

# What is Skin Cancer?

Skin cancer occurs when cells in the skin are altered in a way that causes them to give rise to many other abnormal cells in an uncontrolled fashion. Prolonged exposure to sunlight is the most common cause of this alteration.

Australia has the highest rate of all skin cancers in the world. Because we have the climate so suited to outdoor activity, it is not surprising that the incidence of skin cancer is highest in this country.

Most commonly, skin cancers occur on areas frequently exposed to the sun.

#### The three most important types of skin cancer are:

- Basal cell carcinoma
- Squamous cell carcinoma
- Melanoma

## Prevention

#### Remember: prevention rather than cure!

- Stay out of the sun, especially between 10 am and 2 pm
- When outdoors, try to utilise natural shade
- Wear protective clothing when out in the sun
- Apply sun screen to exposed areas, and reapply after swimming or heavy exercise
- Regularly check skin for any changes in appearance
- Have a doctor examine any suspicious spot as soon as possible

## Early detection

#### Early detection secures the best chance of a cure

It is widely agreed that early detection of skin cancer can lead to a cure in 99% of cases. It also seems likely that much of the increased survival from skin cancer is due to treatment at an earlier stage. Early detection is brought about by regular skin examinations by your doctor.

This includes areas exposed routinely to the sun and those areas which have only intermittent sun exposure.

## Changes

#### Skin cancers can look harmless and often are not painful

The changes which occur include any new spot which appears and grows; any existing sore or lump which doesn't heal within a month; or any mole or freckle which changes or grows.

Any of these changes should be reported to your doctor as soon as possible.

## Treatment

The treatment, once skin cancer is diagnosed, depends on the site, the type of skin cancer, and the thickness of the lesion.

Taking these various factors into account, your own doctor is best able to advise you on the appropriate treatment.

## Our Specialist Pathologists

Our pathologists are specialists: their experience, expertise, and commitment to professional development give you the assurance that the diagnoses we deliver are accurate and reliable. Because we're a comprehensive laboratory, you can also be assured that your results can be examined by pathologists from all of the pathology disciplines. And, when we are presented with more obscure cases, we have the breadth of knowledge to deliver the answers.

In general, disorders of the skin can be grouped into broad aetiological categories:

- Infective conditions (bacterial, fungal, viral, mycobacterial and other)
- Inflammatory disorders
- Neoplastic conditions (both benign and malignant)
- Damage caused by physical agents (such as radiation and extremes of heat and cold)
- Autoimmune disease
- Metabolic disease (such as renal disease, hormonal abnormalities and drug toxicities)
- Genetic disorders (genodermatoses)

Histopathology, microbiology, immunoserology, biochemistry and haematology all regularly contribute to the diagnosis of skin disorders.

The pathologists in each of these departments have a broad range of expertise that can assist in the diagnosis and management of your skin condition. It is important to remember that it is the integration of the clinical features with the pathological findings that often generates the final diagnosis in skin pathology.

## Skin Cancer



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# What does your diagnosis mean?

## What happens to your skin lesion?

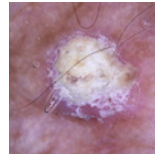
The lesion is sampled or surgically removed by your doctor and placed into a container of formaldehyde solution, which preserves the tissue so that it retains its original characteristics. Once the specimen reaches our laboratory it undergoes a series of processing steps.

Your report starts with a detailed description of the appearance of the lesion.

Small samples of the lesion are then taken for further processing.

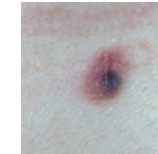
These samples are placed in a tissue processor, which takes some hours to replace the water in the sample with paraffin wax.

This makes the tissue more rigid, allowing thin sections to be cut. These sections are 'stained' with dyes, then examined under a microscope by the pathologist, who produces a report that is sent back to your doctor. This includes the diagnosis and information to help plan any further treatment that may be necessary.



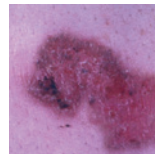
### ☐ Solar keratosis

- Very common
- A precursor of squamous cell carcinoma in some cases
- May appear as scaling, red areas



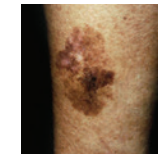
### ☐ Dysplastic naevus

- Develops after childhood
- May look similar to melanoma
- Often multiple



### ☐ Squamous cell carcinoma in situ (Bowen's Disease)

- A precursor of squamous cell carcinoma.
- May regrow if not completely removed



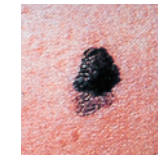
### ☐ Lentigo maligna/melanoma in situ

- The earliest stage of melanoma
- Can regrow adjacent to the excision scar in some cases
- If not completely removed they can progress to melanoma



### ☐ Squamous cell carcinoma

- Occurs mainly on sun-damaged skin and on the lips, particularly in smokers
- May appear as a raised red spot or sore which won't heal
- May regrow adjacent to the excision scar
- It rarely spreads beyond the scar



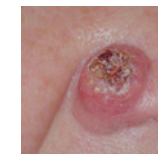
### ☐ Melanoma

- Occurs on any part of the body
- May appear as a new spot or an existing spot which changes shape, colour, or size.
- A wide excision is usually required
- May occasionally regrow following a wide excision or spread to lymph nodes and elsewhere. The risk of spread depends on the thickness of the lesion.



### ☐ Basal cell carcinoma

- Eighty percent of lesions are found on the head and neck, while approximately 15% develop on the shoulders, back, or chest
- May appear as a lump or sore that doesn't heal
- Usually pale, pearly, or red in colour
- Can regrow next to the excision scar in some cases



### ☐ Keratoacanthoma

- May appear as a pink or flesh coloured lump with a central "plug" most commonly found on neck, hands and forearms
- Typically they grow quickly over a few weeks and spontaneously resolve

### ☐ Other

There are many other types of skin lesion, most of which are uncommon. Your diagnosis was:

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