

## How to check your skin

### The aims:

- To get to **know your skin** and what looks normal for you to help you find changes earlier.
- To get into the habit of **checking your skin regularly**. Check your skin for new spots and changes to existing freckles or moles. Don't rely on an annual skin check to detect suspicious spots. Melanoma can be life threatening and can develop in as little as a few months.
- **To detect change at an early stage** and see your doctor immediately. The aim is for complete cure by detecting and treating early.

### What do the specialist colleges say?

Most of the recommendations made are based on consensus guidelines and are not research driven. There is currently no formal screening program for skin cancers in Australia.

1. **The Royal Australian College of General Practitioners** recommends that those at increased risk of skin cancer should be offered opportunistic clinical skin examinations.<sup>[1]</sup> Individuals at a higher risk of skin cancer should undergo clinical skin examinations every 6-12 months, with or without photography, and be encouraged to conduct regular skin self-examinations.<sup>[1]</sup>
2. **The Cancer Council Australia (whose recommendations have input from dermatologists, pathologists and oncologists)** says that **individuals at very high risk** of melanoma and their partner or carer should be educated to recognise and document suspicious lesions. These individuals should be checked regularly by a clinician with six-monthly full skin examination supported by total body photography and dermoscopy and according to Australian data this is cost effective.<sup>[2]</sup> The surveillance protocols trialled so far in very high-risk individuals should be tested in individuals at high, but lower, levels of risk. At present we have no data to support recommendations for these individuals but the Australian *Clinical Practice Guidelines for Management of Cutaneous Melanoma* (2010) recommended that people **at high risk** of melanoma have ongoing surveillance and be educated about skin self-examination and appropriate sun protection.

## A brief outline on the types of skin cancer

There are three main types of skin cancer.



**Basal cell carcinoma (BCC):** This is the most common, least dangerous form of skin cancer. BCCs grow slowly, usually on the head, neck and upper torso. A BCC may appear as a lump or dry, scaly area, be red, pale or pearly in colour, ulcerate as it grows, or appear as a sore that fails to heal completely or heals but then breaks down again.



**Squamous cell carcinoma (SCC):** These are less common than BCCs but may spread to other parts of the body if untreated. SCCs grow over some months and appear on skin most often exposed to the sun. An SCC may be a thickened, red, scaly spot that bleed easily, crusts and ulcerates.

**Melanoma:** The most dangerous of these three skin cancers. More below.

## How do I check my skin?

Most skin cancers are found by people checking their own skin or are noticed by a loved one. Check all areas of your skin regularly, including skin not normally exposed to the sun. Ask others to check difficult to see areas, such as the back.

Look for changes in the shape, colour or size of an existing spot, or look for a new spot (see ABCDEs tool below). If you notice anything unusual, see your doctor straight away.

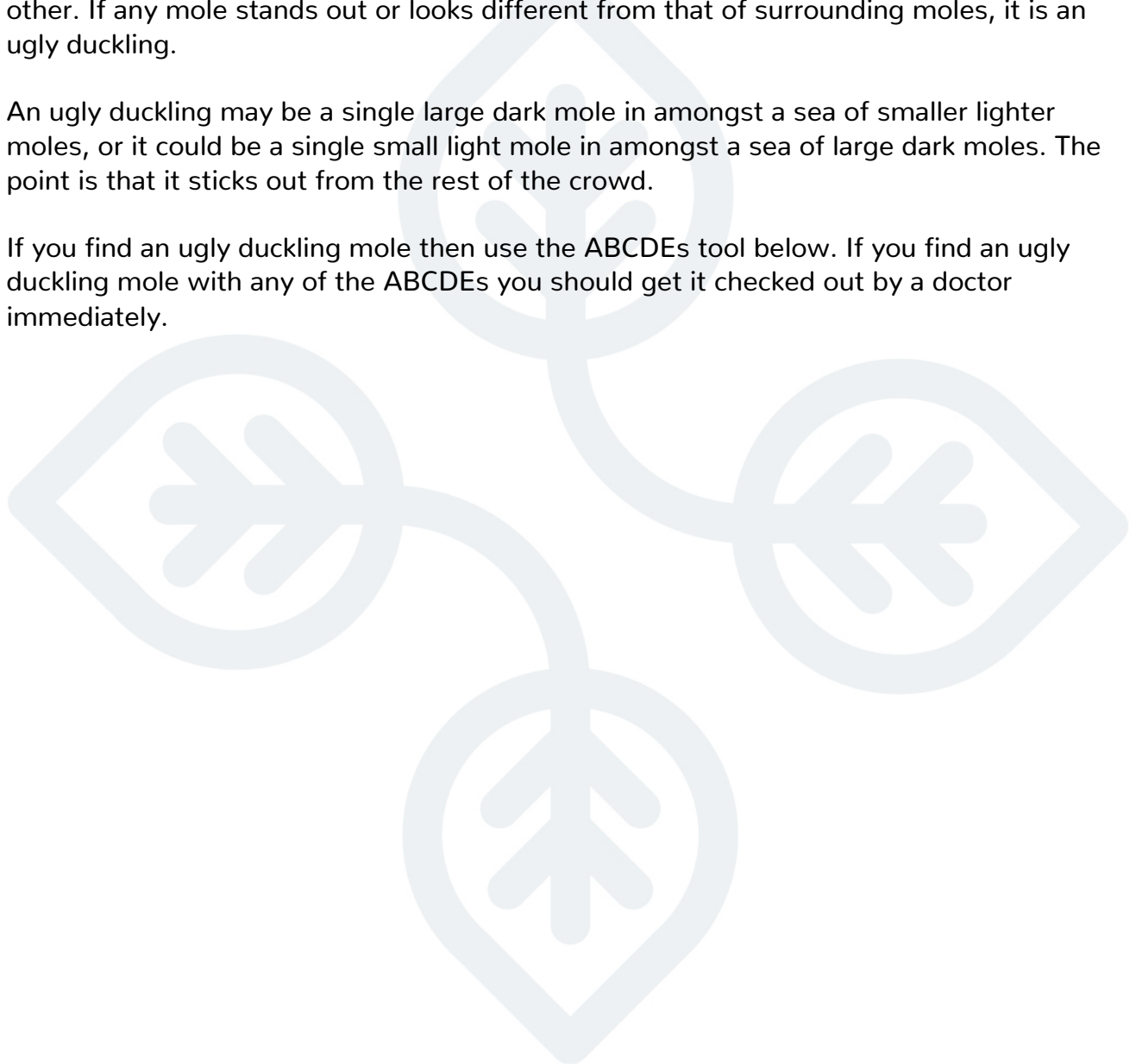
Photographs of any suspicious spots can be useful to record any changes over time. Using a smart phone and a ruler and taking monthly pictures of a suspicious mole or skin lesion with a ruler next to it for comparison over a 3-month period can be useful if you are uncertain whether something is changing. If you are worried about any skin changes, talk to your GP.

## The Ugly Duckling Sign

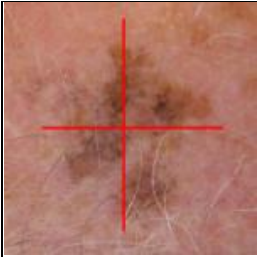
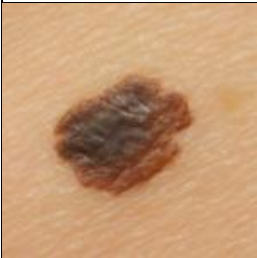

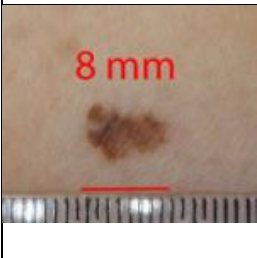
Most moles and spots on your body are the same or are similar-looking to each other. The method behind the Ugly Duckling Sign is for you to compare your moles with each other. If any mole stands out or looks different from that of surrounding moles, it is an ugly duckling.

An ugly duckling may be a single large dark mole in amongst a sea of smaller lighter moles, or it could be a single small light mole in amongst a sea of large dark moles. The point is that it sticks out from the rest of the crowd.

If you find an ugly duckling mole then use the ABCDEs tool below. If you find an ugly duckling mole with any of the ABCDEs you should get it checked out by a doctor immediately.



The ABCDE tool is used to examine suspicious spots.

	<p><b>A = Asymmetry:</b> look for spots that are asymmetrical (one half of the spot doesn't match the other).</p>
	<p><b>B = Border irregularity:</b> look for spots with uneven irregular borders. Melanoma is often flat with an uneven, notched, blurred, smudgy, ill-defined or ragged outline. The pigment may spread into the surrounding skin.</p>
	<p><b>C = Colour:</b> look for spots with an unusual or uneven colour. There may be mixture of different colours (red, blue, black, grey, white or brown) or blotchy shades of one colour such as shades of brown, tan or black.</p>
	<p><b>D = Diameter:</b> Typically, melanomas are at least 6mm in diameter so look for spots that are 6 mm or larger in diameter (the size of a pencil eraser).</p>
	<p><b>E = Evolving:</b> This means that you need to be aware of any changes that have occurred since you last checked the spot. Changes may be in the size, shape, colour or thickness, and any new symptoms such as bleeding, itching or crusting.</p>

**Nodular melanoma** is a fast growing and aggressive melanoma that **does not follow the ABCDEs tool** above. They can affect anyone but are more common in men over 50. They are often red, pink, brown or black and feel firm to touch.

Nodular melanoma grows very quickly (in a matter of a couple of months) and needs to be treated as soon as possible. While its appearance can be mistaken for a pimple, the key is that it is much firmer to touch and they are elevated. These features should prompt further investigation.



Researchers in Melbourne [proposed the addition](#) of the “EFG tool” to improve detection of these melanomas. It is therefore important to both look at and feel skin lesions.

**E** = Elevated: Moles that are raised on the skin.

**F** = Firm: Moles that are firm to touch.

**G** = Growing: Moles that grow and change very rapidly.

Finally, here is a link to an excellent video from Sun Smart on how to check your skin for skin cancer. **Please watch this video.**

<http://www.sunsmart.com.au/skin-cancer/checking-for-skin-cancer>

At the bottom of the link there is further education.

References:

1. The Royal Australian College of General Practitioners. [Guidelines for preventive activities in general practice, 9th edition](#). East Melbourne: RACGP; 2018 [cited 2018] Available from: <https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Red%20Book/Guidelines-for-preventive-activities-in-general-practice.pdf>.
2. Cancer Council Australia Melanoma Guidelines Working Party. [Clinical practice guidelines for the diagnosis and management of melanoma](#). Sydney: Cancer Council Australia; 2017 [cited 2018] Available from: <https://wiki.cancer.org.au/australia/Guidelines:Melanoma>



### **Take the Myths and Facts Test:**

**Myth:** Most skin cancers are found by doctors.

**Fact:** *Most skin cancers are found by people checking their own skin or are noticed by a loved one.*

**Myth:** People with dark skin colour don't get melanoma.

**Fact:** *People with lighter skin and eye colour are at higher risk and get more skin cancers, but anyone can get melanoma. Although less common, if you have naturally dark skin melanoma is more likely to be found at a later, more dangerous stage and so the death rates are higher in darker skinned people.*

**Myth:** Melanoma is only a concern for middle age and older adults.

**Fact:** *As a rule of thumb more than 50% of melanomas are detected in people over 60 years of age. However, melanoma is also a concern for young adults and even teenagers. Melanoma is the most common cancer in young Australians, with many patients presenting in their 20s & 30s.*

**Myth:** Sun protection is only needed during sunny days.

**Fact:** *Ultraviolet (UV) radiation is the invisible killer that you can't see or feel. UV radiation can be high even on cool and overcast days, and in the snow. This means you can't rely on clear skies or high temperatures to determine when you need to protect yourself from the sun. The Cancer Council recommends using sunscreen every day on days when the UV index is forecast to be 3 or above. The UV Index is reported daily by the Bureau of Meteorology on their website.*

**Myth:** Tanning beds are a safer alternative to sunbathing.

**Fact:** *Research shows tanning beds increase a person's risk for getting melanoma, and it is now illegal to operate solariums commercially..*

**Myth:** Melanoma is easily treated and removed from the skin.

**Fact:** *Melanoma is easily treated if caught early, but it can spread to the liver, brain, bone, and gastrointestinal tract in advanced stages.*

**Myth:** Sunscreen is the only form of protection needed to prevent melanoma and skin cancer.

**Fact:** *A broad-brimmed hat and UV-blocking sunglasses are also necessary. It's also advised to avoid being outside during the middle of the day when UV rays are strongest, 10:00 a.m. to 4:00 p.m.*



**Myth:** If I have avoided the sun, I won't get skin cancer.

**Fact:** *Although sun exposure is the primary cause of skin cancer, it's not the only one. People with fair skin and freckles, and multiple or unusual moles, have a higher risk and may develop skin cancer with minimal or "background" sun exposure. Ultraviolet radiation (UV) exposure from other sources such as tanning beds and some medical treatments also increases skin cancer risk. Finally, individuals with uncommon genetic conditions such as familial melanoma (2 genes have been linked to this called CDKN2A and CDK4) and Xeroderma Pigmentosum can develop melanoma despite low sun exposure.*

**Myth:** A base tan protects the skin from getting burned and prevents melanoma from forming.

**Fact:** *A change in your natural skin colour is a sign of skin damage. There is no such thing as a healthy tan. Opt for sunless tanning options instead such as gradually-tanning lotions or bronzer.*

**Myth:** Makeup with sunscreen offers suitable protection against melanoma and skin cancer.

**Fact:** *The sunscreen in make-up usually does not provide the recommended amount of coverage, SPF 30 or above. You also need to reapply sunscreen repeating the application throughout the day.*

**Myth:** I used to sunbathe often but now I protect my skin and avoid the sun so I won't get skin cancer.

**Fact:** *High sun exposure in the first 10 years of life more than doubles melanoma risk, while intense, intermittent sun exposure (number of sunburns and sunbathing vacations) during each decade up to 29 years of age increases risk of melanoma by more than one-and-a-half times. Research has shown that melanoma risk is strongly associated with sun exposure in early life, as evidenced by the number of blistering sunburns between ages 15 and 20 years. Research shows that five or more blistering sunburns throughout your life more than doubles your risk of melanoma. The truth is, skin has a long memory. The damage from all the tans and sunburns you experience is more or less permanently recorded in it, and this damage is cumulative throughout your life.*

**Myth:** Melanomas grow on certain parts of the body that have to be sun exposed.

**Fact:** *The rule of thumb is that the cancerous moles typically appear on the torso and in the areas which are most frequently exposed to the sun. The statistics show that the legs (accounting for 40% of melanoma's in women) and the back (accounting for 40% of melanomas in men) are common sites, but melanomas can grow virtually anywhere including your eyes.*

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**Myth:** Moles aren't cancerous and aren't likely to cause melanoma.

**Fact:** *Having a lot of moles or having five or more larger moles that have irregular features can increase your melanoma risk.*

**Myth:** Melanomas appear on existing moles.

**Fact:** *It is estimated that approximately 30% of melanomas arise out of pre-existing moles (usually the larger ones that have irregular features called atypical moles) and approximately 70% on unmarked normal skin. So when doing a skin check remember that melanoma arises more often on normal skin without a mole as a new rapidly growing lesion.*

**Myth:** Skin cancers hurt, itch, ooze or bleed heavily.

**Fact:** *Skin cancers rarely hurt and are much more frequently seen than felt. These symptoms can appear at the later stages of skin cancer development, but the person may not experience them at all.*

**Myth:** Melanomas are always black or brown.

**Fact:** *As many as 10% of melanoma are amelanotic or hypopigmented, meaning the melanoma lacks pigment and can be cream, pale, pink or skin coloured & difficult to detect. See nodular melanomas above.*

**Myth:** Skin cancer runs in the family.

**Fact:** *We see families where a number of people have developed melanoma, but this is more about shared environmental risk such as sun exposure, combined with genetic predisposition (for example your skin type which is often inherited) rather than the rare familial melanoma genes.*

**Myth:** It's too expensive to get screened for skin cancer.

**Fact:** *You can start at home by checking yourself for suspicious moles, for no cost. This is the most effective way to screen as most skin cancers are found by people checking their own skin or are noticed by a loved one.*