

# SKIN CANCER



## Skin self-examination (SSE)

Patients at high risk for melanoma or treated for non-melanoma skin cancer (NMSC) should be taught to self-screen and have a full body examination with a clinician every 6 to 12 months (or more frequently for NMSC patients at higher risk).

For the general population, the Australasian College of Dermatologists recommends SSE four times a year or as often as recommended by their medical practitioner.<sup>12</sup>

## 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 morpoeic) and BCCs in immune-suppressed 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. 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 is most commonly found on the head and neck (per unit area). Other common sites are the trunk in males and lower extremities in females.

However, SSM can develop on any part of the body, including parts not heavily exposed to ultraviolet (UV) radiation.

The ABCD(E) acronym can help distinguish an SSM from a normal 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).



The ABCDE acronym cannot be used to aid diagnosis of nodular melanoma but 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.

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

## 7-POINT CHECKLIST SUMMARY<sup>2</sup>

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.

### Risk factors<sup>13</sup>

- UV exposure
- family history
- skin type – fair skin more susceptible
- greater presence of benign nevi.

### Diagnostic pathways

Refer to Cancer Australia's 'Clinical Practice Guidelines'<sup>19</sup> for guidance on diagnostic aids for melanoma and biopsy requirements.

View more FCE resources at [findcancerearly.com.au/gp/](http://findcancerearly.com.au/gp/)

Partner:



Government of Western Australia  
Department of Health

