





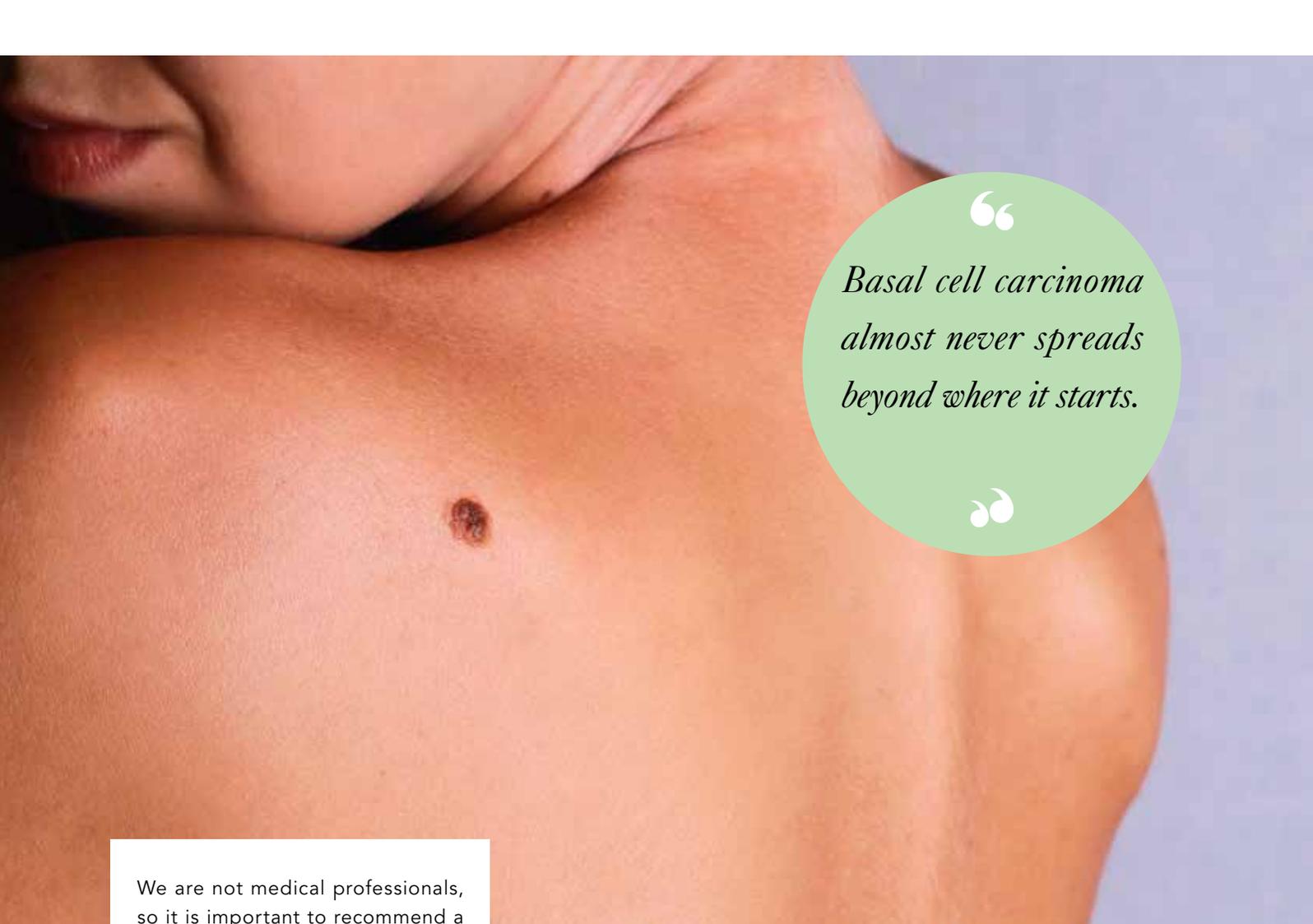
THE MORE YOU KNOW

The *A, B, C, D, Es* of Skin Cancer

by Kris Campbell



May is national Melanoma/Skin Cancer Detection and Prevention Month. The most common of all cancers, approximately 3.5 million cases of basal and squamous cell skin cancer are diagnosed in this country each year.¹ With this awareness, it is the perfect month to educate your clients on how to do their own exams at home on a regular basis and encourage them to see a dermatologist yearly for a thorough exam.



Basal cell carcinoma almost never spreads beyond where it starts.

We are not medical professionals, so it is important to recommend a dermatologist visit when you notice an area that may look to be cancerous. Without alarming the client, advise them to go in for an exam if a mole or discoloration in their skin arises at any time. Some skin cancers are fast spreading and there is often no time to waste. Training the client in what to look for will help provide them with some much-needed information so they can keep watch on their skin.

➔ **BASAL CELL CARCINOMA (BCC)**

Basal cell carcinomas have been linked to long-term exposure to the UV (ultraviolet) rays of the sun. This is a great reason to encourage clients to use broad-spectrum sun protection and limit their exposure to the sun. The areas of the body most likely to develop basal carcinoma are the ones that tend to get more sun, such as the

head, face, neck and arms. A basal cell usually looks like a sore that does not heal and instead scabs and reopens. While this is the norm, a few other symptoms can arise:

- Pearly white or waxy bump, often with visible blood vessels, on the face, ears or neck. The bump may bleed and develop a crust. On darker skin tones, this type of mole may be brown or black. It may also look like a common scar.
- Flat, scaly, brown or flesh-colored patch usually found on the back or chest areas. These areas can also experience an itchy sensation.

Basal cell carcinoma almost never spreads beyond where it starts. It is rare for it to pass the original tumor site and become life threatening. It

should be treated early, as removal of a larger area can lead to disfiguration in the area treated.²

➔ **SQUAMOUS CELL CARCINOMA (SCC)**

Squamous cell carcinoma is the second most common type of skin cancer.³ It is classified as an uncontrolled growth of abnormal cells developing in the squamous cells, which make up most of the epidermis or top layer of the skin. This type of cancer is most commonly found in areas typically exposed to the sun, but can also be found in mucous membranes and genital areas. If found in an area that has been over-exposed to the sun, it is often very evident as the skin tends to be wrinkled, pigmented and has lost its elasticity.

THE ABCDE RULE

Symptoms to be aware of include:

- A patch of scaly skin or sore that persistently crusts and bleeds without any indication of eventually healing.
- A raised growth with an indentation in the middle that may occasionally bleed. This growth may increase in size quickly.
- A growth, often mistaken for a common wart, that opens without healing completely.

The rise of this type of cancer among women can be linked to the rise in indoor tanning beds over the last 30 years. Knowing whether or not your client received their tan at the beach, in a tanning machine or from a spray tan apparatus is good to know. SCC is also likely to result from a failure in a person's immune system. People who have HIV, undergo chemotherapy or fight other autoimmune diseases have a harder time resisting this type of cancer.

Being aware of a client's history with actinic keratosis (AK) is something else to note, as 40 to 60 percent of squamous cell carcinomas begin as untreated actinic keratosis.⁴ This condition appears on the skin in the form of scaly, rough and raised bumps. These bumps can appear brown or red in color and range from 1 mm to 1 inch in diameter. They are usually found in areas exposed to the sun such as forearms, the tops of ears, face, neck and scalp. Some experts even consider AKs to be the earliest form of SCC. Different studies have shown that two to 10 percent of untreated actinic keratoses may advance to squamous cell carcinoma.



Dermatologists use the **ABCDE** rule to classify melanomas. The skin care professional as well the client should know how to spot potential signs and determine if a trip to the dermatologist is warranted.⁵

A is for Asymmetry

If you draw a line down the middle of a mole and its sides are not exactly the same, this is considered asymmetrical and a possible warning sign of melanoma. If both sides of a mole are alike, or symmetrical, it is usually considered benign.

B is for Border

Normally, a benign mole has smooth and even borders. An early sign of melanoma is when borders seem to be uneven and notched in appearance.

C is for Color

A benign mole is most often a single shade of brown. If there are variations of color, this can be another sign to send the client to a dermatologist. Color mixtures can include variations of black, red, blue, brown, white and tan.

D is for Diameter

Looking at the diameter of a mole is equally important. Melanomas may be small when first detected, but usually are larger than the tip of the eraser on a pencil (one fourth inch or 6 mm), for example. Melanomas tend to be larger overall than moles that are benign.

E is for Evolving

Most benign moles stay the same over time. However, if there are changes in the ABCDs or if moles become sore-like and do not seem to heal, a trip to the dermatologist is needed right away.

Other notable warning signs include:

- A new bump or nodule
- Color of mole spreads into the skin around it
- Redness or swelling beyond the mole
- Pain, itchiness or tenderness
- Bleeding or oozing
- Scaly appearance

When looking at a client's skin, remember not to scare them when you notice an area that may look cancerous. We are not medical profession-

als and cannot determine or diagnose these medical conditions. We also do not want to perform treatments that may disrupt the area in question and in turn cause harm or infection. If you notice something of concern, make the client aware of what you see and where you see it in case they did not notice a particular mole in an area they do not see every day. Mention that they may want to have that particular area checked by a dermatologist to properly diagnose the issue.

In our profession, continuing education is key. Understanding

why skin cancer may arise guides us during the intake process as well as in choosing any potential treatments. It is important to not do more harm to a person's skin by making them more photosensitive if they are a noted sunbather or have a long history of overexposure to sun or tanning beds. Taking pictures at each appointment also helps clients be aware of changes in their skin, whether in noting the benefits of your great facials or in spotting potentially dangerous signs of skin cancer. ■

References:

1. cancer.org/cancer/cancercauses/sunanduvexposure/skin-cancer-facts
2. mayoclinic.org/diseases-conditions/basal-cell-carcinoma/basics/definition/CON-20028996
3. skincancer.org/skin-cancer-information/squamous-cell-carcinoma/scc-causes-and-risk-factors
4. mayoclinic.org/diseases-conditions/actinic-keratosis/basics/symptoms/con-20030382
5. skincancer.org/skin-cancer-information/melanoma/melanoma-warning-signs-and-images/do-you-know-your-abcde



Kris Campbell is CEO and a formulator for Tecniche, a skin care line dedicated to sensitive skin. She is a certified oncology esthetician, and works with Morag Currin to address the skin concerns of clients who are undergoing cancer treatments. Campbell trains professionals, writes for trade publications and speaks at industry events about conditions faced by people with health challenged skin.