

“Live Healthy and Be Well!”

Skin Cancers – Education, Prevention, and Treatments

--Stephen Jarrard, MD. FACS

In the last month or two, we had an article warning against dangers of excessive sun exposure and hinted at skin cancers as a possible outcome. Now that the sun worshipping season is winding down, I think it appropriate to discuss these conditions in more detail. I got a very nice letter from Ms. Mary Hubbard of Charlie Mountain. Her family has had personal experience with skin cancer, and she urged that I warn readers about the types of skins cancers that may develop and what to do about them. I appreciate her input on this matter and will shed some light on this topic. Fun in the sun is part of our summer season up here with our beautiful lakes and mountains, but I want to emphasize that, as with most things, moderation is the key. Besides the cosmetic effects of sun damage, to include premature skin drying and wrinkling, there are some real dangers with regards to increasing the risk of certain skin cancers. So, for this month’s article, we hope that you won’t have to worry about these situations, but knowledge and prevention are always better than trying to cure some disease after it has already become a problem.

The three most common types of skin cancer, all of which have their risk increased by sun and UV radiation exposure, are Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC), and Melanoma. These are listed in increasing order of severity, but none of them should be taken lightly. Even BCC, although fairly indolent, can cause significant tissue damage and disfigurement if allowed to progress. So, in the following paragraphs, a brief primer is in order on each type, signs and symptoms, what to do, and how to treat. As with all forms of cancer, early detection is the key to successful treatment and eradication, and lessening the chance of recurrence.

Basal Cell Carcinoma is very common. It has been estimated that 30 percent of Caucasians may have at least one during their lifetime. It is more common on the head and neck area, or any sun exposed portion of the body. While it rarely metastasizes, it is still considered a malignant skin cancer. It often presents as a shiny, pearly nodule, or as the classic “sore that does not seem to heal.” It is much more common in fair-skinned people, and those with a family or personal history of skin cancer. If you have such an area on your skin that you are worried about, point it out to your health care provider, and let them determine if a biopsy might be needed to confirm or rule out the condition. The prognosis for complete cure is excellent if caught early and properly treated – usually with surgical excision. There is also a role for radiation therapy as a first round treatment, with surgery a backup if the cancer recurs.

Squamous Cell Carcinoma is the second most common skin cancer related to sun and UV exposure, and needs to be taken more seriously. SCC can metastasize to distant areas, and although that risk is low, it is much more common than with BCC. The main symptom is a “growing bump” that has a rough, scaly surface and flat reddish colored patch. This particular skin cancer can be best prevented by avoidance of intense sun exposure, or by use of a sunscreen

with SPF of at least 30. Again, diagnosis is obtained by biopsy and analysis. The usual treatment is surgical excision, although some more minor lesions may be treated with topical medicine such as 5-fluorouracil (5-FU). Radiation may also have a role in the treatment of this disease, if a patient is not a good surgical candidate or the lesion is in a difficult area.

The least common, but most serious skin cancer is melanoma. A melanoma is a malignant skin cancer that is very dangerous in that it may spread far beyond the site of the initial lesion, and may even become a systemic disease in its worst form. If you track the worldwide occurrence rates of melanoma, you will see that its geographic pattern reflects the primary cause – exposure to ultraviolet radiation. In some countries of the United Kingdom, young people under a certain age are not allowed to use tanning beds or sun lamps – for this reason. Exposure earlier in life has been found to increase the risk of this disease. If you have a “mole” or lesion of concern – you should apply the “ABDCE Rule” for melanoma:

- A – Asymmetry (not same throughout)
- B – Border (indistinct)
- C - Color (multiple)
- D – Diameter (greater than 6 mm increases risk)
- E – Enlarging (or evolving)

If you have an area of your skin with these characteristics, or if you have had a “mole” for a long time but it begins to change – please see a provider and have it checked out. The diagnosis is made through use of a “punch biopsy” where we get some of the “depth” of tissue from underneath – as melanoma is graded on how deep it has penetrated. If your lesion is diagnosed as a melanoma, it will need complete surgical excision with some clear margin around it depending on how deep it has penetrated. A surgeon will usually sample nearby lymph nodes to see if they are invaded by cancer cells. If the cancer has spread, there are some chemotherapy options, but radiation has not been found helpful in the treatment of this disease. The most important thing you could do is PREVENT this condition, and the best way to do that is being smart about your sun and tanning exposure, as we talked about in a previous column. If you are sensitive to sun, out in the sun a lot, or have a lot of moles -- you should have an “all over” body exam at least once a year to keep an eye on these areas and identify any that are becoming suspicious.

I would really like to hear from you with any concerns, or ideas for future columns in the *Georgia Mountain Laurel*. Please send an email to rabundoctor@gmail.com or call Felichia at 706-782-3572 and we will be sure to consider your input. If you follow Twitter, find us with health and wellness advice @rabundoctor. Until next month, Live healthy and be well!