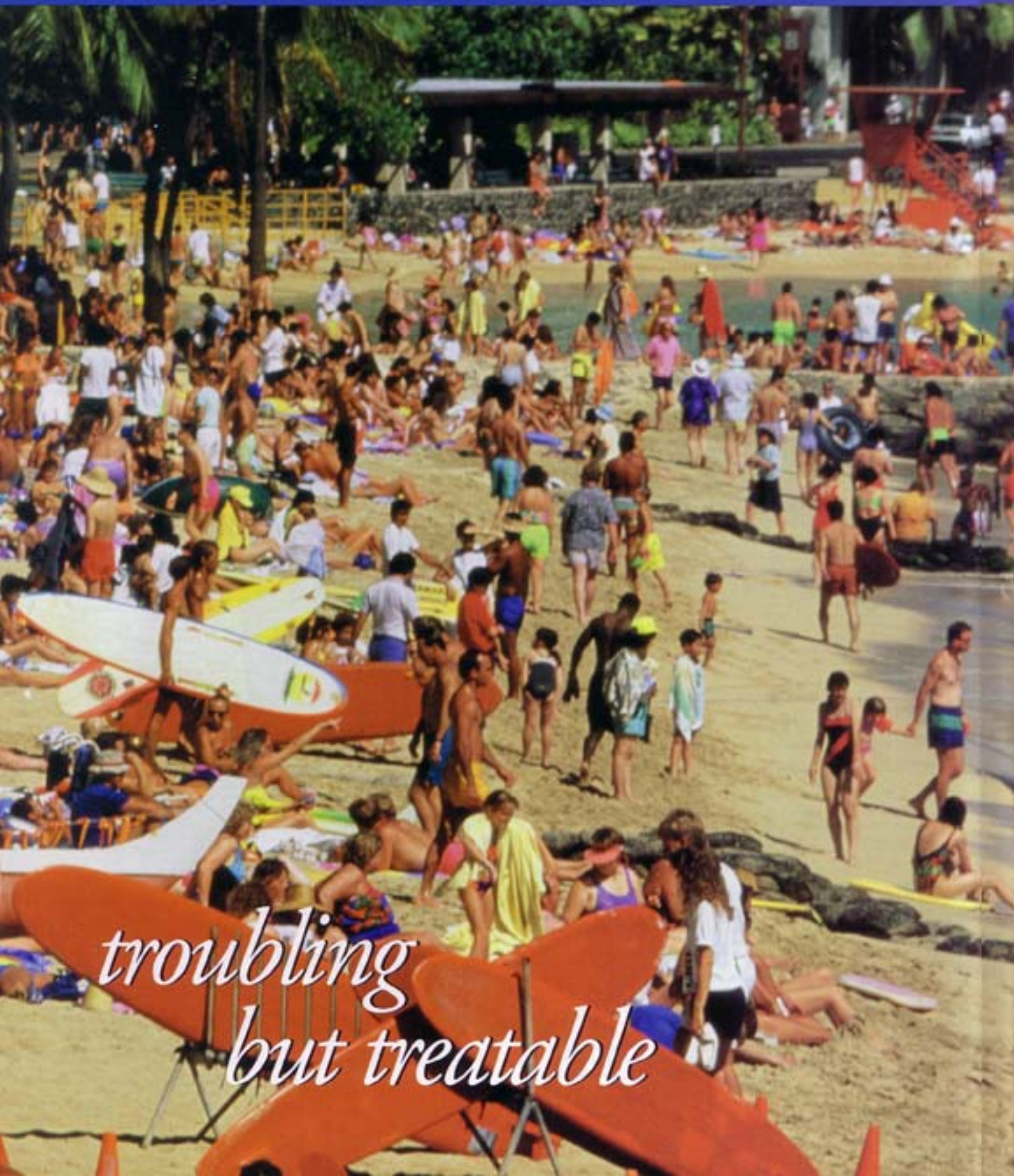


# A CLOSER LOOK AT: SKIN CANCER



*troubling  
but treatable*

**S**kin cancer is the most common form of cancer, and the number of cases continues to grow. In this year alone, an estimated 51,400 cases of melanoma, the deadliest form of skin cancer, will be diagnosed resulting in almost 8,000 deaths. More than one million new cases of skin cancer occur each year.

"All three forms of skin cancer have been increasing in recent years, in part because more people spend more leisure time in the sun," said Albert M. Lefkowitz, M.D., assistant clinical professor of dermatology, Mt. Sinai Medical Center, New York.

Yet, if diagnosed early, skin cancer is highly treatable. In addition to sun avoidance and self-inspection, an annual skin examination by a dermatologist is the best defense.

"The American Academy of Dermatology and the American Cancer Society recommend that everyone get a complete skin surface examination once a year," explained Dr. Lefkowitz. "That way, we can make a diagnosis of skin cancer at its earliest stage before it can cause very much damage."

Early diagnosis prevents basal cell carcinomas from becoming locally damaging lesions. Malignant melanoma can lead to serious illness, even fatal outcomes, so it's particularly important to diagnose as early as possible. Melanoma is usually treatable if detected in its early stages — before it spreads to other organs.

If a dermatologist detects suspicious-looking lesions, a biopsy will be taken to determine if they are malignant. People with a personal history of skin cancer or dysplastic nevi — atypical moles that are larger and more numerous than regular moles — must be watched very carefully for suspicious lesions as they are at increased risk for developing melanoma.

In recent years, the advent of dermoscopy has helped dermatologists to determine more accurately whether skin

lesions are malignant. Using a dermatoscope — an illuminated hand-held microscope — the dermatologist can view small structural features within a pigmented lesion that are not visible to the naked eye.

"Dermoscopy does two things," observed Dr. Lefkowitz. "It may reduce or eliminate the need for biopsy because it increases the precision of the diagnosis. It also allows us to look at smaller lesions that might have been missed and detect melanomas at an earlier stage."

More recently, the development of computer and digital imaging, or digital microscopy, allows dermatologists to record images digitally and even compare

lesions at different intervals. Many systems have lenses that enable a microscopic image to be enlarged more than 30 times.

"Digital microscopy enables us to see beneath the surface of the skin, increasing the accuracy of diagnosis," said Dr. Lefkowitz. "This is helpful for anyone being examined, but particularly patients with dysplastic mole syndrome."

The best defense against skin cancer is an aggressive offense. Regular visits to your dermatologist, as well as skin self examinations, can be life savers. **Dj**

Kevin Orfield

## Learning the ABCDs of Melanoma

During a skin cancer screening, as well as recommended patient self-screenings, dermatologists commonly apply the ABCD rule to diagnose melanoma. Skin lesions are more likely to be malignant melanoma when one or more of the following is observed:



**Asymmetry:** One side of a mole doesn't look like the other side.



**Border:** The edges of a mole are ragged or uneven.



**Color:** More than one color is present in a single mole. A melanoma may include streaks of tan, brown, black, red, white, and blue.



**Diameter:** A mole becomes larger than pencil eraser size or changes its shape.

For further information about the treatment of skin cancer, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM, or [www.aad.org](http://www.aad.org).