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understanding

Skin Cancer







Hong Kong Cancer Fund was established in 1987 to provide support, information and care to those living with cancer and to increase awareness and knowledge of cancer in the community.

Our CancerLink support centres offer professional support and connect 22 cancer peer groups to form an extensive service network for those with cancer and their families, providing emotional support and practical assistance.

This publication is one in a series of information booklets that discuss different aspects of cancer, including possible treatment, side effects and emotional issues. They are intended to inform you about available treatments and care. A soft copy of the booklet is also available on our website for free download.

The free services offered by Hong Kong Cancer Fund are made possible only through donations from the public. If you would like to show your support and concern for cancer clients, please contact us. Your generosity will directly benefit those touched by cancer in Hong Kong.

**CancerLink Hotline: 3656 0800**

Website: [www.cancer-fund.org](http://www.cancer-fund.org)    Donation Hotline: 3667 6333

**CancerLink Support Centre Wong Tai Sin**

Unit 2-8, Wing C, G/F., Lung Cheong House, Lower Wong Tai Sin (II) Estate  
Kowloon, Hong Kong

Tel: 3656 0700 Fax: 3656 0900 Email: [canlink@hkcf.org](mailto:canlink@hkcf.org)

**CancerLink Support Centre Tin Shui Wai**

Shop No. 201C, 2/F., Phase 2, Fortune Kingswood, 12-18 Tin Yan Road,  
Tin Shui Wai, New Territories

Tel: 3919 7070 Fax: 3919 7099 Email: [canlink-tsw@hkcf.org](mailto:canlink-tsw@hkcf.org)

**CancerLink Jockey Club Support Centre, Kwai Chung**

3/F, TLP132, 132-134 Tai Lin Pai Road, Kwai Chung

Tel: 3667 3200



# Introduction

Skin cancer is one of the 10 most common cancers in Hong Kong. In this booklet we explain in an easy-to-understand style the common types of skin cancer and their causes, diagnosis and treatment. We focus on non-melanoma skin cancer here. If you have concerns about melanoma or other types of skin cancer, you can call our hotline on 3656-0800.

This booklet is designed to provide basic information, and is no substitute for professional advice. For specific diagnostic and treatment options consult your doctor.

If you find this booklet useful, please pass it on to a friend or colleague so that they can know more about skin cancer.





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# What is cancer?

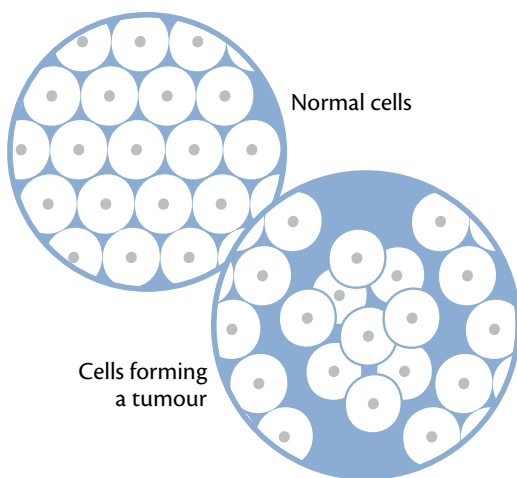
Cancer is a disease of our cells, which are the body's building blocks. Our cells divide constantly to enable us to grow, to replace worn-out cells, and to heal damaged cells after an injury.

Cells normally divide in an orderly way, guided by their genes. But, occasionally, genes can be damaged due to our living environment or hereditary problems in the family, causing cells to divide and multiply uncontrollably, forming a lump called a tumour.

Not all tumours are cancerous.

Benign (non-cancerous) tumours do not spread outside their normal boundary. While some benign tumours are pre-cancerous and must be treated before they turn malignant, most stop growing at a certain point and pose no discernible problem. You can, of course, have it removed by surgery or other means. But in general, unless it becomes too big and presses on tissues and organs or impedes the function of your body, it may be advisable to leave it and have regular check-ups to monitor it.

Malignant (cancerous) tumours are ones in which the cells multiply excessively and uncontrollably and form a lump. They can also migrate to other parts of





## Cancer spreads via the body's fluid channels

There are two crisscrossing 'canal' systems in our body: blood vessels compose the blood and circulating systems, and lymph vessels compose the lymphatic system. If cancer cells enter nearby blood vessels or lymph vessels, they can reach other tissues and organs and settle there, forming secondary cancer sites. A cancer that has spread not only causes more harm to the body but is more difficult to treat than one sitting in just the original location.

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# Our skin

Our skin is like a 2-4mm-thick bodysuit comprised of two layers.

**Epidermis:** a thin waterproof 'coating' on the outside that helps to retain water and energy in our body and serves as our first defence against injury and infection.

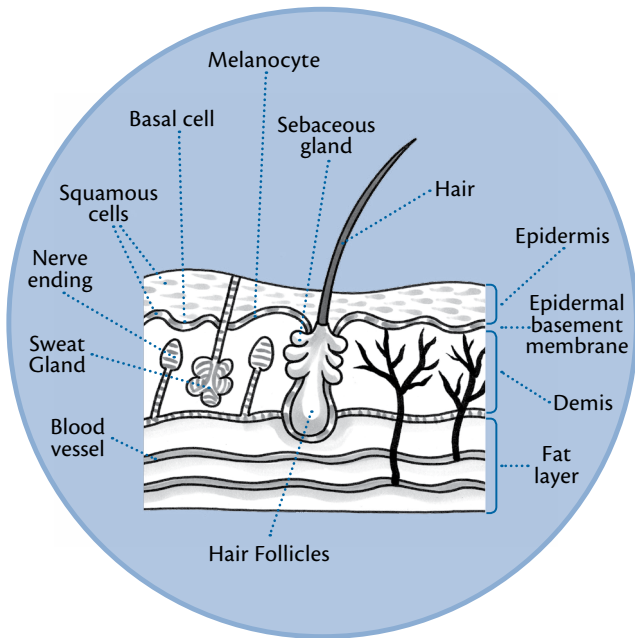
**Dermis:** a thick layer beneath the epidermis that houses all the vital tissues such as hair follicles, sweat glands, sebaceous glands, blood vessels, lymphatic vessels and nerve endings. Major functions necessary to the health of our skin take place here: sensing; the release of sweat to regulate body temperature; protection from injury and infection; and the disposal of the body waste formed in the skin.

Cancer occurs most often in the epidermis. When any one of its three types of cells – squamous cells, basal cells and melanocytes – multiplies out of control, we have skin cancer.

The epidermis itself has several layers. The outermost layer is made up of stacks of dead and old cells that do little other than shield our body. Cancer comes from the two layers below this: the squamous cells on top and the basal cells below. Imbedded among the basal cells are melanocytes, 'pigment' cells that determine the colour of our skin. The more melanin melanocytes produce, the darker our skin becomes. Skin turns darker on exposure to the sun because sunlight stimulates melanocytes to produce more melanin.



Beneath the dermis is fat tissue called the hypodermis or subcutaneous (Greek for 'under the skin') layer, which has little relevance to cancer.



**Skin**



# Skin cancer

Skin cancers are different from other cancers in one important aspect: they occur on the body surface and so are usually easier to spot, diagnose and treat. Cancer can be confirmed through a biopsy, in which a small piece of the skin is cut out and examined under a microscope. Surgery for localised skin cancer basically involves removing some of the skin. It is less invasive and leaves a smaller wound than surgery for cancers inside the body. Chemotherapy and radiotherapy are rarely used to treat skin cancer.

However, there are a few points to note:

1. A scar may be left after a tumour is removed, and if it is particularly large a skin graft may be necessary.
2. Skin cancer may come back (recurrence), either at the original site or as a new tumour. This means you have to get into the habit of examining the skin yourself and arranging regular check-ups.

## Types

Skin cancers appear mostly in the epidermis, the outer layer of our skin. Each of its three types of cells has its own type of skin cancer:

- basal cell carcinoma (BCC);
- squamous cell carcinoma (SCC); and
- melanoma (the cancer of melanocytes).

Among the three, melanoma is the most serious type, but it is also the least common. BCC and SCC together account for the majority of skin cancers and are collectively known as “non-melanoma skin cancer”.



The differences between non-melanoma skin cancer and melanoma can be summarised as follows

**BCC and SCC (non-melanoma skin cancer):** together these account for about 98% of skin cancers. They appear mostly on skin exposed to the sun. They grow slowly and are more localised and less likely to spread. Non-melanoma skin cancer can usually be cured if treated in time.

**Melanoma:** this type accounts for only a small percent of skin cancers. It may appear on skin not exposed to the sun and looks different from BCC or SCC. It grows rapidly and tends to spread. This type of a skin cancer requires prompt treatment.

(To find out more about skin cancer and how you can avoid overexposure to the sun, go to [www.cancerfund.org/sunsmart/eng](http://www.cancerfund.org/sunsmart/eng). You can also download our free booklet about protecting yourself from the sun. Skin cancer is also a major concern in Australia, where Cancer Council Australia has particular expertise: go to [www.cancer.org.au/about-cancer/types-of-cancer/skin-cancer.html](http://www.cancer.org.au/about-cancer/types-of-cancer/skin-cancer.html) for more information.)



# Symptoms

The most common signs are spots/sore(s) on the face, neck, lips, ears, hands, shoulders, arms and legs for no known reason and lasting for months. Their colour varies widely, from pearly (pink and shiny) to red and brown. They may itch, be sore, become crusty, bleed or become an ulcer. As other skin problems may have similar characteristics, you should seek a professional medical opinion.

Some cancer literature may give you the impression that BCC and SCC are different enough for you to distinguish one from the other. However, they can vary so widely among people that, again, you should consult your doctor.

## Basal cell carcinoma (BCC)

- Accounts for about 69% of skin cancers
- More often seen in people over 40
- Can appear on the face, scalp, ears, hands, shoulders or back
- May start as a small, shiny, pink-to-red lump or red scaly patch. Gradually turns crusty and grows wider. Sometimes itchy. Occasionally bleeds. May develop into an ulcer
- Grows slowly
- Not likely to spread
- Can usually be cured if treated early



## Squamous cell carcinoma (SCC)

- Accounts for about 29% of skin cancers
- More often seen in people over 50
- Mostly appears on parts of the body exposed to the sun, such as the face, neck, lips, ears, hands, shoulders, arms and legs
- Often appears as a pink lump. May have hard or scaly skin on the surface, often tender, bleeds easily and can develop into an ulcer
- Grows slowly. Has a good chance of being cured
- Spots on the ears or lips are more likely to spread. Requires prompt attention

### Bowen's disease

Also called squamous cell carcinoma in situ (SCC in situ), this is an early form of SCC that results from the abnormal growth of squamous cells. It usually takes the form of a red patch that may be itchy. It can appear anywhere on the skin: while it is most often found on the lower leg, particularly in older women, it can also develop in mucosae such as the inside of the mouth or the genital area. There is a 5% chance of it becoming invasive SCC in the long run. It should not be treated lightly.



## Melanoma

- Accounts for about 2% of skin cancers
- Melanocytes, the pigment cells in the epidermis, multiply out of control
- Appears as a harmless (non-cancerous) mole, but its size, shape or colour may change over time (see the following paragraph)
- Grows fast and tends to spread, making it hard to treat
- Curable if treated early

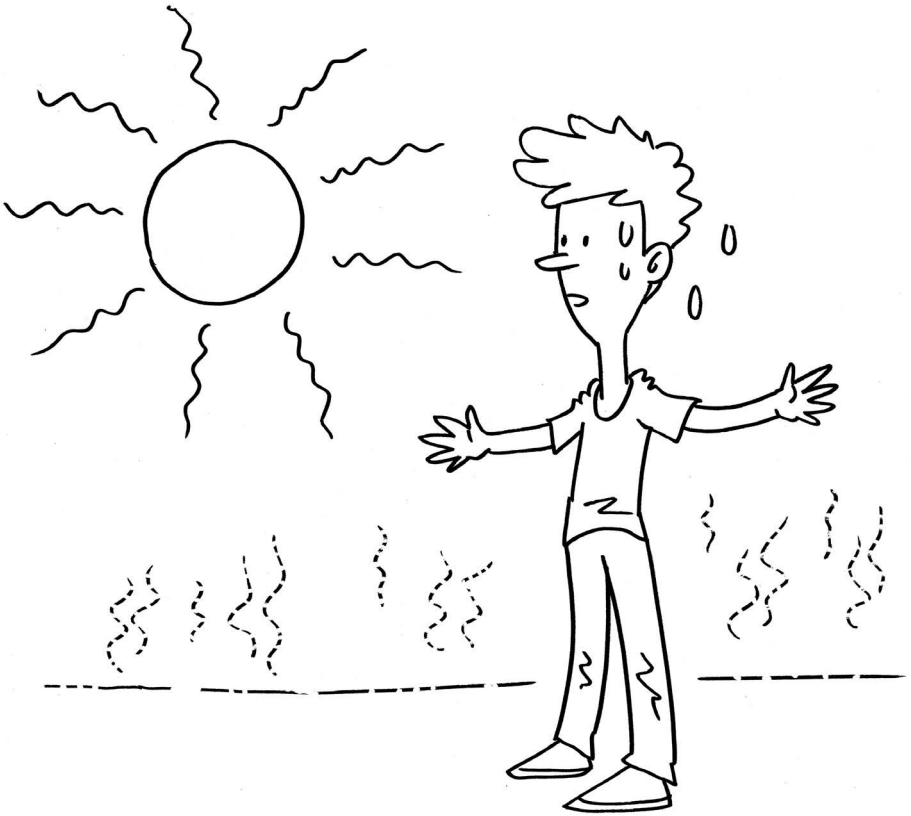
The ABCDE of a melanoma can be used to distinguish it from a benign (non-cancerous) mole.

- **A**symmetrical in shape. Benign moles look symmetrical
- **B**order uneven, for example scalloped or notched. Benign moles have an even border
- **C**olour varies widely, from different shades of brown, tan or black to skin-coloured, pink, red, purple, blue or white. Benign moles are mostly brown
- **D**iameter often larger than a pencil head (6mm), bigger than benign moles
- **E**volving: size, shape, colour, elevation (height or depression) change over time. May bleed, be itchy or turn crusty. Benign moles look the same for years

Make sure you check your skin on a regular basis. Ask someone close to you to help examine your back or behind if necessary. See your doctor if you notice changes in the number, colour, size or shape of a mole.



**Nodular melanoma:** Being the most aggressive form of melanoma, it can spread to tissues below the skin. It is most often noticed as a bump, and is found mostly on the torso, legs, and arms, mainly of elderly people. It is usually black, but can also be blue, grey, white, brown, tan, red or skin tone.





# Some other conditions

## Dysplastic naevus

This is an unusual benign mole that may result from overexposure to the sun or from hereditary factors. Dysplastic naevi are to skin cancer what polyps are to colorectal (bowel) cancer: the more you have, the greater the risk of developing that particular cancer. You should get any atypical moles examined by a doctor as soon as you can. Regular self-examinations, professional skin checks and daily sun protection are essential if you have a close relative with melanoma.

## Actinic keratosis

This usually presents as rough, scaly patches on the skin due to overexposure to the sun. It is often found on the face, ears, lips, the backs of hands and the forearms, scalp or neck of older men. It is often elevated, rough in texture, and resembles a wart. Initially, it may be too small to notice and may only be spotted by touching. It can feel like a tiny piece of sandpaper. Most appear red, but can also be tan, pink or flesh-coloured. Occasionally, it may be itchy or become inflamed. It can take years to enlarge. A small percentage can become SCC.

## Stains

These are brown to black spots on the skin, similar to freckles or age spots. They are found mostly on the cheeks and forehead of older women.



# Limit your UV exposure

The long-term cumulative effect of exposure to ultraviolet (UV) radiation is one of the most well-known risks for skin cancer. UV light helps our skin to produce vitamin D and facilitate the growth of our bones, but an excessive amount does more harm than good. Overexposure to strong sunshine not only causes sunburn, making the skin turn red, hot and peel off after a few days but can also damage the genes of your skin.

That is not to say one or two incidents of sunburn – as most people experience in their lifetime – will lead to cancer. But excessive radiation accumulated over a life time can result in irreversible damage to the skin. It is important to protect our skin from an early age. Parents need to help their children in this respect, starting in a child's infancy. Damage to the skin during childhood may not be apparent until one reaches middle age. Skin cancers are more often seen in older people.

Partly because people live longer as a result of improvements in living standards and medical care, our life-long cumulative dose of UV exposure continues to rise. As a result, the number of skin cancer cases is rising every year. If you work outdoors, make sure you have all the protection you can get.

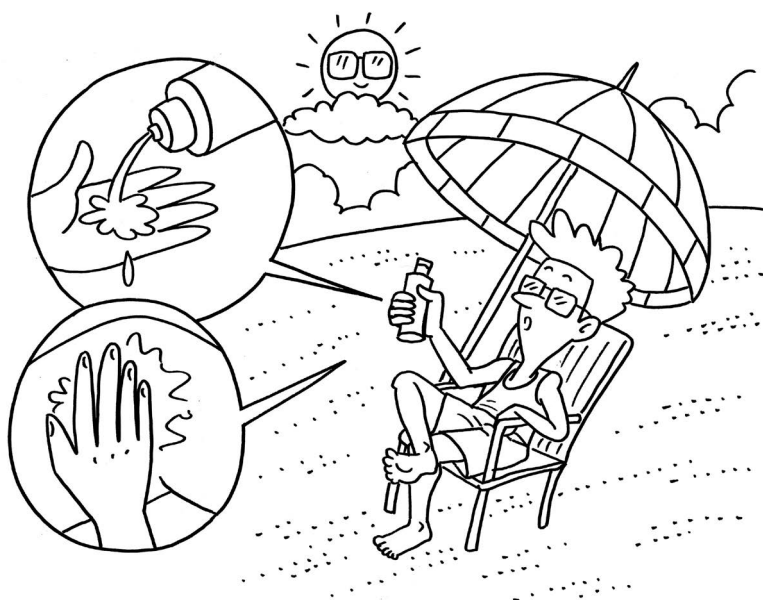
People living in Hong Kong, Macau and neighbouring areas such as the Pearl River Delta and Taiwan should pay special attention. Our summer spans more than six months, with sunshine almost all year round. While much of the sunlight is blocked by high-rise buildings, UV light reflected by building materials such as concrete, water and sand are still able to reach street level. Every day between 11am and 3pm, when sunshine is at its strongest, more than 60% of the UV light from the sun can reach the ground.



Check the Observatory's UV Index forecast before leaving home. The higher the index, the stronger the UV light. An index level of more than 3 indicates the light is strong enough to cause sunburn. Avoid walking in the street for too long in the summer, and try not to expose too much skin. While wearing a paper thin T-shirt and shorts may be more comfortable in hot weather, clothes made of dense materials covering your arms, legs and neck can give you more protection over the long run. Wear a wide-brimmed hat and sunglasses to shield your face and head.

Before spending long hours under the sun, protect your exposed skin by using sunscreen with a sun protection factor (SPF) of no less than 30. Sunscreen may be lost through sweat. The more you sweat, the more often you need to make up for the loss. Use an umbrella when taking children to play in the sun.

Sun bathing in the summer is not advised. Refrain from using artificial tanning methods such as UV light. Take all necessary precautions when travelling in tropical areas, deserts, or at high altitude.





## Risk factors for skin cancer

- Moles: if you have a lot of them (it is normal to have a few).
- Family history: if you have a close relative with a history of melanoma.
- Sun damage: if you are frequently exposed to strong sunlight.
- Race: if you have fair skin, and/or red or blond hair, and/or blue or green eye.
- Weakened immune system: for example, you have tested positive for HIV/AIDS or are recovering from an organ transplant.
- Handling petrochemicals: you often have to handle chemicals such as arsenic, coal tar or coke at work (always use gloves and wear protective clothing, and follow the user instructions when using these chemicals at home).
- Previous cancer: a person who has survived cancer has a high risk of having cancer again.
- Radiotherapy: having been exposed to this medical treatment in the past (not necessarily due to cancer) may increase the risk.



# Examine yourself regularly

Skin cancers are mostly curable if removed early. Learning about the warning signs and examining your skin from head to toe once a month helps with early detection. Take photos of new spots or apparent changes in existing spots with a camera/mobile phone and tell your doctor.

Symptoms to check for

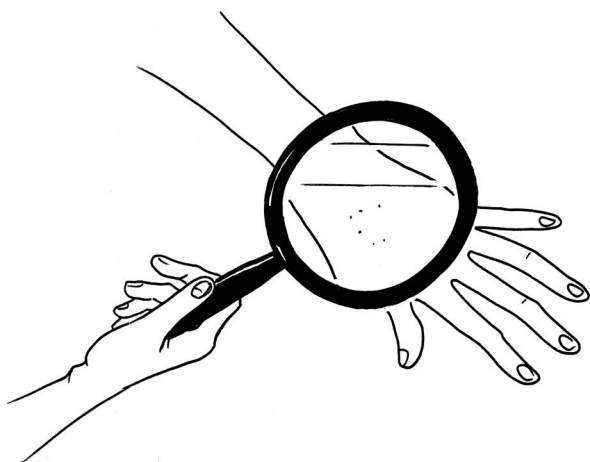
- If new spots appear that are different from nearby spots
- Wounds do not heal for a long time
- Spots become enlarged, or the shape and colour change

Do not miss any part of your skin.

You should check all areas, including the soles of your feet, fingernails, and between the fingers. Get someone close to you to help see the parts of your body you cannot see clearly.

## An increasing trend

While not as aggressive as some other cancers, the number of cases of non-melanoma skin cancer (BCC and SCC together) has been increasing over the years. There were 997 new cases in 2013 (up from 895 in 2012), making it the seventh most common cancer in Hong Kong. Melanoma, the rare but fast-growing type of skin cancer, saw 95 cases that year (the same level as in 2012).



Remember that it is normal for there to be some changes on your skin during your lifetime (for example, the appearance of age spots), so there is no need to over-worry.



# Diagnosis

As mentioned, skin cancer is unlike other cancers in that it can be easier to notice, diagnose and treat.

Melanomas may be easy to identify because they are dark and grow on the epidermis, the outermost layer of our skin. But the nature of other abnormal growths on the skin that cannot be identified simply by their appearance will have to be determined by a biopsy.

## Biopsy

This is a procedure in which a small piece of the skin is cut off and examined under a microscope. While it usually requires some form of anaesthesia, a biopsy is simple enough to be conducted in an out-patient department or a doctor's office.

It may take 10 days or two weeks to know the result of the biopsy. Don't over-worry during this time: it won't help you get the result faster and may affect your overall health.

If the diagnosis is BCC, remember that this rarely spreads and can usually be treated successfully. If the diagnosis is SCC, remember that the risk of spreading is higher than for BCC but is still relatively low. More tests may be required to determine the appropriate treatment.

If skin cancer returns after treatment – making it easy to spread, especially to lymph nodes nearby – more tests become necessary. These nodes will be examined by hand to check for possible swelling. A biopsy of the lymph node may be needed to make sure it is not affected. When necessary, other tests, such as CT or MRI scans, may also be used.



If you are told that you have BCC or SCC you may feel overwhelmed, even though either one is unlikely to be life-threatening. But you are not alone. Talk with those close to you – family and friends, who can be most supportive at such a time. In addition, you can call us on 3667-3000 if you need support from those who have been through a similar experience, require professional advice or simply need someone to talk with. We are always there to listen and help if you wish.

**CancerLink**

**FREE Service Hotline**

**3667 3000**



# Treatment

BCC and SCC can usually be treated successfully. As skin tumours start on the body surface, removing them by cutting off under local anaesthesia is the most common treatment, sometimes supplemented with radiotherapy.

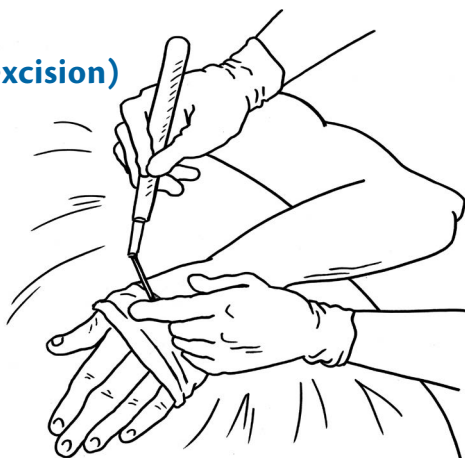
## Surgery

Tumours in the upper layer of the skin can often be removed during a biopsy at the diagnostic stage. As a precaution, a small area around the tumour will be removed as well. There is no need to be admitted for a hospital stay for a biopsy. A nurse will tell you how to take care of the resulting wound.

If the tumour is relatively large or has penetrated into the lower layer of the skin, more tissue will have to be removed. In addition to general anaesthesia, some healthy skin from other parts of your body may be used to cover the wound in a procedure called a skin graft or skin flap. The specific operation depends on the location of the tumour, its size and whether the cancer has spread.

## Mohs micrographic surgery (also known as margin-controlled excision)

This is a minimally invasive procedure conducted under local anaesthesia for a skin cancer covering a large area, recurrent BCC in situ (a cancer that returns to the same spot), skin cancer on the face and tumours that start to spread to surrounding areas. The area





of concern will be removed little by little. Each small piece removed will be examined under a microscope during the operation. The excision will continue until no cancer cells are found in the last piece removed.

A skin graft may be necessary if the edges of the wound cannot be stretched and closed. In this procedure, a piece of skin will be taken from an unexposed part of your body to help cover the wound. For the colour and texture of the wound to look similar to that before surgery, the skin surrounding it may initially be used to cover the area.

### **Cryotherapy (also known as cryosurgery)**

A small BCC in the upper layer of skin may be destroyed by spraying super-cold liquid gas such as nitrogen or carbon dioxide onto it. It may feel like being stung by a bee, and there may be some pain for a minute or two after the spray has been applied. The wound usually heals in about 2 weeks but may leave a scar. More than one session of cryotherapy may be required to remove the tumour.

### **Curettage and electrocautery**

BCC may be removed under local anaesthesia with a surgical curette, which looks somewhat like a teaspoon. Cautery (electric sealing) is then used to seal the wound to stop bleeding and kill the residual cancer cells in the surrounding area. The wound usually heals after a few weeks. The appearance of the scar depends on the size and location of the tumour

### **Laser surgery**

This method uses a laser beam, and results in less bleeding than with a surgical knife.



## Photodynamic therapy

A photosensitising cancer drug is injected into a vein or rubbed on the tumour area. Laser light is then directed onto the area to activate the drug. Cancer cells absorb the drug and are killed while normal cells absorb little of the drug. This procedure is often used to treat skin cancer found on bones, for example Bowen's disease on the hand and shin.

## Skin grafts and skin flaps

If the wound created by removing the tumour is too large to be sewn together, skin will be taken from elsewhere on the body, such as the inside of the thigh or the buttock, to cover the wound in a procedure called a skin graft. A hospital stay may be required if a large area of skin is to be grafted.

The grafted skin has to be sewn onto the wound, making sure there is blood supply beneath for the new skin to grow into the surrounding area. Skin grafts for the face are usually taken from the back of the ear or the neck, as the skin in those areas is more similar to that on the face.

After about 2-3 weeks, the grafted skin and the skin surrounding it will look more similar. Over the same time frame, the area where the skin was taken from will also heal. It may feel sore, but this should be nothing to worry about.

In the first two weeks or so after the skin graft, don't scrub that area or move in ways (either from household work or exercising, for example) that stretch that area of your skin. If the area turns red, swells, bleeds or is painful, see your doctor immediately. This procedure has a higher failure rate for those who smoke, and so they should take extra care.

With the advances in medicine and technology, tumours can now be discovered when they are still small. A skin graft may not be required after the removal of a small wound. Instead, a skin flap, may be all you need.



In this procedure, the nearby skin and its surrounding tissues and blood vessels are moved to the wound to cover it. Operating on a smaller area and without the need for a graft skin, a skin flap speeds up the recovery process and the affected area is less noticeable.

Skin grafts or flaps relate not only to your health, but also your appearance and self-confidence. One of the most common concerns in this regard is whether a scar or mark will be permanent.

As mentioned, the skin used to cover the wound will be chosen from a part of the body where the skin resembles your wound as much as possible. And as you recover the new skin will gradually become more similar to that surrounding it, although the difference between the joined areas will not disappear entirely. If you have concerns, you can call us on 3667-3000. Our professionals may be able to help ease your worries and find the help you need.



## Radiotherapy

Radiotherapy adopts X-rays to destroy a tumour. The more focused the beam, the less the harm done to normal cells nearby, and therefore the fewer the side effects. The treatment takes place in hospitals and medical centres, but just as with taking X-rays, no anaesthesia or hospitalisation is required. Each session can last from only a few minutes to no more than an hour. A course of treatment in general takes a few weeks involving numerous sessions.

For BCC and SCC, radiotherapy may be used to:

1. Treat tumours on the face, eye, or forehead that are not suitable for surgery;
2. To supplement surgery to clean up residual cancer cells nearby; and
3. To destroy cancer cells that may have affected the inner layer of the skin.

About a month after completing the course of treatment, the spot where the beam was targeted will turn red. This is normal. A scar will form and fall off in the following few weeks. The new skin will appear reddish initially, but should change gradually to look similar to the surrounding skin.

The hair where the beam was targeted will fall out (a common side effect of radiotherapy), but should regrow a few months after the completion of treatment. Permanent loss of hair due to radiotherapy is rare.



Radiotherapy does not make you radioactive: you can continue to see and be with your family and friends.

Our booklet, Radiotherapy, has more details, and can be downloaded for free at [www.cancer-fund.org/booklet/eng](http://www.cancer-fund.org/booklet/eng)



## Chemotherapy

Chemo drugs for most types of cancer are injected into a vein (intravenous) to circulate all over the body and kill cancer cells along the way in what is called systemic (entire body) chemotherapy. But skin cancers are often localised to a few spots on the body surface. The use of drugs to treat a specific area of the body is called topical chemotherapy. The drugs can take the form of a skin cream to be self-administered, saving the effort of travelling to the hospital or clinic. As with intravenous drugs, a course of skin-cream treatment may require a few weeks, with the cream being applied once or twice a day.

A chemo drug often used for early BCC and SCC skin cancer is fluorouracil. Things to note when using this drug include:

1. The area treated should be shielded from sunlight;
2. The treated area may turn red. A scar may form and skin may fall off during treatment, but there is unlikely to be a permanent scar; and
3. Usage should be stopped if the treated area becomes painful or if it has discharge. Talk with your doctor if this happens.

## Topical immunotherapy

Immunotherapy drugs stimulate the immune system to fight cancer. As with chemotherapy, immunotherapy drugs for most types of cancer are injected into a vein to circulate all over the body. But for skin cancers localised to a few spots, these drugs can take the form of a skin cream/oil be rubbed onto the tumour topically. Imiquimod cream is one such drug, used for upper-layer, small-area BCC and Bowen's disease located in areas too delicate to remove by surgery, or when there are more than one tumour. The treatment may require you to rub the cream/oil in once a day for several days a week.



Other things to note about the use of this type of cream/oil are:

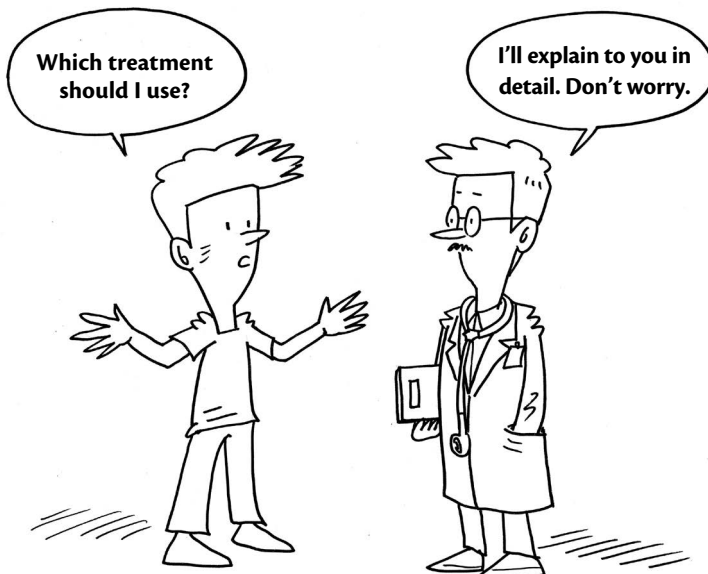
1. The tumour area may become red, sore or form scar and skin may fall off. However, you are unlikely to be left with an ugly permanent scar;
2. If you get flu-like symptoms, inform your doctor immediately. You may have to stop using the drug.

## **Retinoid treatment**

There are several types of retinoids, which are derivatives of vitamin A. Some are used to treat SCC.

## **Removal of lymph nodes**

In BCC or SCC, if a lymph node in the region of the tumour grows in size, the node may have to be removed as a precaution to avoid cancer cells spreading to other parts of the body through the lymphatic system. Removing lymph nodes requires general anaesthesia. The node(s) removed will be examined under a microscope to see if cancer cells are present. The number of lymph nodes to be removed depends on the location of tumour in the body and how close the tumour is to the nodes.





# How to decide on a treatment method

As BCC and SCC generally grow slowly, it is less difficult to decide on a treatment than for some other cancers. However, when more than one option is available a variety of factors should be considered, including the effectiveness of the treatment and the side effects. The decision may come down to personal preferences, for example, the extent of the side effects you are prepared to accept.

If you are given only one treatment option, ask why. Is this the only possibility? Why don't other treatments apply? Talk with those close to you. Get more information if necessary. Don't rush into a decision. Make sure you are comfortable with your decision before signing the consent.





## A second opinion

When you are not sure about the best treatment, you may want to consult a second doctor and compare the two opinions. Obtaining a second opinion will delay your decision on treatment and incur some expense, but it may be worth it to put your mind at ease.

You can ask your relatives or friends for doctors they would recommend. Or, you can look online for where to find the best professional help or search for the views of people who have faced a similar situation. Remember that when looking on the internet you'll have to decide what information to trust.

If the first doctor is a private one, you can either ask him/her to give you the medical reports for record or check whether he/she has joined the Electronic Health Record Sharing System. If the doctor is from public hospital, you can apply for your electronic health record (eHR) in the hospital, and then authorise your second doctor to access your clinical records online to speed up the process.

For details about the eHR and how to join, call 2300-6654.

Remember to ask your second doctor to reach an opinion as soon as possible. Even if your first doctor has started to treat you, you may still seek a second opinion.





# What to ask the doctor

Make a list of questions to ask before going to the doctor for a diagnosis report or treatment suggestion. You may ask a relative or friend to go with you to help you take notes; they can also remind you of the questions you need to ask, or even help you ask the questions. If you do not understand what the doctor says, ask them to explain until you do understand. Some people may want to record the conversation or video it.



Before doing that you must obtain the consent of the doctor, who can reject the request. In a public hospital, you will need to get the consent of the Hospital Authority. The following are common questions to ask.



1. What type of skin cancer is it?
2. Is it likely to have spread to other parts of my body?
3. What is the best way to treat it, and what is the likelihood of it being treated successfully?
4. Why is the treatment you are recommending the best? Are there alternatives? How do they differ?
5. I have heard that cancer treatments include surgery, radiotherapy and chemotherapy. Would it be best for one method to be used in my case or multiple treatments?
6. How long will the treatment take? Will I need to stay in hospital? How is my life likely to be affected? Will I need to quit my job?
7. Are the side effects serious? Are there ways to relieve them? Are the side effects permanent?
8. How much will the treatment cost, and will it be covered by my insurance?
9. How will we know if the treatment has been successful?
10. After the treatment, how often will I have to visit the doctor? What regular check-ups will I need?
11. What are the implications if I don't undergo treatment now but change my mind later?
12. After treatment, will my body be so weak that I won't be able to work? Will I still be able to take care of my children?
13. How likely is a relapse? Will there be any scarring left after treatment?
14. Can this type of cancer be inherited? If so, what are the chances of my children getting this cancer?
15. After removing the tumour in the skin, can I be exposed to the sun? Should I avoid any skincare products?
16. During treatment, will it be okay for me to consult a Chinese herbal practitioner for advice? Would the two types of treatments have a bad interaction?



## Following up

After any BCC and SCC have been removed, you should continue to check your skin yourself and visit the doctor regularly. Note that compared with other people there is a higher chance for a skin cancer survivor to find cancer cells again in the original area or on another part of the skin. So if any new abnormal area is found, you should see your doctor immediately.





# Your feelings

Understandably, most people feel overwhelmed when they are told they have cancer. Many different emotions arise that can cause confusion and frequent mood changes.

This does not mean, however, that you are not coping with your illness. Reactions differ – there is no right or wrong way to feel. These emotions are part of the process that many people go through in trying to come to terms with their illness. Partners, family members and friends often experience similar feelings and frequently need as much support and guidance in coping with their feelings as you.

## Shock and disbelief

***“I can’t believe it!” “It can’t be true!”***

This is often the immediate reaction when cancer is diagnosed. You may feel numb, unable to believe what is happening or to express any emotion. You may find that you can take in only a small amount of information and so you have to keep asking the same questions over and over, or you need to be told the same bits of information repeatedly. This need for repetition is a common reaction to shock. Some people may find their feelings of disbelief make it difficult for them to talk about their illness with their family and friends, while others feel an overwhelming urge to discuss it with those around them; this may be a way of helping them to accept the news themselves.



## Anger

***“Why me?” “Why now?”***

Anger can hide other feelings, such as fear or sadness, and you may vent your anger on those who are closest to you and on the doctors and nurses who are caring for you. If you hold religious beliefs you may feel angry with your god.

It is understandable that you may be deeply upset by many aspects of your illness, so you should not feel guilty about having angry thoughts or being irritable. However, relatives and friends may not always realise that your anger is really directed at your illness and not against them.

If you can, it may be helpful to tell them this at a time when you are not feeling quite so angry or, if you find that difficult, perhaps you could show them this booklet. If you are finding it difficult to talk to your family, it may help to discuss the situation with a trained counsellor or psychologist. Hong Kong Cancer Fund can give you details on how to get help in your area. Call our hotline on 3667-3000.

## Denial

***“There’s nothing really wrong  
with me!”  
“I haven’t got cancer!”***





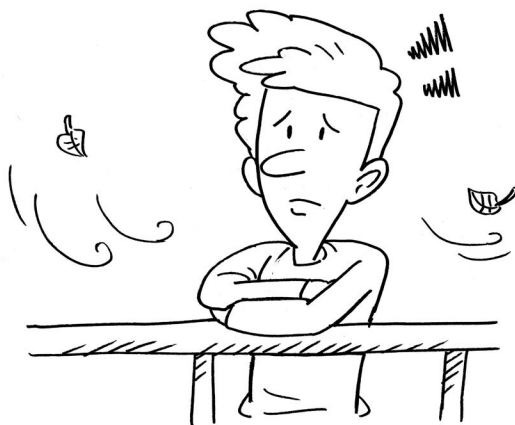
For many people, not wanting to know anything about their cancer, or wishing to talk as little as possible about it, is the best way to cope with the situation. If that is the way you feel, then just say quite firmly to the people around you that you prefer not to talk about your illness, at least for the time being.

Sometimes, however, it is the other way round. You may find that it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer, perhaps by playing down your anxieties and symptoms or deliberately changing the subject. If this upsets or hurts you because you want them to support you by sharing what you feel, try telling them how you feel. Start perhaps by reassuring them that you do know what is happening and that it will help you to talk to them about your illness.

## Fear and uncertainty

***“Am I going to die?” “Will I be in pain?”***

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears expressed by almost all people who are newly diagnosed is: “Am I going to die?” The fact is that there has been a downward trend in the cancer mortality rate\*. Some



\*According to the latest figures from the Hong Kong Cancer Registry, 2013, the mortality rate for all cancers declined over the 1999 to 2013 period.



people with cancer may be cured, but even if your cancer is not curable there are things that can be done to help you, both to relieve any pain or discomfort and to control the disease for some time. There is also help available to cope with the emotional aspects of cancer.

“Will I be in pain?” and “Will my pain be unbearable?” are other common concerns. In fact, some people with cancer experience no pain at all. For those who do, there are many drugs and other techniques that are successful at relieving pain or keeping it under control.

Most people are anxious about their treatment: whether or not it will work and how to cope with the possible side effects. It is best to discuss your individual treatment in detail with your doctor.

Often you will find that doctors are unable to answer your questions fully, or that their answers may be vague. It is often impossible to say for certain that the cancer has been totally eradicated. From past experience doctors may know approximately how many people will benefit from a certain treatment; however, it is impossible to predict the future for individuals. Many people find the uncertainty hard to live with, and this can be disturbing for them.

Uncertainty about the future can cause a lot of tension, but fears and fantasies are often worse than the reality. Fear of the unknown can be terrifying, so acquiring some knowledge about your illness can be reassuring, and discussing your findings with your family and friends can help to relieve the tension caused by unnecessary worry. You may gain authoritative medical information on the internet (make sure that the sources are reliable and accurate), or you may share your experiences with those who also have cancer. For more information, you may download our free cancer booklets at [www.cancer-fund.org/booklet/en](http://www.cancer-fund.org/booklet/en).



## Blame and guilt

***“If I hadn’t... this would never have happened.”***

Sometimes people blame themselves or other people for their illness, or they try to find reasons for why it has happened to them. This may be because we often feel better if we know why something has happened. However, as doctors rarely know exactly what has caused your cancer, there is no reason for you to blame yourself.



## Resentment

***“It’s all right for you, you haven’t got to put up with this.”***

Understandably, you may be feeling resentful and miserable because you have cancer while other people are well. Similar feelings of resentment may occur from time to time during the course of your illness and treatment for a variety of reasons.

Relatives, too, can sometimes resent the changes that your illness makes to their lives.

It is usually helpful to bring these feelings out into the open so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.



## Withdrawal and isolation

*“Please leave me alone.”*

There may be times during your illness when you want to be left alone to sort out your thoughts and emotions. This can be hard for your family and friends who want to share this difficult time with you. It will make it easier for them to cope, however, if you reassure them that although you may not feel like discussing your illness at this time, you will talk to them about it when you are ready.



Sometimes an unwillingness to talk can be caused by depression. You can discuss this with your doctor, who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of those with cancer. It is quite common for people with colorectal cancer to experience depression and there is no need to feel you are not coping if you need to ask for help.

## Learning to cope

After any treatment for cancer it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also the physical effects of the treatment.



The treatment for colorectal cancer can cause unpleasant side effects but some people do manage to lead an almost normal life during their treatment. Obviously you will need to take time off for your treatment and some time afterwards to recover. Just do as much as you feel like, and try to get plenty of rest. Do not see it as a sign of failure if you have not been able to cope on your own. Once other people understand how you are feeling, they can be more supportive.





# What you can do

A lot of people feel helpless when they are first told they have cancer, and believe there is nothing they can do other than hand themselves over to doctors and hospitals. This is not the case. There are many things you and your family can do at this time.

## Understanding your illness

If you and your family understand your illness and its treatment, you will be better prepared to cope with the situation. In this way you at least have some idea of what you are facing.

However, for information to be of value it must come from a reliable source to prevent it from causing unnecessary fears. Some people may offer advice and information based on their own experience, but remember that your disease pertains only to you and what is true for them may not apply to you. Personal medical information should come from your own doctor, who is familiar with your medical background.

## Practical and positive tasks

At times you may not be able to do things you used to take for granted. But as you begin to feel better you can set yourself some simple goals and gradually build up your confidence. Take things slowly and one step at a time.

One easy way of doing this is by planning a healthy, well-balanced diet. You may start by designing a balanced diet on your own or with your family. If

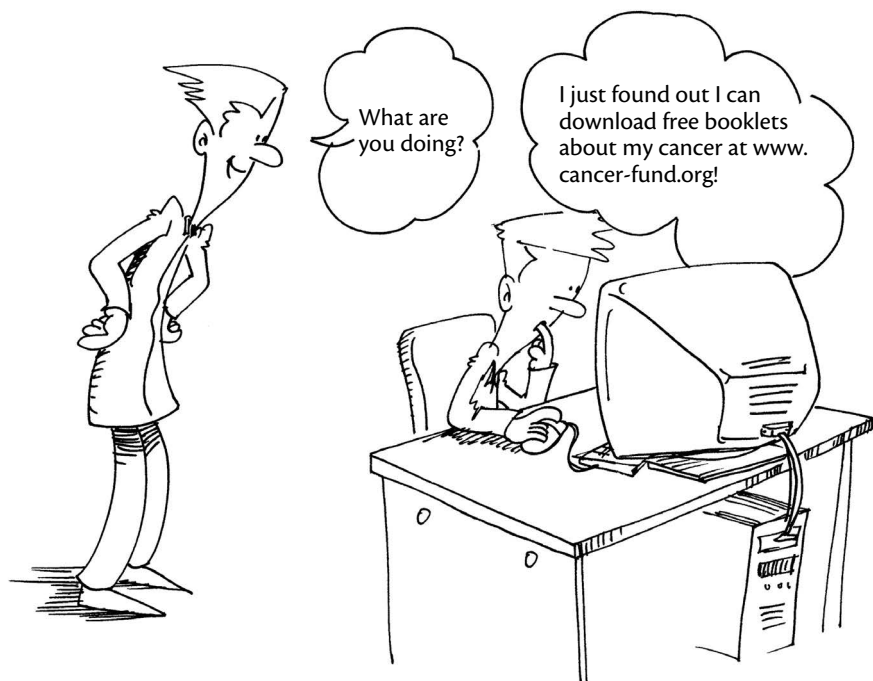


necessary, you may consult a dietitian for advice. Another way is to learn relaxation techniques that you can practice at home.

Many people find it helpful to take some form of regular exercise. The type of exercise you take, and how strenuous it is, depends on what you are used to and how well you feel. Set yourself realistic aims and build up slowly.

If you find it hard to follow a restricted diet or are not used to doing exercise, you can try to develop hobbies. Taking a walk after meals, going on a hike, taking a vacation, dancing, playing music, and gardening are some of the options you may consider.

You can request our *Cancer and Complementary Therapies* and *Diet and Cancer* booklets by calling 3667 3000.





## Financial help

Cancer is a serious illness. Many people with cancer face not only the side effects of the treatments and emotional trauma, but also financial difficulties. The disease can become a tremendous burden.

Apart from using public health-care services, you may approach medical social workers or the Cancer Patient Resource Centres in the major hospitals or institutions that might be able to provide assistance. The Comprehensive Social Security Assistance (CSSA) offered by the Social Welfare Department (SWD) may also be able to help solve your financial difficulties. You can call the SWD hotline on 2343-2255.

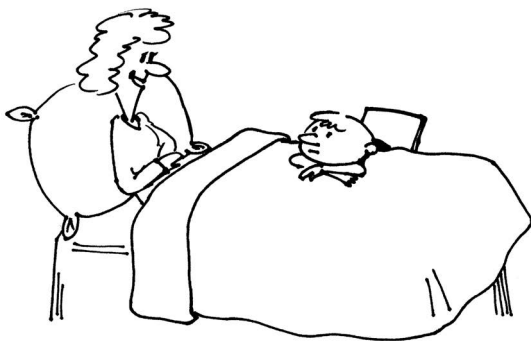
**CancerLink**  
FREE Service Hotline

 **3667 3000**



# Talking to children

Deciding what to tell your children about your cancer is difficult. How much you tell them will probably depend on their age and how mature they are.



Very young children are concerned with immediate events. They do not understand illness, and they need only simple explanations of why their relative or friend has had to go into hospital or why they are not their normal self. Parents can try to tell them they have cancer. It is important to let them know the proper cancer name so that the children can have a better understanding of the illness.

Slightly older children may understand a story explanation in terms of “good cells and bad cells”. All young children need to be reassured repeatedly that the illness is not their fault, because whether they show it or not, children often feel they may somehow be blamed and may feel guilty for a long time.

Adolescents have a greater ability to comprehend. When they ask questions, parents should tell them the truth to prevent any misunderstanding. Children at this stage are forming their own identity. They may be more willing to communicate with their peers than their parents. In addition, they may not be willing to listen to their parents. They may find it particularly difficult to cope with the situation, because they feel they are being forced back into the family just as they were beginning to gain their independence.



An open, honest approach is usually best for all children. Listen to their fears and be aware of any changes in their behaviour. This may be their way of expressing their feelings. It may be better to start by giving only a small amount of information and gradually building up a picture of the illness. Even very young children can sense when something is wrong, so do not keep them in the dark about what is going on. Their fears are likely to be much worse than the reality.

Hong Kong Cancer Fund publishes a booklet, *What do I tell the children?* which may be able to help you. You can request a copy by calling us on 3667-3000 and we will send it to you.

Hong Kong Cancer Fund's Rainbow Club is designed to help children who have a family member with cancer or who have lost someone to the disease. Through playful activities, free emotional support and a counselling service, we help them understand cancer and cope with changes in the family. A significant part of our role is to help both parents and children communicate on cancer and its impact. Call us on 3667-3000 for more information.

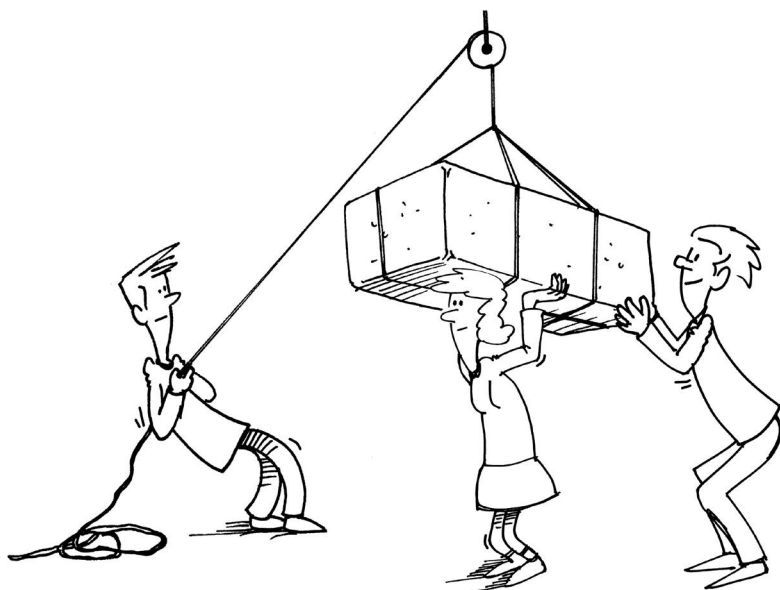


# What to do if you are a relative or friend

Some families find it difficult to talk about cancer or share their feelings. But this can cause unnecessary fear and create tension between family members.

Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Do not rush into talking about the illness. Often it is enough just to listen and let the person with cancer talk when he or she is ready.

Our booklet, *Talking to Someone with Cancer*, in the How to Cope section of our website is written for friends and relatives of those with cancer. It looks at some of the difficulties people may have when talking about the illness.





# Who can help?

The most important thing to remember is that there are people available to help you and your family. Often it is easier to talk to someone who is not directly involved with your illness. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Staff at Hong Kong Cancer Fund are always willing to discuss any problems that you might have and can put you in touch with a counsellor or a support group. Call us on 3667-3000 for more information.

## Hong Kong Cancer Fund Service Network

Our three CancerLink support centres and seven Cancer Patients' Resource Centres in major public hospitals provide free counselling, support and information to those in need. Together they form a seamless service network that meets the needs of those at different stages of their cancer journey.

### • CancerLink support centres

We have three support centres outside the hospital setting that cater to the specific needs of those with cancer throughout the different stages of their illness. The centres – located in Wong Tai Sin, Tin Shui Wai, and Kwai Chung – offer well-designed, holistic rehabilitation programmes that emphasise individual needs.

We also provide backing to 22 support groups, helping them to share resources so as to offer the best services to those with cancer and their families. Our volunteer groups, formed by recovered individuals, pay visits



to hospitals to provide emotional relief. More than 14,000 participants have joined our support network, which is divided into three groups – one for those with cancer, another for those with specific types of cancer (such as breast cancer, colorectal cancer and nasopharyngeal cancer), and one other group for English speakers.

Care specialists – including registered social workers, registered nurses, registered dietitians, art therapists, counsellors and professional volunteers – are available to provide support, information and specialised services. Private and family counselling is conducted by registered professionals to help those touched by cancer, their families and caregivers deal with the different emotional aspects experienced over the course of treatment. There are also programmes and rehabilitation classes to develop coping skills, relaxation classes to help relieve mental and physical stress, and dietetic support to provide advice on nutrition. Our comprehensive range of wellness programmes and therapeutic workshops helps users relax, tackle negative emotions, relieve stress, and restore confidence. We provide free classes, ranging from yoga and meditation to horticulture and insomnia management. The centres also feature well-stocked libraries.

***“I managed to go through the treatment but was worried about a relapse. A feeling of loneliness was haunting me. I felt especially grateful to have my support group, the members of which stood by me all the time.”***

Quote from CancerLink user

## • Cancer Patient Resource Centres

These are the first place many go for support and information after a diagnosis. Our registered nurses and social workers can offer both practical



and emotional support, while the centres also provide booklets on navigating the cancer journey.

## • Hotline

Managed by professionals, our hotline is a channel through which to access advice on both physical and emotional difficulties. Talking with someone who understands can make a huge difference. The hotline number is: 3667-3000.

**To learn more about cancer and how we can help,  
call the Hong Kong Cancer Fund on 3667-3000,  
or visit [www.cancer-fund.org](http://www.cancer-fund.org).**

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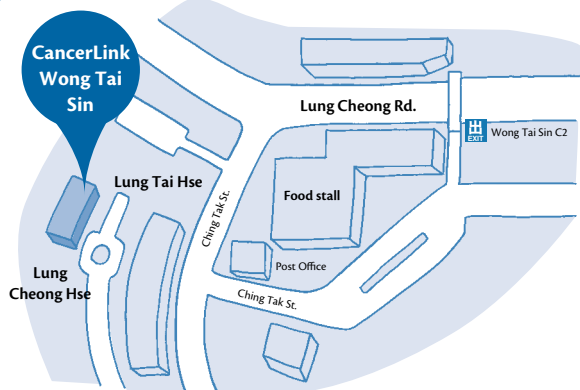
**\*Hong Kong Cancer Fund does not charge for health checks**

Hong Kong Cancer Fund is a charitable institution, and all our services are FREE for people touched by cancer. We do not produce health products, nor do we charge for health checks, screenings or vaccines. Any company using our name to sell these services has no relationship with Cancer Fund. For enquiries, call our hotline: 3667-3000



# Hong Kong Cancer Fund

## CancerLink Support Centres



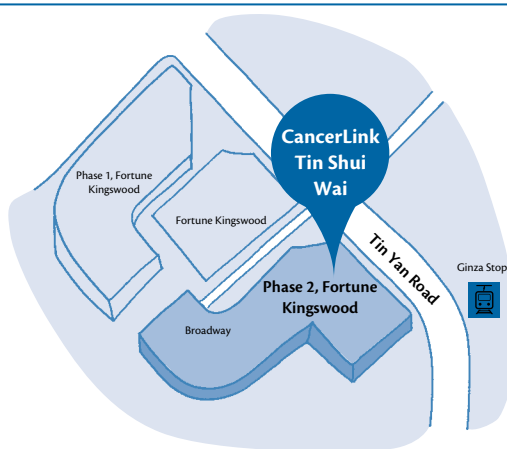
### CancerLink Wong Tai Sin

Unit 2-8, G/F., Lung Cheong House, Lower Wong Tai Sin Estate, Kowloon

Tel: 3656 0700

Fax: 3656 0900

Email: [canlink@hkcf.org](mailto:canlink@hkcf.org)



### CancerLink Tin Shui Wai

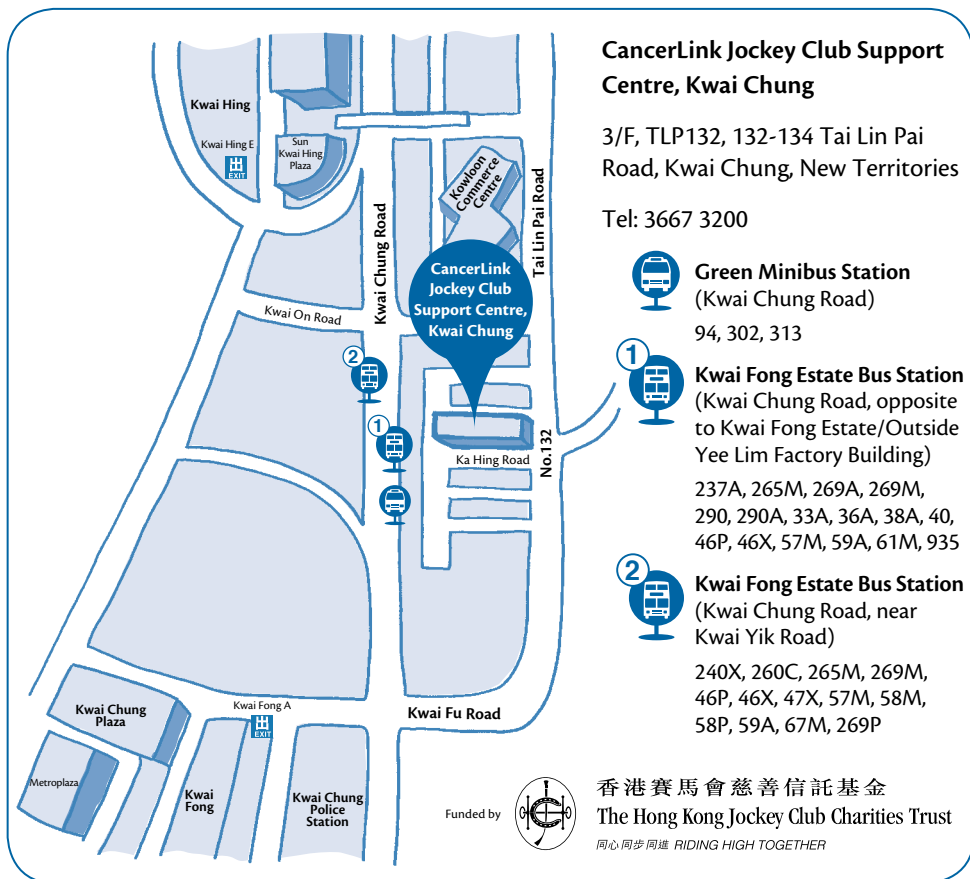
Shop No. 201C, 2/F., Phase 2, Fortune Kingswood, 12-18 Tin Yan Road, Tin Shui Wai, New Territories

Tel: 3919 7070

Fax: 3919 7099

Email: [canlink-tsw@hkcf.org](mailto:canlink-tsw@hkcf.org)







# Hong Kong Cancer Fund

## Support Network

### Self-Help Groups

#### **CanSurvive**

Helps: those with all types of cancers  
(English-speaking)

Tel: 3667 3000

#### **Hong Kong Pioneer Mutual Support Association**

Helps: those with all types of cancers

Tel: 3656 0799

### Hong Kong Cancer Fund Partners

#### **Queen Mary Hospital Cancer Care & Support Unit**

2/F, Professorial Block, Queen Mary Hospital, 102 Pok Fu Lam Road, Hong Kong  
Tel: 2255 3900 Fax: 2255 3901

#### **Pamela Youde Nethersole Eastern Hospital**

Cancer Patients' Resource Centre  
1/F, East Block, 3 Lok Man Road, Chai Wan, Hong Kong  
Tel: 2595 4165 Fax: 2557 1005

#### **Queen Elizabeth Hospital Cancer Patients' Resource Centre**

Room 601, 6/F., Block R, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon  
Tel: 3506 5393 Fax: 3506 5392

#### **Princess Margaret Hospital**

##### **Cancer Patients' Resource Centre**

2/F. & 3/F., Block H, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon  
Tel: 2990 2494 Fax: 2990 2493

#### **United Christian Hospital**

##### **Cancer Patients' Resource Centre**

Block P, 130 Hip Wo Street, Kwun Tong, Kowloon  
Tel: 3949 3756 Fax: 3949 5595

#### **Prince of Wales Hospital**

##### **Cancer Patients' Resource Centre**

3/F., Sir Yue Kong Pao Cancer Centre, Prince of Wales Hospital, 30-32 Ngan Shing Street, New Territories  
Tel: 2632 4030 Fax: 2632 4557

#### **Tuen Mun Hospital**

##### **Cancer Patients' Resource Centre**

Lower Ground, Tuen Mun Hospital, Tsing Chung Koon Road, Tuen Mun, New Territories  
Tel: 2468 5045 Fax: 2455 1698



# Other Organisations in Hong Kong

## **Social Welfare Department**

Hotline: 2343 2255

## **Rehabaid Centre**

Tel: 2364 2345

Email: [rehabaidcentre@ha.org.hk](mailto:rehabaidcentre@ha.org.hk)

## **The Samaritans**

Tel: 2389 2222

## **Employees Retraining Board (ERB) –**

### **Smart Living Scheme**

Tel: 182 182

Email: [erbhk@erb.org](mailto:erbhk@erb.org)

## **The Chain of Charity Movement**

Community support and transportation services

Can arrange visits and transportation to hospitals and shopping

Tel: 2777 2223 Fax: 2777 2269

## **Emergency Number**

Emergency no.: 999

## **Government Ambulance Service**

Tel: 2735 3355

## **Easy Access Bus**

Can arrange visits and transportation to and from hospitals/clinics for those aged 60 or above with mobility difficulties

Tel: 2348 0608

## **Accessible Hire Car**

Provides a personalised service to passengers with their own wheelchairs

Tel: 8106 6616

## **St. John Ambulance (24-hour service)**

Tel: 1878 000

## **The Jessie and Thomas Tam Centre -**

### **Society for the Promotion of Hospice Care**

Provides a bereavement counselling service

Tel: 2725 7693

Email: [jttc@hospicecare.org.hk](mailto:jttc@hospicecare.org.hk)

## **Comfort Care Concern Group**

Provides bereavement counselling for those who are terminally ill and their families

Tel: 2361 6606

Email: [cccg@cccg.org.hk](mailto:cccg@cccg.org.hk)



**So no one faces cancer alone**  
**FREE Service Hotline**

**☎ 3667 3000**

**[www.cancer-fund.org](http://www.cancer-fund.org)**



## **Hong Kong Cancer Fund**

**Service Hotline: 3667 3000**

**Donation Hotline: 3667 6333**

**Website: [www.cancer-fund.org](http://www.cancer-fund.org)**

**Facebook:**

**[www.facebook.com/hongkongcancerfund](https://www.facebook.com/hongkongcancerfund)**

**YouTube:**

**[www.youtube.com/hongkongcancerfund](https://www.youtube.com/hongkongcancerfund)**



