

Skin self-exams, doctor visits, can help catch melanomas early

Written by meg sibal, m.d.
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SUMMER is upon us once again, reminding us of the urgent need for sun protection, regular skin self-exams and doctor visits which can help us catch melanoma and other skin cancers before they progress, says the Cleveland Clinic Men's Health Advisor.

Using full-length and handheld mirrors, a full-body check is a ritual that you and all men should do periodically to search for skin cancer.

Yet, research suggests that even individuals with a history of melanoma skin cancer fail to perform these regular skin self-exams — this is particularly troubling, as rates of melanoma in men over age 60 are twice as high as those in women, and three times as high in men ages 80 and older, according to the American Cancer Society.

“Even in patients with a history of skin cancer, we definitely see a failure to look at their skin,” says Alok Vij, M.D., with Cleveland Clinic's Department of Dermatology.

“The most important thing with all types of skin cancer is that the earlier you catch it, the easier it is in terms of treatment and the more likely that we'll get a cure.”

Aside from keeping an eye on your skin and having your doctor check you for skin cancer,

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always take precautions to protect your skin from the sun's damaging rays:

- Wear sunscreen with a sun protection (SPF) of 40 to 50 — Apply sunscreen a half hour before you go outdoors, and reapply it every two hours that you're outside (more frequently if you're in the water or you sweat a lot). If your hair is thinning, apply sunscreen liquids or sprays to protect your scalp.
- Wear a wide-brimmed hat or other sun-protective clothing outdoors — look for products with the Skin Cancer Foundation's seal of approval.
- Avoid outdoor activities between 11 a.m. and 3 p.m., when the sun's ultraviolet radiation is at its peak.
- Recognize your risk — Individuals with fair complexions, red hair, blue eyes and freckles are at greater risk of skin cancer than those with darker complexions.

While skin cancer can develop on almost any part of the body, it usually develops in sun-exposed areas of the body, such as the face, backs of the neck and hands, arms, tops of the ears and, in men with thinning hair, the scalp.

Basal cell (the most common form) and squamous cell carcinoma account for approximately 95 percent of all skin cancers.

Although it's the least common type of skin cancer, melanoma is the deadliest.

Skin cancer warning signs include:

- Basal cell carcinoma: May form as a) pearly bumps with visible blood vessels, b) open sores,

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c) scaly reddish patches that may bleed, or d) pink growths with elevated borders.

- Squamous cell carcinoma: Usually develop as round, red, scaly bumps, often with a flat, elevated plateau-like area; may have clear edges and go from pink to red.
- Melanoma: Follow the ABCDE rule to identify melanoma:

Asymmetry: The shape of one half of the lesion differs from the other.

Border: Edges are often ragged, blurred or irregular, and the pigment may spread into nearby skin.

Color: Uneven color, could be shades of black, brown, tan, white, gray, red or blue.

Diameter: An increase in size, usually larger than 6 millimeters (about a quarter-inch or the diameter of a pencil eraser).

Evolution*: The mole or lesion is changing or evolving.

*Several smart phone apps allow you to take photos of a mole or lesion and track any changes over time.

Melanoma affects the skin pigment cells (melanocytes) and can spread to the lungs and other organs, where it can be deadly.

Once it spreads, melanoma is difficult to treat — so it is critical to identify it and remove it early.

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However, a study published in the February issue of Melanoma Research found that many individuals who have had melanoma aren't adequately checking their skin for the cancer — in the study, nearly three quarters of 176 adults with a history of melanoma said they had performed a self-exam in the past two months, but only one in seven had thoroughly examined all their skin.

“About 50 percent of the time, patients are the ones who catch their melanomas. The patients are the ones who can catch it earlier,” Dr. Vij says.

“It's disappointing because whenever we see patients with a history of skin cancer, we try to educate them about the importance of catching it early with good self-examinations.”

Dr. Vij advises performing a skin self-exam once every month or two: In a quiet, well-lit room, remove your clothing and inspect all areas of your body, using a full-length mirror and a handheld mirror.

Recruit your spouse or partner to help you check difficult-to-see areas, such as your scalp or back.

Dr. Vij says that generally, people who have a total body count of more than 50 to 100 moles are at greater risk of melanoma (melanoma originates in the clumps of melanocytes you know as moles).

A study published in February in the British Journal of Dermatology found that having more than 11 moles on one arm correlated with a total mole count of more than 100.

“A simple count of one extremity gives you an idea of what's happening on the rest of your body,” says Dr. Vij.

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“It’s an easy screening tool that a patient or a family practitioner can use to determine whether a patient might be at elevated risk and should be sent to a dermatologist.”

If you haven’t already, have a baseline skin evaluation by a dermatologist, as well as periodic checks by your primary care physician.

You should see a dermatologist more frequently if: a) you’re fair-skinned, b) you have a high sun exposure, and c) you have a history of precancerous skin lesions or skin cancer.

Dr. Vij concludes, “It takes maybe 5 to 10 minutes to look at all your skin — it’s an easy thing to do at home once a month, and if it prevents a doctor from coming close to your face with a scalpel to remove a skin cancer, it’s worth it.”