

skin cancer

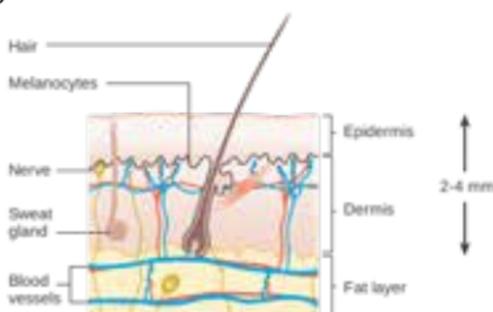
the facts

- There are two main types of skin cancer: non-melanoma and melanoma
- Non-melanoma skin cancer is the most common cancer in Ireland
- Melanoma skin cancer is the most dangerous form of skin cancer and incidence rates continue to rise in Ireland
- Just one bad sunburn before you're 18 could increase your risk of skin cancer by 50%
- The majority of skin cancers can be prevented by being SunSmart

What is the skin?

Like your heart and lungs, the skin is also an organ. It is the largest organ in the body and plays many vital roles such as protecting everything inside of your body from the outside environment.

The skin consists of two main layers: the epidermis (outer layer) and the dermis (inner layer). New skin cells are made deep in the epidermis and are pushed towards the surface. The epidermis itself is made up of three main cell types: squamous cells, basal cells and melanocytes. Squamous cells are the most common cell type in the epidermis; they make a substance called keratin, which is a tough, waxy substance that helps make the skin strong enough to protect the body. Beneath the squamous cells are round basal cells, which constantly divide to form new keratin producing cells that replace the ones that are lost from the surface of the skin. At the base of the epidermal layer are melanocytes. These cells produce the pigment melanin, which gives your skin its colour and protects you from ultraviolet (UV) light. A diagram of the skin is shown below.



Types of skin cancer

There are several varieties of skin cancer that differ based on the type of skin cell affected.

- If the basal or squamous cells are affected, it is called non-melanoma skin cancer
- If the melanocytes are affected, it is called melanoma

This information leaflet provides a brief overview of the different types of skin cancer. For more detailed information please visit our website at mariekeating.ie/skincancer.

Non-melanoma skin cancer

There are multiple types of non-melanoma skin cancer. The two most common are basal cell cancer (BCC) and squamous cell cancer (SCC).

Basal cell cancer (BCC)

This develops from round basal cells around the hair follicle deep in the epidermis on areas of the skin most commonly exposed to the sun, including the face. This may also develop on the legs or on the back, particularly in men. Diagnosis of BCC is most common in people of middle or old age.

BCC may start out as a small lump or spot that gradually gets bigger over months and years. These cancers usually have a shiny or pearly looking edge with a sunken middle which may become crusty or ulcerated. It may hurt on contact or bleed if scratched.

This type of cancer very rarely spreads to other parts of the body. It is possible to have more than one BCC at a time.



Squamous cell cancer (SCC)

This cancer originates in keratinocytes, which lie just above the basal cells in the epidermis. SCC most often develops in areas that have been exposed to the sun, including parts of the head and neck, hands and forearms. Areas where the skin has been damaged by scarring, burns or ulcers are also at a higher risk of SCC developing.

It may appear as a crusty, scaly ulcer. They may begin as feeling bumpy and hard and later develop into an ulcer. This cancer does not usually spread but tends to grow faster than basal cell cancer.



Melanoma skin cancer

This cancer, also known as malignant melanoma, begins in the melanocytes. Cancerous melanocytes are still able to produce melanin pigment, so melanoma tumours are often black or brown but may appear to be pink, tan or even white.

Melanomas may develop anywhere on the body but are more common on the chest and back in men and on the legs in women. They are also commonly found on the face and neck.

Melanoma is less common than basal or squamous cell cancers, but it is far more serious and the incidence rate continues to rise. Like basal and squamous cell cancers, melanoma is almost always curable if caught at its early stages. Late stage melanoma, however, is much more likely than other skin cancers to spread to other parts of the body and form secondary tumours. In Ireland, more women are diagnosed with melanoma each year but men are more likely to die from it.



Risks and causes of skin cancer

Non-melanoma and melanoma skin cancers differ slightly in their risk factors, however some are shared between the two, including:



Exposure to the Sun and UV light: long-term or short periods of intense exposure can cause burning and patches of dry, rough skin called solar keratosis, which increases your risk of developing skin cancer.



Skin colour and freckling: people who are fair skinned, especially those with fair or red hair; blue, green or grey eyes and those with lots of freckles are more at risk.



Sunbeds: using sunbeds, even just once, can greatly increase your risk of developing skin cancer.



Age: non-melanoma skin cancers develop very slowly. As you age, you have more time to build up Sun damage, making non-melanoma skin cancer more common in older people. Both young and old people may develop melanoma.



Family history: if someone in your family has had any type of skin cancer, your risk of developing it is higher.

Risks and causes of skin cancer



Having had skin cancer before: if you have had skin cancer before, you are about ten times more likely to develop it again.

For non-melanoma skin cancers:



Skin conditions: People with various skin conditions are at an increased risk of developing non-melanoma skin cancer. These include: psoriasis, scarring, solar keratosis and atopic dermatitis.

For melanoma:



Moles: the more you have, the greater your risk.



Rare birthmarks: a rare type called a congenital giant melanocyte naevus can develop into melanoma.



Where you were born: fair skinned people born in a hot country have a higher risk than people who went to live in a hot country as a teenager or people with similar skin colouration who live in a colder climate.



Sun exposure every now and then: people who are exposed to strong sunlight only occasionally, for example when on holiday, are more at risk than those who are constantly exposed.

Diagnosing skin cancer

If you notice any unusual areas on your skin that you cannot explain and do not heal over four weeks, or any unusual or changing moles, visit your GP. You may then be referred to a dermatologist who will examine your skin using a specialised magnifying glass. If the affected area needs to be removed an excision biopsy will be performed under local anaesthetic. The doctor will cut out the entire affected area along with 2-5mm of normal skin around each edge. The sample will then be analysed to determine if more treatment is necessary.

A wide local excision to remove more tissue from around the affected area may be required if a cancerous or precancerous melanoma is detected.

Treatments for melanoma

For early and locally advanced melanoma, the main treatment is surgery. Advanced melanoma may also be treated with surgery, though the course of treatment may vary depending on the size and type of melanoma, the organs it affects and where it is on the body. Topical chemotherapy, immunotherapy, chemotherapy, radiotherapy, photodynamic therapy and other biological therapies may also be used to treat this type of skin cancer.

Other considerations in treatment would involve testing for DNA mutations (BRAF), which can lead to targeted therapies. This is a question you could ask your oncologist.

Checking for skin cancer

Early detection is key to surviving skin cancer. Make a habit of getting to know your own skin and checking often to ensure any changes are noticed.

Monitoring moles is also an important step in catching melanoma in its earliest stages. Learn your ABCDE's and check your moles regularly- about once a month.

Get to know the ABCDE's of melanoma



A - Asymmetry: If you draw a straight line through a melanoma the two sides will not match



B - Border: The border of an early melanoma tends to be uneven; the edge may be scalloped or notched



C - Colour: Most healthy moles are all one colour. A mole with a number of different shades of brown, black or tan is a warning sign. Melanomas may also be blue, red, or some other colour.



D - Diameter: Melanomas are usually larger than the rubber on the tip of a pencil (1/4 inch or 6mm)



E - Evolving: Any change in shape, colour, size, elevation or any other trait or a new symptom such as bleeding, itching or crusting is a warning sign.

What you can do - Follow the SunSmart Code

Skin cancer is very preventable. By simply following the steps of the SunSmart Code you can reduce your risk of developing skin cancer.



Always wear sunscreen: with at least SPF 30 and good UVA & UVB protection



Seek shade: especially between 11am and 3pm when the sun is most intense



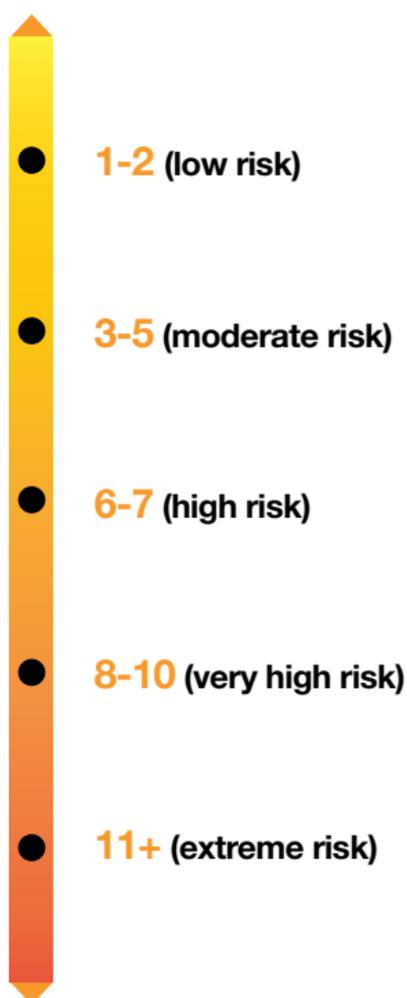
Cover up: wear a hat; protective clothing and wrap-around sunglasses with UV protection



Never, ever use sunbeds

UV index Information/ Infographic

The UV index is a measure of the strength of the ultraviolet radiation reaching the Earth; it is measured on a scale from 1 - 11+.



The higher the index, the easier and faster your skin will be damaged by the Sun. Be sure to check the UV index before going outside, especially between April and September, to know your risk and take the appropriate SunSmart precautions.

About the Marie Keating Foundation

Following their mother Marie's death in 1998, the Keating family promised that they would do everything they could to bring an end to cancer. They committed to provide everyone and their families with the necessary information to prevent cancer or detect it at its earliest stages and give support to patients through every stage of their cancer journey. The Foundation's mission is to "make cancer less frightening by enlightening".

- If you are worried or have any questions about cancer you can email our Ask the Nurse service on our website for confidential advice and support
- If you are experiencing financial difficulty as a result of a cancer diagnosis please email info@mariekeating.ie to ask about our Comfort Fund
- If you would like to hear about our Survive & Thrive workshop programmes or seminars, which support cancer survivors to adjust to life after cancer, please check out our website
- To inquire about our mobile information services or to book a visit from a Marie Keating Foundation nurse visit our website
- For more information on skin cancer and melanoma visit www.mariekeating.ie

On February 2nd 1998, our mother Marie died from breast cancer. At the time and all through her illness, we could do nothing to help our Mother who had, all our lives, done everything for us. We, the Keating family have set up this charity in her name to try to help and prevent others going through what Mam went through and what we are still going through to this day. This is also to show that such a wonderful mother and person did not die in vain.

Take care,

The Keating Family



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Skin Cancer

What you should know



Marie Keating

FOUNDATION

making cancer less frightening by enlightening