

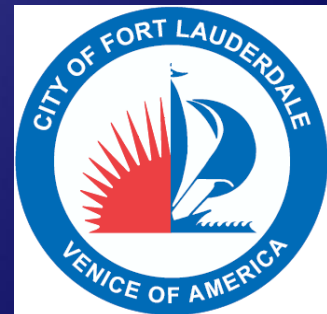


Sun Safety

Skin Cancer Signs and Prevention

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The Most Common Type of Cancer: Skin Cancer

- 1 in 5 Americans
- Rates are increasing
- Mostly due to sun damage
- More common in fair skin, but can occur in any skin color

Actinic Keratosis = AK

- Very common pre-cancer
- Rough, ill-defined, scaly spots
- 1 out of 10 can progress to cancer
- Can be treated by freezing with liquid nitrogen, scraping them off, Blue Light, or topical chemotherapy cream





3 Most Common Types of Skin Cancer

- Basal cell carcinoma: Most common, rarely spreads internally
- Squamous cell carcinoma: Second most common, 1% spreads internally
- Melanoma: Third most common, the black spot, the ‘deadliest’ skin cancer if not caught early

Basal Cell Carcinoma

- The most common cancer
 - 1 out of 5 Americans
- Pink/flesh colored, pearly/translucent bump or red area



Squamous Cell Carcinoma

- Second most common skin cancer
- Crusted or thick scaly area or ulcer
- 1% can spread internally



Melanoma

- Third most common skin cancer
- Epidemic: Fastest increasing incidence of all cancers, 1 out of 50 Americans
- High cure rate for low stage at diagnosis
 - Stage IA 5 year survival is 95%
 - Stage IV, with distant spread, survival is 17%
- Estimated 1 person in the US dies every hour
- Early detection is the key to cure

Melanoma

- ABCDE criteria:

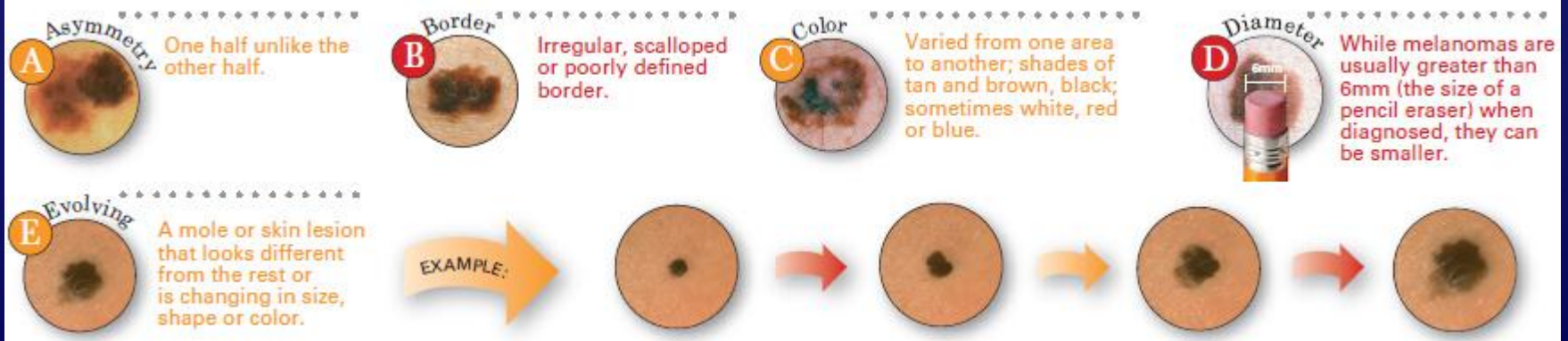
- Asymmetrical

- Border- irregular, notched

- Color variegated- BLACK, brown, blue, red, white

- Diameter- > 6 mm (end of a pencil eraser)

- Evolving- growing, starting to itch/bleed



Melanoma Myths

- Myth: “Only found on sun exposed areas”
 - Truth: Can be found anywhere!!
- Myth: “Comes from previous moles”
 - Truth: Only 1/3 come from a pre-existing mole. The remainder are NEW.
- Myth: “I don’t go in the sun, so I’m not at risk.”
 - Truth: Previous sun counts, especially intermittent sunburns in your youth. Sunrays pass through clouds and windows.
- Myth: “I have dark skin, so I’m not at risk.”
 - Truth: It is less common in darker skin but can be more aggressive when it occurs.





Not Always the “Black Spot”

- Can have a light brown, unimpressive melanoma
- If it is growing, changing or bleeding, it still might be cancer even if it looks unimpressive.
- However, keep in mind, a lot of harmless, benign growths change slowly or bleed if injured.
- The key: Regular self skin checks and yearly screening by a professional!

Dysplastic Nevus

- Abnormal or ‘precancerous’ mole
- 5% of population
- More significant if family history of melanoma or if multiple abnormal moles
- Melanoma can begin within dysplastic nevus







Common Mole = Nevus

- The average person has 15-40 moles (nevi)
- Different types:
 - Junctional = brown and flat
 - Dermal = skin colored bump
 - Compound = brown bump
 - Congenital = birthmarks







Common Benign Growths

- Everyone has a wide variety of skin growths that are harmless.
- Examples:
 - Cherry angiomas- red spots
 - Seborrheic keratoses- rough/ warty-like growths
 - Lentigines- flat, brown spots













Warning Signs of Skin Cancer

- Skin growths that are asymmetrical, have irregular borders, variegation in color, grow, change significantly, or bleed
- Remember the ‘ABCDE’s’
- Unprotected sun exposure is the most preventable risk for skin cancer

Prevention

- Avoid midday sun (10 am - 4 pm), seek shade
- Avoid tanning salons
- Protective clothing: broad rim hats, long sleeves, pants, and sunglasses
- Sunscreen lotions
- Get Vitamin D safely through diet or supplements
- Self exams at home monthly and full body skin checks by a professional at least yearly

Sunscreen

- Use sunscreen with SPF (sun protection factor) rating of 30 or more
- Use “broad spectrum” sunscreen (UVA/UVB)
- Use daily, 30 minutes before exposure
- Use 1 oz for entire body (size of palm or shot glass full)
- Reapply every 2 hours if in the sun, every 40-80 minutes if in water, sweating or toweling off
- Use even on cloudy days (80% of rays pass through clouds)
 - Personal preference on brand name

Sunscreen Vehicles

- Different vehicles:
 - Alcohol-based if acne-prone or ‘non-comedogenic’
 - Cream-based if dry skin
 - Gel-base preferred by some
 - Adherent-based if swimming
 - Lip balm for lips
 - Cosmetics, foundations with sunblock
- Take home message: Find one you like and use it!

Sunscreen Ingredients

- Physical:
 - Zinc Oxide and/or Titanium Dioxide
 - Work by reflecting UV rays
 - No allergy or stinging of the eyes
 - Ex. Blue Lizard, Elta, Vanicream
- Chemical:
 - Absorbed into the skin and absorb UV
 - Can be irritating to the skin (e.g. PABA - ParaAminoBenzoic Acid)
 - Ex. Neutrogena with Helioplex; Mexoryl in La Roche-Posay

Skin Cancer Screening: Where should I go?

- Be aware of your own spots
- Find a dermatology professional
- Dermatologists are physicians who specialize in the skin
 - Four year residency after medical school
 - Do office-based surgery in most cases under local anesthesia
 - Find one who is Board-certified

What if my 'spots' aren't cancerous, but I want them gone?



Before/After: BBL



5 months post 1 BBL tx. Photo Courtesy of Jeff Walding, MD



BBL: 1 Treatment Photo Courtesy of Brian Heil, MD



| 1 tx | courtesy of Catherine A. Fisher, MD BBL™



Two weeks post 2 tx | courtesy of Laura Brouger, RN BBL™

Before/After: Deep Resurfacing



Four weeks post 1 tx | courtesy of Louis W. Apostolakis, MD, Contour™



1 tx | courtesy of David J. Holcomb, MD, Contour TRL



Four months post 1 tx | courtesy of Kent Remington, MD, Contour TRL™

More Information

- www.clearlyderm.com
- Office 954-500-3376

