

Skin Cancer

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In Hong Kong, the incidence of skin cancer has increased by almost 100% in the past 10 years. The three most common skin cancers are basal cell carcinoma (BCC), squamous cell carcinoma (SCC), collectively known as non-melanoma skin cancers (NMSC) and melanoma.

Although not all skin cancers are sun-related, exposure to ultraviolet radiation and skin type are the two most important aetiologic factors of skin cancers. Importance of adequate sun protection should be made known to general public.



Primary prevention

Seek shade when appropriate.

Avoid prolonged outdoor activities between 11am and 3pm when the ultraviolet (UV) ray is most damaging, especially between May and September.

Should avoid outdoor activities during midday hours in summer months as UV radiation is usually most intense.

When participating in outdoor activities, wear protective clothing, such as a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, where possible.

When swimming under the sun, generously apply sunscreen to all exposed skin with Sun Protection Factor (SPF) 15 or above and PA ++ or above that provides broad-spectrum protection from both UVB and UVA.

Apply the sunscreen about 30 minutes before sun exposure. Ensure to use enough quantity for adequate protection.

Re-apply sunscreen every 2 hours when staying out-doors for a long time, or after one has getting wet through swimming or sweating.

Sunscreen should never be used to prolong the duration of excessive sun exposure.

Do not undertake indoor tanning.

Comments

80% of skin cancers are preventable by protecting skin from UV exposure.

80% of UV damage to skin occur before age 18, hence protection should start early.

A few episodes of sunburn already increase the risk of developing melanoma, the most lethal form of skin cancer.

With repeated blistering sunburns for two times, the relative risk of developing melanoma subsequently is 1.7.

With repeated blistering sunburns for three times, the relative risk of developing melanoma subsequently is 3.8.

(Relative risk refers to the increased risk for persons with the risk factor as compared with persons without the risk factor. If the relative risk is 1, there is no increased risk)



Early detection of Non-melanoma skin cancers

Sore that tends to bleed or crust over but fails to heal.

Presents as small, pearly papule with uprolled border.

Overlying telangiectasias are visible.

As the sore enlarges, a central ulceration may develop along with crusting.

Appears most frequently on sun-exposed head and neck region (60%) and the nose is the commonest site (30%).



Comments

Non-melanoma skin cancers (NMSC) include basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).

NMSC is a slow-growing malignant skin tumour.

Most cases of BCC can be completely cured by surgical excision or radiotherapy.

People who were previously heavily sun-exposed and people with fair skin, poor tanning ability and predisposition to sunburn are at increased risk.

Early detection of Melanoma

Suspicious symptoms of an ordinary pigmented lesion that may turn malignant include:

- Rapidly increasing size
- Itch
- Inflammation and pain
- Bleeding
- Ulceration
- Variation in colour
- Satellite lesions

Suspicious signs include ABCDE:

- A Asymmetry
- B Border irregularity
- C Colour variation
- D Diameter > 6mm
- E Enlargement

Comments

Melanoma is a highly malignant cutaneous neoplasm.

Predisposing factors include excessive ultraviolet irradiation (which can be cumulative or due to episodes of intense and brief severe sunburn), pre-existing naevus and family history of skin cancers.

In Asians, it is more common at soles, palms, nail beds or mucous membrane.

