

FREQUENTLY ASKED QUESTIONS ABOUT SKIN CANCER

Q. What is Skin Cancer?

A. Skin cancer is the most common of all cancers. It is a disease in which malignant cells are found in the outer layers of your skin. Several types of cancer can start within the skin. The most common are Basal Cell Carcinoma and Squamous Cell Carcinoma. These types are called Non-Melanoma Cancers.

Q. What are symptoms of skin cancer?

A. The most common warning sign of skin cancer is a change on the skin, especially a new growth or a sore that doesn't heal. Skin cancers do not all look the same. The cancer may start as a small, smooth, shiny, pale or waxy lump. Or it can appear as a firm red lump. Sometimes, the lump bleeds or develops a crust. It can also start as a flat red spot that is rough, dry, or scaly.

Q. What causes skin cancer?

A. Several risk factors increase the chance of getting skin cancer. Ultraviolet (UV) radiation from the sun is the main cause of skin cancer.

Artificial sources of UV radiation, such as sunlamps and tanning booths, can also cause skin cancer. Although anyone can get skin cancer, the risk is greater for people who have fair skin that freckles easily – often those with red or blond hair and blue or light colored eyes.

The risk of developing skin cancer is also affected by where a person lives. People who live in areas that get high levels of UV radiation from the sun are more likely to get skin cancer.

In addition, skin cancer is related to lifetime exposure to UV radiation. Most skin cancers appear after the age 50, but the sun damaging effects begin at an early age. Therefore, protection should start at childhood to prevent skin cancer later in life.

Q. How can I prevent skin cancer?

A. Whenever possible, people should avoid exposure to the midday sun (from 10 a.m. to 2 p.m. standard time or from 11 a.m. to 3 p.m. daylight saving time). Keep in mind that

protective clothing, such as sun hats and long sleeves can block out the sun's harmful rays.

Q. How can I detect skin cancer?

A. Check yourself regularly for new growths or changes in the skin. Skin cancer is almost totally curable when caught in the early stages. Performing a self-examination requires a full length mirror, a hand mirror and a well-lighted room.

- Examine your body front and back
- Bend elbows and look at your arms and the palms of your hands
- Look at your legs and feet, spaces between toes and bottom of soles
- Your back and buttocks with the hand mirror
- Examine your neck and scalp with a hand mirror

Q. How is skin cancer diagnosed?

A. When an area of skin does not look normal, the doctor will perform a biopsy (removal of all or part of the growth). The tissue is examined under the microscope to determine if it is cancerous.

Q. What will my doctor do if I have skin cancer?

A. In treating skin cancer, the doctor's main goal is to remove or destroy the cancer completely with small scarring as possible. To plan the best treatment, the doctor considers the location and size of the cancer, the risk of scarring, and the person's age, general health, and medical history.

Q. How will my cancer be treated?

A. Treatment for skin cancer usually involves some type of surgery. In some cases, doctors suggest radiation therapy or chemotherapy. Sometimes combinations of these methods are used.

Surgery: Skin cancers can be cut from the skin. Sometimes they are completely removed at the time of the biopsy and no further treatment needed.

Curettage: The cancer is scooped out with curettage (an instrument with a sharp, round shaped end). The area is also treated with electrodesiccation. An electric current from a special machine is used to control bleeding and kill any cancer cells remaining around the edge of the wound. Most patients develop a flat white scar.

Moh's surgery: Moh's technique is a special type of surgery used for skin cancer. Its purpose is to remove all of the cancerous tissue and as little of the healthy tissue as possible. It is especially helpful when the doctor is not sure of the shape and depth of the tumor. In addition, this method is used to remove large tumors, those located in hard-to-treat places on the skin, and cancers that have recurred. After the patient receives a local anesthetic, the cancer is shaved off one thin layer at a time. Each layer is checked under a microscope until the entire tumor is removed. The degree of scarring depends on the location and size of the treated area. Only doctors who are specially trained in this type of surgery should use this method.

Cryosurgery: Extreme cold may be used to treat pre-cancerous skin conditions, such as Actinic Keratosis, as well as certain small skin cancers. In cryosurgery, liquid nitrogen is applied to the growth to freeze and kill the abnormal cells. After the area thaws, the dead tissue will fall off. More than one freezing may be needed to remove the growth completely. Cryosurgery usually does not hurt, but patients may have pain and swelling after the area thaws. A white scar may form during the healing process.

Laser therapy: Laser therapy uses a narrow beam of light to remove or destroy cancer cells. This approach is sometimes used for cancers that involve the outer layer of skin.

Grafting: When a large cancer is removed, a skin graft is sometimes needed to close the wound and reduce the amount of scarring. For this procedure, the doctor takes a piece of healthy skin from another part of the body to replace the skin that was removed.

Radiation: Skin cancers respond well to radiation therapy, which uses high-energy rays to damage cancer cells and stop them from growing. Doctors often use this treatment for cancers in areas that are hard to treat with surgery. For example, radiation therapy might be used for cancers of the eyelid, the tip of the nose, or the ear. Several treatments may be needed to destroy all of the cancer cells. Radiation therapy may cause a rash or make the skin in the area dry or red. Changes in skin color and/or texture may develop after the treatment is over and may become more noticeable many years later.

Topical Chemotherapy: This is a treatment of anticancer drugs that comes in a form of cream or lotion and must be applied to the skin. Actinic keratosis can be treated effectively with anticancer drugs. This treatment is also useful for cancers

limited to the top of the skin. Intense inflammation is common during treatment, but scars usually do not occur.

Clinical Trials: In clinical trials the doctors are studying new treatments for skin cancer.

Q. What should I do after I have had my skin cancer treated?

A. Even though most skin cancers are cured, people who have been treated for skin cancer have a higher-than-average risk of developing a new cancer of the skin. That is why it is so important that you continue to examine yourself regularly, visit your doctor for regular checkups, and follow your doctor's instructions on how to reduce your risk of developing cancer again.

Questions to ask your doctor:

- What types of treatment are available?
- Are there any risks or side effects of treatment?
- Will there be a scar?
- Will I have to change my normal activities?
- How can I protect myself from getting skin cancer again?
- How often are checkups needed?

Skin cancer has a better prognosis, or outcome than most other types of cancer; it is curable in over 95 percent of cases. Some patients become concerned that treatment may change their appearance, especially if the skin cancer is on the face. You should discuss this important concern with your doctor. You may want a second opinion before treatment.