Skin Cancer

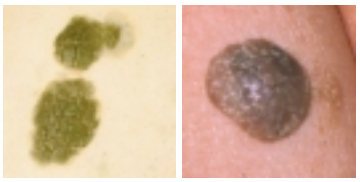
This poster is intended for display in treatment or consulting rooms. It is designed to assist GPs and nurses in the recognition of suspicious skin lesions. It is not a substitute for expert diagnosis.

Scale of the problem

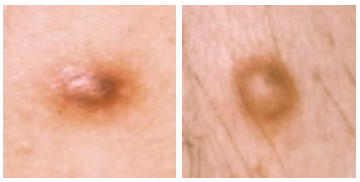
Skin cancer is one of the most common cancers in the UK. It is estimated that there are 100,000 new cases each year. Over the past 20 years numbers of skin cancer have more than doubled. Non-melanoma skin cancer is the most common form of skin cancer. Non-melanoma skin cancer is usually easily and successfully treated. Malignant melanoma (melanoma) is the most dangerous form of skin cancer, claiming more than 1,600 lives in the UK every year. **Melanoma can be successfully treated if it is detected sufficently early.**

Benign or suspicious lesions

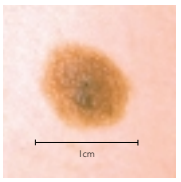
Benign legions



Seborrhoeic keratoses
Warty 'stuck on', superficial, greasy appearance. Under these circumstances, the significance of changing colour, size, shape etc., can be safely ignored.

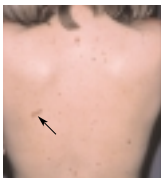


Dermatofibromas
A benign, dermal (deep) lesion. This feels firm on palpation, and appears tethered to the skin surface. Note the overlying pigmentation that is present in some.



Melanocytic naevus
This symmetrical mole is benign, despite the minor colour variation.

Suspicious legions



Atypical mole syndrome (AMS)
This patient with lots of 'funny looking' moles, has presented with a melanoma (the largest pigmented lesion on the back). AMS confers an increased risk of melanoma, and such patients should be referred for specialist assessment.

Treatment

Benign lesions
- reassure the patient

Suspicious lesions
- refer to specialist

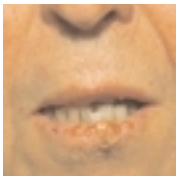
If a pigmented lesion is removed (for whatever reason), always send for pathology and be sure to act on the report.

Non-melanoma skin cancer (NMSC)

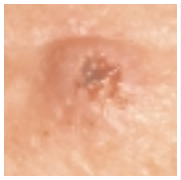
There are two main forms of NMSC – **squamous** and **basal cell carcinoma**

Squamous cell carcinoma (SCC)
Appears as persistent red scaly lumps, sores or ulcers which may bleed easily and can be tender. SCC occurs most often on chronically sun exposed sites such as the head, neck, backs of hands and forearms.
Who is at risk?
SCC tends to affect older people who have spent a lifetime in the sun.

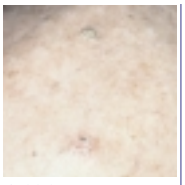
Basal cell carcinoma (BCC)
Develops slowly, and usually begins as a small round or flattened lump which is red, pale or pearly, and may eventually ulcerate. It may also appear as a scaly, eczema-like patch. BCCs usually occur on areas most exposed to the sun, but may also appear on intermittently sun exposed areas such as the trunk.
Who is at risk?
BCC tends to affect older people although it may occur in younger people. It is more common in those who do not tan easily, especially those with pale skin, red hair and freckles.



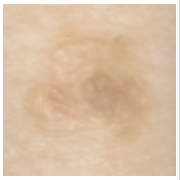
Note keratotic nodule. Perilesional keratoses represent severe dysplasia due to sun-damage and smoking.



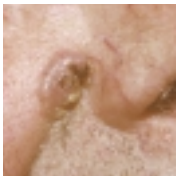
An early, typical ulcerated 1cm diameter lesion on the forehead.



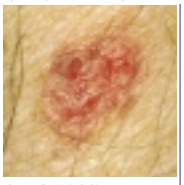
Actinic keratoses are potentially premalignant and arise in chronically photdamaged skin.



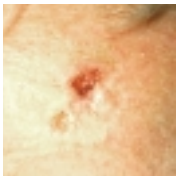
Bowen's disease (SCC in situ) usually presents as a persistent, red, scaly plaque.



More common on head and neck. Note the pearly rolled edge, overlying blood vessels and central ulceration.



Superficial BCC's may present as a persistent scaly red patch and may closely resemble Bowen's disease.



Infiltrative BCC may be mistaken for a scar.

Treatment

- For small lesions of either BCC or SCC, excision biopsy with a margin of 3-4mm of normal skin. **Only undertake treatment if you are confident of the diagnosis and correct management.**
- For large lesions refer to specialist. **Incisional biopsy to confirm diagnosis should not delay referral.**

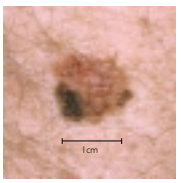
Malignant melanoma

Who is most at risk?
Adults who have:
- fair or freckled skin, which burns easily or tans poorly.
- a large number of moles (more than 100 in young people , over 50 in older people.
- atypical moles (larger than 6 or 7mm in diameter with irregular outline and colour variation).
- a history of severe sunburn, especially in childhood.
- a personal or family history of melanoma.

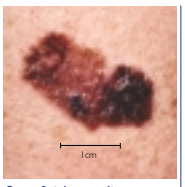
Early detection
Prognosis associated with malignant melanoma is related to the depth of invasion (Breslow thickness). Early detection is very important as in general, the thinner the lesion, the better the prognosis.

Major signs
- If an existing or new mole is changing rapidly: over a period of weeks or months, rather than years.
- If a mole has an irregular outline.
- If a mole has a mixture of different shades of black and brown.

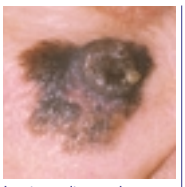
Minor signs
- If a mole is larger than 7mm in diameter or is larger than a patient's other moles.
- If a mole is inflamed or has a reddish edge.
- If a mole is bleeding, oozing or crusting.
- If a mole starts to feel different: for example, itching or painful.



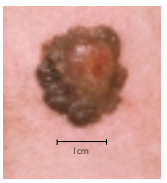
This **flat melanoma *in situ*** can be cured by surgical excision. Note irregular outline of pigmentation.



Superficial spreading malignant melanoma
Irregular margins, variable pigmentation, usually >7mm and central pink inflammation.



Lentigo maligna melanoma
An ominous nodule has arisen from the long-standing flat *in situ* component, representing development of an invasive melanoma.



Nodular malignant melanoma
Exhibiting asymmetry, irregular margins and irregular pigmentation. Deep lesions such as this are associated with poor prognosis.

Treatment

Refer immediately to specialist. (Patients must be seen by a specialist within two weeks of presentation).
Never perform an incisional biopsy on a possible melanoma.

Skin cancer prevention

It is estimated that four out of five of all UK skin cancers are preventable and that around 80% of melanomas are caused by exposure to the sun.

Be SunSmart…

Stay in the shade between 11 and 3
the sun is most dangerous in the middle of the day – find shade under umbrellas, trees, canopies or indoors.

Make sure you never burn
sunburn can double your risk of skin cancer.

Always cover up
sunscreen is not enough – wear a t-shirt, wide brimmed hat and wraparound sunglasses (eyes get sun damaged too).

Remember to take extra care with children
young skin is delicate – keep babies out of the sun.

Then use factor 15+ sunscreen
apply sunscreen generously 15-30 minutes before you go outside (it doesn't work immediately), and reapply often.

NHS

The SunSmart campaign is funded by the UK Health Departments.

Cancer Research UK would like to acknowledge the Dermatologists and GP's involved in the compilation of this resource.

SunSmart CANCER RESEARCH UK

2004 Registered charity no. 1089464 Ref: SS054