

In Australia we have the highest rate of skin cancer in the world. It is the most common form of all cancers in Australia. Long term exposure to the sun's ultraviolet rays over decades can lead to skin cancer.

The latest statistics show that approximately 400,000 Australians are treated for skin cancer each year with over 1200 deaths per year directly attributable to skin cancer.

Malignant melanoma is the most dangerous form of skin cancer if not treated early, and accounts for 1000 of these annual deaths. Other forms of skin cancer are called non-melanoma skin cancer and include basal cell carcinoma and squamous cell carcinoma.

Fair skinned Australians are more at risk of developing skin cancers. Excessive exposure to sunlight in childhood and in the teenage years is a significant factor in causing skin cancer. A history of severe blistering sunburns as a child increases the risk of developing melanoma, and long-term sun exposure increases the risks of both non-melanoma skin cancer and melanoma.

Early Diagnosis

Because it is usually visible, skin cancer is generally detectable at an early stage. If followed by prompt treatment there is a very high chance of cure. Early detection is particularly important for malignant melanoma.

The first step is self-monitoring. If you have fair skin, freckles, a large number of moles or have a history of previous skin cancer then make sure you check your skin regularly.

Types of Skin Cancer

Basal Cell Carcinoma (BCC)



BCC is the most common type of skin cancer. They grow quite slowly. Rarely if ever do these cancers spread throughout the body. Can appear anywhere on the face, head, neck, body arms and legs. They can occur in difficult to treat areas such as the eyelids and inside the ear. In most cases they can be completely removed with a high success rate. They can appear as round, hard, red or red-grey pearly bumps or sometimes as scaly flaky patches. They tend to bleed and ulcerate if left untreated.

Squamous Cell Carcinoma (SCC)



SCC is the next most common form of skin cancer. It generally grows much faster than BCC and if left untreated may spread to other parts of the body. SCC may present as a tender, scaly, quickly-growing pink lump which may also break down and ulcerate. They most commonly occur on exposed areas such as the face and backs of the hands. Early diagnosis and removal is ideal.

Malignant Melanoma (MM)

This is the least common but most dangerous form of skin cancer. Like SCC and BCC, melanoma may occur on sun exposed or non-sun-exposed skin. The risk of melanoma is that it will spread through the bloodstream to other organs. They may develop from an existing mole or appear as a new brown, red or black spot which changes and grows in size.

Treatment of Skin Cancer

Early detection and treatment will result in a cure in the majority of cases. Melanoma always requires surgical excision and pathology testing. They should never be 'burnt' or 'frozen' off.

For BCC and SCC a wide range of treatments are available:

Shave, Curette and Cautery, CO2 Laser Ablation

These procedures are ideal for superficial BCC. The tumour is scraped, shaved or lasered away from the underlying skin. The wound heals to leave a flat white scar and the cosmetic outcome is generally quite acceptable. The cure rate is over 90% when the procedure is performed by a specialist dermatologist.

Surgical Excision

This is the commonest approach to all forms of skin cancer and can be used for BCC, SCC and melanomas. The cosmetic results can be excellent. Cure rate of over 90% are seen.

Mohs Surgery

This is a special surgical technique for treating difficult skin cancers. The tumour is surgically removed, processed immediately and microscopically evaluated while the patient waits. Using careful mapping techniques, the dermatologist returns to the patient to remove any remaining tumour and the process is repeated until no cancer remains.

The cure rate is approximately 98%. As with ordinary excision techniques, a skin graft or skin flap may be needed to close the final wound and excellent results are seen.

Cryosurgery/Cryotherapy

With this procedure liquid nitrogen is sprayed onto the tumour to the point where the cancer dies. Cryosurgery is generally limited to smaller, early and superficial tumours. Although an apparently simple technique, cryosurgery requires a great deal of training and experience on the part of your dermatologist and its use is very restricted. Cure rates depend on the lesion being treated and the experience of the doctor but are usually in the range of 75-80%.

Radiation (X-ray Therapy)

X-ray therapy is generally reserved for older patients. The cosmetic result is usually very good but there tends to be some deterioration of the scar with time. After 10-15 years mottling at the treatment site often occurs and late development of new cancers in the treatment site can occur.

Photodynamic Therapy (PDT)

Photodynamic Therapy (PDT) is a technique for the treatment of very selected superficial skin cancers especially where it is desirable to avoid surgery. Two visits are required in the one day to have the treatment. At the first visit the skin cancer is gently scraped and Metvix cream is applied. Three hours later at the second visit, a red light is applied 10 minutes.

The combination of the cream and light can destroy some forms of BCC and SCC. Some pain occurs with treatment and blistering and scabbing develops.

What should I do to Reduce My Risk of Skin Cancer?

Sun protection with hats, protective clothing, sunglasses and sunscreen is important. This is especially true for children.

We now know that some sun exposure is important to prevent vitamin D deficiency but exposure in the middle part of the day when the ultraviolet exposure is highest should be avoided.

Skin Self-Examination

Look for any mole or freckle which has changed. Look for change in shape (asymmetry), size, irregular or mottled colour especially if there are many different colours, and an irregular outline. Bleeding in a mole is a warning sign.

The more common BCC and SCC will show up as new lumps or red areas in the skin. They often bleed easily when rubbed with a towel, and they may ulcerate (turn into a sore that doesn't heal).

Ask your local doctor to check your spots at least once a year and to refer you to Oxford Day Surgery and Dermatology if there is any concern.