

## Skin Cancer in Canada: Key Messages in 2016

Skin cancer is a serious disease and is the most common type of cancer. It is also one of the most preventable. Over 80,000 cases of skin cancer are diagnosed in Canada each year, more than 5,000 of which are melanomas, the mostly deadly form of skin cancer.

If skin cancer is one of the most preventable cancers, why are rates still rising in Canada? People are still not taking skin cancer seriously enough. We are still seeing children without hats and sunglasses on the beach. We are still witnessing posts on social media saying things like “tanning makes my day so much better #skincancerdontcare” and “tanning two days in a row, #skincancerdontcare”. Just like Canadians now accept wearing a helmet and a seatbelt as a standard safety practice, practicing sun safety habits such as wearing sunscreen, a hat and sunglasses must also become second nature.

### Who Does It Concern?

According to 2015 statistics, approximately:

- 6,800 Canadians were diagnosed with melanoma.
- 1,150 Canadians died from melanoma.
- 3,700 men were diagnosed with melanoma and 750 died from it.
- 3,100 women were diagnosed with melanoma and 420 died from it.

### How Can You Detect It?

Moles, spots and certain growths on the skin are usually harmless, but not always. That is why it is important to examine the skin all over your body once a month, and have a physician check your skin once a year.

Look for the following “ABCDE” warning signs:

- Asymmetry: Do the two halves not match if you imagine drawing a line through the mole?
- Borders: Are the edges uneven, scalloped or notched?
- Colours: Is there a variety of shades (brown, red, white, blue or black)?
- Diameter greater than 6mm: Is the mole the size of a pencil eraser or larger?
- Evolution: Has there been a change in size, shape, colour, or height? Has a new symptom developed (such as bleeding, itching or crusting)?

If you detect any of these warning signs, see a physician promptly. It is particularly important for you to select a physician who specializes in skin cancer and is trained to recognize a melanoma at its earliest stage.

### How Can You Prevent It?

Avoiding skin damage from UV rays is the most important thing we can do. The damage that leads to adult skin cancers starts in childhood and teenage years, as people are likely to receive about 80% of their lifetime sun exposure during the first 18 years of life.

No tan is a safe tan.

No cancer, including melanoma, can ever be prevented with 100% certainty. The good news with melanoma is that the risk factors are well known, so steps can be taken to dramatically reduce your risk of developing this deadly disease.

- Always have sunscreen with you so you can apply it whenever an unplanned outdoor activity arises
- Use a sunscreen with an SPF of at least 30 whenever you are outdoors (even on gray days)
- Wear protective clothing with long sleeves, hats, and sunglasses
- Check for changes in moles, new moles and see your doctor immediately if anything is suspicious
- Limit sun exposure between 10 am and 4 pm
- Do not use tanning beds

## Types of Skin Cancer

Basal cell carcinoma, the most common type of skin cancer, begins in the basal cells in the deepest layer of skin. BCC can develop anywhere, though it is most commonly found in sun exposed areas. While it is possible to have more than one BCC, it is rare for BCC to spread.

Squamous cell carcinoma, which begins in the keratinocyte cells, is the second most common skin cancer. While SCC usually develops in areas that have been exposed to the sun, it can also manifest in burn or wound sites. SCC is capable of spreading from the surface to deeper layers of skin, lymph nodes or organs.

Melanoma begins as a malignant tumour in the melanocytes, the cells that produce melanin or pigment. Because it is a malignant cancer, melanoma can metastasize to other parts of the body. There are several subtypes of melanoma, including nodular melanoma, acral lentiginous melanoma, lentigo maligna melanoma, intraocular melanoma and mucosal lentiginous melanoma.

## Types of Melanoma

There are three different types of melanoma: cutaneous melanoma, mucosal melanoma, and ocular (or uveal) melanoma.

### Cutaneous Melanoma

There are four different types of cutaneous melanoma, which are determined by microscopic examination of a biopsy sample.

- Superficial Spreading Melanoma
- Nodular Melanoma
- Lentigo Maligna Melanoma
- Acral Lentiginous Melanoma

### Mucosal Melanoma

Mucosal melanoma develops in the lining of the respiratory, gastrointestinal, and genitourinary tracts. It is a rare form of melanoma, making up only about 1% of melanoma cases and is often seen in the elderly and diagnosed at an advanced stage. Approximately 50% of mucosal melanomas begin in the head and neck region, 25% begin in the ano-rectal region and 20% begin in the female genital tract. The remaining 5% include the esophagus, gallbladder, bowel, conjunctiva and urethra.

### Ocular Melanoma

Ocular melanoma is rare, affecting only five in a million people. While it represents only 5% of melanomas, it is rapid and aggressive, accounting for 9% of melanoma deaths. There are no established risk factors but

it often occurs in blue-eyed, fair-skinned people over sixty years old. Treatment can be successful if the tumours in the eye are caught early. 50% of tumours will metastasize, usually in two to five years. Ask your doctor about a gene profile of the tumour to determine if it will metastasize. Metastasis is to the liver in 90% of cases, but can also appear in the lungs, bones, brain or abdomen.

### **Actinic Keratosis and Bowen's Disease**

Precancerous conditions of the skin have the potential to develop into non-melanoma skin cancer. The most common precancerous conditions of the skin are **actinic keratosis** and **Bowen's disease**.

#### [Actinic Keratosis](#)

Actinic keratosis is also called solar keratosis. It is often found on sun-exposed areas of the skin in middle aged or older people. Actinic cheilitis is a related condition that usually appears on the lower lips. A person with one actinic keratosis will often develop more. The number of actinic keratoses often increases with age. The presence of an actinic keratosis indicates that a person's skin has suffered sun damage.

Actinic keratoses are considered slow growing. They often go away on their own, but they may come back. Approximately 1% of actinic keratoses develop into squamous cell carcinoma (SCC) if left untreated. Treatment is required because it is difficult to tell which keratoses will develop into cancer.

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