

## Focus on Skin Cancer and Melanoma



*Community*

*Cancer Care*

**Claire Y. Fung, MD**

**Weymouth** - The American Cancer Society estimates that in 2008, almost 1.5 million Americans were diagnosed with cancer. In the future, even greater numbers of people—especially seniors—will be diagnosed with cancer and the number of people living with cancer is expected to double by 2050.

Optimism continues to grow in cancer care. Improved prevention, early detection and treatment for many forms of cancer are contributing to a decline in the cancer mortality rate. It is estimated that up to 35% of cancer-caused deaths can be avoided through screening. In fact, detecting cancer in its earliest and most treatable form is the best way to protect yourself.

Whatever your age and level of risk, you can empower yourself with knowledge about screening guidelines. For a comprehensive guide to the latest, nationally accepted guidelines for men and women, visit

[http://www.commonwealthatrius.com/pdfs/screening\\_guidelines.pdf](http://www.commonwealthatrius.com/pdfs/screening_guidelines.pdf).

In future Community Cancer Care columns, we will focus on different forms of cancer. This month, as we welcome springtime and prepare for sunny days, we look at skin cancer and melanoma.

### **Skin Cancer and Melanoma**

The American Academy of Dermatology indicates that more than one million cases of skin cancer are diagnosed each year, with 116,500 new cases of melanoma diagnosed last year. Common non-melanoma skin cancers include basal cell and squamous cell cancers. Basal cell cancer rarely spreads while squamous cell cancers may sometimes spread to regional lymph nodes. These cancers are less worrisome than melanomas, which are much less common but far more serious because of their propensity to spread to other parts of the body. However, all of these cancers are curable when treated in early stages, so early screening is the best defense.

If you have an average level of risk, you should self-examine all parts of your body every month. In men, about one in three melanomas occurs on the back. You should also plan for a yearly skin examination.

### **Individuals at increased risk include:**

- Those with red or blond hair, blue eyes, fair skin, or skin that freckles easily.
- Those with skin that burns and doesn't tan with sun exposure.

- Those with atypical moles that appear in areas exposed to the sun.
- Those treated with medicines that suppress the immune system.
- Those 70 years of age or older.

**Individuals at high risk include:**

- Those with excessive UV exposure.
- Those with many atypical (unusual-looking) or large moles.
- Those with a family history of melanoma.
- Those with blistering sunburns during childhood.

If you are at increased or high risk for skin cancer, you should speak to your healthcare provider about scheduling screenings or establishing short intervals between full-body skin exams.

Also, if you have a suspicious lesion (abnormal, altered skin) or unusual-looking mole, you should see your primary healthcare provider and ask about consulting a dermatologist.

**Treating Skin Cancers**

Treatments for skin cancers vary according to the type and severity. Options for basal cell and squamous cell cancers generally include surgery, cryotherapy with liquid nitrogen, radiation therapy, and topical creams. Treatment for melanoma, even when it is localized, is more involved and may include wide surgical excision sometimes coupled with sampling of lymph nodes, immunotherapy, radiation therapy, and chemotherapy. You should consult with your surgeon, medical oncologist, or radiation oncologist to determine the most appropriate treatment plan.

Of course, all individuals should take proper precautions by limiting their exposure to the sun and applying proper amounts of sun block. If you have a strong family history of cancer and are curious about your propensity for skin or other cancers, you may also look into genetic counseling and testing.

**About The Author**

*Claire Y. Fung, MD, is Director of Radiation Oncology, Harvard Vanguard Medical Associates, at Commonwealth Atrius Cancer Center in Weymouth. Commonwealth Atrius, is a comprehensive, freestanding cancer center, and is a collaboration between Commonwealth Hematology-Oncology and Atrius Health. The Cancer Center features all non-surgical cancer care services—medical oncology, radiation oncology, and imaging—under one roof. The radiation oncology suite, operated by Harvard Vanguard Medical Associates (an affiliate of Atrius Health), offers advanced radiation therapy, including intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT.) Visit [www.commonwealthatrius.com](http://www.commonwealthatrius.com). For more information, visit [www.commonwealthatrius.com](http://www.commonwealthatrius.com), [www.cancer.org](http://www.cancer.org), [www.cancer.gov](http://www.cancer.gov), or [www.aad.org/media/press/month.html](http://www.aad.org/media/press/month.html).*