



癌症基金會
CANCERFUND
So no one faces cancer alone

understanding

Skin Cancer





Established in 1987, the Hong Kong Cancer Fund (“Cancer Fund”) is the city’s largest cancer support organisation, providing FREE professional support and information to anyone touched by cancer to ensure that no one faces cancer alone.

This publication is part of the Cancer Fund’s “Understanding Cancer” series, providing detailed information on cancer diagnosis and treatment options, along with practical tips to help cancer patients and their families cope with side effects and emotional distress caused by cancer and its treatment.

Our services span from the hospital to the community and the home with a network of 4 Cancer Support Centres in Central, North Point, Kwai Chung and Wong Tai Sin.

Our professional team includes oncology nurses, social workers, art therapists, dietitian and clinical psychologist. They help clients manage the physical, emotional, psychological and social challenges brought about by a cancer diagnosis.

So no one faces cancer alone

FREE Services

☎ 3656 0800



Donation Hotline: 3667 6333



Website: www.cancer-fund.org

Introduction

This booklet has been prepared to help you understand more about skin cancer.

Many people feel understandably shocked and upset when told they have cancer. We hope this booklet will help you to understand the diagnosis and treatment of the disease. We also include information about support services.

Before commencing any health treatment, always consult your doctor. This booklet is intended as a general introduction and should not be seen as a substitute for your own doctor's or health professional's advice. All care is taken to ensure that the information contained is accurate at the time of publication.

We hope this booklet will answer some of your questions and help you think about the questions you want to ask your doctors.

You do not need to read it from cover to cover, just read the parts which are useful to you. You may like to share the [link](#) for this booklet to your family and friends for their information. They, too, may want to be informed so that they can help you cope with any problems you may have.



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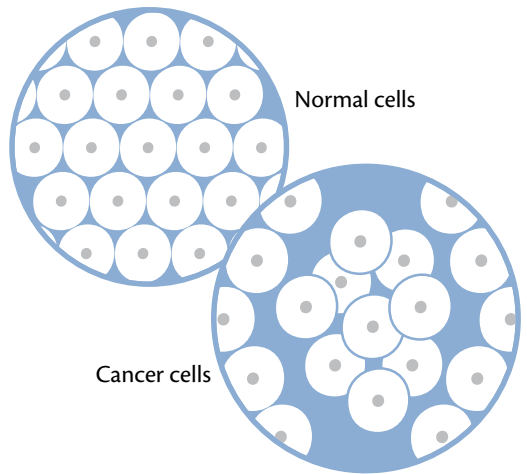
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What is cancer?

Our body is made up of billions of cells, and their shape and function vary in different parts of the body. Normally, cells grow, divide (multiply), and eventually die in an orderly manner. However, when the division process goes out of control, cells continue to proliferate and accumulate in the body, forming a lump called a tumour.

Benign vs. Malignant

Tumours can be benign (non-cancerous) or malignant (cancerous). Benign tumours generally do not cause symptoms or spread to other parts of the body. They are usually not life-threatening and only need to be monitored regularly unless they grow and compress adjacent tissues, requiring treatment. A malignant tumour, also known as cancer, not only grows at the original site but can also spread. If not treated in time, they can destroy surrounding tissues and invade other organs via the bloodstream or lymphatic system, forming metastases or secondary cancer.



Primary vs. Metastatic (Secondary)

Cancer is divided into primary and metastatic types. Primary cancer refers to cancer that originates in the original site. For example, if liver cells become cancerous and form a tumour, it is referred to as primary liver cancer.

Metastatic cancer refers to cancer cells spreading to other parts of the body. For example, if lung cancer cells spread to the liver and form a tumour, it is considered metastatic lung cancer and referred to as “lung cancer spreading to the liver”.

Our skin

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

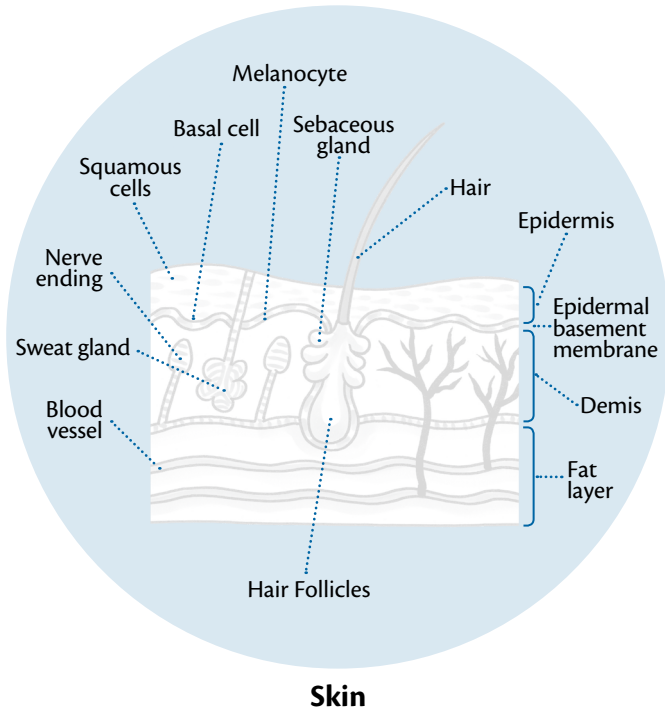
Epidermis: a thin waterproof 'coating' on the outside that helps to retain water and energy in our body and serves as our first defence against injury and infection.

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 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. Nonmelanoma 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. 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 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

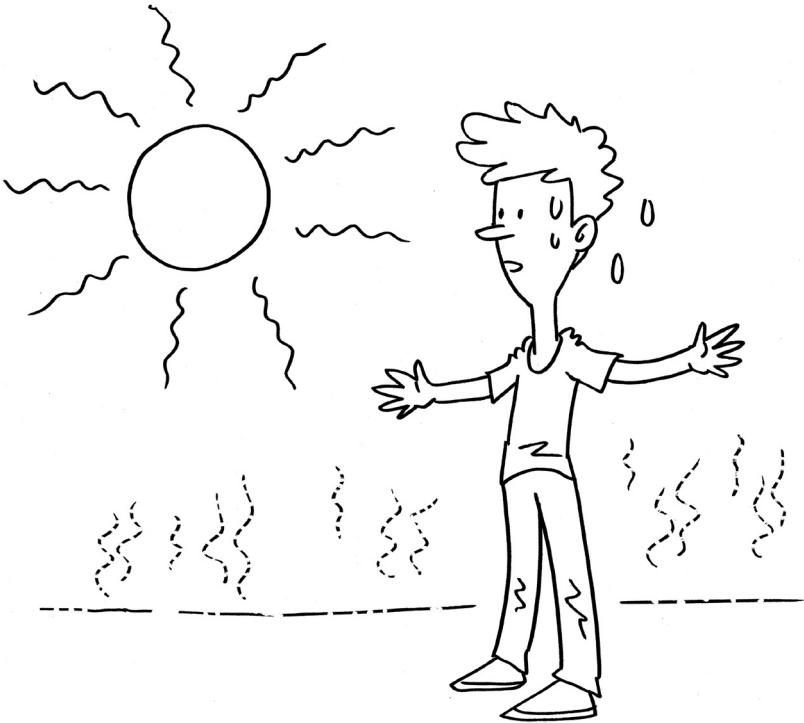
- Accounts for about 2% of skin cancers
- Melanocytes, the pigment cells in the epidermis, multiply out of control
- Appears as a harmless (non-cancerous) mole, but its size, shape or colour may change over time (see the following paragraph)
- Grows fast and tends to spread, making it hard to treat
-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

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

- Asymmetrical in shape. Benign moles look symmetrical
- Border uneven, for example scalloped or notched. Benign moles have an even border
- Colour varies widely, from different shades of brown, tan or black to skincoloured, pink, red, purple, blue or white. Benign moles are mostly brown
- Diameter often larger than a pencil head (6mm), bigger than benign moles
- Evolving: 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.

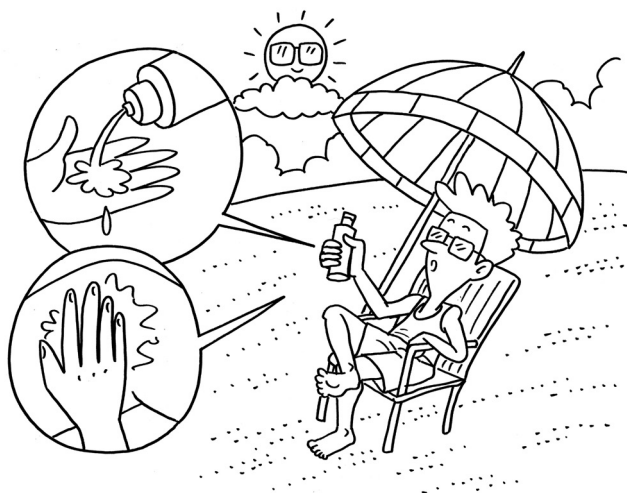
Partly because people live longer as a result of improvements in living standards and medical care, our life-long cumulative dose of UV exposure continues to rise. As a result, the number of skin cancer cases is rising every year. If you work outdoors, make sure you have all the protection you can get.

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 nonmelanoma skin cancer (BCC and SCC together) has been increasing over the years. There were 1087 new cases in 2023 (up from 1006 in 2022), making it the tenth most common cancer in Hong Kong. Melanoma, the rare but fast growing type of skin Cancer, saw 111 cases that year (up from 91 in 2022).

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 **3656-0800** 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.

FREE Services

☎ 3656 0800

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 supercold 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 **3656-0800**. 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

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.

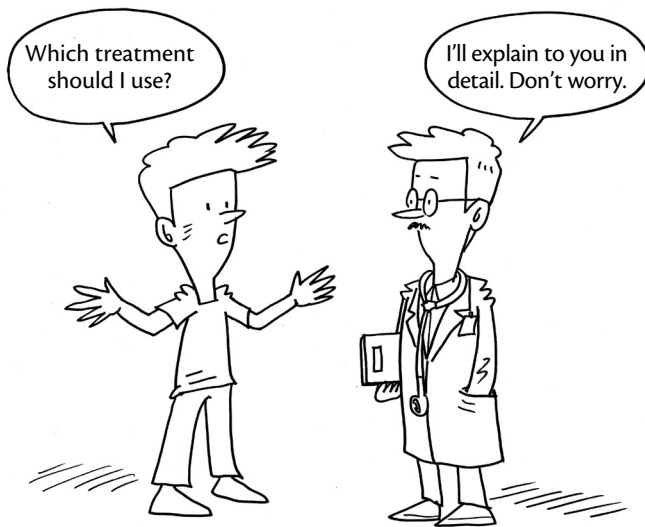
A chemo drug often used for early BCC and SCC skin cancer is fluorouracil.

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 upperlayer, 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 choose a treatment method?

Each therapy has its pros and cons. Coupled with the fact that each person's condition and constitution differs, deciding on which therapy to use can sometimes be difficult. If a doctor recommends only one therapy, you should ask for clarification before signing the consent form: "Is this the only option? Why are other therapies not applicable?" Conversely, if several therapies are available, their respective merits and demerits must be carefully weighed to see which is relatively the most suitable.

Before deciding on a therapy, it is crucial to first understand the benefits and potential side effects of different treatments, and then to weigh the benefits of undergoing treatment against the potential impact of the side effects. It is your body, and only you can make the final decision for yourself.

Prior to deciding on a therapy with the doctor, discuss matters with friends and family; prepare a list of questions, and it may be helpful to have a friend or relative accompany you to the consultation to assist with asking questions and taking notes.



Seeking an additional professional opinion

The diagnosis and treatment of cancer is complex. Before settling on a therapy, some patients wish to seek an additional professional opinion, known as a “Second Opinion”, to view the problem from another perspective. Previously, finding another doctor relied mostly on recommendations from trusted doctors, friends, family, or other patients. Nowadays, some people may also search online. Relevant websites include those of medical specialists and professional bodies, hospitals, university medical schools/research institutes, and patient forums. However, determining which website’s information is most applicable requires some effort.

After choosing another doctor, you can ask your attending doctor to provide a copy of your medical records for the other doctor to review. If both you and the second doctor participate in the electronic health record sharing system, you can also authorise the doctor to access your electronic medical records using your personal password. For details, please call the sharing system hotline at **3467 6300**. At the same time, ask the second doctor to provide their assessment as soon as possible. If the treatment is delayed, even the best second opinion will become in vain.

One may still seek a second opinion after the attending physician has commenced treatment. After obtaining a second opinion, it is still possible to continue treatment with the first doctor.

What to ask your doctors?

Before seeing the doctor to hear the diagnosis report and treatment recommendations, make a list all of your questions. You can ask a family member or friend to accompany you, take notes, remind you of the questions you want to ask, or even ask them for you. If you don't understand, be sure to ask the doctor to explain. Some patients may wish to record or video the consultation content. However, this must be done with the doctor's prior consent, and the doctor also has the right to refuse such requests. In government hospitals, prior approval must also be obtained from the Hospital Authority. Here are some common questions cancer patients have:

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

Most people feel overwhelmed when they are told they have cancer. During diagnosis and treatment, your emotions may fluctuate due to physical reactions. You may experience some of the following emotions, although the order may differ. This is normal and does not mean that you are not strong enough to cope with cancer.

Navigating emotional changes is part of the patient's journey in coping with the disease. Everyone's reactions can vary, and there is no right or wrong way to feel. Your family and friends may also have similar feelings and need emotional support and guidance.

Shock and disbelief

“I can't believe it!” “It can't be true!”

Upon first learning of a cancer diagnosis, the immediate reaction may be shock, numbness, and disbelief. After the initial shock, one may refuse to accept the reality: not listening to others, only remembering one's own suffering, or repeatedly asking the doctor the same questions without truly absorbing the information.

In fact, many cancers can be treated, and even if they cannot be cured, they can usually be controlled. Therefore, patients should allow themselves time to come to terms with their emotions before discussing it with those around them. This may help in accepting the diagnosis.

Anger

“Why me?” “Why did this happen to me?”

Some patients use anger to hide their fear and sadness. They may direct their anger toward family members, colleagues, their environment, or even question their faith: “Why are you being so harsh on me?”

Any illness is difficult to bear, but cancer can feel especially overwhelming. Anger is a normal emotion, and you should not feel guilty about it. Sometimes, your family and friends may not fully understand that your anger is linked to concerns about your condition.

After your emotions have settled, try to express your feelings to them in an appropriate setting. If it’s hard to do so face-to-face, consider using email, text messages, or even sharing the [link](#) of this booklet with them. If you’d like to speak with a social worker or counsellor, our **free services hotline** is available: **3656 0800**.

Denial

“I’m fine!” “I didn’t have cancer!”

Some patients may refuse to discuss their diagnosis and may avoid the word “cancer” altogether. It’s okay to tell your family and friends: “Thank you for your concern, but I don’t want to talk about this right now. I hope we can revisit it later!”



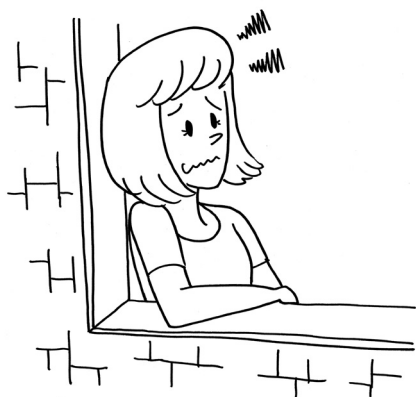
However, sometimes your family and friends may avoid the topic out of fear of upsetting you. If this makes you feel uncomfortable or isolated, don't hesitate to express that you understand your condition, want to face it positively, and need their support.

Fear

“Will I die?” “Will it hurt very much?”

Upon learning of a cancer diagnosis, “death” is often the first fear that comes to mind, followed by concerns about pain.

Recent advances in cancer treatment have led to higher success rates and lower mortality rates for most cancers. If detected early, many cancers can be cured, and for some patients, cancer has become a manageable chronic condition. If you experience pain, there are medications and other methods available to manage it, so there is no need to be overly anxious.



Another common worry is whether the benefits of treatment will outweigh its side effects. This concern is understandable, but each case is unique. You can prepare a list of all your questions and ask your doctor to explain them in simple terms until you fully understand and feel comfortable proceeding with treatment.

Some patients find that doctors' answers about expected treatment outcomes can seem vague. This is because doctors can only provide information on treatment effects and reactions based on clinical experience and data. However, each patient's situation is different, and the true effects of the treatment can only be confirmed through follow-up examinations. However, with advancements in medical science, doctors are now better equipped to understand disease progression and offer a wider range of medications to provide appropriate follow-up and treatment options for patients.

The fear of recurrence after treatment is a common concern. The uncertainty of the future can indeed be unsettling, but reality is often less frightening than imagined. Talking to family and friends can help reduce unnecessary anxiety caused by stress. There are also many reliable resources with authoritative medical information and shared patient experiences that can help ease your concerns and allow you to approach treatment with peace of mind. However, be cautious about the sources of information you trust. Unreliable sources can lead to unnecessary worries and cause detours in your cancer journey. The Cancer Fund has produced over 40 booklets (14 in English) on topics like **"Understanding Cancer"** and **"How to Cope"**, which are available at our Support Centres or can be accessed electronically on the Cancer Fund's website.

Cancer booklet



Complaint and guilt

“If I hadn’t... I wouldn’t have gotten cancer.”

When diagnosed with cancer, some people may blame themselves or others, searching for a cause of their illness. While understanding the cause can provide psychological relief, even doctors may not always know the exact reason for a specific case of cancer. Therefore, patients should not blame themselves or dwell on unanswerable questions.

Resentment

***“You haven’t tried radiotherapy,
so you don’t understand my pain!”***

During the course of an illness, feelings of resentment and frustration are common. Your family members might feel burdened by the disruption to their lives and may express frustration. It is helpful to find a moment to have open and honest conversations about your feelings. Working together to understand each other and find solutions will ease the strain. Holding on to resentment can increase stress for everyone involved.



Withdrawal and self-isolation

“Leave me alone!”

While you may desire some alone time to process your emotions during your illness, your family and friends may also want to support you during this difficult time. If you need space, try to communicate this to them. Let them know that you need quiet time to think, but that you will reach out for their support once you feel ready. This will help them understand your needs and give them the reassurance that you still value their presence.

Cancer can lead to depression and a desire to withdraw from others, which is understandable. However, if feelings of sadness persist for an extended period and start affecting your daily life, you can contact our social workers or clinical psychologists, or ask your doctor for a referral to a psychiatrist for counselling and support.

Learning to “get along” with cancer

After being diagnosed, it may take time to adjust to the changes in your life and the side effects of treatment.

You may need frequent hospital visits and feel fatigued afterward. Some patients may need extended rest at home to recover after completing treatment. During this period, focus on resting and avoid overexerting yourself, whether in daily activities or work.

Many of today’s treatments have fewer side effects than in the past, allowing patients to maintain a relatively normal life during treatment.

Even if cancer can be overwhelming, try not to feel defeated. Don’t hesitate to share your experience with your friends and family. They will likely want to support you through this journey.



What can you do?

Upon learning of a cancer diagnosis, beyond the initial shock, some people may feel that they can only rely on doctors and wait passively. However, with the readily available information and the increasing number of social services organisations today, there are actually many things you and your family can do while waiting for diagnosis and treatment. Seeking information independently can help you understand your diagnosis better, giving you more confidence when making decisions about your treatment.



Understanding your cancer and its treatment

The more you learn about your cancer and treatment options, the easier it will be to make choices, cope with the treatment process, and adjust to life after treatment. However, sometimes information sources may not be reliable, and each patient's experience is unique. It is best to consult your doctor to ensure that the information you receive is accurate.

Patient recovery after treatment

After treatment, some patients may find it difficult to handle tasks that they previously took for granted, such as household chores. As your body gradually recovers, you can try setting small, achievable goals to slowly rebuild your confidence.

To start, focus on optimizing your diet and sleep patterns, both of which play a crucial role in supporting your recovery. You can create a healthy meal plan on your own or with the help of your family, and consult a nutritionist if needed. Relaxation is also important. There are many online resources available to help you master this skill, though it requires practice. You can access online resources at home or even attend classes, aiming for consistency and making it a part of your daily routine.

Additionally, you can incorporate regular exercise into your routine to strengthen your body. The type and frequency of exercise should be based on your physical condition, and you can set personalized goals and progress step-by-step.

Even if you find it challenging to adhere to a strict diet or exercise routine, you can explore new hobbies to support your well-being, such as walking, hiking, traveling, dancing, playing music and gardening, etc.

Financial burden

In addition to affecting your physical health, and mental well-being, cancer can also bring significant medical expenses. Apart from seeking treatment at public hospitals, you can apply for the government's "Comprehensive Social Security Assistance (CSSA) Scheme", various drug subsidy programs provided by the government and different organisations or the relief fund offered by the Cancer Fund when facing financial difficulties.

For more details, you contact our **service hotline** at **3656 0800** or speak to one of our professional team at our Cancer Support Centres.

FREE Services
☎ 3656 0800

Who can help?

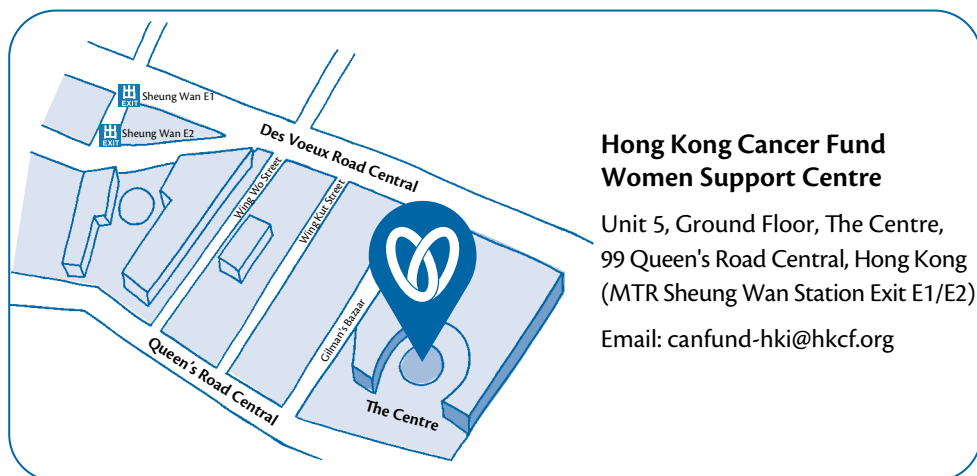
Remember that many people are willing to help you and your family. Sometimes, it might be easier to talk to someone who is not directly connected to your condition. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Our team are always willing to discuss any concerns that you might have and can arrange for one-on-one counselling or connect you with a relevant peer support group. For more information, please call the Cancer Fund's **free services hotline** at **3656 0800**.

Cancer Fund's peer support

We have four Cancer Fund Support Centres located in Central, North Point, Wong Tai Sin and Kwai Chung. We are here to provide free information and counselling services for cancer patients and their families.

We have a network of 22 peer support groups under our umbrella, "Friends of CancerFund", with a strong membership of over 16,000 people that includes cancer patients and survivors. This one-of-a-kind volunteer-based network is cancer specific covering all types of cancer such as throat, prostate, colorectal, nasopharyngeal, gynaecological, breast and many more. We manage this large network through our Support Centres, providing mutual support services and organising various activities in the community.

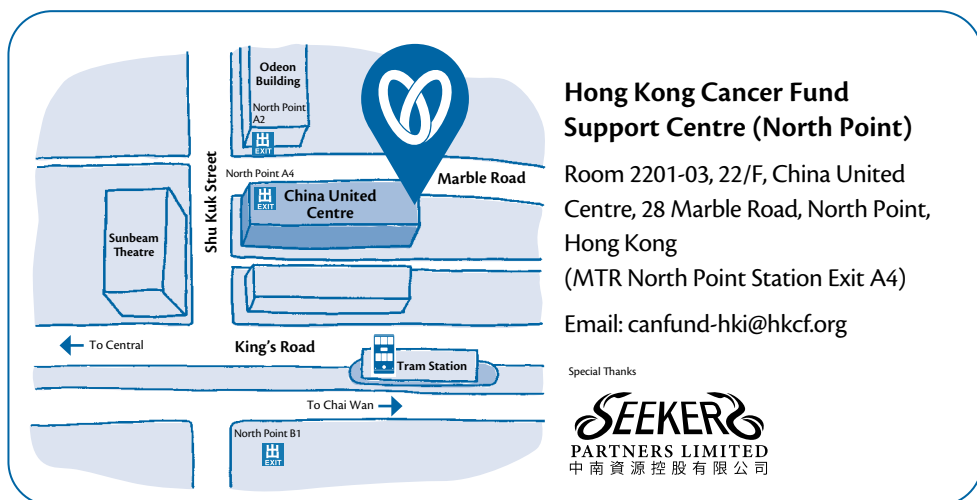
Location maps of Hong Kong Cancer Fund Support Centres



Hong Kong Cancer Fund Women Support Centre

Unit 5, Ground Floor, The Centre,
99 Queen's Road Central, Hong Kong
(MTR Sheung Wan Station Exit E1/E2)

Email: canfund-hki@hkcf.org



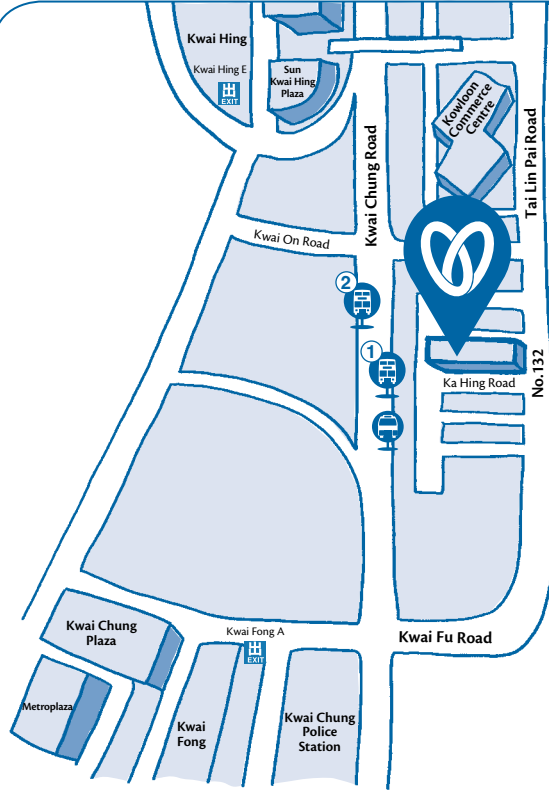
Hong Kong Cancer Fund Support Centre (North Point)

Room 2201-03, 22/F, China United
Centre, 28 Marble Road, North Point,
Hong Kong
(MTR North Point Station Exit A4)

Email: canfund-hki@hkcf.org

Special Thanks

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**Hong Kong Cancer Fund
Jockey Club Support Centre
(Kwai Chung)**

3/F, TLP132, 132-134 Tai Lin Pai Road,
Kwai Chung, New Territories
(MTR Kwai Fong Station Exit A)

Email: canfund-kcc@hkcf.org



Green Minibus Station
(Kwai Chung Road)
94, 302, 313



Kwai Fong Estate Bus Station
(Kwai Chung Road, Opposite to
Kwai Fong Estate / Outside
Yee Lim Factory Building)
237A, 265M, 269A, 269M, 290,
290A, 33A, 36A, 38A, 40, 46P,
46X, 57M, 59A, 61M, 935



Kwai Fong Estate Bus Station
(Kwai Chung Road, near
Kwai Yik Road)
240X, 260C, 265M, 269M, 46P,
46X, 47X, 57M, 58M, 58P, 59A,
67M, 269P

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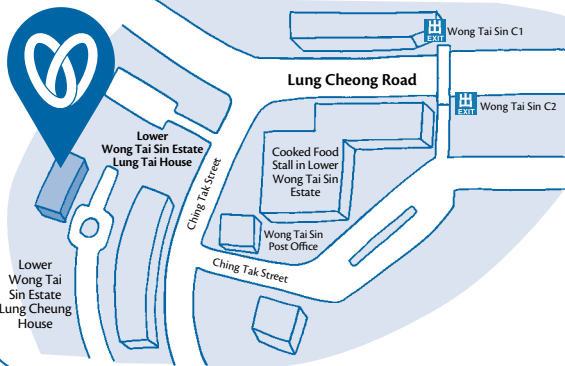


香港賽馬會慈善信託基金
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傅德蔭基金有限公司
Fu Tak Iam Foundation Limited



**Hong Kong Cancer Fund
Support Centre (Wong Tai Sin)**

Unit 2-8, Wing C, G/F,
Lung Cheung House,
Lower Wong Tai Sin (II) Estate,
Kowloon
(MTR Wong Tai Sin Station Exit C2)

Email: canfund-wts@hkcf.org

Support Network

Self-Help Group

Hong Kong Pioneer Mutual Support Association

Helps: those with all types of cancers

Tel: 3656 0799

Hospitals

Queen Mary Hospital

Cancer Care and Support Unit

2/F, Cancer Centre, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong

Tel: 2255 3900 Fax: 2255 3901

Pamela Youde Nethersole Eastern Hospital

Cancer Patient Resource Centre

1/F, East Block, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong

Tel: 2595 4165 Fax: 2557 1005

Queen Elizabeth Hospital

Cancer Patient Resource Centre

Room 601, 6/F, Block R, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon

Tel: 3506 5393 Fax: 3506 5392

Princess Margaret Hospital

Patient Resource Centre

7/F, Block G, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Kwai Chung, New Territories

Tel: 2990 3363 Fax: 2990 3373

United Christian Hospital

Cancer Patient Resource Centre

2/F, Block Q, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon

Tel: 3949 3756 Fax: 3949 5595

Prince of Wales Hospital

Cancer Patient Resource Centre

3/F, The Sir Yue Kong Pao Centre for Cancer & The Lady Pao Children's Cancer Centre,

Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, New Territories

Tel: 3505 4030 Fax: 3505 4557

Tuen Mun Hospital

Cancer Patient Resource Centre

Basement, Department of Clinical Oncology, Tuen Mun Hospital, 23 Tsing Chung Koon Road,

Tuen Mun, New Territories

Tel: 2468 5045 Fax: 2455 1698

“Hong Kong Cancer Fund’s holistic approach to cancer care ensures people with cancer and their families have free access to life-changing information and professional support as they navigate through their diagnosis, treatment and into survivorship.”

So no one should face cancer alone.

This booklet is published by Hong Kong Cancer Fund in 2016

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Hong Kong Cancer Fund

Free Services: 3656 0800

Donation Hotline: 3667 6333

Website: www.cancer-fund.org



Cancer booklets

