

SKIN CANCER

Background

The diagnosis of any cancer is sometimes difficult to come to terms with. **Fortunately the majority of skin cancers can be treated very effectively with surgery and few cause any further problems.** Mr Banwell is an internationally-recognised expert in skin cancer care so rest assured that you are in the best possible hands: he and his team will help you through this journey and try to make it as smooth as possible.

What types are there?

There are three main types of skin cancer.

- Basal cell carcinoma (BCC)
- Squamous cell carcinoma (SCC)
- Malignant melanoma (MM).

Basal Cell Carcinoma (BCC)

These are **the most common skin cancers in white and fair skinned people.** BCC is rare in dark skinned people. Most BCCs develop in people over the age of 60. A BCC typically develops on a sun exposed area of the skin such as the head and neck. However, they can develop on any area of skin. The first sign is often a small red, pink or pearly lump which appears on previously normal skin. The lump is often dome shaped. However, BCCs can vary in shape and colour. They usually grow very slowly and it can take many months for one to grow to a centimetre or more.

In time the lump on the skin may crust over, ulcerate or bleed from time to time. A skin ulcer caused by a BCC is sometimes called a 'rodent ulcer' which often looks like a small inflamed crater with a raised edge. BCCs rarely spread (metastasise) to other parts of the body. However, untreated they will continue to grow locally and can cause damage to nearby structures. For example, a BCC may erode and damage the nose or an ear.

Squamous Cell Carcinoma (SCC)

These are the second most common skin cancer in white and fair skinned people. SCC is rare in dark skinned people. Like BCCs, most SCCs develop in people over the age of 60. **An SCC typically develops on the face - most commonly on or around the ears or lips.** But, again, any area of skin can be affected. It typically starts as a small crusted or scaly area of skin with a red or pink base. It may grow into a lump which may look like a wart. An SCC may ulcerate or bleed from time to time. However, an early SCC can vary in shape, appearance and colour.

As an SCC grows larger and deeper, it can damage nearby structures. For example, if left untreated, an SCC next to a nose or ear can grow and erode tissues. An SCC may also rarely spread (metastasise) to other areas of the body. However, this is uncommon in the early stages and most are treated before any spread occurs.

Melanoma (Malignant Melanoma)

Melanoma is the **least common form of skin cancer, but it is the most serious.** It is the one most likely to spread to other parts of the body. Melanoma becomes more common with increasing age, but still occurs in younger people. Melanoma is the second most common cancer in people aged 15-39. A typical melanoma starts as a small dark patch on the skin (similar to a mole). It can develop from a normal part of skin, or from an existing mole. A melanoma is often different to a mole in one or more of the following ways (summed up as ABCD) - that is:

- **Asymmetry** - the shape of a melanoma is often uneven and asymmetrical, unlike a mole which is usually round and even.
- **Border** - the border or edges of a melanoma are often ragged, notched or blurred. A mole has a smooth well-defined edge.
- **Colour** - the colour (pigmentation) of a melanoma is often not uniform. So there may be 2-3 shades of brown or black. A mole usually has one uniform colour.
- **Diameter** - the size of a melanoma is usually larger than a normal mole, and it continues to grow.

However, some melanomas are not dark, and some melanomas are not typical in how they look. As a melanoma grows in the skin it may itch, bleed, crust or ulcerate.

What causes skin cancer?

The cause of most skin cancers is sun damage to the skin. About 90% of NMSCs and about 60% of melanomas are thought to be caused by excessive exposure to the sun. In particular, past episodes of sunburn significantly increase the risk. It is the ultraviolet (UV) radiation in the sunshine which does the damage. Skin cells which are damaged are at greater risk of becoming abnormal and cancerous. Although skin cancer is rare in children, the amount of sun exposure during childhood is thought to increase the risk of developing skin cancers in adult life. Therefore, it is vital to protect children from too much sunshine. We also know that episodes of sunburn when younger (and in adult life) are a major predictive factor for future skin cancer formation.

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What should I look out for?

Any moles that are large, change colour, have an irregular outline, bleed, crust or itch should be checked by Mr Banwell

How do we treat skin cancer?

Skin cancer is usually treated with surgery (by cutting them out). However, certain forms (subtypes) of basal cell carcinoma can be treated by non-surgical means using immune modulators (powerful creams) or photodynamic therapy (PDT) which is a form of light treatment. In some cases radiotherapy (x-ray treatment) has a place as may freezing treatment (cryotherapy) and curettage (scraping).

What is the outlook for skin cancer?

All three main types of skin cancer - BCC, SCC and melanoma - are curable if they are detected at an early stage. A small minor operation or other method to remove the affected area of skin is all that is required in early cases.

For non-melanoma skin cancers (BCCs and SCCs) the overall cure rate is over 95%, even for ones which have been present a while. However, the larger they grow, the more difficult they are to treat. More extensive surgery or other localised treatments may be needed if they grow large or deep before they are treated.

For melanomas, the risk of spread to other parts of the body is greater than for other skin cancers and there are different grades which can predict the risk of spread (the so-called thickness or Breslow score). Thin tumours have a relatively low risk of spread and a very good prognosis whereas thicker tumours have a higher risk of spread

How can I check for the early signs skin cancer?

Try to get to know your skin and look for normal moles or marks on your body so that you will know if there has been any change. If you notice any new growth or new change on your skin and you do not know what it is then see Mr Banwell. In particular, if you notice any change in the size, shape or colour of an existing mole, or if a new dark area of skin develops.

How can I prevent skin cancer from developing?

Most skin cancers are caused by excessive exposure to the sun. We should all limit our sun exposure in the summer months (or all year when in hot countries nearer the equator) by:

- Staying indoors or seeking the shade as much as possible between 11am and 3pm.
- Covering up with clothes and a wide brimmed hat when we are out in the sunshine.
- Applying sunscreen with a sun protection factor of 30 or more to all exposed areas of skin when we are out in strong sunlight.

In particular, children should be protected from the sun. Sunburn or excessive exposure to the sun in childhood is thought to be the biggest risk factor for the developing of skin cancer as an adult.

Mr Banwell offer mole checks for individuals and families so please call the office an appointment.

Important Notice

Mr Banwell strongly advises you stop smoking prior to surgery as this can affect the outcome of surgery and increase complication rates. Nutritional supplements, anticoagulant medication and blood thinners (eg. aspirin and brufen) all increase the risk of bleeding and should be stopped prior to surgery unless otherwise instructed.