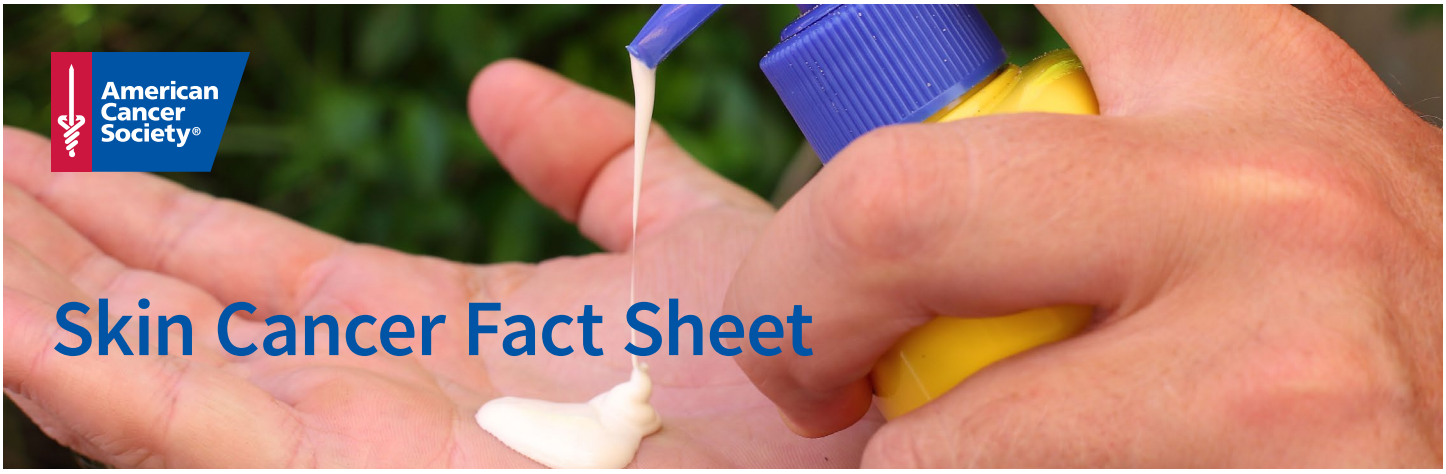

Skin Cancer Fact Sheet

Skin Cancer in the US[1]

Skin cancer is by far the most commonly diagnosed cancer in the US.

Types of Skin Cancer[2]

The majority of skin cancers are either basal cell or squamous cell carcinomas (BCC/SCC) or melanoma.

Most BCC/SCC skin cancers develop on sun-exposed areas of the body and rarely metastasize. Melanoma accounts for about 1% of all skin cancer cases, but causes the vast majority of skin cancer deaths. It is also related to sun exposure and is more likely to have accelerated growth and metastasis.

Other less common cancers affecting the skin, include Merkel cell carcinoma, lymphoma of the skin, and Kaposi sarcoma.

Risk Factors[2]

The following risk factors primarily address BCC/SCC and melanoma skin cancers:

Chronic exposure to ultraviolet (UV) radiation and sunburns People should avoid excessive exposure to sunlight and indoor tanning.

Race The risk of skin cancer is higher for whites than African Americans. People with fair skin that freckles or burns easily are at especially high risk.

Gender Men are more likely than women to have skin cancer.

Age While anyone can get skin cancer, the risk increases with age.

Immune system suppression People with weakened immunity have an increased risk of skin cancer.

Moles People with many moles and those with large or irregular moles have an increased risk for melanoma.

Personal and family history Risk of melanoma is greater in people who have already had skin cancer and if one or more first-degree relatives have had melanoma.

Radiation exposure People who have had radiation treatment have a higher risk of developing BCC/SCC skin cancer in the area that was treated.

Chemical exposure Exposure to arsenic increases the risk of squamous cell skin cancer, and exposure to coal tar, paraffin, and certain types of oil may also increase the risk of BCC/SCC skin cancer.

Early Detection[1, 2]

Although the American Cancer Society does not have guidelines for the early detection of skin cancer, clinicians should teach patients the importance of knowing their own skin and reporting changes. Skin examinations can be part of routine check-ups. Some clinicians recommend periodic self-exams.

The best way to detect skin cancer early is to be aware of new or changing skin growths. Any new lesions, or a progressive change in a lesion's appearance (size, shape, or color, etc.), should be evaluated promptly.

Signs and Symptoms[1, 2]

Warning signs of all skin cancers include changes in the size, shape, or color of a mole or other skin lesion, the appearance of a new growth on the skin, or a sore that doesn't heal. Changes that progress over a month or more should be evaluated.

BCC/SCC: Basal cell carcinoma may appear as a growth that is flat, or a small, raised pink or red translucent, shiny area that may bleed following minor injury. Squamous cell carcinoma may appear as a growing lump, often with a rough surface, or as a flat, reddish patch that grows slowly.

Melanoma: The most important warning signs of melanoma are a change in the size, shape, or color of a mole. The ABCDE (**A**symmetry, **B**order, **C**olor, **D**iameter and **E**volving) rule is a good guide to follow. Other symptoms include bleeding, change in the appearance of a nodule; the spread of pigmentation beyond its border; or itchiness. These skin changes can also occur under the nails, in the oral mucosa, and even the iris.

Prevention[1, 2]

The best way to lower the risk of skin cancer is to limit exposure to UV radiation. Exposure can be minimized by seeking shade; wearing protective clothing (e.g., long sleeves, a wide-brimmed hat, etc.); wearing sunglasses that block ultraviolet rays; applying broad-spectrum sunscreen with SPF of at least 30; and avoiding sunbathing and indoor tanning.

Children should be especially protected because severe sunburns in childhood may particularly increase the risk of melanoma.

Smoking cessation and regular skin checks can also help lower the risk of skin cancer.

Treatment[2, 3, 4, 5]

Treatment options are based on the type and stage of skin cancer. Most early skin cancers are diagnosed and treated by removal and microscopic examination of the cells.

- Depending on the tumor location and size, most BCC/SCC skin cancers may be cured by minor surgical excision, cryotherapy, laser surgery, radiation, or topical chemotherapy. Systemic chemo, targeted therapy, or immunotherapy might be used for cancers that cannot be treated with local therapy.
- If detected early, melanoma may be treated successfully with surgery that achieves adequate margins. Melanomas with deep invasion or that have spread to lymph nodes may be treated with surgery, immunotherapy, chemotherapy, and/or radiation therapy. Advanced melanomas are often treated effectively with immunotherapy and targeted therapy. Chemotherapy may be used but is typically less effective than newer treatments.

Skin Cancer in the US:

2020 estimates[1, 2, 6]

- New cases

  BCC/SCC: 5.4 million cases among 3.3 million people

  Melanoma: 100,350

- Deaths

  Melanoma: 6,850

- 5-year relative survival rate for localized stages:

  Melanoma: 99%

- 5-year relative survival rate for all stages combined:

  Melanoma: 92%

Quality of Life[6, 7]

Skin cancer survivors often express fear of recurrence; guilt about delaying care or treatment, or for doing things that may have caused the cancer; concerns about changes in physical appearance; fatigue; and the burden on finances and loved ones.

A cancer diagnosis can profoundly impact quality of life. **Clinicians should assess for any physical, social, psychological, spiritual, and financial issues.** Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time from the point of diagnosis, during treatment, and until the end of life. Throughout a patient's cancer journey, it's very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

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