

# Skin Cancer: the Good and the Bad

By **Beatriz H Porras, M.D.**  
**Skin Diagnostics Laser & Rejuvenation**  
[www.cincinnati.laser.com](http://www.cincinnati.laser.com)

May is National Skin Cancer awareness month. It's essential that we all understand the importance of learning about skin cancer since currently it is the most prevalent of all types of cancer. The incidence of skin cancer is increasing at an alarming rate. It is estimated that more than one million Americans develop skin cancer every year. Each hour, one person dies from skin cancer. Fair-skinned individuals who sunburn more easily are at a higher risk for developing skin cancer. Major factors associated with skin cancer are history of sun exposure and tanning, repeated medical and industrial exposure to x-rays, family history, exposure to coal and arsenic and history of transplant or immunosuppression. Ozone depletion is also contributing to rising incidence of skin cancer.

Unfortunately skin cancer is now developing in younger individuals. In my practice I have several patients in their early twenties that have developed skin cancer. Skin cancer is more prevalent in the male population, and unfortunately this group is the most difficult to attract to having an annual skin exam. It is usually the intervention of the wife or significant other that moves the male group to seek medical attention. The good news is that many cases of skin cancer are preventable; all it takes is being sun smart and educated to prevent the disease and to be able to detect it early enough to be curable.

There are two types of skin cancer: **Melanoma (THE BAD) and Non-Melanoma (THE GOOD)**. There are significant differences between both groups, and it is important to learn to differentiate them since the prognosis and mortality for both groups is significantly different, being worse for the melanoma type.

## BCC and SCC

Within the non-melanoma group are **Basal cell carcinoma (BCC)** and **Squamous cell carcinoma (SCC)**.

BCC is the most common type of skin cancer appearing frequently on the head, neck and hands of male patients and on the chest and legs of females. Sun exposure plays an important role in the development of this type of skin cancer. It presents as a small, pearly or fleshy bump, nodule or red patch, sometimes ulcerated. BCC is frequently found in fair-skinned people and rarely occur in dark skin. BCC does not spread quickly; it can take many months or years to grow to a diameter of one



***This is an example of Basal Cell Carcinoma.***

centimeter. However, if left untreated it will become bothersome, bleeding and crusting, spreading and causing extensive local damage. BCC does not spread to other parts of the body, so when it is treated correctly the patient is cured. When BCC is detected early, I usually treated in my office. When the lesions are larger, I refer the patients to a Mohs surgeon or a Plastic Surgeon for complete excision and reconstruction. Patients that have had BCC may develop more in the future and should be screened once a year.

SCC is the second most common type of skin cancer. It is primarily found in fair-skinned people and rarely in dark-skinned individuals. Typical locations are the rim of the ear, the face, lips and mouth. Sun exposure also plays an important role in the etiology of this type of skin cancer. It may appear as a bump or as a red scaly patch or plaque or just an area or ulceration that does not heal. SCC can develop into a large mass and become invasive. If neglected, SCC can spread to other parts of the body. Therefore, it is important to get early treatment. When found early and treated properly, the cure rate for both BCC and SCC is well over 95%. The treatment for SCC is very similar to the one for BCC.

## Malignant Melanoma

Malignant Melanoma is the most deadly of all skin cancers. Melanoma is attributed to over 75% of all skin cancer deaths each year. The death rate however is declining because melanoma is usually curable when detected in its early stages, and patients are seeking help sooner. Excessive sun exposure, especially sunburn, is the most important preventable cause of melanoma. Lighter skinned individuals are at particularly high risk.



***This is an example of a pigmented lesion suspicious for melanoma.***

Heredity also plays a part. A person has an increased risk of developing melanoma if a relative or close family member has had melanoma. My grandfather died of melanoma when I was five years old, and he is one of the main reasons I became a Dermatopathologist. Moles or other spots on the skin should be self-examined once a month, looking for changes in size, color or bleeding. Atypical moles, which may run in families, and a large number of moles can serve as markers to identify people at increased risk of developing melanoma.

Dark skin is not a guarantee against melanoma. People with dark complexion can also develop melanoma, especially on the palms, soles, genitalia, under the nails and in the mouth. If neglected melanoma can spread to the lymphatics, lung, brain, liver and other organs and become rapidly lethal. Melanoma may appear suddenly or begin in or near a mole or another dark spot in the skin.

## Warning Signs

It is really important to know the **ABCDs of Melanoma that recently were expanded to ABCDE**: **A** is for asymmetry, **B** is for borders that are irregular, **C** is for color that is not uniform and with different shades, and **D** is for diameter greater than six millimeters. **E** is for an evolving lesion that is showing changes in size, color and elevation.

It is crucial to know the warning signs of melanoma: changes in the surface of a mole, scaliness, oozing, bleeding, spread of pigment from the border into the surrounding skin, and change in sensation, including itchiness, tenderness or pain. It is really important to learn to know the location and appearance of the moles on your body to detect early changes. Any changing mole must be

examined by a physician. Develop a routine to inspect your body for any skin changes. I recommend that my patients examine their bodies in front of a mirror after they shower. It is wise to have an annual skin exam by a dermatologist.

The best defense against skin cancer is ultraviolet light avoidance (sunlight and tanning beds). Wear sunscreen all year long, and seek shade between 10 am and 3 pm. Teach your kids to wear sunscreen.

The most important approach in the diagnosis and treatment is early detection. Melanoma can be curable if diagnosed early. There is an array of medical and surgical procedures and treatments, depending upon the type of cancer, the location and the needs of every individual. Early detection and removal offers the best chance for a cure.

## What's New about Sun Protection?

**Sun protection from inside out:** Oral supplements have been created that claim to protect the skin from the inside out against sun exposure and to repair sun damage. Products like Heliocare and Fernblock are commercially available. Heliocare contains Beta carotenes, green tea and Polypodium Leucotomos extract. These products, developed within the last year, are supposed to block a chemical reaction that generates skin damaging free radicals,

shielding skin from destruction of collagen. These supplements are supposed to be taken 30 minutes before sun exposure. I have found some reviews in the Los Angeles Times from June 2009 and some reviews written by Life Extension. However, I have not found any articles in scientific journals. I have recommended Heliocare to a few of my patients that have had skin cancer in their twenties to be used along with sunblock, and I have heard very good things. However, I don't have enough experience to recommend it to be used.

**Ultraviolet protective clothing** is another addition to the array of weapons to fight sun exposure. I have personally tried this for many years for me and my family, and I really think it works. The most popular brands are Sunbrella and Coolibar. If you want a catalog of these products we always have them handy in my office.

## Regressing Sun Damage

Since the majority of sun damage usually occurs during childhood by the time we reach middle age most Americans have moderate to severe sun damage. Nowadays there are treatments available to regress sun damage and with it also decreasing the chance to get skin cancer. Series of treatments with Levulan (Levulinic Acid) produced by DUSA pharmaceuticals topically applied on the face

and followed by activation by light has proven to regress sun damage. This treatment is becoming more and more popular in my practice. Topical use of vitamin C and Retinoids is also a great way to decrease sun damage.

## Have you had your skin checked lately?

If you haven't had your skin checked lately, what are you waiting for? May is the month to celebrate Motherhood, but it is also skin cancer awareness and prevention month. So please buy flowers for you mom and get your skin cancer screening done, it can save your life.

*Dr. Porras is a member of the American Academy of Dermatology, the American Society of Cosmetic Dermatology and Esthetic Surgery and The American Society for Laser Medicine and Surgery.*

*Skin Diagnostics Laser & Rejuvenation offers annual skin check ups. In addition we offer laser treatments to regress sun damage. Call us for an appointment at 513-631-0059.*

