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# SKIN CANCER GUIDE

- SKIN CANCER PREVENTION
- SKIN CANCER DETECTION
- SKIN CANCER TREATMENT

www.spottingcancer.org

Cancer Detection Squad

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# ABOUT SKIN CANCER

There are many skin diseases needing professional medical attention. Therefore, it is essential that skin be monitored from birth. The scope of this guide is limited to cancer of the skin and the exterior of the nose, earlobe, and eyelid.

Skin cancer affects people regardless of age, gender, skin colors or race. Typically, it begins in the skin cells that cause unusual growth or change resulting from skin exposed to ultraviolet (UV) radiation rays. These cause change in the DNA which can trigger a cell to grow out of control. The sources of the rays, are the sun or artificial light bulbs used in sun lamps and tanning beds.

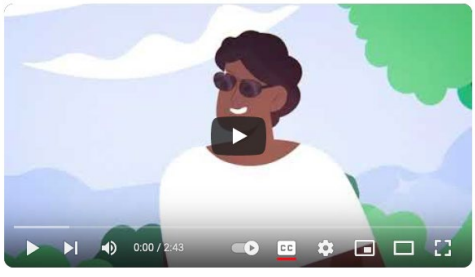
The two most damaging rays are UVA and UVB. UVA rays penetrate all the way to the second skin layer which contribute to aging signs, like wrinkles and sagging. UVB rays penetrate the first skin layer and more often cause skin cancer and sunburns. UVA rays make UVB rays more reactive, so combined the two can be deadly. UVC rays have no impact as the rays are absorbed by the earths atmosphere.

Skin related cancer is very curable if detected early and treated timely. However, some skin cancers can spread to other parts of the body, causing potentially serious problems. It is also important to note that skin cancer at times occurs in areas NOT exposed to the UV rays. Therefore, it is a good idea to be familiar with skin cancer signs and symptoms so you can self check regularly and seek professional evaluation and timely treatment when spotting a "red flag".

Should you spot any "red flag" signs and symptoms, it does not mean you have cancer. Contact your medical team for a professional determination. **DO NOT SELF-DIAGNOSE!**

## How To Spot Skin Cancer Early

1. **Learn the signs and symptoms for cancer of the skin, eyelid, nose, and earlobe.** **(Page 8)**
2. **Choose a Dermatologist** **(Page 7)**
3. **Chart "Baseline Body Chart" for future comparison** **(Page 9)**
4. **Proactively monthly self-check body** **(Page 10)**
5. **Have Dermatologist make an evaluation if you notice any changes or "red flags'** **(Page 11)**
6. **Have a full body scan done annually by a dermatologist** **(Page 11)**

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## Skin Cancer Facts

1. When detected early and treated timely, the 5-year survival rate for the most dangerous cancer (Melanoma) is 99%.
2. Skin cancer is the most common cancer diagnosed in the U.S. In fact, 1 in 5 people develop skin cancer at some point in their life by the age of 70.
3. More people are diagnosed with skin-related cancer in a year than all other cancers combined.
4. Many people develop skin cancer because of tanning beds. Using tanning beds before age 35 increases the risk of melanoma by 70%.
5. Eyelid skin cancer accounts for 10% of all skin cancers.
6. You can get a sunburn sitting in a vehicle or near a window unless they are treated against UV rays.

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# PERSONAL FACTORS INCREASING RISK OF SKIN CANCER

**Anyone can get skin cancer regardless of age, gender, skin color or race. However, people having the following conditions are at a higher risk:**

- Blue or green eye color, natural blonde or red hair, light or freckled skin, over 50 moles, freckles, or irregularly shaped growth that is rough, scaly, or a dark pink to brown patch.
- Living in sunny or high-altitude areas.
- Family history of cancer - genetics or prior personal history of cancer or gene changes.
- History of blistering sunburns, especially at a young age.
- Weakened immune system.
- Living with HIV/AIDS or taking immunosuppressant drugs after an organ transplant.
- Received radiation treatment for skin conditions such as eczema and acne.
- Older age.
- Smokers.

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# STEPS TO LOWER RISK OF SKIN CANCER

## 1. Stay out of the sun without protection

Especially from 10am to 4pm and when the UV index is above 3.

## 2. Stay out of vehicles and away from glass windows.

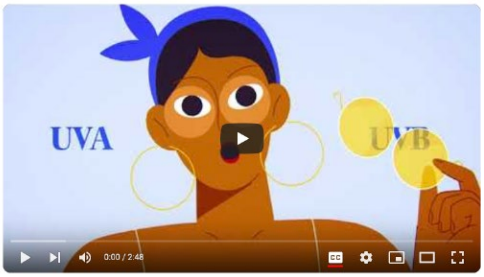
Typically the side, back and top windows of cars and residential or commercial windows have no protection against penetration of damaging UV rays.

## 3. Avoid sunburns

## 4. Do not use tanning beds, booths, and sunlamps

## 5. Check your medications

Ask your healthcare provider or pharmacist if any of the over-the-counter or prescription medications you take might make your skin more sensitive to sunlight.

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## 6. Protect against UVA and UVB.

- In times when you must be outdoors or in a vehicle, be sure to wear sunscreen, UV-rated clothing, and sunglasses.
- Stay indoors if the UV index is over 3.

## • Sunscreen Lotions

### Purchasing Sunscreen

Sunscreen Lotions work by extending the skin's natural defenses against rays. The Sun Protection Factor (SPF) is the time it takes for untanned skin to become red when exposed to UVB light with no sunscreen. The levels of potential protection of sun screening are determined by the Sun Protection Factor (SPF) rating.
When purchasing sunscreen, look for it to have:

- A minimal SPF rating of 30 as it blocks 97% of UVB rays; SPF 50 blocks 98%
- "Broad-spectrum" sunscreen that blocks out both UVB and UVA rays or avobenzone and Octisalate that absorbs rays
- Contain blockers such as zinc oxide and titanium dioxide
- Water resistance

### Applying Sunscreen

The Skin Cancer Foundation recommends applying 1/4 teaspoon of sunscreen to the face and neck and a shot glass (one ounce) of lotion to cover the rest of the body. Spray sunscreen can be convenient but needs to be applied until there is a good sheen across the entire body. Do not forget such areas as all sides of ears, middle of back, sides of neck, between your toes, and eyelids. Ideally, apply sunscreen to skin 30 minutes before going out in the sun and at least every 2 hours thereafter. When in water, reapply sunscreen after 80 minutes. You can still get a sun burn if you do not apply lotion as directed.

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# STEPS TO LOWER RISK OF SKIN CANCER

## CONTINUED

- **Wear Protective Clothing**

All clothing disrupts UV rays in various amounts. Therefore, cover as much skin as possible. The American Society for Testing and Materials developed standard labeling, Ultraviolet Protection Factor or (UPF), for garments. A UPF of 30 or higher is necessary for the product to be given the Skin Cancer Foundation seal of approval. The higher the UPF, the less light reaches the skin.

### Clothing Offering Greater Protection

- Wear protective clothing rated 30 UPF or higher
- Darker fabrics
- Dense and/or woven
- Fabrics made from polyester and nylons
- Tightly fit, non-stretch
- UPF wide-brim hat with neck cover

### Clothing Offering Minimal Protection

- Wet fabrics
- Stretched clothing
- Weathered over two years
- Over-washed clothing

- **Sunglasses**

Many people assume that polarized lenses or dark lenses are the same thing as UV400 lenses, but this is NOT correct. Wear sunglasses having UV400 lenses which are designed to block 100% of UVA and UVB rays to help protect your eye and eyelids from UV damage.

- UV400 lenses can be made of any material or coating that affords the eyes the highest level of protection against the 400 nanometer wavelength of non-visible UVA and UVB light. The degree of darkness, color, or tint does not protect your eyes.
- Polarized lenses protect against visible light. They use a special film to filter reflected light and reduce glare from smooth surfaces like snow, water, or a hot road.
- Goggles protect against smoke or environmental pollution.

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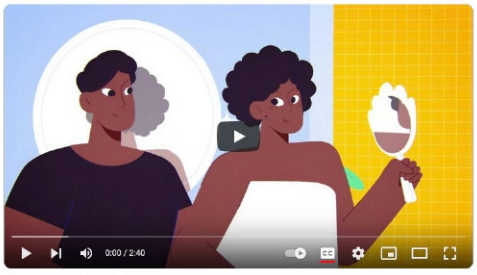
# SIGNS & SYMPTOMS OF SKIN CANCER



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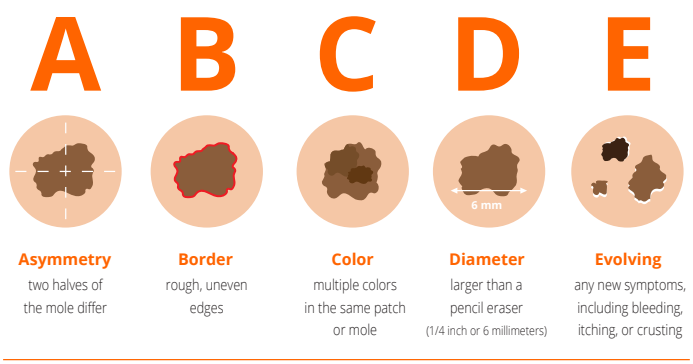
## ABCDE of Skin Cancer

The most common warning signs of skin cancer are changes in the ABCDE of the skin or moles and various signs and symptoms outlined below.




Should you spot any "red flag" signs and symptoms, it does not mean you have cancer. Contact your medical team for a professional determination. **DO NOT SELF-DIAGNOSE!**

## Additional Signs and Symptoms of Skin Cancer

### Body Skin Cancer

- A new mole or a mole that changes in size, shape, or color, or that bleeds.
- A pearl or waxy bump on your face, ears, or neck.
- Areas of skin that look like scars.
- Sores that look crusty, have a depression in the middle, or bleed often.
- A rough, scaly lesion that might itch, bleed, and become crusty.
- Painless, firm, dome-shaped bump, light pink or purple color, generally small like a bite but changing rapidly in size.
- Skin color becomes a flat pink/red or brown-colored patch or bump darker, ashy, yellowish, or pale.
- Excessive hair growth.
- Sudden bleeding around moles or blemishes.
- Thickening or hardening of the skin.
- Blisters on the face.
- Unexplained bruising or bright red spots appear.
- Scratch, skin ulcer, or mole with bleeding, crusts, or scabs not healing that ooze or do not heal.
- Sores or skin changes on the penis or vagina.
- Uneven texture and fatty under the skin.

### Eyelid Skin Cancer

- Swelling or thickening of the eyelid.
- Chronic infection of the eyelid.
- A lump on the eyelid.
- Lesion or sore on the eyelid that does not heal, hurt, or bleed.
- Loss of eyelashes.
- Discolored area of the eyelid or change in appearance.

### Earlobe Skin Cancer

- Pink lump with a hard, scaly surface.
- Shiny bump or nodule.
- Sore that does not go away.
- Yellow or white scar-like area.

### Nose Skin Cancer

- Reddish patches that may itch.
- Small bumps that are translucent and shiny, and may have black, blue, or brown areas.
- Scar-like areas that are flat and firm, and may be pale or yellow.
- Open sores: these may bleed but never heal and always come back.

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# SELECTING SKINCARE PROVIDER

## 1. WHEN SHOULD YOU SELECT A DERMATOLOGIST

- A dermatologist should be part of your medical team. Selection should be immediate

## 2. HOW TO SELECT A DERMATOLOGIST

- Is the dermatologist covered by your insurance plan
- Consider location of office
- Get referral from your medical team and people you trust
- Research credentials- board certified
- Experience and expertise
- Consider if gender is important to you
- Telehealth experience- extensive use
- Check Patient reviews
- Schedule a meeting to get a comfort level

## 3. WHEN SHOULD DERMATOLOGIST BE SEEN?

- To chart your initial full body scan by the age of 21.
- Annually for a full body scan including skin, eye lid, earlobe, and nose
- When you become aware of any "red flags"

## 4. BEFORE MEETING DERMATOLOGIST FOR A BODY SCAN OR "RED FLAG"

- Bring notes or photos showing any changes
- Remove nail polish
- Loosen hair for scalp inspection
- Remove all makeup
- Write a list of questions you may have

## 5. WHAT QUESTIONS TO ASK SKINCARE PROVIDER?

- Are there any cancer signs?
- What future tests and follow up are needed?
- Are any additional tests needed now?
- If there is cancer, what stage is it in?
- What is the best treatment for the type of cancer?
- Who will remove the infected area
- What are the side effects of that treatment?
- What is the follow up procedure?
- If a surgeon is needed, can you recommend one

## 6. SELECTING A SURGEON IF NEEDED

The dermatologist will generally perform limited surgery such as scraping skin surface during a biopsy. For all other conditions they will refer to a specialist. Keep in mind some skin cancer requires two skilled surgeons. One to remove the infected area and a different surgeon should you need cosmetic surgery. The following specifics should be considered:

- Type of cancer
- Location of cancer
- Anticipated type of surgery
- Referral from dermatologist and family or friends based on first hand experience
- Board certified in type of skin surgery to be operated on
- Will cosmetic surgery be needed
- The desired geographic location of surgeon facility

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# SELF-CHECKING FOR SKIN CANCER

## PREPARATION

- Review your last updated baseline body chart and any previous photos
- Know how your birthmarks, moles, freckles, and other body markings look and feel
- Know the signs for early skin cancer detection
- Bright light
- Full-length and hand-held mirror
- Chair and stool
- Hair dryer
- Camera

## PROCEDURE

- Follow the procedure below for self-checking and compare to last "Body Chart" for changes.
- It is important to check areas NOT exposed to UV rays.

- Examine your face, especially your nose, lips, and mouth. Use one or both mirrors to get a clear view.

- Thoroughly inspect your scalp, using a blow dryer and mirror to expose each section to view. Get a friend or family member to help, if you can.

- Check your hands carefully: palms and back, between the fingers, and under the fingernails. Continue up the wrists to examine both the front and back of your forearms.

- Standing in front of the full-length mirror, begin at the elbows and scan all sides of your upper arms. Don't forget underarms.

- Next, focus on the neck, chest, and torso. Women should lift breasts to view the undersides.

- With your back to the full-length mirror, use the hand mirror to inspect the back of your neck, shoulders, upper back, and any part of the back of your upper arms you could not view in step 4.

- Still using both mirrors, scan your lower back, buttocks, and backs of both legs.

- Sit down; prop each leg in turn on the other stool or chair. Use the hand mirror to examine genitals. Check the front and sides of both legs, thigh to shin, ankles, tops of feet, between toes, and under toenails. Examine soles of the feet and heels.

- Examine the upper and lower eyelid skin and skin around the eye.

- Check the front, back, sides, and top of the earlobe. Use two mirrors or take a picture for the back of the ear.

Should you spot any "red flag" signs and symptoms, it does not mean you have cancer. Contact your medical team for a professional determination. **DO NOT SELF-DIAGNOSE!**

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# SELF-CHECKING FOR SKIN CANCER

## BASELINE CHART

# PERSONAL BASELINE TRACKING CHART

Below is a form to track the dates of your self exam.

| LAST CHECKED | TODAY'S DATE | BODY CHANGES |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# SELF-CHECKING FOR SKIN CANCER

## BASELINE CHART

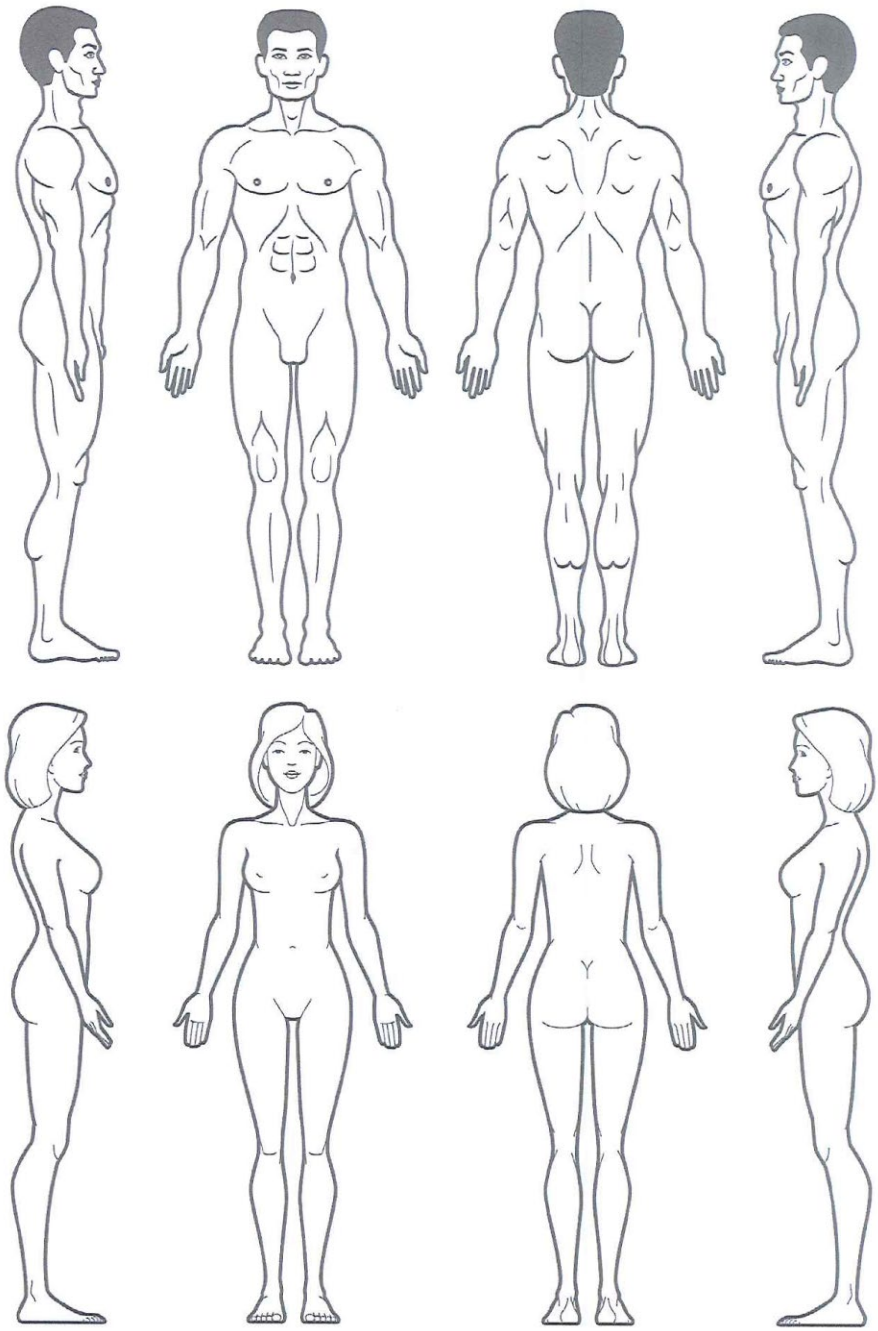
## HOW TO COMPLETE YOUR BASELINE CHART

1. On the first exam, make a dot corresponding to the location of your skin of each freckle, mole, birthmark, bump, sore, scab, or scaly patch. Draw a line out to the margin and indicate its approximate size (use a ruler or measuring tape) and color, and the date

2. For each exam after that, find the spot on your skin that matches each dot, record the new date next to the old one, and note any changes in size, color, or shape. Record any spots you did not see on the last examination.

# PERSONAL BASELINE CHART

Exam Date: _____



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# HOW IS SKIN CANCER DIAGNOSED?

## 1. Visual

First, a dermatologist may ask you if you've noticed changes in any existing moles, freckles, or other skin spots, or if you've noticed any new skin growths. Next, the dermatologist will examine all of your skin, including your scalp, nose, eyelids, earlobes, palms of your hands, soles of your feet, between your toes, around your genitals, and between your buttocks, to see if any changes have occurred from your Baseline Body Chart on file.

## 2. Dermatoscope

A handheld imaging device used as a tool to view details of skin and mole issues that would not be visible to the naked eye. It is non-invasive, using light and magnification. It is performed in the dermatologist's office.

## 3. Biopsy

A biopsy is usually the only testing needed for an accurate diagnosis, as well as determining the stage of any skin cancer. The physician will remove the skin area that is suspected of being cancerous and a small area around it, which is called the margin. The tissue will be sent to a lab and analyzed by a dermatopathologist. For this procedure, you will likely receive a local anesthetic to numb the area to be biopsied.

## 3. Imaging

In cases of aggressive skin cancer, imaging tests may be used to determine whether and how far the cancer has spread.

## 4. Lymphoscintigraphy

This is used to check for signs that cancer has spread to the lymph nodes. This diagnostic tool involves injecting a radioactive substance into the body and tracking its flow using a scanner and a computer screen. This method is used to identify the sentinel lymph node, which is the first node to receive lymph from a tumor. The sentinel lymph node is then removed and checked for cancer cells. The procedure is done as an outpatient.

# TYPES OF SKIN CANCER

**DO NOT SELF-DIAGNOSE!** Should you spot any "red flags" signs or symptoms, contact your medical provider team for a professional evaluation.

The skin has several layers, but the two main layers are the epidermis (upper or outer layer) and the dermis (lower or inner layer). Skin cancer can occur anywhere on the body, even in areas that are not typically exposed to UV rays. Even though the type of skin cancer is the same physically, it can look different from person to person.

1. **Melanoma** Melanoma is the most dangerous of the three most common forms of skin cancer. Melanoma can occur on skin that has and has not been exposed to the sun. It develops when melanocytes, the cells that give skin color, start to grow out of control and form a tumor. It is more likely to invade many tissues and spread to other areas of the body, causing significant and dangerous conditions. 99% of melanoma cancer is curable when caught and treated timely.

   Melanoma can develop regardless of skin tone, anywhere on your body, in otherwise normal skin or in an existing mole that becomes cancerous. Melanoma most often appears on the trunk or back of affected men. In women, this type of cancer most often develops on the lower legs. In people with darker skin tones, melanoma tends to occur on the palms or soles, or under the fingernails or toenails.

2. **Basal cell carcinomas (BCCs)** It is the most common form of skin cancer, with approximately 3.6 million cases diagnosed in the United States each year. Basal cells are abnormal, uncontrolled growths that arise from the skin's basal cells in the outermost layer of skin (epidermis). Most BCCs are caused by the combination of intermittent, intense exposure and cumulative, long-term exposure to UV radiation from the sun. They most often develop on the face, ears, neck, scalp, shoulders, and back.

   BCCs can be locally destructive if not detected and treated early. Occasionally, these cancers metastasize (spread), and in very rare instances, they can be fatal.

3. **Squamous cell carcinoma (SCC)** SCC is the second most common form of skin cancer. An estimated 1.8 million cases are diagnosed each year in the U.S. Squamous cell carcinoma is an uncontrolled growth of abnormal cells arising from the squamous cells in the outermost layer of skin (epidermis). It is caused by long-term exposure to UV radiation from the sun. Tanning beds cause most SCCs. SCCs are common on sun-exposed areas such as the ears, face, scalp, neck, and hands. These are places where the skin often reveals signs of sun damage, including wrinkles and age spots.

4. **Merkel cell carcinoma (MCC)** Merkel cell carcinoma is a rare, aggressive skin cancer. Merkel is usually associated with a virus called the Merkel cell polyomavirus. MCCs most often arise on sun-exposed areas in fair-skinned individuals over age 50. These tumors usually appear as firm, painless lesions or nodules on a sun-exposed area (about half of the time on the head and neck, and frequently on the eyelids).

   MCCs are at high risk of recurring and metastasizing throughout the body, so early detection and treatment are crucial.

5. **Kaposi sarcoma** This rare form of skin cancer develops in the skin's blood vessels and causes red or purple patches on the skin or mucous membranes. Kaposi sarcoma mainly occurs in people with weakened immune systems, such as people with AIDS, and in people taking medications that suppress their natural immunity, such as people who've undergone organ transplants.

6. **Sebaceous gland carcinoma** This uncommon and aggressive cancer originates in the oil glands in the skin. Sebaceous gland carcinomas — which usually appear as hard, painless nodules — can develop anywhere, but most occur on the eyelid, where they're frequently mistaken for other eyelid problems.

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# HOW IS SKIN CANCER TREATED?

**Treatment depends on the location, type, and stage of cancer using one of the methods listed below.**

**1. Cryotherapy**

A dermatologist uses liquid nitrogen to freeze the area of skin cancer.
The dead cells slough off several days after treatment. The procedure is done in a medical office.

**2. During a biopsy**

While performing a biopsy, the medical provider removes all the cancerous tissue and a small area around it.
To do this, the area is injected with a local anesthesia to numb it. The affected area will be removed using:

- Shaving or scraping of the top layer using a razor-like instrument, or
- The punch method using a round-tipped cutting tool to remove a small core of the skin and lower layers, or
- An excisional biopsy whereby the entire lump or irregular skin area is removed using a scalpel. The dermatologist will determine if stitches are required. The procedure is done in the provider's office and typically takes 15 minutes.

**3. Mohs surgery**

Is typically used to treat basal cell and squamous cell cancers and, sometimes, other skin cancers that develop near sensitive or cosmetically important areas. It is a surgical procedure done by cutting away a thin layer of skin at a time. Each removed layer gets analyzed immediately to check for cancer cells. The process keeps going until there are no further signs of cancer cells. This procedure has the highest cure rate thus reducing the need for additional future treatment. The surgery is typically done in an outpatient clinic by a board certified surgeon.

**4. Curettage and electrodesiccation**

An instrument with a sharp, looped edge is used to remove cancer cells as it scrapes across the tumor. Then, an electric needle is used to destroy any remaining cancer cells. Providers often use this to treat basal cell and squamous cell cancers and precancerous skin tumors.

**5. Chemotherapy**

Medications are used to kill cancer cells. Anticancer medications can be applied directly on the skin (topical chemotherapy) if limited to your skin's top layer or provided through pills or an IV if the cancer has spread to other parts of your body.

**6. Immunotherapy**

The oncologist gives you medications to train your immune system to kill cancer cells.

**7. Radiation therapy**

A radiation oncologist uses strong beams of energy to kill cancer cells or keep them from growing and dividing.

**8. Photodynamic therapy**

A dermatologist coats the skin with medication, which is activated with a blue or red fluorescent light. This therapy destroys precancerous cells while leaving normal cells alone.

**8. Reconstruction**

Reconstructive surgery or Cosmetic Surgery is generally performed as a post Mohs surgery. It's done because location, amount and type of tissues, size and depth of the infected area. Sometimes a skin graph from a distant part of the body is used to hide scars or close the wound.

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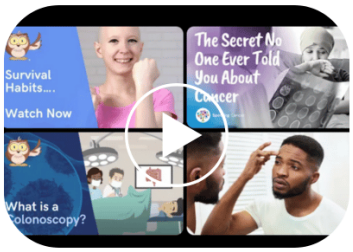
# SUMMARY

## SCHEDULE YOUR BODY EXAMINATION NOW
## IT IS A CRITICAL PART OF EARLY SKIN CANCER DETECTION
## IT MAY SAVE YOUR LIFE !!

- Skin cancer is 99% curable if detected early and treated.
- Avoid UVA and UVB rays by staying out of the sun and suntanning beds.
- Know the signs and symptoms of skin cancer.
- Self check your body regularly to spot changes.
- Never self diagnose. Let your dermatologist diagnose.

## Learn more with Free Resources at SpottingCancer.org


[Visit Our Blog]

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### Join the Cancer Detection Squad

Hi, I'm Oakley! I'm here to inspire wisdom & learning about what you can do to spot skin cancer early. Follow my lead, and I'll show you how to #SpotandSurvive!

[Join Free Now]

### Make a Tax Deductible Donation

SpottingCancer.Org relies on donations to fund our outreach efforts. However, what is just as important as monetary donations is a donation of time and energy that individuals like you make towards learning about cancer-spotting habits and then spreading that knowledge to your friend's and loved ones.

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**5 Steps to Spot Cancer & Survive**
- Step 1: Symptoms/Signs
- Step 2: Monitor Your Body
- Step 3: Family History
- Step 4: Medical Team
- Step 5: Screening & Testing

**Printable Guides**
- Signs & Symptoms
- Body Monitoring
- Screening & Testing Schedule
- Baseline Body Comparison Chart
- Colonoscopies
- Family Cancer History
- Screening & Testing
- Self Checking Your Breasts

**Resources**
- Blogs
- Videos
- Resources

**Other Links**
- About
- Survivor Wall
- Privacy Policy

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**DISCLAIMER**
None of the information on this website is meant to take the place of a comprehensive medical exam or substitute for screening/testing. This site is an educational tool meant to teach you how to monitor your health between health care provider visits and screenings. The purpose of the information provided is to raise awareness about the importance of establishing a cancer detection routine. Any abnormality detected should immediately be discussed with your health care provider. The information in this guide has been gathered from multiple sources on the internet. Specific references are listed in the 'references section' of spotting cancer.org

* This website defines "curable" as a successful treatment to remove all signs of cancer from a person's body for 5 years after diagnosis of the disease. Therefore the cancer is considered in remission not eradicated. It may come back....always be vigilant

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