InTouch ARTICLE

Moles and Skin Cancer

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Moles and Skin Cancer

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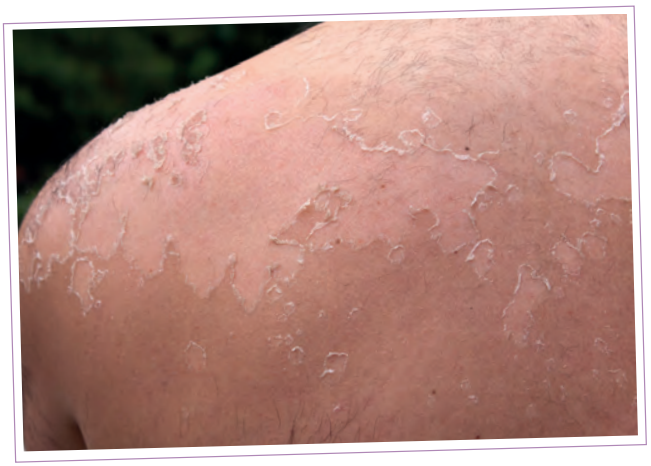
Everywhere you look these days, skin cancer is in the news. This comes as no great surprise to most dermatologists, as the number of melanomas we see each week continue to increase. Data shows that over the last thirty years, rates of malignant melanoma in Great Britain have risen faster than any of the current ten most common cancers.

Risk Factors for Skin Cancer

The pressure for skin cancer two-week-wait appointments remains high in the NHS and many patients choose to go privately for mole checks and changing naevi. When making a referral for potential skin cancers in either the NHS or private sector, a detailed risk factor assessment is essential.

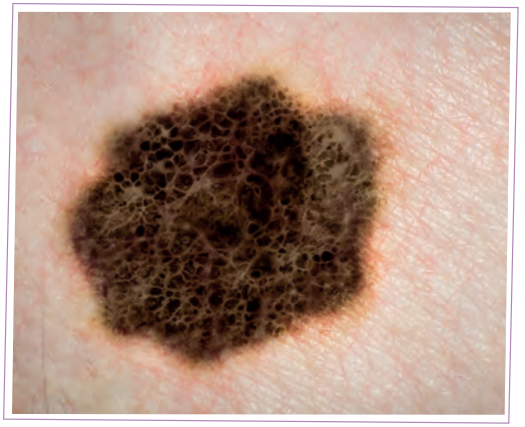


1. Fitzpatrick Skin Type

This is a classification scale for human skin colour and it's response to ultraviolet radiation.

Type 1: white skin, blond or red hair, freckles – always burns, never tans
Type 2: white skin – usually burns, tans minimally
Type 3: white skin, fair with any hair or eye colour – sometimes mild burn but tans uniformly
Type 4: moderate brown skin, Mediterranean skin tone – rarely burns, tans well
Type 5: dark brown, Middle-Eastern or Asian skin – very rarely burns, tans easily
Type 6: deeply pigmented or Black skin – never burns, tans very easily

The risk of developing skin cancer is much higher in type 1 skin compared to type 6 skin.



2. Blistering sunburns

A person's risk of melanoma doubles if he or she has had more than 5 sunburns

3. Sun-exposure

Outdoor hobbies or occupation, sunny holidays, having lived in a sunny climate

Individuals that have worked outdoors (e.g. in the building or construction trade) or enjoy outdoor hobbies such as running or gardening are at higher risk of developing skin cancers by virtue of sun exposure. The same applies for people that have lived abroad in sunny climes.

4. Tanning bed use

Sunbed users are 74% more likely to develop melanoma than those who have never tanned indoors.

5. Family history of melanoma

Approximately 10% of people with melanoma will have a family member with the disease.

6. Large numbers of dysplastic naevi

These people have a 7-27% higher chance of developing melanoma compared to the general population.

7. Immunosuppression

Often forgotten about, but compromised immune systems as a result of chemotherapy, organ transplant, lymphoma or HIV/AIDS can increase the risk of melanoma.

Early Detection is Key

There is no doubt that finding skin cancer early saves lives. Melanoma detected and removed early is almost always curable. If caught late, there is a much higher chance of metastasis. The 5-year survival rate is 95% for stage 1 disease compared to about 16% for stage 4 disease.

The skin is the largest and most visible organ of the body so often any changes or new moles will be overtly visible unlike cancer of an internal organ. There needs to be a drive to improve patient education regarding the dangers of sunburn and how to perform skin self-examinations.

What changes are we looking for?
The acronym ABCDE can be extremely helpful in evaluating moles. If a mole shows any of these features, it warrants review by a dermatologist to exclude melanoma.sua

- Asymmetry:
  one half of the mole is different to the other
- Border:
  irregular, scalloped or poorly defined edge
- Colour:
  uneven colour or variable colours within a mole
- Diameter:
  the mole is bigger than 6mm in size
- Evolving:
  the mole is changing in its size, shape or colour

Other signs to look out for include any new moles, a mole that looks significantly different to the others (known as the ugly duckling sign), or any skin lesion that bleeds or fails to heal. Changing moles do not always represent skin cancer and most moles are usually harmless. It can be normal for moles to change in number and appearance; some can also disappear over time. Hormonal changes during puberty and pregnancy can cause moles to increase in number and become darker.

Dermatology Referral

Dermatologists will usually carry out a full skin check if a patient is referred for changing moles. They will use the aid of a dermatoscope to assess the mole itself.

If there is any doubt regarding a pigmented lesion, it will usually be excised with at least 2mm margins of normal skin and sent for histology. Partial biopsies (e.g. punch or shave biopsies) are not recommended as they are often unsatisfactory, can cause sampling error, and problems with diagnosis (e.g. inability to assess melanoma depth or Breslow thickness).

Mole Self-Examinations – When? How often?
Most dermatologists recommend skin self-exam on a monthly basis. The ideal time is probably after a bath or shower and should be carried out in a well-lit room with the aid of a full-length mirror.

Patients are encouraged to look closely at their entire body including the scalp, buttocks and genitalia, palms and soles including the spaces between the fingers and toes. They may require assistance from a trusted individual to examine the hard-to-see areas.

Sun Safety – What advice should we give our patients?
Patients should be warned about the risks of excessive sun exposure. Good sun safety habits should be encouraged.

- Sunscreen – this should be broad spectrum containing protection against UVA and UVB and a factor of at least 15-30 should be recommended. This needs to be applied at least 30 minutes before going outdoors and reapplied every 2 hours for maximum benefit
- Seek shade particularly between 11am to 4pm
- Wear a wide-brimmed hat and sunglasses
- Protective loose cotton clothing over the arms and legs
- Actively discourage the use of tanning beds

As rates of skin cancer continue to rise, there is no doubt that GPs and dermatologists alike have to work closely together to engage the public in education programmes and sun-safety measures.

Referring a patient

If you would like to refer a patient for an appointment with this consultant, please contact us on

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Suggest a topic for future issues

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