

# Skin Cancers

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***Plastic and Aesthetic Nursing (PAN), the official journal of the International Society of Plastic and Aesthetic Nurses (ISPAN), publishes this column to provide accurate, evidence-based information about fundamental best practices for plastic and aesthetic nurses.***

Plastic surgeons have a comprehensive knowledge of skin anatomy (American Society of Plastic Surgeons [ASPS], 2018). In 2020, plastic surgeons performed nearly 5.2 million tumor and skin cancer removal procedures (ASPS, 2020). Plastic and aesthetic nurses routinely perform skin assessments on their patients and should be able to recognize the appearance of and understand the processes involved with skin cancer. Most skin cancers are caused by damage from ultraviolet radiation, either from the sun or from a tanning bed (ASPS, 2018). Long-term exposure to the sun can lead to skin cancer that appears years later.

Most skin cancers begin in the top layer of the skin, known as the *epidermis*. There are three common skin cancers that form in this layer: basal cell, squamous cell, and melanoma (American Cancer Society [ACS], 2019a). Basal cell carcinoma accounts for 80% of all skin cancers. *Basal cell carcinomas* form in the basal cell layer of the epidermis. These cancer cells eventually become squamous cells. They usually develop on the patient's face, head, neck, or other areas exposed to the sun. Basal cell carcinomas grow slowly and rarely spread to another part of the body. Although it will rarely metastasize, if basal cell cancer is left untreated, it will continue to grow. In most cases, it may be cured by simple excision and closure (with a pathologist performing microscopic examination of the excised lesion to ensure cancer-free margins).

*Squamous cells* are flat cells located in the upper part of the epidermis. These cells are constantly shed as new

cells form. When squamous cells grow, they can develop into *squamous cell carcinomas*. Approximately 20% of all skin cancers are squamous cell carcinomas. These cancers usually develop on the face, ears, neck, lips, and backs of the hands. They can also develop in scars or in chronic skin sores on other parts of the body. Squamous cell skin cancers are more aggressive than basal cell cancers and may grow into deeper layers of the skin and spread to other parts of the body. Surgical treatment for squamous cell cancers is the same as treatment for basal cell carcinomas.

*Melanomas* develop from *melanocytes*, the melanin-producing cells located in the bottom layer of the epidermis. Melanin is a dark pigment, primarily responsible for skin color (ACS, 2019b). Melanoma accounts for only about 1% of skin cancers but causes a large majority of skin cancer deaths (ACS, 2021). Melanomas generally form on the chest and the back in males and on the legs in females, but they can develop anywhere on the body (ACS, 2019b). Early diagnosis of melanoma is imperative to successful treatment. Because of its invasive nature and high mortality rate, melanoma is treated much more aggressively than basal cell or squamous cell carcinoma. Excision of melanoma may involve sentinel node mapping.

## Recognizing Melanoma

Plastic and aesthetic nurses can play a critically important role in detecting patients with skin lesions suspected of being melanoma. Timely diagnosis and early treatment of melanoma can improve patient outcomes. Metastatic melanoma is responsible for up to 90% of skin cancer deaths (Jones et al., 2019). If diagnosed and treated at an early stage, 5-year survival rates for patients with melanoma can be as high as 95%. However, because nonmalignant skin lesions can share characteristics with melanoma, detecting melanoma can be challenging.

## Risk Factors for Melanoma

The incidence of melanoma is not associated with age (Jones et al., 2019). In fact, 25% of melanomas are diagnosed in individuals aged 50 years and younger. Notably, more than 80% of melanomas can be attributed to exposure to ultraviolet light. This includes both long-term exposure and short periods of intense sun

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exposure or burning, especially during childhood or associated with use of a tanning bed. Other risk factors for melanoma include pale skin, family or personal history of skin cancer, large number of moles, and immunodeficiency.

### Warning Signs of Melanoma

Plastic and aesthetic nurses and other health care professionals can use (and teach patients to use) the first five letters of the alphabet (see Figure 1) as a guide to help recognize the warning signs of melanoma (Skin Cancer Foundation, 2021).

#### ABCDE

**A***symmetry*: Most melanomas are asymmetrical. If after drawing a line through the middle of the lesion, the two halves do not match, the lesion is asymmetrical.

**B***order*: The borders of melanomas tend to be uneven and may have scalloped or notched edges.

**C***olor*: Melanomas may have different shades of brown, tan, or black. As the lesion grows, the colors red, white, or blue may also appear. Lesions with multiple colors are a warning sign of melanoma.

**D***iameter*: If the lesion is about 0.6 cm (0.24 in) in diameter or larger, it is a warning sign of melanoma.

**E***volving*: Any change in size, shape, color, or elevation of a lesion, or any new symptom in it, such as bleeding, itching, or crusting, may be a warning sign of melanoma.

### Ugly Duckling Sign

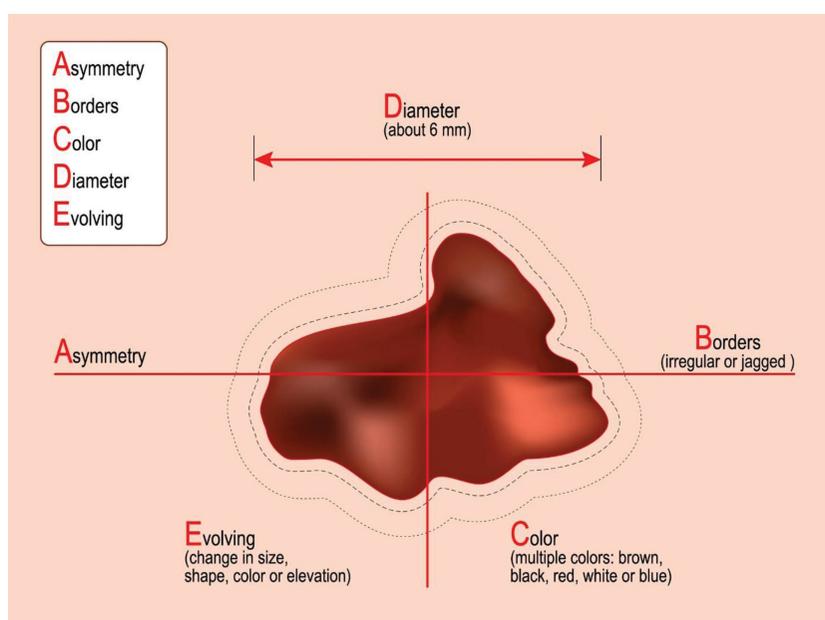
The *ugly duckling sign* is another warning of possible melanoma. Most moles on an individual's body resemble one another. Similar to ugly ducklings, melanomas stand out from other body moles and lesions. This underscores the importance of nurses performing skin assessments that examine the patient's skin for irregularities in moles and skin lesions and also comparing suspicious lesions to surrounding moles to determine whether there are any differences in appearance. Compared with surrounding moles, ugly duckling lesions may be larger, smaller, lighter, or darker. Isolated lesions (i.e., without any surrounding moles) are also considered ugly ducklings.

### Types of Melanoma

The most common type of melanoma is *superficial spreading melanoma* (Jones et al., 2019). This type of melanoma classically presents as a pigmented mole or skin lesion that has changed in size, shape, or color. It is most often found on the trunk in males and on the legs in females.

*Nodular melanoma* most often develops on the head and the neck of older people. This type of melanoma grows quickly, is firm and symmetrical, and appears as evenly pigmented papules or nodules that may ulcerate and bleed.

*Lentigo maligna*, also known as *Hutchinson freckle*, develops slowly and may remain in situ for many years. Once it becomes invasive, it progresses rapidly. These melanomas are often poorly defined and variably pigmented. They are more commonly seen in people 60 years or older.



**FIGURE 1.** Warning signs of melanoma. From Designua/Shutterstock.com. This figure is available in color online ([www.PANjournal.org](http://www.PANjournal.org)).

*Acral lentiginous melanomas* occur exclusively on the palms of the hand and soles of the feet and under nails. These melanomas are not related to sun exposure. They occur most commonly in people with pigmented or Asian skin. They typically appear as a large, pigmented macule but can mimic warts.

*Amelanotic melanomas* appear as other types of non-pigmented skin cancers. These melanomas are difficult to recognize and may be pink, red, white, skin color, or even colorless. They are most often located in the head and neck region and are more common in individuals older than 70 years.

## Preventing Melanoma

Plastic and aesthetic nurses can play an important role in preventing melanoma by educating people about the risks of sun exposure and tailoring the education to individual patient risk. Teaching people about the appearance-damaging effects of ultraviolet light exposure and the positive effects of sun protection may be effective in changing risky behavior (Skin Cancer Foundation, 2021). Nurses should advise patients to

- avoid intense sunlight between 11:00 A.M. and 3:00 P.M.;
- wear clothing to reduce sun exposure (e.g., wide-brimmed hats, long-sleeved shirts);
- avoid exposure to artificial sources of ultraviolet light (e.g., tanning beds);
- apply sunscreen regularly (i.e., every 2 hr);
- wear sun-protective clothing and apply sunscreen regularly when working outdoors; and

- practice regular skin self-examination.

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