

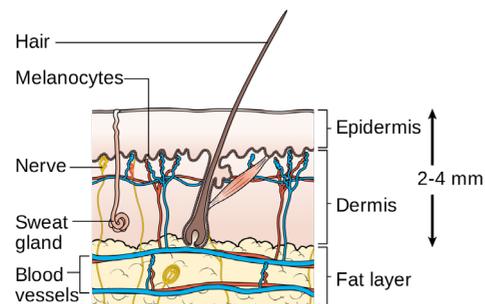
skin cancer the facts

- Skin cancers are divided into two main types: melanoma and non-melanoma
- Non-melanoma skin cancer is the most common cancer in Ireland
- There are over 7,980 skin cancers and over 810 melanomas diagnosed every year
- The number of people diagnosed rises each year
- More men than women are diagnosed with skin cancer
- Being SunSmart is vital to preventing skin cancer

What is the skin?

The skin is an organ, like your heart and kidneys. It is the biggest organ in the body and does several important jobs such as acting as a barrier and protecting everything inside your body.

The skin is made up of two main layers: the epidermis on the outside and the dermis underneath. New cells are made in the deep layers of the epidermis and are pushed towards the surface. The epidermis is mainly made up of flat, scale-like cells called squamous cells which make a substance called keratin, a tough, waxy substance that helps the skin to protect the body. At the base of the epidermis are cells called melanocytes which make melanin, the pigment that gives your skin its colour and protects it from ultraviolet (UV) rays in sunlight. Under the squamous cells are round cells called basal cells. These cells constantly divide to form new keratin-producing cells to replace the ones that wear off the skin's surface.



Types of skin cancer

There are different types of skin cancer. The type of skin cancer depends on the skin cells that are affected.

- If the cells affected are the basal or squamous cells, it is called non-melanoma skin cancer
- If the melanocytes are affected, it is called melanoma skin cancer

This information leaflet gives a brief overview of both non-melanoma and melanoma skin cancer. For more detailed information, please see mariekeating.ie/skincancer.

Skin cancer (non-melanoma)

Non-melanoma skin cancer is the most common cancer in Ireland. There are several different types of non-melanoma skin cancer. The most common types are basal cell cancer (BCC) and squamous cell cancer (SCC).

Basal cell cancer (BCC)

This cancer develops from basal cells which are in the deepest layer of the epidermis and around the hair follicle. It develops mostly in areas of skin exposed to the sun, including the face. It can also develop on your back, particularly in men, or lower legs. It is most often diagnosed in people of middle or old age.

Basal cell cancer may start as a small lump that gets bigger slowly over months and years. The edges usually have a shiny or pearly look and a sunken middle. Sometimes the middle becomes crusty or an ulcer develops. It usually will not hurt unless knocked but it can be itchy and may bleed if scratched.

It is very rare for basal cell skin cancer to spread. It is possible to have more than one basal cell cancer at any one time.

Squamous cell cancer (SCC)

This cancer begins in cells called keratinocytes, which are the cells lying just above the basal cells on the surface of the skin. Squamous cell cancer most often develops in areas that have been exposed to the sun, including parts of the head, neck, and on the back of your hands and forearms. It can also develop in scars, areas of skin that have been burnt in the past or areas of skin that have been ulcerated for a long time.

Squamous cell skin cancer can look like a crusty, scaly ulcer. Or it may be bumpy and hard and develop into an ulcer. This type of cancer is generally faster growing than basal cell cancer though it does not usually spread.

Risks and causes of skin cancer

- **Sun exposure** - either long-term, or short periods of intense sun exposure and burning increases your risk
- **Sunbeds** - Using sunbeds greatly increases your risk
- **Skin types** - People who have fair skin; lots of moles or freckles; or red or fair hair have a greater risk
- **Age** - Non-melanoma skin cancers develop slowly. As you age you have more time to build up sun damage. However, young people can get skin cancer too
- **Having had skin cancer before** - If you have had a non-melanoma skin cancer, you have about a 10 times higher risk of a second non melanoma skin cancer
- **Other skin conditions** - People with certain conditions have an increased risk. These include: psoriasis, scarring; solar keratosis; and atopic dermatitis
- **Family history** - If someone in your family has had any type of skin cancer, this increases your risk

What you can do

One of the best ways to prevent skin cancer is to be SunSmart

Wear sunscreen - with at least SPF 15 and good UVA protection

Seek shade- especially from 11am-3pm

Cover up- with clothes and a hat

Wear sunglasses- make sure they give UV protection

Never use sunbeds

Checking for skin cancers

Early detection is key to surviving skin cancer. Make a habit of checking your own skin so you can notice if something changes. If you find any changes, go to your GP. To view images of skin cancer, visit www.mariekeating.ie/skincancer.

Diagnosing skin cancer

If you notice a change on your skin that does not heal over 4 weeks and that you cannot explain, visit your GP. He/she may refer you to a skin specialist called a dermatologist who will look at your skin under a special magnifying glass. The dermatologist or a plastic surgeon may also remove the mole or affected skin, so that the cells can be looked at under a microscope. This is called a biopsy. During a biopsy, at least 2-5 mm of normal looking skin will be removed as well to ensure that all unusual tissue is removed. A biopsy is usually performed under local anaesthetic.

Depending on what the doctor sees when he or she looks at biopsy tissue under the microscope, you may not need any further treatment. If you do, the doctor will discuss this with you.

Melanoma skin cancer

Melanoma is a cancer that begins in the melanocytes. It is also known as malignant melanoma. Most melanoma cells still make melanin, the pigment in your skin, so melanoma tumours are usually brown or black, but can also appear to be pink, tan, or even white.

Melanomas can develop anywhere on the skin, but they are more likely to start on the trunk (chest and back) in men and on the legs in women. They are also common on the neck and face. Melanoma is less common than basal cell and squamous cell skin cancers, but it is far more dangerous. The number of people affected in Ireland is rising rapidly. Like basal cell and squamous cell cancers, melanoma is almost always curable in its early stages. If not caught, melanoma is much more likely than other forms of skin cancer to spread to other parts of the body. In Ireland, more women are diagnosed with this type of cancer but men are more likely to die from it.

Risks and causes of melanoma

- **UV light** - This comes from the sun. Over exposure can cause patches of rough, dry skin called solar keratoses, which increases your risk of melanoma by up to 4 times
- **Moles** - The more you have, the higher your risk. Be very careful about sun exposure and keep an eye on all your moles.
- **Rare birthmarks** - a rare type, called a congenital giant melanocytic naevus, can develop into a melanoma.
- **Skin colour and freckling** - People who are very fair skinned, especially those with fair or red hair; blue, green or grey eyes and those with lots of freckles are more at risk.
- **Sunburn** - People who have had sunburn are twice as likely to get melanoma as those who have not. The risk is higher if you have had sunburn several times in your life.
- **Where you were born** - Fair skinned people born in a hot country have a higher risk than people who went to live in a hot country as a teenager or people with similar skin colouring who live in cooler climates.
- **Sun exposure now and then** - People who are exposed to strong sunlight now and then, like holidaying in a hot country, are more at risk than people who are continuously exposed.
- **Sunbeds** - Using a sunbed, even just once, increases your risk of melanoma by 20%.

Diagnosing melanoma

If you have a suspicious looking mole, go to your GP. If he/she thinks the mole may be cancerous, you may need to go to a dermatologist. He/she may use a tool called a dermatoscope to examine the abnormal area on your skin. If the mole needs to be removed, you will have an excision biopsy under local anaesthetic. The doctor will cut out the whole mole and 2 mm of tissue all around. The tissue is sent to the laboratory for testing. You will need some stitches. Follow up will be arranged. If the mole does not contain any cancerous cells, you will not need any more treatment. If the mole contains any cancerous cells, you may need to have more tests.

If your mole contained cancerous or precancerous cells, a pathologist will carefully check the biopsy tissue in the laboratory. Your doctor will ask you to go back into hospital for an operation to remove more tissue from around the area of the melanoma. This operation is called a wide local excision.

What you can do

Get to know the normal appearance of your skin and any moles you may have. Then, learn your ABCDE's and check your skin regularly- about once a month. Because melanoma affects both men and women, everyone needs to become aware of their own skin and check themselves.

A-asymmetry

If you draw a line through a melanoma, the two sides will not match

B- border

The border of an early melanoma tends to be uneven. The edges may be scalloped or notched

C- colour

Most healthy moles are all one colour. A mole with a number of different shades of brown, black or tan is a warning sign. Melanomas may also be blue, red or some other colour

D- diameter

Melanomas are usually larger in size than the rubber at the top of a pencil (¼ inch or 6mm)

E- evolving

Any change- in shape, colour, size, elevation (height), or any other trait, or a new symptom like bleeding, itching or crusting is a warning sign

Treatment

The main treatment for early and locally advanced melanoma is surgery. Advanced melanoma can also be treated with surgery though treatment will depend on the type and size of the melanoma, where it is found and the organs it affects. Treatments may also include topical chemotherapy or immunotherapy chemotherapy, radiotherapy, photodynamic therapy and biological therapies.

Remember: Check your skin using the ABCDE's. Many skin changes may be harmless, but if you notice a new or changing mole, visit your GP without delay.

About the Marie Keating Foundation

Following their mother Marie's death in 1998, the Keating family promised that they would do everything they could to bring an end to breast cancer. They committed to provide all women and their families with the necessary information to prevent cancer or detect it at its earliest stages. Their collective aim was "making cancer less frightening by enlightening".

Through its community information service, the Foundation's dedicated nurses have enlightened over 180,000 people of the causes and risk factors of breast and other cancers. The Foundation is continuing to expand its awareness campaigns on each of the key cancers, at local level through its community outreach approach as well as through national campaigns.

The Foundation finances other areas of need in cancer care. Monies raised help to refurbish hospital oncology waiting rooms in making them more comfortable for patients. A limited comfort fund for those in financial difficulty as a result of their illness provides immediate assistance, when required.

On February 2nd 1998, our mother Marie died from breast cancer. At the time and all through her illness, we could do nothing to help our Mother who had, all our lives, done everything for us. We, the Keating family have set up this charity in her name to try to help and prevent others going through what Mam went through and what we are still going through to this day. This is also to show that such a wonderful mother and person did not die in vain.

Take care,

The Keating Family



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Skin Cancer

What you should know



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