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# PREVENTING SKIN CANCERS

# Skin Cancers

## ⦿ Most common forms:

- Basal cell carcinoma (BCC)
- Squamous cell carcinoma (SCC, including keratoacantoma)
- Melanoma

Non melanoma  
skin cancers  
(NMSC)

# BCC

- M
- S
- P
- S
- so



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# SCC

- Us
- ken
- Gr
- Ma
- Off
- Cu
- Hig
- im



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# Melanoma

- 1 in 15 white skinned NZers are expected to develop melanoma in their lifetime
- In-situ, invasive, metastatic
- Glasgow 7-point checklist or ABCDE

# Glasgow 7-point checklist

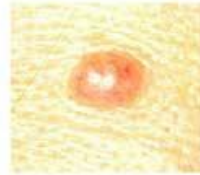
- ⦿ Major features
  - Change in size
  - Irregular shape
  - Irregular colour
- ⦿ Minor features
  - Diameter >7mm
  - Inflammation
  - Oozing
  - Change in sensation

# ABCDE

- ⦿ A – Asymmetry
- ⦿ B – Border
- ⦿ C – Color
- ⦿ D – Diameter
- ⦿ E – Evolution

## The ABCDE's of melanoma

### Benign



**A**symmetry: One side is different from the other

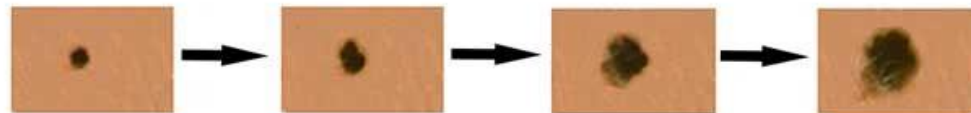
**B**order is irregular, notched, or blurred

**C**olor is mixed

**D**iameter is larger than 6 millimeters

Mole **E**volves over time

### Malignant



# Melanoma

- Superficial spreading melanoma










# Risk Factors

- ⦿ Age and gender
- ⦿ Family history or personal history of melanoma or other skin cancers
- ⦿ Large number of moles
- ⦿ Sunbed users
- ⦿ History of major sunburns
- ⦿ Outdoor lifestyle, spending a lot of time in the sun unprotected
- ⦿ Light-coloured eyes and red or fair hair

# Skin type chart

NATURAL SKIN COLOUR	Very fair, pale white, often freckled	Fair, white skin	Light brown	Moderate brown	Dark brown	Deeply pigmented dark brown to black
	 <p>1</p>	 <p>2</p>	 <p>3</p>	 <p>4</p>	 <p>5</p>	 <p>6</p>
UV SENSITIVITY & TENDENCY TO BURN	<p>Highly sensitive</p> <p>Always burns, never tans</p>	<p>Very sensitive</p> <p>Burns easily, tans minimally</p>	<p>Sensitive</p> <p>Burns moderately, usually tans</p>	<p>Less sensitive</p> <p>Burns minimally, tans easily</p>	<p>Minimal sensitivity</p> <p>Rarely burns</p>	<p>Minimal sensitivity</p> <p>Never burns</p>
SKIN CANCER RISK	<p>Greatest risk of skin cancer</p>	<p>High risk of skin cancer</p>		<p>At risk of skin cancer</p>	<p>Skin cancers are less common, but are often detected at a later, more dangerous stage.</p> <p>Increased risk of low vitamin D levels.</p>	

Skin Type Table adapted by SunSmart Victoria (2011) using Fitzpatrick Scale (1975). Images courtesy Cancer Research UK.

# Other Risk Factors

- Smoking (esp for SCC)
- HPV (esp for mucosal sites)
- Immunesuppression – HIV or organ transplant on Azathioprine and/or Ciclosporin
- Exposure to ionising radiation
- Exposure to chemicals, such as arsenic or industrial tar etc
- Genetic conditions (ie. Gorlin's syndrome, Xeroderma pigmentosa etc)

# Sun Protection

- Apply sunscreen
- Use one ounce of sunscreen (1 tablespoons or equal to size of palm)
- Seek shade
- Protect your skin with clothing
- Use extra caution near water, sand or snow

A tan is a sign of damage to the skin. As damage builds, skin ageing accelerates and risk increases for all types of skin cancer.

# Secondary Prevention

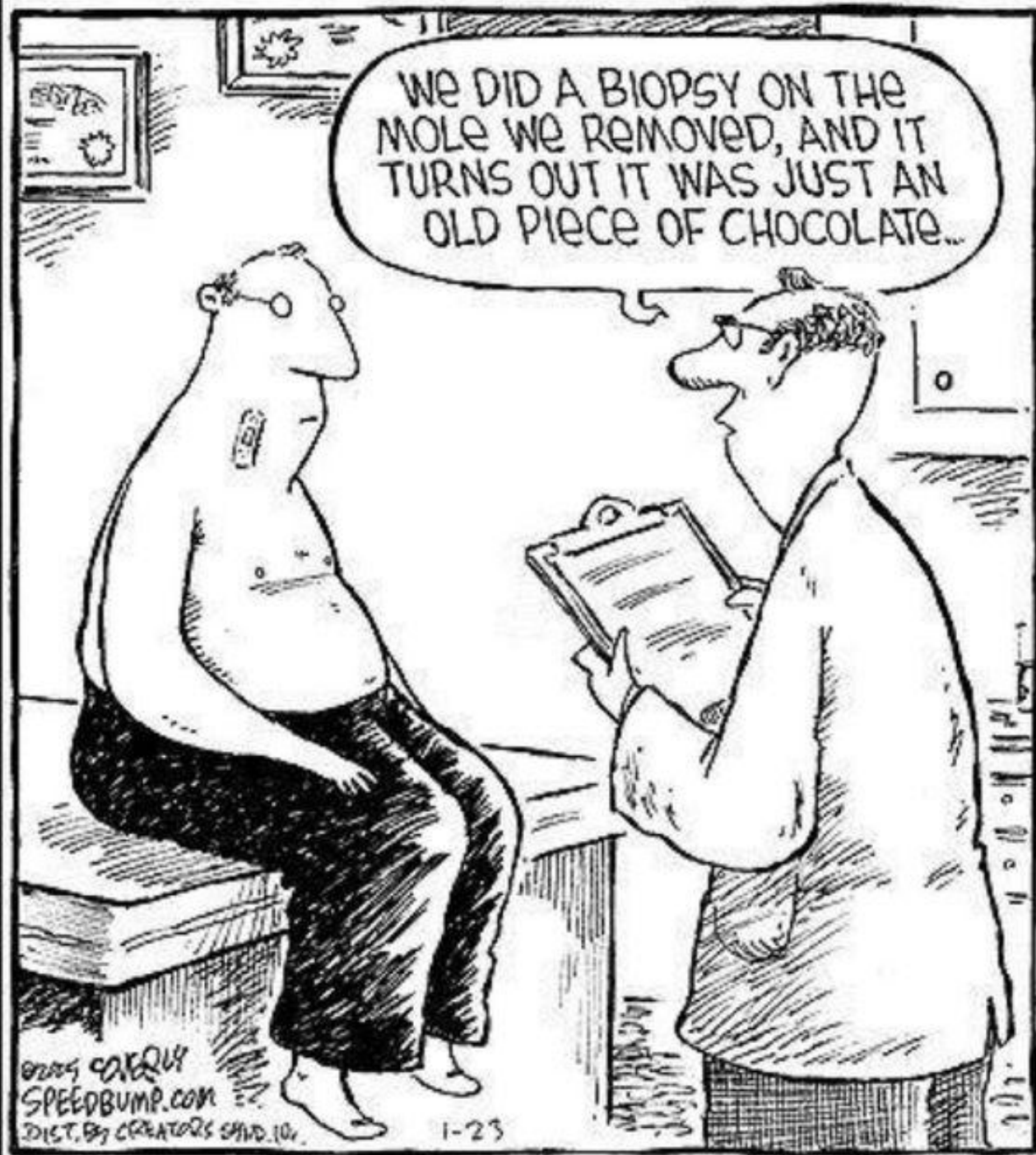
- Screening and early detection
  - Inspect moles for changes
  - Remove suspicious moles
  - Remove actinic keratoses and other precancerous lesions

# Advice to Patients

- Sun protection advice
- Learn and practice self skin examination every month
- Have regular skin checks (yearly)
- Advice to seek medical attention if they notice any changing or enlarging skin lesions
- Undergo digital dermatoscopic surveillance (mole mapping), esp if they have many moles or atypical moles

# Take Home Message

- Prevention is better than cure
- Advise patients early
- Secondary prevention important
- Advise patients to monitor their own skin for any new or changing lesions



WE DID A BIOPSY ON THE MOLE WE REMOVED, AND IT TURNS OUT IT WAS JUST AN OLD PIECE OF CHOCOLATE...

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