

Prevention

Prevention is always better than cure. With some minor changes to your sun habits you can protect yourself from potential skin cancers and live a happy, healthy life.

The following small changes to your lifestyle could make all the difference:

- **Clothing** - wear trousers instead of shorts, a hat and a long-sleeve shirt with a collar to give you better protection against the sun
- **Sunscreen** - apply sunscreen with the highest SPF and a broad spectrum rating and reapply it every two hours
- **Lip protection** - lips are also very important and should be protected with sunscreen protection as per your skin
- **Eye protection** - wear sunglasses that meet Australian Standards for sun protection.

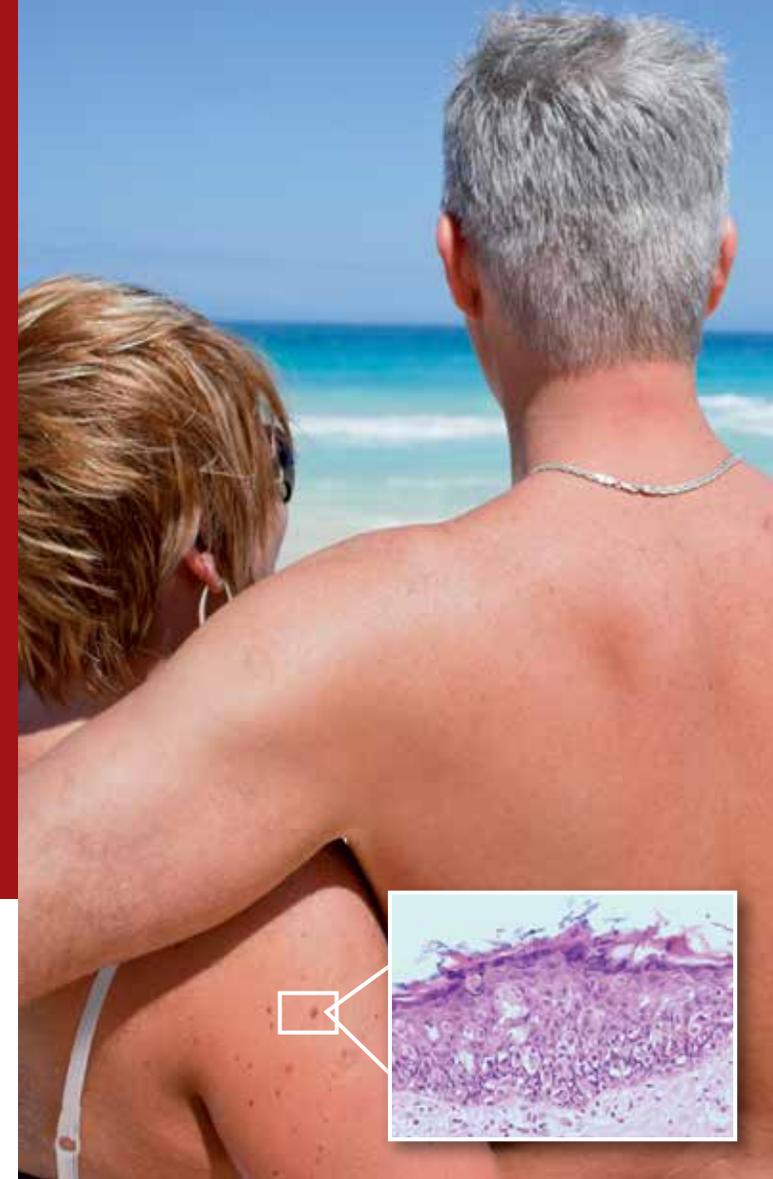
As this brochure contains only general information, professional advice from your medical practitioner should be sought before applying the information in this brochure to particular circumstances. You should not rely on any information contained in this brochure without first obtaining professional advice.

For further information,
please speak with your doctor



Abbott Pathology (ABN 29 096 615 913)
PUB/MR/558, version 2 (Jun-11)

Skin Cancer Awareness



We would like to thank the Dermatologists of the Queensland Skin and Cancer Foundation for supplying the clinical photos in this publication.



The Facts

Living in the northern region of Australia we are blessed with bright sunshine for the majority of the year. While many of us live here for the perfect weather, we often neglect to take sufficient precautions against the damage sun exposure can do to our skin. All this sun has put Australians at the top of the list for the highest incidence of skin cancer across the world, causing great concern for the health of our population. Prolonged exposure to the solar UV radiation in sunlight can affect anyone regardless of their skin type, and its effect can result in skin cancers that spread to other parts of the body if early identification is not made. Several factors contribute to an increased risk of you developing skin cancer:

- Sun exposure during childhood; especially without sunscreen protection
- Involvement in outdoor activities, including an outdoors career, suntanning, outdoor sports and leisure activities
- Proximity to the equator - Queensland has a higher rate of diagnosed skin cancers compared with southern states
- Outdoor activity between the hours of 10.00am and 2.00pm, as the solar UV radiation is more intense at this time
- A fair complexion, blue or green eyes and freckles, and skin which tans poorly and burns easily
- A previous incidence of skin cancer or keratoses, or a family history of skin cancer.

Three main types of skin cancer:

1) Basal cell carcinoma (BCC)

- Most common form of skin cancer but usually the least dangerous
- Usually form as either small round or flattened lumps, or flat scaly patches that persist
- Usually red, pale or pearly in colour
- Often have blood vessels (which look like tiny veins) over the surface
- Often found on the head and neck region, the back and limbs.

2) Squamous cell carcinoma (SCC)

- Less common form of skin cancer but more dangerous than a BCC
- Usually form as red scaling areas that can become ulcerated
- Can be found on the lips, particularly the lower lip and other sun exposed areas e.g., limbs and face.

3) Melanoma

- A less common form of skin cancer but more dangerous than BCCs or SCCs
- Often form as a new spot, freckle or mole on the skin that changes in shape, colour or thickness over months
- Can also develop in pre-existing moles, making those with many moles at greater risk of developing a melanoma
- Can be dark brown to black, red, blue-black or a combination of colours, 10% can be pale in colour
- Often have an irregular shape
- Can spread to internal organs and cause death if not detected and removed with urgency.



Basal cell carcinoma

Squamous cell carcinoma

Melanoma

Diagnosis and Treatment

It is recommended that you check your skin for possible abnormalities on a regular basis, ensuring any suspicious areas are assessed by a General Practitioner or Dermatologist urgently. **The main abnormalities to look for are as follows:**

- A crusty, non-healing sore
- A small lump which is red, pale or pearly in colour
- A new spot, freckle or mole changing over a period of weeks to months in:
 - Colour; with particular attention to dark brown/black, red or blue-black spots
 - Thickness or shape.

If a suspicious lesion is identified your doctor will assess the affected area and devise a treatment plan. If your doctor determines the affected area to be benign (non-cancerous) they may still remove the lesion by freezing or other means. If they suspect a cancer your doctor may do either of the following:

- Take a biopsy of the area during which the doctor extracts a small sample of tissue for evaluation via a punch, shave or incision method
- Excise the area by cutting out the lesion and some surrounding skin with a scalpel.

The method your doctor uses will depend on the location, size and type of lesion. This tissue will then be sent to a specialist Pathologist for evaluation. During this process the tissue collected will be assessed under a microscope. Through magnification the Pathologist can identify if the sample contains malignant (cancerous) cells. If the lesion was excised, the Pathologist will assess the outermost area of the tissue to determine if all cancerous cells have been removed.

The Pathologist will send a comprehensive report to your doctor. If any abnormalities are confirmed by this testing, your practitioner will discuss with you any additional management or treatment.