

Skin Cancer



The vast majority of skin cancers are not potentially dangerous, although they can be disfiguring if not treated. There are three basic types of skin cancer: basal cell carcinoma, squamous cell carcinoma, and melanoma, a potentially deadly cancer, with a rising incidence rate. The American Cancer Society estimates that nearly 70,000 Americans will be diagnosed with melanoma this year, with an estimated 8,600 deaths.

“Basal cell carcinomas and squamous cell carcinomas, what we call non-melanoma skin cancers, make up 95 percent of the skin cancers I see in my practice,” says Eisenhower Dermatologist Tim Richardson, MD. “But melanoma is what we are most concerned about, because while it makes up only five percent of skin cancer cases, it causes more than 75 percent of skin cancer deaths.”

Melanoma

Melanoma begins in cells in the skin called melanocytes, which produce melanin, the pigment that gives skin its natural color. When skin is exposed to the sun, melanocytes produce more pigment, causing the skin to tan or darken. Sometimes clusters of melanocytes and surrounding tissue form moles. Moles can be flat or raised, and are usually round or oval and smaller than a pencil eraser. They may be present at birth or may appear later — usually before age 40. Moles also tend to fade with age. Melanoma occurs when the melanocytes become malignant.

The chance of developing melanoma increases with age, but it affects people of all ages, and can occur anywhere on the body. According to the National Cancer Institute, in men, melanoma is often found on the trunk or the head and neck. In women, melanoma often develops on the lower legs. Melanoma can metastasize.

“Individuals who are at highest risk for melanoma are those with fair skin who sunburn very easily, individuals who have a parent, sibling, or child with melanoma, and people who have numerous moles,” says Dr. Richardson. “Anyone who has all three of these risk factors should have their skin checked and screened on a regular basis.” Research has shown that people who have had at least one severe, blistering sunburn as a child or teenager are also at increased risk.

Many experts believe that much of the worldwide increase in melanoma is related to an increase in the amount of time people spend in the sun, and they recommend that individuals use sunscreen every day, wear protective clothing, and avoid the sun when possible.

Dr. Richardson says that most patients he diagnoses with melanoma came to see him because they, or a family member, found a suspicious mole or lesion, and decided to have it checked.

“Self-exams are an extremely effective. I tell my patients to remember the letters ‘ABCDE’ when they look at moles or any other lesions on their skin.” Dr. Richardson says. “If you see a mole or lesion that is asymmetrical, has an irregular border or unusual color, is larger than 1/4 inch in diameter and is evolving or changing in any way, then you should have it checked by a physician. If there is any question, a biopsy is the best way to determine whether it is melanoma,” explains Dr. Richardson.

If melanoma is diagnosed and treated early, the survival rate is between 90 and 95 percent. According to Dr. Richardson, the most effective treatment is surgery — finding the melanoma early and surgically removing it with a safety margin of normal skin. Once the melanoma spreads to the lymph nodes or other organs, the cure rate drops significantly.

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Basal Cell Carcinoma

Experts estimate that approximately 90 percent of non-melanoma skin cancers are related to prolonged sun exposure. Basal cell carcinoma is the most common form, affecting approximately one million Americans each year. It occurs most frequently in people over 45 years of age, and almost twice as often in men as in women.

“Anyone with a history of sun exposure can develop basal cell carcinoma,” says Dr. Richardson, MD. “Again, people who are at highest risk have fair skin, blond or red hair, and blue, green, or gray eyes.” While older people are most often affected, as the number of cases of basal cell carcinoma has increased, the average age of patients has decreased, with more and more people in their twenties and thirties being diagnosed.

Basal cell carcinomas are easily treated in their early stages. Although this skin cancer seldom spreads to vital organs, it can damage surrounding tissue, sometimes causing significant disfigurement. People who have had one basal cell carcinoma are at-risk for recurrence, and should visit their dermatologist regularly for check-ups. There are several treatment options, depending on the size and the location of the cancer. They include several types of surgical procedures, as well as treatment with radiation, cryosurgery (using liquid nitrogen), laser surgery, and in some cases, topical medications.

Squamous Cell Carcinoma

The second most common skin cancer, squamous cell carcinoma develops in the squamous cells that make up most of the skin’s upper layers (epidermis). Squamous cell carcinomas can occur on any area of the body, but are most common in areas that are frequently exposed to the sun.

As with other skin cancers, people with fair skin, light hair, and blue, green, or gray eyes are at highest risk of developing squamous cell carcinoma. Anyone who has had a basal cell carcinoma is also more likely to develop squamous cell carcinoma. Squamous cell carcinomas occur twice as frequently in men as in women, rarely appear before age 50, and are most often seen in individuals in their 70s.

Chronic exposure to sunlight causes most cases of squamous cell carcinoma. According to The Skin Cancer Foundation, people who use tanning beds are 2.5 times more likely to develop squamous cell carcinoma.

Squamous cell carcinomas detected at an early stage and removed promptly are almost always curable and cause minimal damage. However, left untreated, they can penetrate the underlying tissues and cause significant disfigurement. A small percentage of squamous cell carcinomas can metastasize to other organs and become life-threatening resulting in approximately 2,500 deaths each year in the United States.

The warning signs for both basal cell and squamous cell carcinomas are typically sores or rough scaly patches on the skin that do not heal. If the sores or patches persist for more than a few weeks, they should be checked by a physician. The treatment options for squamous cell carcinomas are similar to those for basal cell carcinoma.

SAFE SUN PRACTICES

- Use a sunscreen with an SPF (sun protection factor) of 15 or higher every day.
- Reapply sunscreen every two hours.
- Cover up with clothing.
 - Wear a hat.
- Use UV (ultraviolet) protective sunglasses.
- Avoid tanning and tanning booths.

