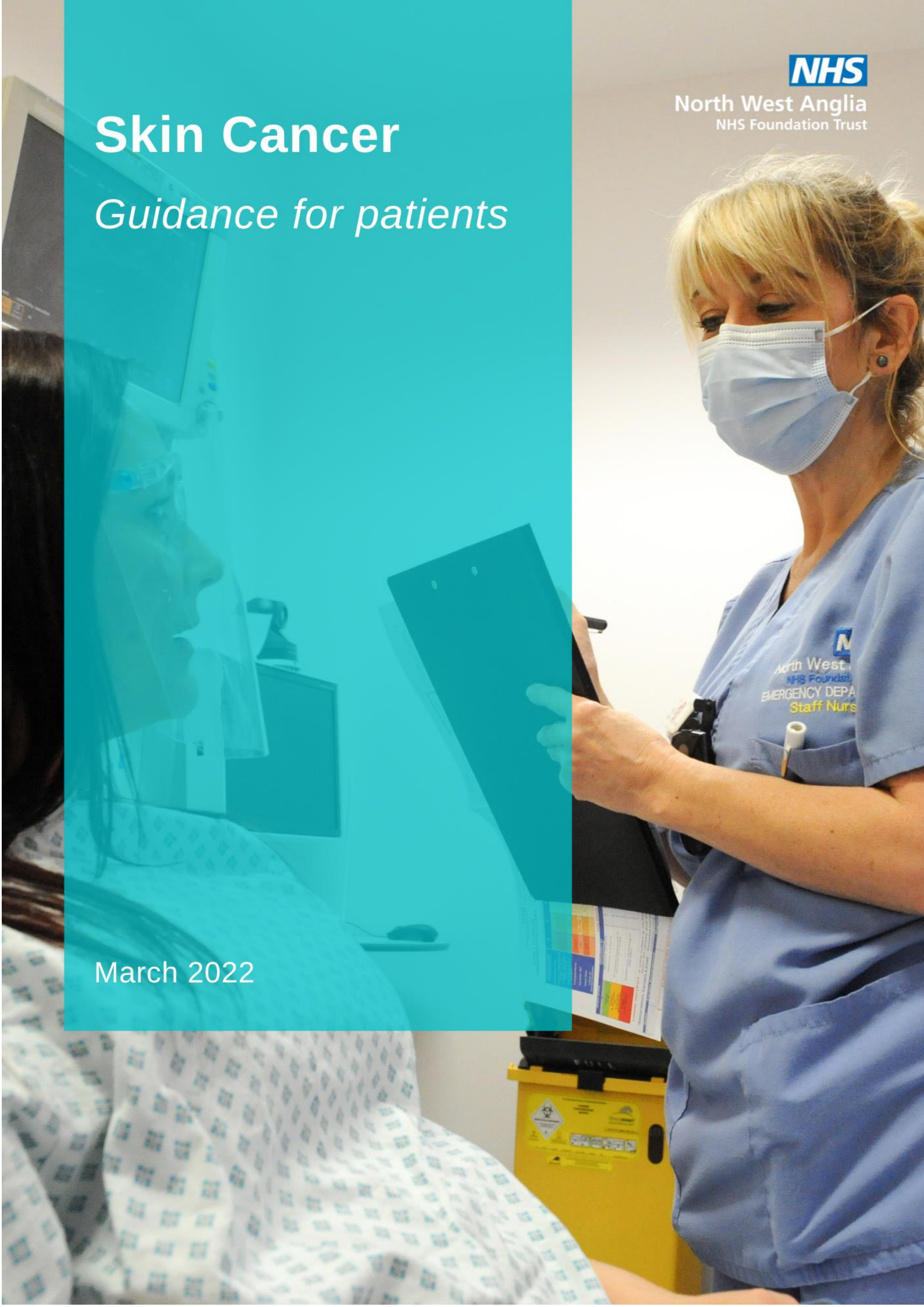


Skin Cancer

Guidance for patients

March 2022



Plastics: Skin Cancer

Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you can support yourself while waiting to attend the hospital. The guidance has been reviewed by clinicians who are responsible for your care.

Guidance for Patients

Skin Cancer

Skin cancer is the most common type of cancer in the UK, and the number of people diagnosed with the condition has risen steeply since the 1970s. There are two main categories of skin cancer – melanoma and non-melanoma.

Melanoma skin cancer

What is melanoma skin cancer?

Melanoma, also known as ‘malignant melanoma’, is a type of skin cancer. It is less common than non-melanoma cancers but is the more dangerous form of the disease. Melanomas can arise in or near to a mole but can also appear on skin that previously looked quite normal. They develop when the skin pigment cells become cancerous and multiply in an uncontrolled way. They can then invade the skin around them and may also spread to other areas such as the lymph nodes, liver and lungs.

How common is melanoma?

Melanoma is the fifth most common cancer in the UK. In 2017 there were almost 16,000 new cases of melanoma and 2,285 deaths from the disease.

What are the causes of melanoma?

The most important preventable cause is exposure to too much sunlight, especially during the first 20 years of life. People who have had a lot of sunburns are at particular risk. The use of artificial sources of ultraviolet light, such as sun beds (tanning beds), also raises the risk of getting a melanoma, even if the skin tans without burning.

- People who burn easily in the sun are particularly at risk. Melanoma occurs most often in fair-skinned people who tan poorly. Often, they have blond or red hair, blue or green eyes, and freckle easily

- Melanoma is more common in women than men. It is a very rare cancer in children, but it is the second most common cancer in people aged 15 to 34
- The risk is increased if another family member has had a melanoma. People who have already had one melanoma are at an increased risk of getting another one
- Some people have many unusual (atypical) moles. They tend to be larger than ordinary moles, to be present in large numbers, and to have irregular edges or colour patterns. The tendency to have these moles can run in families and carries an increased risk of getting a melanoma. It is called the Atypical Mole Syndrome
- Melanomas are less common in dark-skinned people. When they do occur, they are often on the hand or foot, unusual sites for melanoma in fair-skinned people
- Past episodes of severe sunburn, often with blisters, particularly in childhood, increase the risk of developing melanoma. However, not all melanomas are due to sun exposure, and some may appear in skin that is not usually exposed to the sun
- People with many (more than 50) ordinary moles, or with very large (greater than 20cm in diameter) dark hairy birthmarks, have a slightly higher than average chance of developing a melanoma
- People with a suppressed immune system (e.g., as a result of an HIV infection or taking immunosuppressive drugs, perhaps after an organ transplant) have an increased chance of developing a melanoma

Keratinocyte cancers

What are Keratinocyte cancers?

Keratinocyte cancers, also known as non-melanoma cancer, are mainly comprised of 'Basal Cell Carcinoma' (BCC) and 'Squamous Cell Carcinoma' (SCC). BCC is the most common type of skin cancer in the UK. It is very slow growing and very rarely, if ever, spreads to other parts of the body.

BCCs can vary greatly in their appearance, but people often first become aware of them as a scab that bleeds and does not heal completely or a new lump on the skin. Some BCCs are superficial and look like a scaly, red, flat mark on the skin. Others form a lump and have a pearl-like rim surrounding a central crater and there may be small red blood vessels present across the surface.

If left untreated, BCCs can eventually cause an ulcer, hence they are sometimes called rodent ulcers. Most BCCs are painless, although sometimes they can be itchy or bleed if caught.

SCC is the second most common type of skin cancer in the UK. It usually grows slowly and is less likely than melanoma to spread to other parts of the body. However, it is more serious than a BCC because if left untreated there is a small risk, between two and 10 per cent, that it can spread to other parts of the body, which could be fatal.

SCCs can vary in their appearance, but most usually appear as a scaly or crusty raised area of skin with a red, inflamed base. SCCs can be sore or tender and they can bleed but this is not always the case. They can appear as an ulcer.

Keratinocyte cancers can occur on any part of the body, but they are more common on sun exposed sites such as the head, ears, neck and back of the hands.

How common are Keratinocyte cancers?

Keratinocyte cancers are very common, in fact they are the most common type of cancer in the UK. Precise estimates for the number of non-melanoma skin cancers are very hard to give as unlike most types of cancer, the records for keratinocyte cancers are known to be incomplete. Estimates by researchers suggest that there could be around 250,000 new cases every year, considerably more than official estimates from the cancer registries.

What are the causes of Keratinocyte cancers?

i) basal cell carcinoma

The commonest cause of BCC is exposure to ultraviolet (UV) light from the sun or from sunbeds. BCCs can occur anywhere on the body but are most common on areas that are exposed to the sun such as your face, head, neck, and ears. It is also possible for a BCC to develop in a longstanding scar. BCCs are not infectious. BCCs mainly affect fair skinned adults, but other skin types are also at risk. Those with the highest risk of developing a basal cell carcinoma are:

- People with pale skin who burn easily and rarely tan (generally with light coloured or red hair, although some may have dark hair but still have fair skin)
- Those who have had a lot of exposure to the sun, such as people with outdoor hobbies or outdoor workers, and people who have lived in sunny climates
- People who have used sun beds or have regularly sunbathed
- People who have previously had a basal cell carcinoma

ii) squamous cell carcinoma the following groups of people are at greater risk of developing SCC:

- Immunosuppressed individuals (people with reduced immune systems) either due to medical treatment, such as methotrexate, ciclosporin and azathioprine, or due to diseases which affect immune function, including inherited diseases of the immune system or acquired conditions such as leukaemia or HIV
- Patients who have had an organ transplant because of the treatment required to suppress their immune systems to prevent organ rejection
- People who are more susceptible to sunburn

- People who have had significant cumulative ultraviolet light exposure, for example:
 - People who have lived in countries near to the equator, or who have been posted to work in these countries, e.g., military personnel, construction workers
 - Outdoor workers, such as builders, farmers.
 - People of advanced years, who have had a lifetime of frequent sun exposure.
- People with skin conditions such as albinism and xeroderma pigmentosum that make them more susceptible to SCC

How do I check for skin cancer?

The best way to check for skin cancer is to carry out regular skin self-examinations (SSE). We recommend you examine your skin regularly, ideally once a month. Early detection can help to reduce the risk of developing a larger, more serious skin cancer that may need extensive surgery or treatment. You should be looking for:

- New skin lumps, spots, ulcers, scaly patches, or moles that weren't there before
- Marks (including moles) on the skin that have changed shape, colour, texture, or size
- Sores that do not heal
- Any areas on the skin that are itchy, painful or bleed

How to examine your skin: Ideally you should examine your skin in a warm, well-lit room with the following equipment:

- A chair
- A full-length mirror
- A hand-held mirror
- A comb
- A tape measure or ruler
- A digital camera to record any skin marks you are not sure about

To make sure that you check all your skin, we suggest you examine yourself from head to toe following these steps. Use a mirror to check difficult-to-see areas or ask a friend or relative to help you.

Head

Beginning with your head, examine your scalp using a comb to part your hair so you can check all over your scalp. Go on to look over your face and neck. Don't forget to check behind your ears and the back of your neck.

Upper body

Check your shoulders, chest, and abdomen, again using a comb to part any hair to examine the skin underneath. Don't forget to examine under your breasts and in the groin area.

Arms and hands

Examine each arm in turn beginning with the hands. Look at both the front and back of your hands and check between your fingers (the web spaces) and your fingernails. Examine all around your upper and lower arms (remember to use a mirror for places you can't see) and raise your arms above your head to check each armpit.

Back

If you have someone who can look at your back for you that is the easiest method of examination. If you want to do it yourself, use a full-length mirror in conjunction with a hand-held mirror. Look at the whole of your back starting at the top. Examine both shoulders to the middle of your back. Working from each side to the middle, traversing your back as you go, move down past your hips to your bottom.

Legs and feet

Sit down to examine the front and sides of your upper and lower legs. Remember to look at your groin area including the genitals. Look at your feet, paying particular attention to the soles and between your toes. Remember to check your toenails. Don't forget to record what you find and write down the date you noticed it.

ABCD-Easy guide to checking your skin for melanoma

The following ABCD-Easy rules are an easy way to remember how to check for changes that might indicate a melanoma.

- **A**symmetry – the two halves of the area may differ in shape
- **B**order – the edges of the area may be irregular or blurred, and sometimes show notches
- **C**olour – this may be uneven. Different shades of black, brown and pink may be seen
- **D**iameter – melanomas will progressively change. If you see any mole, or 'mole-like' mark getting bigger over a period of weeks to months, tell your doctor.
- **E**xpert – if in doubt, check it out! If your GP is concerned about your skin, make sure you see a Consultant Dermatologist, the most expert person to diagnose a skin cancer. Your GP can refer you via the NHS

As skin cancers vary, you should tell your doctor about any changes to your skin, even if they are not similar to those mentioned here.

What to do if you are concerned

Your first port of call should be your GP if you notice something that doesn't go away within a couple of weeks. Consultant Dermatologists or Plastic Surgeons are the experts in diagnosing a skin cancer, and GPs can refer anyone with a possible skin cancer to a local dermatology or

plastics department, on the NHS. If your GP suspects you have a melanoma or SCC, the two more dangerous types of skin cancer, they should make a two week wait referral to your local NHS Trust.

If you have been referred, are waiting to be seen and your condition deteriorates, please contact your GP who will contact the Dermatology or Plastic Surgery department to request that your referral is expedited.

Contact Us

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