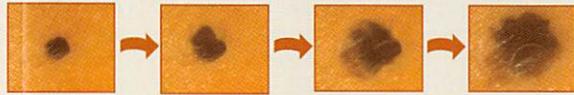


C COLOR
Varied from one area to another; shades of tan and brown, black; sometimes white, red or blue.



D DIAMETER
While melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, they can be smaller.



depending upon the type of cancer, its size and location, and the needs of the individual.

Dermatologic surgical treatments include: simple surgical excision; Mohs micrographic surgery (a special procedure that removes the tumor while sparing as much normal skin as possible); electrodesiccation and curettage (ED&C—alternately scraping and burning the tumor); cryosurgery (freezing using liquid nitrogen); and laser surgery.

Other dermatologic treatments include radiation therapy and photodynamic therapy (a chemical applied to the skin is exposed to a light source). Topical chemotherapy products may also be used.

HOW TO PROTECT YOURSELF FROM ULTRAVIOLET LIGHT

Sun exposure is the most preventable risk factor for all skin cancers, including melanoma. You can have fun in the sun and decrease your risk of skin cancer. Here's how to Be Sun SmartSM:

- **Generously apply a broad-spectrum water-resistant sunscreen** with a Sun Protection Factor (SPF) of at least 15 to all exposed skin. "Broad-spectrum" provides protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays. Re-apply approximately every two hours, even on cloudy days, and after swimming or sweating.
- **Wear protective clothing**, such as a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, where possible.
- **Seek shade** when appropriate, remembering that the sun's rays are strongest between 10 a.m. and 4 p.m. If your shadow is shorter than you are, seek shade.
- **Protect children** from sun exposure by playing in the shade, using protective clothing, and applying sunscreen.
- **Use extra caution near water, snow and sand** as they reflect the damaging rays of the sun which can increase your chance of sunburn.
- **Get vitamin D safely** through a healthy diet that may include vitamin supplements. Don't seek the sun.
- **Avoid tanning beds.** Ultraviolet light from the sun and tanning beds can cause skin cancer and wrinkling. If you want to look like

you've been in the sun, consider using a sunless self-tanning product, but continue to use sunscreen with it.

- **Check your birthday suit on your birthday.** If you notice anything changing, growing, or bleeding on your skin, see a dermatologist. Skin cancer is very treatable when caught early.

Check the Academy's Web site (www.aad.org) for the latest list of sun-protective products that meet the stringent criteria of the AAD SEAL OF RECOGNITION[®].



A dermatologist is a physician who specializes in treating the medical, surgical and cosmetic conditions of the skin, hair and nails. To learn more about skin cancer, log onto www.aad.org or call toll-free (888) 462-DERM (3376) to find a dermatologist in your area.

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PAM 14



Skin Cancer

AMERICAN ACADEMY OF DERMATOLOGY



Physicians Dedicated to Excellence in Dermatology[™]

Whether your skin needs medical, surgical or cosmetic treatment, trust the expert care of a board-certified dermatologist.

Skin Cancer

Skin cancer is the most prevalent of all types of cancers. More than one million cases of skin cancer are diagnosed in the United States every year.

Fair-skinned individuals who sunburn easily are at a particularly high risk for developing skin cancer. Other important risk factors include use of tanning devices, family history, repeated medical and industrial x-ray exposure, immunosuppression, scarring from diseases or burns, and occupational exposure to compounds such as coal tar and arsenic.

ACTINIC KERATOSES (AK)

AKs (or solar keratoses) are considered the earliest stage in the development of certain skin cancers. They are small, scaly spots most commonly found on the face, ears, neck, forearms, the scalp of bald men, and backs of the hands in fair-skinned individuals who have had significant sun exposure. AKs can be treated by cryosurgery (freezing using liquid nitrogen), topical chemotherapy (applying a cream or lotion), chemical peeling, dermabrasion, laser surgery, electrodesiccation and curettage (ED&C-alternately scraping and burning the tumor), photodynamic

therapy (a chemical applied to the skin is exposed to a light source), or other dermatologic surgical procedures.

Some AKs may progress to advanced stages that require more extensive treatment. Proper use of sunscreens can help prevent AKs even after extensive sun damage has already occurred.



Actinic Keratosis

BASAL CELL CARCINOMA (BCC)

BCC is the most common type of skin cancer; it occurs most frequently on the head and neck, with the rest mainly on the trunk and lower limbs, and often appears as a fleshy bump, nodule, or red patch. BCCs are frequently found in fair-skinned people and rarely occur in dark-skinned individuals. BCCs usually do not grow quickly, but this does not mean treatment should be delayed. While BCCs rarely metastasize (spread) to other organs, if untreated, the cancer often



Basal Cell Carcinoma

will begin to repeatedly bleed and crust over, and can extend below the skin to the bone and nerves causing considerable local damage.

SQUAMOUS CELL CARCINOMA (SCC)

SCC is the second most common skin cancer; it is primarily found in fair-skinned people and rarely in dark-skinned individuals. Typically located on the rim of the ear, face, near the mouth or on the trunk, this cancer may appear as a firm bump, or as a red, scaly patch. SCC can develop into large masses and become invasive, leading to extensive local tissue destruction and possible risk of metastasis. Therefore, it is important to get early treatment.



Squamous Cell Carcinoma

When detected and treated early, the cure rate for both BCC and SCC approaches 95 percent.

MALIGNANT MELANOMA

Malignant melanoma is the most deadly of all skin cancers. Every year, more than 8,000 Americans will die from melanoma; it is projected that more than 100,000 Americans will develop melanoma annually.

Melanoma begins in melanocytes, the cells throughout the skin that produce the pigment called melanin which makes the skin tan; clusters of melanocytes are what make up moles. Melanoma may appear suddenly or begin in or near a mole, or another dark spot in the skin. It is important to know the location and

PERIODIC SELF-EXAMINATION

Early detection and treatment is key to surviving melanoma. Partner in performing skin self-exams. Get familiar with your freckles, and "beauty marks." Make sure to look at your skin at your dermatologist promptly if any changes are noticed.



1 Examine body front and back in mirror, then right and left sides, arms raised.



2 Bend elbows, look carefully at forearms, back of upper arms, and palms.



3 Look at back of legs and feet, spaces between toes, and soles of feet.

appearance of the moles on the body to detect changes early. Since melanoma cells can continue to produce melanin, this skin cancer often appears in mixed shades of tan, brown, and black; although, it can also be red or white.

Any changing mole must be examined by a dermatologist. Early melanoma can be removed while still in the curable stage; melanoma readily metastasizes, making early detection and treatment essential to increase survival rates.

Excessive sun exposure, especially sunburn, is the most important preventable risk factor for melanoma. Fair-skinned individuals are at particular risk, but heredity also plays a part. A person has an increased chance of developing melanoma if a relative or close family member has had melanoma. Atypical moles, which may