



## Basic description

Skin cancer is the most common of all cancers. Fortunately, most skin cancers are slow-growing, easy to recognize, and relatively easy to treat when detected early. Skin cancers are either non-melanoma or melanoma.

Most skin cancers are non-melanoma, occurring in either basal cells or squamous cells. They usually develop on sun-exposed areas of the body. They can be fast- or slow-growing, but they rarely spread.

Melanoma skin cancers develop from melanocytes. Melanoma is usually curable when it is detected in its early stages. Although melanoma accounts for less than 5% of skin cancers, it is a far more serious skin cancer, and it causes most skin cancer deaths.

## Opportunities

**Prevention** The best way to lower the risk of skin cancer is to limit unprotected exposure to the sun, especially between 10 a.m. and 4 p.m. Most of the skin can be protected with clothing and broad-brimmed hats. Wrap-around sunglasses provide the best protection for the eyes and the skin around the eyes. Sunscreens with a sun protection factor (SPF) of 15 or more should be used on areas of skin exposed to the sun. Tanning parlors and sun lamps should not be used.

**Detection** The American Cancer Society recommends a cancer-related check-up by a physician, including skin examination, during a periodic health exam for people ages 20 and older. Everyone should know their own pattern of moles, blemishes, freckles, and other marks on the skin so they can notice changes during monthly self-exams.

Key warning signs of non-melanoma skin cancers are a new growth, a spot that is getting larger, or a sore that does not heal within 3 months. For melanoma, the most important warning sign is a change in the size, shape, or color of a mole or signs that its border is becoming more ragged. Other symptoms include scaliness, bleeding, or change in a bump or nodule; or a change in sensation, itchiness, tenderness, or pain.

**Treatment** Most non-melanoma skin cancers may be cured by fairly minor surgery, but other treatments may be used, depending on where and how large the tumor is. If detected early, melanoma may be treated successfully with surgical excision, although surgery to test and, if necessary, remove surrounding tissue might also be needed. If the cancer has spread, more extensive surgery and treatment will be needed.

## Who is at risk?

**Gender** Men are more likely to develop non-melanoma and melanoma skin cancers than women.

**Age** The rate of skin cancers increases with age. But these cancers, especially melanoma, can be found in younger people.

# Skin Cancer

**Race** The risk of melanoma is about 10 times higher for whites than for African Americans because of the protective effect of skin pigment. Whites with fair skin that freckles or burns easily are at especially high risk.

**Immune system suppression** People with weakened immune systems have an increased risk of developing skin cancer.

**Ultraviolet radiation and sunburn** People with excessive exposure to light from tanning lamps, booths, or sunlight are at greater risk for skin cancer. If a person has had severe, blistering sunburns, particularly in their childhood or teenage years, they also have an increased risk of developing skin cancer.

## Other risk factors

- **Chemical exposure** Exposure to arsenic increases the risk, and exposure to industrial tar, coal, paraffin, and certain types of oil may also increase the risk of non-melanoma skin cancer.
- **Radiation exposure** People who have had radiation treatment have a higher risk of developing non-melanoma skin cancer in the area that was treated.
- **Moles** People with many moles and those who have some large or irregular moles have an increased risk for melanoma.
- **Family history** Risk of melanoma is greater if one or more of a person's first-degree relatives has been diagnosed with melanoma.

## Quality-of-life issues

From the time of diagnosis, the quality of life for every cancer patient and survivor is affected in some way. They may be affected socially, psychologically, physically, and spiritually.

Concerns that patients and survivors most often express are fear of recurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying screening or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the burden on finances and loved ones. People with skin cancer may have a fear of possible disfigurement, and concern about protecting their skin from the sun may greatly increase.

## Bottom line

Nearly all skin cancers could be prevented by limiting unprotected exposure to the sun. When they do occur, most skin cancers can be treated successfully if detected early. In addition to seeking shade, the American Cancer Society recommends the Slip! Slop! Slap!® and Wrap! method of prevention – slip on a shirt, slop on 15 SPF (or higher) sunscreen, slap on a hat, and wrap on sunglasses before any exposure to the sun.

## Skin cancer in the United States: 2012 estimates

- **New cases**  
Non-melanoma: More than 2 million  
Melanoma: 76,250
- **Deaths**  
Non-epithelial skin: 3,010  
Melanoma: 9,180
- **5-year localized survival rate:**  
Melanoma: 98%
- **5-year overall survival rate:**  
Melanoma: 91%

For localized melanoma, survival rates are 98%, but they fall sharply to 15% if the cancer has spread to distant parts of the body.