

SKIN CANCER



Skin self-examination (SSE)

Individuals should be encouraged to regularly conduct self-skin examinations and become familiar with their skin.

Individuals at very high risk of melanoma and their partner or carer should be educated to recognise and document lesions suspicious of melanoma. These individuals should be checked regularly by a clinician with six-monthly full skin examination supported by total body photography and dermoscopy.

Signs of skin cancer

Basal Cell Carcinoma (BCC)

- Is the most common and least dangerous form of skin cancer.
- Appears as a well-defined lump or scaly area that is red or pearly in appearance.
- May bleed or become ulcerated early on, then heal and break down again.
- Usually grows relatively slowly.

High-risk BCC subtypes (e.g. micronodular, infiltrating or morphoeic) and BCCs in immunosuppressed individuals tend to have higher rates of recurrence after treatment.



Squamous Cell Carcinoma (SCC)

- Appears as a lump or scaly area that is either red, pale or pearly in colour.
- May bleed or form an ulcer or non-healing sore.
- Grows slowly and is usually found on the head, neck or upper torso.



Melanoma

Melanoma develops in the melanocyte (pigment-producing) cells located in the epidermis.

If untreated, melanoma has a high risk for metastasis.

The most common clinical subtype is superficial spreading melanoma (SSM), making up 55% – 60% of all melanoma. SSM tends to occur on the trunk of naevus-prone individuals and has a strong relationship with intermittent sun exposure.

The ABCD(E) acronym can help distinguish a melanoma from a benign lesion or mole:

Asymmetry: the lesion is irregular in shape or pattern.



Border: the border or outline of a melanoma is usually irregular.



Colour: there is variation in colour within the lesion.



Diameter: the lesion is usually greater than 6mm across. However, suspect lesions of smaller diameter should also be investigated.



Evolving: the lesion changes over time (size, shape, surface, colour, symptoms e.g. itch).



Some melanoma subtypes may not conform to the ABCDE criteria. In this case, the following EFG features can assist with diagnosis.

Elevated: the lesion can appear as a small, round and raised lump on the skin. Colour may be uniform throughout the lesion and may be black, brown, pink or red.

Firm: the lesion feels firm to the touch.

Growing: a nodule that has been growing progressively for more than a month should be assessed as a matter of urgency.

7-point checklist summary

A score of >3 is associated with an increased risk of melanoma

Major features of the lesions (2 points each):

- change in size
- irregular shape
- irregular colour.

Minor features of the lesions (1 point each):

- largest diameter 7mm or more
- inflammation
- oozing
- change in sensation.

Skin cancer risk factors

- UV exposure
- Demographic factors (age, sex, geographic location)
- Personal history
- Family history (eg high risk genetic background, particularly for melanoma)
- skin phenotype (eg pigmentation, melanocytic naevi).
- Immune system suppression (particularly for SCC)

Diagnostic pathways

Refer to Cancer Australia's 'Clinical Practice Guidelines' for guidance on diagnosis and management of keratinocyte cancer and melanoma.

View more FCE resources at findcancerearly.com.au/gp/

Partner:



Government of Western Australia
North Metropolitan Health Service

