

"An ounce of prevention is worth a pound of cure."  
—Benjamin Franklin

## HOW DO YOU PROTECT YOURSELF FROM SKIN CANCER?



While eating healthy and exercising can help prevent heart disease, what can help prevent skin cancer, and why should you try to prevent skin cancer? The skin is the largest organ of the body, and skin cancer is the most common

(BCC) is the most common type of skin cancer. BCC is usually a slow growing skin cancer that rarely spreads to other parts of the body; however, treatment is important because this type of skin cancer can grow wide and deep destroying the skin tissue and bone. Squamous cell carcinoma can grow faster, is more aggressive, and carries a greater risk for internalizing.

College of Mohs Surgery at UCLA. To conclude, the last of the more common modalities to treat skin cancer is radiation. The treatment of radiation is usually reserved for skin cancers that are too large to be cut out or when surgery is not the best option. Usually a person with skin cancer will need anywhere from fifteen to thirty radiation treatments for a solitary skin cancer.<sup>3</sup>

type of cancer in the United States. Each year, there are more new cases of skin cancer than breast, prostate, lung, and colon cancers combined. Just one blistering sunburn as a child can more than double a person's chances of developing melanoma later in life. One in five Americans will develop skin cancer in the course of a lifetime, and just one indoor tanning session increases a person's risk of developing squamous cell carcinoma by sixty-seven percent, basal cell carcinoma by twenty-nine percent, and melanoma by twenty percent, with each additional tanning session increasing the risk another two percent.<sup>1</sup>

Usually melanoma, BCC, and SCC are diagnosed by a small biopsy; once diagnosed, there are several ways to treat the skin cancer. The more common modalities include excision, Mohs surgery, and radiation. An excision is usually done in the office and involves numbing the area and cutting out any tumor including some of the normal skin surrounding the skin cancer. This is then sent to a pathologist to read under a microscope to determine if the skin is free of cancer cells; if not, then more skin will need to be removed. If the skin cancer is a melanoma, depending on how deep the melanoma has become, a lymph node or several lymph nodes may be checked to verify that the melanoma has not internalized. The most accurate way to remove skin cancer is Mohs Micrographic Surgery since this specialized type of surgery has the highest cure rate and lowest chance of recurrence. With this technique, the tumor is cut out in layers and examined under a microscope until the skin is free of skin cancer. At Dermatology and Skin Cancer Consultants, this type of surgery is performed by Dr. Carranza, a board-certified Dermatologist and fellowship-trained dermatologic surgeon. As a Mohs surgeon, Dr. Carranza completed an intense post-doctoral fellowship approved by the American

Actinic keratoses (AK), also known as solar keratoses, are precancerous growths that are very common when the skin is badly damaged by ultraviolet rays from sun or indoor tanning. If left untreated, AKs can progress into skin cancer. Approximately sixty-five percent of all SCC and thirty-six percent of all BCC arise in lesions that were previously diagnosed as AKs.<sup>1</sup> Most AKs are scaly red patches or bumps which can sometimes feel like sandpaper.<sup>2</sup> There are several ways to treat AKs, the most common modalities are cryotherapy, topical creams, and photodynamic therapy. Cryotherapy involves destroying the AK with liquid nitrogen. Several topical creams are approved for the treatment of AKs; some are topical chemotherapy creams and anti-inflammatory creams, while others treat the AKs by naturally boosting the body's immune system to rid itself of the diseased skin. Photodynamic therapy (PDT) uses a medication that is absorbed by the AKs and then activated by a blue light producing a reaction to destroy the AKs.<sup>4</sup> The benefit of treating AKs with a topical cream or with PDT is that these modalities not only treat the visible AKs, but also the underlying ones that are not visible. At Dermatology and Skin Cancer Consultants, we offer all of these modalities to treat

Melanoma is the deadliest form of skin cancer. This type of skin cancer can be fast growing and internalize, spreading to other organs. Be familiar with your skin; watch for any new or changing moles or any itchy, bleeding, and/or painful moles. Melanoma is the type of skin cancer that likes to hide; so check your nails, hands, the bottom of your feet, and have someone check your scalp so the moles in these areas can be monitored or inspected by a dermatologist.<sup>2</sup> While melanoma is the deadliest form of skin cancer, the most common types of skin cancer are basal cell carcinoma and squamous cell carcinoma.<sup>2</sup> Basal cell carcinoma



Actinic Keratoses<sup>1</sup>



Basal Cell Carcinoma<sup>1</sup>



Squamous Cell Carcinoma<sup>1</sup>



Dysplastic Nevi<sup>1</sup>



Melanoma<sup>1</sup>

AKs and prevent skin cancers.

So, now that you know how common skin cancer is and what it looks like; what puts you at risk for developing skin cancer? Anyone can get skin cancer; for instance, the famous actor Hugh Jackman was recently diagnosed with a basal cell carcinoma on his face. Even people who have dark skin can get skin cancer; Bob Marley, the world renowned Jamaican musician, developed a melanoma under the toenail of his foot that eventually became metastatic. The leading risk factor for skin cancer is UV exposure either from indoor tanning beds or while outdoors. If the UV exposure was years ago, a person still has an increased risk, even if the exposure time did not last long. Other examples of risk factors include a weakened immune system, which could result from medications or diseases; a history of radiation; receipt of an organ transplant; exposure to certain chemicals; a propensity for smoking or chewing tobacco, which can increase the risk of squamous cell carcinoma in the mouth or throat; a history of blistering sunburns, a personal history of actinic keratoses or skin cancer; a family history of a blood relative with skin cancer; fair complexion; and having many moles or any dysplastic moles.<sup>2</sup> In fact,

people with more than fifty moles, dysplastic moles, light skin, freckles, a history of sunburn, or a family history of melanoma are at an increased risk of developing melanoma.<sup>3</sup> Overall, a person's risk increases with age and ultraviolet (UV) radiation exposure; so taking precautions and educating children, teenagers, and young adults on skin cancer prevention and detection should begin early.<sup>2</sup>

Skin cancer is the most common type of cancer and the easiest treatable cancer if detected early; however, if left untreated it can internalize. Being familiar with your skin, protecting your skin from ultraviolet light, and knowing your risks for skin cancer can preclude your risk of skin cancer. We strongly encourage yearly skin cancer screenings. To help you make the most of your dermatologist's appointment:

1. Remove all nail polish from your fingernails and toe nails. We need to look at your nails and nail beds; since skin cancers can form there.
2. Perform your own full body skin exam and make note of any new, changing, itching, or bleeding moles, growths, or other lesions.
3. On the day of your exam, be prepared to disrobe

and have your body examined from head to toe.

4. Ladies, for a better exam, you should be prepared to remove your make up.
5. Ask the dermatologist to examine closely any moles, growths, or lesions you noted during your own skin self-exam.

If you have a history of skin cancer or numerous moles, it is important to see a dermatologist for regular skin examinations at intervals ranging from three months to annually. For more information on skin cancer prevention, diagnosis and treatment options contact your skin cancer specialist at Dermatology and Skin Cancer Consultants.

*Jeannie Lewis, PA-C, a native to Tennessee, joined the Dermatology and Skin Cancer Consultants in 2013. She has been a practicing physician assistant in dermatology for approximately five years. Jeannie is licensed by the States of Tennessee and Mississippi as a Physician Assistant and is certified by the National Commission for Certification of Physician Assistants. She is a member of the Society of Dermatology Physician Assistants, the American Association of Physician Assistants, and the Memphis Dermatology Society.*

1. www.skincancer.org 2. www.asd.org  
3. www.cancer.org 4. www.dusapharma.com



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