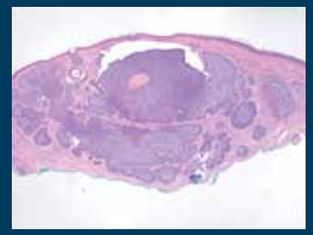
CAUSES AND PREVENTION OF SKIN CANCER

Skin cancer is usually caused by the UV rays of the sun and tanning beds in patients with lighter skin. Skin cancer may also occur in areas exposed to chronic trauma or irritation, as well as in skin which has been severely burned. It has been reported, the probability of developing skin cancer increases by up to 2,500 percent with the use of tanning beds. The increased incidence of all types of skin cancer in younger patients is directly related to the use of tanning beds, so the use of any tanning bed should be avoided. You may also decrease the chances of developing skin cancer by limiting your exposure to the harmful UV rays of the sun.



Microscopic Image of Squamous Cell Carcinoma

This may be accomplished by wearing sunscreen with a Sun Protection Factor of 15 or higher with frequent reapplication. Avoiding the sun between 10 a.m. and 4 p.m., wearing long sleeves and hats with large brims and seeking shade will also decrease exposure to the harmful UV rays of the sun.

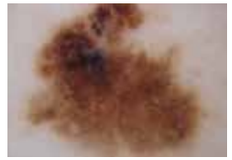
SkinPath SOLUTIONS

The ABCDEs of Melanoma:

The American Academy of Dermatology (AAD) has established an understandable guide to possible malignant melanoma, the most dangerous kind of skin cancer.

A is for Asymmetry

If a mole is asymmetrical, you should be concerned and have it looked at by your clinician.

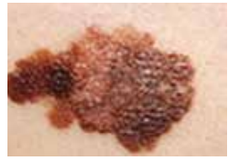


B is for Borders

If a mole has a poorly defined or irregular border, you should be concerned and have it looked at by your clinician.

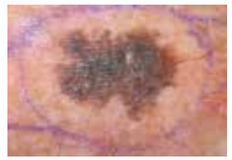
C is for Color

If a mole has several different shades of black, brown, tan, red, white or blue, you should be concerned and have it looked at by your clinician.



D is for Diameter

If a mole is larger than 6mm (the size of a common pencil eraser), you should be concerned and have it looked at by your clinician.



E is for Evolving

If a mole has noticeably changed over time, you should be concerned and have it looked at by your clinician.

This patient information was medically reviewed by: **Dipti Anand, M.D. Medical Director.**

SkinPath Solutions only employs Board Certified Dermatopathologists. All borderline or malignant pigmented lesions and complex or difficult diagnoses are reviewed in committee.

For more information on this and other skin diseases, please contact the following or visit their websites:

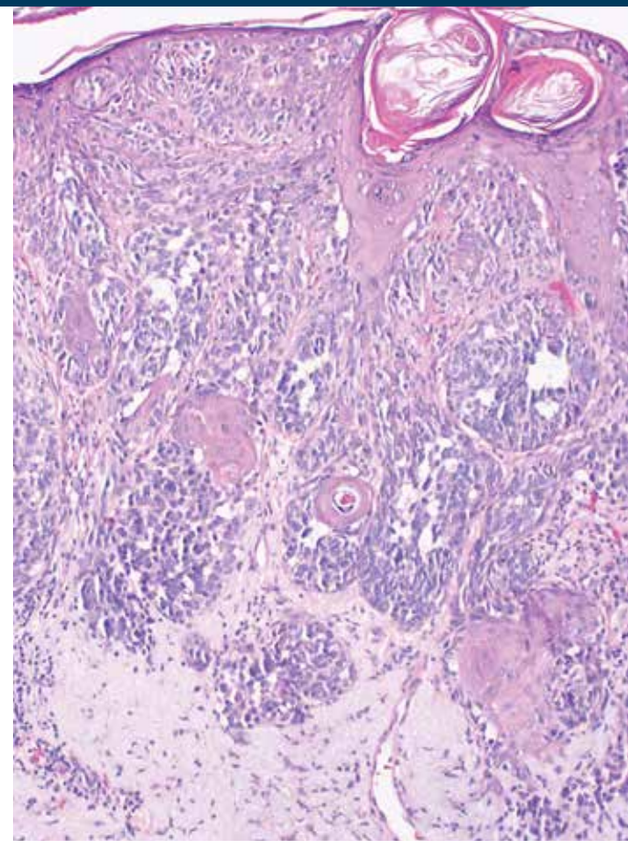
The Skin Cancer Foundation
212-725-5176
www.SkinCancer.org

The American Academy of Dermatology
847-240-1280
www.aad.org

SkinPath SOLUTIONS

2000 Lake Park Drive, S.E. Smyrna, Georgia 30080
678-556-9411 or 888-559-0263
www.SkinPathSolutions.com

SKIN CANCER



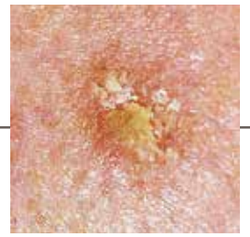
SkinPath SOLUTIONS

Providing the Best Dermatopathology Services Under the Sun

TYPES OF SKIN CANCER

ACTINIC KERATOSIS

Actinic keratosis (AK) is the most common precancerous skin lesion seen during a routine skin examination. They are most commonly found on patients with light-colored skin or patients with light-colored eyes and hair. An AK may resolve with treatment, but will usually return after additional sun exposure. The concern is that an AK may develop into a skin cancer known as squamous cell carcinoma (SCC). An AK is often biopsied in order to determine whether it has progressed to SCC, so that it may be properly treated.



Actinic Keratosis

SQUAMOUS CELL CARCINOMA

Squamous cell carcinoma (SCC) is the second most common form of skin cancer. About 800,000 Americans are newly diagnosed with SCC each year. The squamous layer of the skin is the most outer layer of the epidermis, which is the outer layer of the skin. SCCs left untreated can metastasize to other organs of the body, and they can be deeper than they appear to the naked eye. Large SCCs can be disfiguring, and metastatic SCCs can be fatal. Patients who have had SCC or other skin cancers are at higher risk of developing additional skin cancers. SCC can reoccur in the same area even if it has been properly removed. Regular skin examinations by your clinician are recommended.

Squamous Cell Carcinoma

BASAL CELL CARCINOMA

Skin cancer is the most common form of cancer and basal cell carcinoma (BCC) is the most common of all skin cancer types. About 3 million Americans are diagnosed with BCC each year. The basal layer of the skin is the deepest layer of the epidermis, which is the outer layer of the skin. BCC will not usually metastasize or move to other organs. It can be disfiguring if it is not diagnosed and removed in a timely manner. Your clinician will discuss your treatment plans, but BCC is not life threatening and has an almost 100% cure rate. Patients who have had BCC have a higher chance of developing other skin cancers, such as squamous cell carcinoma (SCC).

Basal Cell Carcinoma

MALIGNANT MELANOMA

Malignant melanoma (MM) is the most aggressive form of skin cancer. About 20% of Americans will be diagnosed with skin cancer at some point in their lives and approximately 78,000 new MMs will be diagnosed in the U.S. this year. Almost 10,000 Americans die from MM annually. As with all forms of skin cancer, MM can be cured if it is caught early and treated appropriately. Regularly scheduled skin examinations by your clinician are your best defense. If you are predisposed to skin cancer, more frequent skin examinations will be necessary. An increased likelihood to develop MM results from having members of your immediate family diagnosed with MM or you having a previous diagnosis of MM.

Malignant Melanoma

IDENTIFICATION OF AK:

AKs appear as red bumps or patches on areas that have been exposed to sunlight over an extended period of time. AKs usually occur on the face, lips, ears, arms, backs of hands or the ankles and feet. However, they can occur on any part of the body that has been chronically exposed to sunlight or has been sunburned on many occasions. The color may range from pink to red to brown or flesh-colored and it may also exhibit a warty appearance. AKs are often diagnosed by your clinician during a skin examination. Occasionally, your clinician will take a biopsy of an AK and refer it to a dermatopathologist for definitive diagnosis in order to ensure the lesion is treated properly. The dermatopathologist processes the tissue and evaluates it under a microscope to provide the most accurate diagnosis.

IDENTIFICATION OF SCC:

Squamous cell carcinomas (SCCs) are typically found in sun-exposed areas of the skin. They are often seen as scaly rough patches that may bleed when they are bumped or scratched. Sometimes they have soft raised edges and are depressed in the middle. Other times they may look like a scaly wart that may bleed. They may also look like pimples that bleed and keep recurring in the same location. SCCs may rapidly increase in size. Sometimes they look like open sores, but they don't heal like they should and can persist for very long periods of time. Any lesion or spot that changes rapidly should be seen by your dermatologist as soon as possible. SCC is diagnosed by microscopic examination.

IDENTIFICATION OF BCC:

BCC is typically found on sun-exposed areas of the skin, like the nose, ears, scalp, chest and back. They are typically small bumps that appear white and raised as they begin to develop. Later, blood vessels can be seen near the surface and they become large, shiny bumps. They may also appear as pimples that bleed and keep recurring in the same place and do not heal after three weeks or longer. They can be white, red or brown areas, and their borders can be hard to define visually. Sometimes they appear as scaly patches that itch, and other times there is no pain or sensation associated with them. BCC is diagnosed by microscopic examination by a dermatopathologist.

IDENTIFICATION OF MM:

MM can look like a mole with only subtle variations. It may be large and circular or odd shaped and very dark in color. It can have varying shades of similar colors, typically tan, brown and black, and it may appear at any location on the body. One type of melanoma (amelanotic melanoma) is especially dangerous because it has no pigment, often resulting in delayed diagnosis and treatment. These dangerous lesions may appear white or pink. Some are raised while others are flat and flush with surrounding skin. Most MMs can be discovered using the "ABCDEs of Melanoma." Everyone should check their body monthly using either a mirror or another person. Also, full-body examinations should be done annually by a clinician, or more frequently if you are predisposed or have been previously diagnosed with MM.