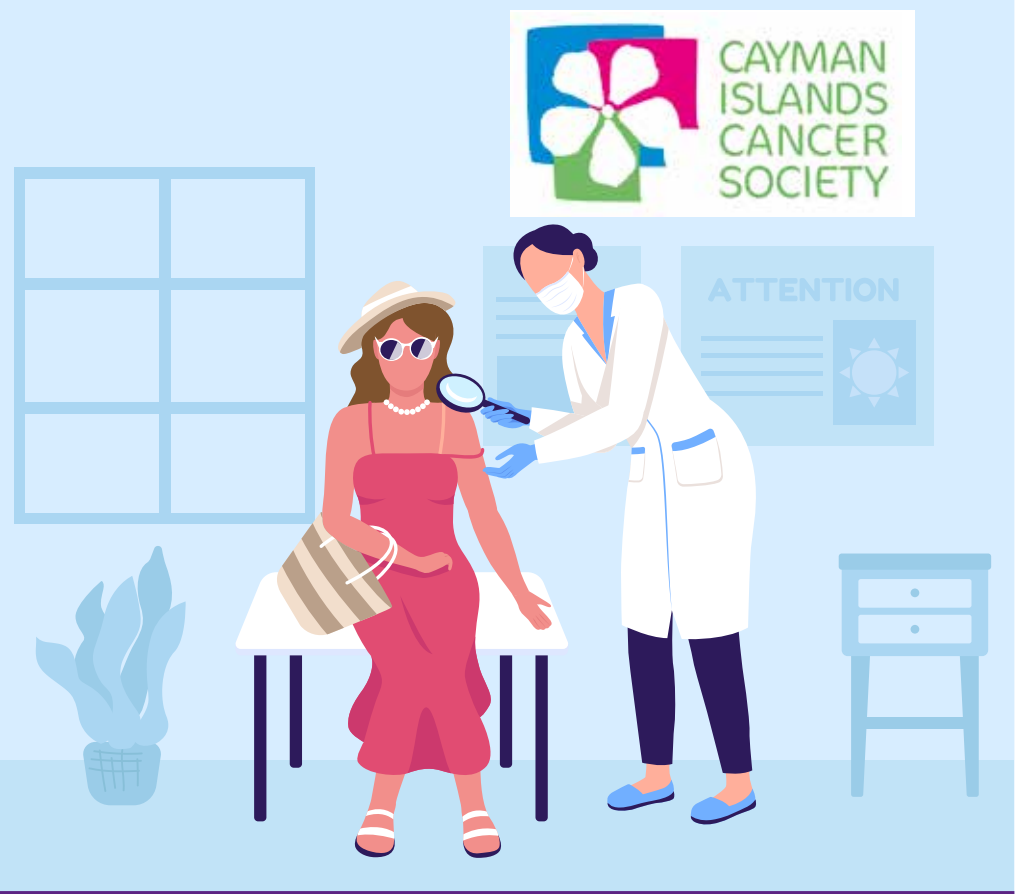


# June is Skin Cancer Awareness Month



In the Cayman Islands we are blessed with sunshine and enjoy an outdoor lifestyle. It is, therefore, important to understand both the risk factors for skin cancer and how to reduce our risks.

Skin cancers develop when mutations or errors occur in the DNA of skin cells.

These grow unchecked and may develop into tumours. Ultraviolet radiation from sunlight is one of the major causes of damage to skin cell DNA. However, other factors also play a role such as genetic predisposition and underlying medical conditions.

There are two main types of skin cancer: **non-melanoma skin cancers** such as squamous cell carcinoma and basal cell carcinoma and **melanoma skin cancers**, which are less common but more dangerous.

Although skin cancers commonly occur on sun-exposed areas, they can also occur on non sun-exposed areas such as groin, scalp, soles of feet and under nails.

## MELANOMA

These are the less common of the skin cancers but are the **most dangerous**.

These can occur as a new brown spot on the skin or develop within an existing mole.

**Factors which may contribute to the development of skin cancer include:**

1. Excessive sun exposure. E.g., people working outdoors without appropriate sunscreen and sun protective clothing are more susceptible.
2. History of multiple sunburns. Many blistering sunburns in childhood significantly increases skin cancer risk in adulthood.
3. Family history of melanoma and a large number of moles increases risk.
4. Fair skin that easily sunburns is at higher risk. However, people with darker skin types can also develop skin cancer and these tend to occur at higher rates in non-sun-exposed areas such as the palms and soles and under nails.

5. Conditions which lower the immune system, certain medications taken for lupus or organ transplants, and exposure to toxic substances may increase risk.

The following **ABCD-Easy rules** help to identify the brown spots or moles that may be suspicious for melanoma:

**A**symmetry – two halves of the area may differ in shape.

**B**order – edges of the area may be irregular or blurred or notched.

**C**olour – may be two-toned. Different shades of black, brown and red may be seen.

**D**iameter – moles increasing in size. Report any change in size, shape or diameter to your doctor.

**E**xpert – Appearance of skin cancers vary. Tell your dermatologist about any changes on your skin.

## NON-MELANOMA SKIN CANCERS

These can occur on any part of the body but are most common on areas of skin often exposed to the sun such as the head and neck, including lips, ears and backs of hands. They can also appear where skin has been damaged by x-ray therapy, in old scars, ulcers, burns and non-healing wounds.

### • Basal cell carcinomas

The most common skin cancers, which vary greatly in appearance. Can present as:

1. Slowly enlarging flesh-coloured lump.
2. A scabbed, scaly patch that will not heal and occasionally bleeds.

### • Squamous cell carcinomas

More aggressive than basal cell carcinomas. May appear as:

1. A rapidly growing red lump.
2. A scaly red flat patch.

## HOW TO REDUCE RISK:

1. Seek shade during the hottest part of the day, usually between 11am and 4pm.

2. Use physical sun protection such as hats, Ultraviolet protective (UPF) clothing and sunglasses when outdoors. Remember that sunburn can occur even when it is cloudy.
3. Liberal use of high SPF factor 30 and above with broad spectrum protection on the skin applied 30 minutes before sun exposure. Reapply every two hours and top up after swimming.
4. Perform regular self-skin examinations to look for new skin lesions and to identify changing spots. Visit the dermatologist for regular skin screenings so that any changes which may signify the development of skin cancer can be detected and treated at an early stage to ensure a great prognosis.

Early detection saves lives!

## SKIN CANCER TREATMENT

Options are determined by size, location, type and stage of the skin cancer and include:

**Cryotherapy:** Freezing spray which can destroy cancer cells.

**Surgical excision** and in some cases **MOHS surgery:** skin cancer is cut out with the removal of some normal skin around the tumour to ensure that all abnormal cells are removed.

**Chemotherapy and immune modifying creams:** can also be applied to the skin to clear skin cancer cells, usually with minimal scarring.

Light therapy such as **PDT** and **radiotherapy** are also used to destroy skin cancer cells.

**Chemotherapy and immunotherapy drugs:** can be taken orally or intravenously to treat skin cancers that have extended beyond the skin into the lymph nodes and other organs.

**Dr. Alison Duncan, board member at the Cayman Islands Cancer Society and dermatologist at Integra Healthcare.**

