take a supplement. Overexposure to UV is never recommended.



Skin cancer can change your financial situation, especially if you have medical expenses or need to travel for treatment. Check whether any financial assistance is available by calling Cancer Council 13 11 20 or, if you are in hospital, ask the social worker. Some treatment centres may offer payment plans. See our *Cancer and Your Finances* booklet for more information.

How to protect your skin from the sun

Most skin cancers are caused by exposure to the sun's UV radiation. When UV levels are 3 or above, use all or as many of the following ways to protect your skin

Slip on clothing



Wear clothing that covers your shoulders, neck, arms, legs and body. Choose closely woven fabric or fabric with a high ultraviolet protection factor (UPF) rating, and darker fabrics where possible.

Slop on sunscreen



Use SPF 50 or SPF 50+ broad-spectrum, water-resistant sunscreen and apply every morning. Apply 20 minutes before going outside and reapply every 2 hours, or after swimming, sweating or activity that rubs it off. For an adult, use about 7 teaspoons of sunscreen to cover the full body. If you're wearing protective clothing, use 1 teaspoon for each exposed arm, leg, or face, neck and ears.

Slap on a hat



Wear a hat that shades your face, neck and ears, such as a legionnaire, broad-brimmed or bucket hat. Check that the hat meets the Australian Standard. Choose fabric with a close weave that doesn't let light through. Baseball caps and sun visors don't offer full protection.

Slide on sunglasses



Protect your eyes with sunglasses that meet the Australian Standard (with a lens category of 2, 3 or 4). Wraparound styles are best. Sunglasses should be worn all year round to protect both the eyes and the delicate skin around the eyes.

as possible. After a diagnosis of skin cancer, it is especially important to check your skin regularly (see page 14) and follow SunSmart behaviour.

Seek shade



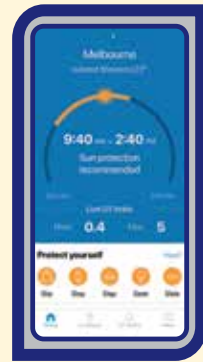
Use shade from trees, umbrellas, buildings or any type of canopy. UV radiation is reflective and bounces off surfaces, such as concrete, water, sand and snow, so shade should never be the only form of sun protection you use. If you can see the sky through the shade, even if the direct sun is blocked, the shade will not completely protect you from UV radiation.

Don't use solariums



It is not safe to use solariums. Also known as tanning beds or sun lamps, solariums give off artificial UV radiation and are banned for commercial use in Australia.

Check daily sun protection times



Each day, use the free SunSmart Global UV app to check the recommended sun protection times in your local area, and use sun protection when the UV is 3 or above. For more information, visit sunsmart.com.au.

You can also find sun protection times at the Bureau of Meteorology (bom.gov.au or the BOM Weather app) or in the weather section of daily newspapers.

Changes to your appearance

Skin cancer treatments such as surgery, curettage and electrodesiccation, and cryotherapy often leave a scar. In most cases, your doctor will do everything they can to make the scar less noticeable. Most scars will fade with time. Skin treated with radiation therapy may change in colour, and appear lighter or darker depending on your skin tone. Talk to your radiation therapy team about the best options for skincare.

Talk to your doctor or nurse about treatments that can help improve the appearance of scars, such as silicone gels and tapes and non-perfumed creams (e.g. sorbolene). Steroid injections to flatten out lumpy scars may also be an option for some people.

You may worry about how scars look, especially on the face. Cosmetics, your hairstyle or clothing may help. You can talk to a counsellor, friend or family member about how the changes make you feel.

▶ See our *Emotions and Cancer* booklet.

Look Good Feel Better

Look Good Feel Better is a national program that helps people manage the appearance-related effects of cancer treatment. Workshops are run for men, women and teenagers. For information about services in your area, call 1800 650 960 or visit lgfb.org.au.

“I had skin cancer removed from my arm followed by a skin graft from the same arm. I have a large ‘indent’ from the removal of the cancer and a large scar at the donor site. I didn’t expect the amount of pain and appearance changes.” DAVID

Seeking support

Useful websites

You can find many useful resources online, but not all websites are reliable. These websites are good sources of support and information.

Australian

Cancer Council Australia	cancer.org.au
Cancer Council Online Community	cancercouncil.com.au/OC
Cancer Council podcasts	cancercouncil.com.au/podcasts
Guides to Best Cancer Care	cancer.org.au/cancercareguides
Bureau of Meteorology	bom.gov.au
Cancer Australia	canceraustralia.gov.au
Cancer Council Australia Sun safety	cancer.org.au/cancer-information/causes-and-prevention/sun-safety
Carer Gateway	carergateway.gov.au
Department of Health, Disability and Ageing	health.gov.au
Healthdirect Australia	healthdirect.gov.au
Melanoma and Skin Cancer Advocacy Network (MSCAN)	mscan.org.au
Services Australia	servicesaustralia.gov.au
Skin Cancer College Australasia	skincancercollege.org/understanding-skin-cancer
The Australasian College of Dermatologists	dermcoll.edu.au

International

Cancer Research UK	cancerresearchuk.org
Macmillan Cancer Support (UK)	macmillan.org.uk
Skin Cancer Foundation (US)	skincancer.org

Question checklist

Asking your doctor questions will help you make an informed choice. You may want to include some of the questions below in your own list.

Diagnosis

- What is this spot on my skin?
 - Will I need a biopsy or excision?
 - What is my biopsy result? Do I have skin cancer?
 - What type of skin cancer is it?
 - Did the biopsy or excision remove all the skin cancer?
 - Are there clinical guidelines for this type of cancer?
-

Treatment

- What treatment will I have?
 - Will I need further treatment or follow-up? If so, what do you recommend?
 - Do I need to see a dermatologist or surgeon?
 - I'm thinking of getting a second opinion. Can you recommend anyone?
 - How long will treatment take?
 - If I don't have the treatment, what should I expect?
 - Are there any out-of-pocket expenses not covered by Medicare or my private health cover? Can the cost be reduced if I can't afford it?
-

Side effects

- Will I have a lot of pain? What will be done about this?
 - Can I work, drive and do my normal activities while having treatment?
 - Will there be any scarring after the skin cancer has been removed?
 - When will I get my results and who will tell me?
-

After treatment

- Is this skin cancer likely to come back?
 - How often should I get my skin checked?
 - Where can I go for follow-up skin checks?
 - Will I need any further tests after treatment is finished?
 - How can I prevent further skin cancers?
-

Glossary

actinic keratosis (plural: keratoses)

See sunspot.

age spot

A common benign skin growth that may look similar to a sunspot or skin cancer.

anaesthetic

A drug that stops a person feeling pain during a medical procedure. Local and regional anaesthetics numb part of the body; a general anaesthetic causes a temporary loss of consciousness.

basal cell

One of the three main types of cells that make up the top layer of the skin.

basal cell carcinoma (BCC)

A type of skin cancer that affects the basal cells in the top layer of the skin.

biopsy

The removal of a sample of cells or tissue from the body for examination under a microscope to help diagnose a disease.

Bowen's disease

See squamous cell carcinoma in situ.

cautery

A treatment technique using electric current to stop bleeding. See also electrodesiccation.

cells

The basic building blocks of the body.

A human is made of billions of cells that perform different functions.

chemotherapy

Cancer treatment that uses drugs to kill cancer cells or slow their growth. May be given alone or in combination with other treatments.

cryotherapy

The process of freezing and destroying cancer cells. Also called cryosurgery.

curettage

The surgical removal of skin cancer using a small, spoon-shaped instrument with a sharp edge called a curette.

dermatologist

A specialist doctor who diagnoses, treats and manages skin conditions, including skin cancer and non-cancerous skin spots.

dermis

The lower layer of the 2 main layers of the skin.

dysplastic naevus (plural: naevi)

A mole with an irregular shape and uneven colour.

electrodesiccation

A technique that uses heat to stop bleeding after curettage. Also called cautery.

epidermis

The top, outer layer of the 2 main layers that make up the skin.

excision

A surgical procedure to remove tissue. It may cut out the cancer and some tissue around it.

excision biopsy

When a lump or lesion is surgically removed (excised) to be looked at under a microscope.

immunotherapy

A type of drug treatment that uses the body's own immune system to fight cancer.

invasive skin cancer

Cancer that has grown deeper into the skin beyond the epidermis. May invade blood vessels, nerves and nearby tissue.

keratinocyte

A cell that makes up most of the epidermis.

Types include squamous cells and basal cells.

keratinocyte cancer

Basal cell or squamous cell carcinoma.
See non-melanoma skin cancer.

lesion

An area of abnormal tissue.

liquid nitrogen

A substance that is applied to the skin to freeze and kill abnormal skin cells.

lymphatic system

A network of vessels, nodes and organs that removes excess fluid from tissues, absorbs fatty acids, transports fat and produces immune cells. Includes the bone marrow, spleen, thymus and lymph nodes.

lymph nodes

Small lumps of tissue that collect and destroy bacteria and viruses. They help protect the body against disease and infection. Also called lymph glands.

melanin

Dark pigment produced in melanocytes that gives skin its colour.

melanocyte

One of three types of cells that make up the skin's top layer. Melanocytes produce melanin.

melanoma

Cancer of the melanocytes. Usually appears on the skin but may affect the eyes, mucous membranes (the moist lining of the mouth, nose, vagina, digestive tract, etc.) or the nervous system.

Merkel cell

A type of cell in the skin's epidermal layer.

metastatic skin cancer

Skin cancer that has spread from the skin to other areas of the skin or body.

Mohs surgery

Specialised surgery to remove skin cancers one segment at a time until only healthy cells remain.

mole

A small pink, brown, black, blue or dark spot on the skin that arises from skin cells called melanocytes. Also called a naevus.

multidisciplinary team (MDT)

A team of health professionals who work together to discuss a patient's needs and decide on which treatment to recommend.

naevus (plural: naevi)

See mole.

non-melanoma skin cancer

Skin cancer that doesn't develop from melanocyte cells (e.g. BCC or SCC). Also called keratinocyte cancer.

pathologist

A specialist doctor who interprets the results of tests (e.g. blood tests and biopsies).

photodynamic therapy (PDT)

A cancer treatment using a cream or solution applied to the skin that is activated by light.

plastic surgeon

A surgeon who has had specialist training in surgery to restore, repair or reconstruct the body's appearance and function. Also known as a reconstructive surgeon.

radiation oncologist

A doctor who specialises in treating cancer with radiation therapy.

radiation therapy (radiotherapy)

The use of targeted radiation to kill or damage cancer cells so they cannot grow, multiply or spread. The radiation is usually in the form of x-ray beams.

seborrhoeic keratosis

See age spot.

skin flap

A procedure where nearby loose skin and underlying fatty tissue is moved over the

wound left by the removal of a skin cancer and stitched. A flap keeps its blood supply.

skin graft

A procedure where a layer of skin is removed from one part of the body and fixed over the wound left by the removal of a cancer or other lesion from the skin. A graft does not have its own blood supply.

solar keratosis

See sunspot.

squamous cell

One of three types of cells that make up the top layer of the skin.

squamous cell carcinoma (SCC)

A type of skin cancer that begins in the squamous cells of the epidermis.

squamous cell carcinoma (SCC) in situ

An early form of skin cancer that looks like a red, scaly patch on the skin. Also called Bowen's disease.

sunspot

A red, scaly spot that is a sign of sun damage. Also called actinic or solar keratosis.

superficial skin cancer

Cancer that affects cells only on the surface of the top layer of the skin.

surgical oncologist

A doctor who specialises in treating cancer with surgery.

topical treatment

Treatment that is applied to an area of the skin as a cream, lotion or gel.

tumour

A new or abnormal growth of tissue on or in the body. A tumour may be benign (not cancer) or malignant (cancer).

ultraviolet (UV) radiation

The part of sunlight that causes tanning, sunburn and skin damage. It is also produced by solariums, sun lamps and tanning beds. UV radiation cannot be seen or felt.

UV index

An international standard measure of the intensity of the sun's ultraviolet radiation.

Can't find a word here?

For more cancer-related words, visit:

- cancercouncil.com.au/words
- cancervic.org.au/glossary

References

1. Cancer Council Australia Keratinocyte Cancer Guidelines Working Party, *Clinical Practice Guidelines for Keratinocyte Cancer*, Cancer Council Australia, Sydney, viewed 30 September 2025, available from cancer.org.au/clinical-guidelines/skin-cancer/keratinocyte-cancer.
2. Cancer Council Victoria and Department of Health Victoria, *Optimal Care Pathway for People with Keratinocyte Cancer (basal cell carcinoma or squamous cell carcinoma)*, second edition, Cancer Council Victoria, Melbourne, 2021.
3. Australian Institute of Health and Welfare (AIHW), *Skin Cancer in Australia*, AIHW, Canberra, 2016.
4. CM Olsen et al., "Keratinocyte cancer incidence in Australia: a review of population-based incidence trends and estimates of lifetime risk", *Public Health Research and Practice*, vol. 32, issue 1, March 2022.
5. C Schmults et al., "Basal Cell Skin Cancer, Version 2.2024", *NCCN Clinical Practice Guidelines in Oncology*, vol. 21, issue 11, November 2023.



How you can help

At Cancer Council, we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls' Night In and other Pink events, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



Cancer Council

13 11 20

Being diagnosed with cancer can be overwhelming. At Cancer Council, we understand it isn't just about the treatment or prognosis. Having cancer affects the way you live, work and think. It can also affect our most important relationships.

When disruption and change happen in our lives, talking to someone who understands can make a big difference. Cancer Council has been providing information and support to people affected by cancer for over 50 years.

Calling 13 11 20 gives you access to trustworthy information that is relevant to you. Our experienced health professionals are available to answer your questions and link you to services in your area, such as transport, accommodation and home help. We can also help with other matters, such as legal and financial advice.

If you are finding it hard to navigate through the health care system, or just need someone to listen to your immediate concerns, call 13 11 20 and find out how we can support you, your family and friends.



If you need information in a language other than English, an interpreting service is available. Call 131 450.



If you are deaf, or have a hearing or speech impairment, you can contact us through the National Relay Service. accesshub.gov.au

Cancer Council services and programs vary in each area.

13 11 20 is charged at a local call rate throughout Australia (except from mobiles).

For information & support
on cancer-related issues,
call **Cancer Council 13 11 20**

Visit your local Cancer Council website

Cancer Council ACT
actcancer.org

Cancer Council Queensland
cancerqld.org.au

Cancer Council Victoria
cancervic.org.au

Cancer Council NSW
cancercouncil.com.au

Cancer Council SA
cancersa.org.au

Cancer Council WA
cancerwa.asn.au

Cancer Council NT
cancer.org.au/nt

Cancer Council Tasmania
cancer.org.au/tas

Cancer Council Australia
cancer.org.au

*This booklet is funded through the generosity of the people of Australia.
To support Cancer Council, call your local Cancer Council or visit your local website.*

