

Skin cancer: Know about prevention, treatment

by Larry Arnold

The golf season is just getting into full swing at Castle Rock Golf Course and I'm out there every chance I get. The course is in beautiful shape again this season, and a round of golf there is an enjoyable experience, even if you are a duffer like me.

My golf bag is carrying some additional equipment this year. Most important is a generous supply of sunscreen. My golfing costume every day includes a hat. Now I'm not talking about the traditional baseball-type cap. Until I find just the right one, I'll get by with an old straw hat, like the one that Greg Norman wears. In order to give proper protection, your hat should have a brim that runs around the entire hat.

In case you are wondering about my sudden interest in skin cancer, the answer is simple -- I've been there and had that. Early this year I noticed a scaly growth on my right ear and decided I should bring it to the attention of my doctor, Eric Heaney. After examining it, he recommended a biopsy. I underwent a relatively painless procedure in which my ear was frozen, and some tissue was excised and sent to the Marshfield Clinic.

After a couple of days I got a call and was informed that the tests showed a malignancy. Dr. Heaney noted that many skin cancers can be treated by a family practice physician. Cancers on the ear can be difficult to remove, so he recommended that I go either to the Marshfield Clinic, or to the Mohs Clinic at the UW in Madison.

I elected to go to Marshfield, where I saw Ellen Gordon, M.D. She examined my ear and diagnosed the problem as squamous cell carcinoma. When in reply to her questioning, I admitted that I never used sunscreen on my almost daily trips to the golf course, she proceeded to give me a lecture, along with a generous supply of sunscreen which she told me to use every time I was out in the sun.

The surgery took place the following Friday, and was done with a local anesthetic. I was pleasantly surprised when the needle used for the anesthetic was the only mildly pain-

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~ Dr. Eric Heaney.

ful part of the whole procedure. It took only a bit over 10 minutes and the doctor told me to relax, and she'd send the tissue she'd removed from my ear to the laboratory to determine whether she had gotten all the cancerous cells.

A few minutes later the word came back that all was okay, and she proceeded to graft some skin from my neck to the ear. I was given some antibiotic ointment to use on the ear and where the skin for the graft was removed.

When I went back to see Dr. Gordon a week later, she was pleased with the healing process and took the stitches out. Before I left her office, she again emphasized the importance of the practice of wearing sunscreen and a protective hat and clothing. "If you develop any suspicious spots, you call for an appointment," she said. She also scheduled me for an appointment in six months and wants to see me once a year after that.

After the successful treatment at Marshfield, I sat down and talked with my family doctor, Eric Heaney about skin cancer. "It is the most frequently diagnosed of any cancer," he said, adding: "The incidence of malignant melanoma, which is the most serious type of skin cancer, is increasing dramatically; it probably has doubled in the last 10 or 20 years."

Other types of skin cancer:

1. **Squamous cell carcinoma** - usually curable with early diagnosis. However it may invade deeper structure and metastasize (spread).
2. **Basal cell carcinoma** - the most common and the easiest to treat.

If you are concerned with a spot on your skin, Dr. Heaney's advice is, "If you think you have a skin spot that has changed, looks unusual, is causing symptoms, is growing, has changed color, or won't heal, see your doctor as soon as possible."

The trickiest places for skin cancer treatment are the center part of the face, the ears and around the eyes, because of the proximity to the nose, eyes, mouth, and ears. The type of treatment will depend on the location and size of the cancer.

While early detection of melanoma makes a cure likely, prevention is still the best possible medicine. There are four warning signs of Melanoma (ABCD), as follows:

Asymmetry: The two halves of a mole don't match. A harmless mole is round and symmetrical.

Border: The mole is irregular in shape with scalloped or notched borders. A harmless mole is smooth with even borders.

Color: A variety of color combinations appear together in a single mole, from shades of brown and black to blue-black to red, white, or blue. Harmless moles are a uniform and contained shade of brown.

Diameter: The mole is larger than a pencil eraser. Most harmless moles are smaller.

While many skin cancers can be successfully treated by your family physician, those found in the "tricky" locations noted above are best treated with the Moh's technique.

Many cases of basal cell carcinoma and squamous cell carcinoma are surgically treated using the "Mohs" technique. This was developed by a surgeon at the University of Wisconsin several decades ago and was named after him. The technique is designed to remove one layer at a time and send it to the lab to determine if the surgeon got all the cancerous tissue. Several layers may have to be removed and taken to the laboratory before the surgery is completed.

Parents of young children should be particularly careful to protect them from the sun because there is a direct

link between severe sunburn in childhood and development of skin cancer later in life. They should use plenty of sunscreen with the proper SPF, a shirt with long sleeves and a high collar.

Infants younger than six months should receive no sun exposure whatsoever; children over six months should wear waterproof sunscreen and have it reapplied frequently.

Among the risk factors for developing skin cancer are skin type and age. At special risk are people who have fair skin, redheads, blondes, those with freckles, those who don't tan easily and those who burn easily. Most basal cell and squamous carcinoma appear in those who are 50 years of age or older, but the peak age for Malignant Melanoma is from 20 to 40.

Risk factors for melanoma:

- Family history: If two or more close relatives have had melanoma, be sure you are checked regularly by a doctor.
- Personal history: People who have been treated for a melanoma in the past are at high risk for developing it again.
- Weakened immune system: People with immune systems that have been weakened by other cancers, by drugs given after organ transplantation, or by acquired immunodeficiency syndrome (AIDA) are at increased risk.
- History of severe, blistering sunburn: Having had one or more severe, blistering sunburns during childhood or the teen years has been linked with a greater risk of melanoma.

For more information visit:

American Academy of Family Physicians: www.aafp.org

American Cancer Society:
www.cancer.org

The Skin Cancer Foundation:
www.skincancer.org

American Academy of Dermatology: www.aad.org