



# Skin Cancer Fact Sheet

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. Most non-melanoma skin cancers develop on sun-exposed areas of the body. Depending on the type, they can be fast- or slow-growing, but they rarely spread.

Melanoma skin cancers develop from melanocytes. Melanoma is usually curable when it's detected in its early stages. Although invasive melanoma accounts for only 1% of skin cancer cases, it's a far more serious skin cancer, and it causes the vast majority of 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. Broad-spectrum sunscreens with a sun protection factor (SPF) of 30 or more should be used on areas of skin exposed to the sun. Tanning beds and sun lamps should not be used.

**Detection** Skin examinations can be part of routine check-ups. Some providers recommend monthly self-exams, too. 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. Patients should be instructed to promptly report any skin changes and new or unusual lesions to a health care provider.

Key warning signs of non-melanoma skin cancers are a new growth, a spot that is getting larger, or a visible

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 the appearance of a bump or nodule; the spread of pigmentation beyond its border; or a change in sensation, itchiness, tenderness, or pain.

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

## Who is at risk?

**Gender** Men are more likely than women to have basal cell cancers and squamous cell cancers of the skin.

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

**Race** The lifetime risk of melanoma is 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 coal tar, 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

## Skin cancer in the United States: 2017 estimates

- New cases  
Non-melanoma: 5.4 million cases among 3.3 million people  
Melanoma: 87,110
- Deaths  
Non-melanoma: 3,860  
Melanoma: 9,730
- 5-year localized survival rate:  
Melanoma: 98%
- 5-year overall survival rate:  
Melanoma: 92%

For localized melanoma, survival rates are 98%, but they fall sharply to 18% if the cancer has spread to distant parts of the body.

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

Most 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 – even melanoma, the most serious type of skin cancer. In addition to seeking shade, the American Cancer Society recommends the Slip! Slap! Slap!® and Wrap! method of prevention – slip on a shirt, slap on a broad-spectrum sunscreen of at least SPF 30, slap on a hat, and wrap on sunglasses before any exposure to the sun.



cancer.org | 1.800.227.2345  
1.866.228.4327 TTY

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