ALTHOUGH your skin is designed to protect your body from harm, including the damage caused by the sun’s ultraviolet (UV) radiation, when exposed to this radiation for too long or at too great an intensity, skin damage occurs - over time, changes in skin cells may result in skin cancer, says the August 2014 issue of the *Mayo Clinic Health Letter*.

Aside from the comfortably warm feeling you get from sitting in the sunshine, the Vitamin D your body gains through sunlight is essential to health - however, as with most things in life, too much sun isn't healthy, adds the health letter.

While skin cancer develops primarily on areas of sun-exposed skin, such as the scalp, face, lips, ears, neck, chest, legs, arms and hands, it can also form on areas that rarely see the light of day.

The three major types of skin cancer are:

- Basal cell carcinoma - It is by far the most common type of skin cancer - It a) may appear as a pearly or waxy bump, or as a flat, flesh-colored or brown scar-like lesion; b) affects mainly sun-exposed areas; c) rarely spreads; and d) is considered highly treatable.
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• Squamous cell carcinoma - This common type of skin cancer: a) may appear as a firm, red nodule or as a flat lesion with a scaly, crusted surface; b) primarily affects sun-exposed areas; c) has a high cure rate; but d) a small percentage can be very aggressive.

• Melanoma - While not as common as the other two skin cancers, it’s the most deadly - Melanoma a) develops in the cells (melanocytes) that produce melanin (the pigment that gives your skin its color); b) it’s often associated with abnormal or changing moles or other dark lesions; c) it often affects sun-exposed skin, but can also occur on skin that hasn’t been exposed to sun.

By far the most common cancer, skin cancer has lately shown skyrocketing incidence rates - melanoma alone will account for an estimated 76,000 new cases in the U.S. in 2014.

New non-melanoma (basal cell carcinoma and squamous cell carcinoma) cases may number in the millions - unfortunately, they are more difficult to estimate because they’re often not reported to cancer registries.

From 2006 to 2010 alone, melanoma rates among Caucasians increased by 2.7 percent a year - estimates show that about 1 in 50 people will develop melanoma at some point in life.

The last 30 years has shown a dramatic increase in melanoma rates in particular.

While certain skin types are more prone to skin cancer, even if you have darker skin and don't tend to burn, UV rays can still cause harm - besides, skin cancer isn't always related to UV exposure, adds the health letter.

The common risk factors for skin cancer are offered:

• Excessive sun exposure - Anyone who spends considerable time in the sun - especially if your skin is not protected - can develop skin cancer. Also, tanning (including tanning lamps and
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(beds), increases risk.

• Fair skin - Having less pigment in your skin provides less protection from damaging UV rays - if you have blond or red hair and light-colored eyes, and you freckle or sunburn easily, you’re much more likely to develop skin cancer.

• A history of sunburns - Having had one or more blistering sunburns as a child or teenager increases your risk of skin cancer as an adult - sunburns in adulthood also are a risk factor, says the health letter.

• Sunny or high altitude climates - Living at higher elevations, where the sunlight is strongest, exposes you to more radiation. Also, living in sunny, warm climates exposes you to more sunlight than people who live in colder climates, which increases your risk of skin cancer.

• Moles - Individuals who have many moles or abnormal moles are at increased risk of skin cancer, especially if this trait runs in your family.

• Family history of skin cancer - If one of your parents or a sibling has had skin cancer, you may be at increased risk of skin cancer.

• Personal history of skin cancer - If you’ve developed skin cancer once, you’re at risk of developing it again.

• Weakened immune system - Individuals with weakened immune systems have a greater risk of developing skin cancer - this includes individuals living with HIV/AIDS and those taking immunosuppressants after organ transplant.

If any of the above risk factors apply to you, you should perform a regular skin self-exam which includes checking:
a) for any new moles or discolored patches on your skin, as well as for existing moles that may have changed size, shape or color;

b) from head to toe, using a hand-held mirror and wall mirror to check places you can’t easily see;

c) areas that are frequently exposed to the sun, including your neck, ears and scalp; areas that aren’t usually exposed to the sun, such as between your toes and around your genital area; and, in general, if any changes to your skin worry you, report them to your doctor.

Treatment options for skin cancer depend on the type, location and extent of the cancer:

- Small cancers, limited to the skin surface may be removed and not require further treatment

- If additional treatment is needed, a number of treatments may be used, including:

  1) Cryosurgery - the application of liquid nitrogen to freeze the cancer

  2) Electrosurgery - use of an electric needle to burn the cancer

  3) Laser treatment

  4) Photodynamic therapy
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5) Immunotherapy - drugs to stimulate the immune system to destroy cancer cells

6) Surgical removal and specialized surgical techniques to avoid removing healthy skin

7) Radiation therapy - may be an option if the cancer can’t be completely removed during surgery

8) Chemotherapy - in situations where the cancer may have spread to other areas

To reduce your risk of skin cancer, the most important step you can take is to protect your skin from harmful UV radiation - helpful tips include:

• Avoid midday sun - For many individuals in North America, the sun’s rays are strongest between 10 a.m. and 4 p.m. - schedule outdoor activities for other times of day, even in winter or when the sky is cloudy.

• Wear sunscreen year-round - While sunscreens don’t filter out all the harmful UV radiation, they play a major role in an overall protection program: a) Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15; b) Apply sunscreen generously and reapply every two hours, or more often if you’re swimming or sweating; and c) Use a generous amount to fill a shot glass - on all exposed skin, including your lips, the tips of your ears, and the backs of your hands and neck.

• Wear protective clothing - Since sunscreens don’t provide complete protection from UV rays, a) Cover your skin with dark, tightly woven clothing that covers your arms and legs; b) Wear a broad-brimmed hat; c) Wear photoprotective clothing sold by some companies; and d) Wear sunglasses - look for those that block both UVA and UVB rays.

• Avoid tanning beds - Lights used in tanning beds emit UV rays and can increase your risk of skin cancer.
• Be aware of sun-sensitizing medications - Some prescription and nonprescription drugs can make your skin sensitive to sunlight - ask your doctor of pharmacist about the side effects of any drugs you take; if they increase sensitivity to sunlight, take extra care to protect your skin.

• Check your skin regularly - Examine your skin regularly for new skin growths or changes in existing moles, freckles, bumps and birthmarks - you might also consider an annual skin check with a doctor, if you're at higher risk, concludes the health letter.