

# ASDS Sun Safety Kit



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**Board certified dermatologists** are experts in treating the health, function and beauty of skin, hair and nails throughout every stage of life.

**Skin cancer can affect anyone** of any ethnicity, gender or age.

It can be a big deal,  
but checking for it isn't!

[asds.net/Sun-Safety](https://asds.net/Sun-Safety)

# Do's and Don'ts for Sun Protection and Skin Cancer

Exposure to the sun or ultraviolet light from tanning beds can impact the skin in a variety of ways – including wrinkles, sun spots or freckles — and for one in every five Americans, this exposure can lead to skin cancer. Follow these do's and don'ts to decrease the risk of skin cancer.

## Do

- **Reduce sun exposure** by minimizing time in the sun – especially between 10 a.m. and 4 p.m. – and wearing sun-protective clothing such as sunglasses, wide-brimmed hats, long sleeves and pants.
- **Use sunscreen every day** with a sun-protection factor (SPF) of 30 or greater that provides both UVA and UVB protection. Avoid artificial tanning devices.
- **Recognize the ABCDE's of moles and melanoma.** During your monthly [self-exam](#), look for the following key warning signs:

**A**symmetry

**B**order irregularity

**C**olor variability

**D**iameter larger than a pencil eraser

**E**volving or changing moles.

- **Visit a board certified dermatologist** annually — or sooner if you notice a suspicious mole or lesion. Many people visit their primary care doctor for skin issues; however, a physician who does not specialize in diseases of the skin, hair and nails may have limited training in diagnosing and treating skin cancer — possibly placing your health at risk. Most skin cancers are 100% treatable if detected early, but it is crucial to be examined by a board certified dermatologist.



## Don't

- **Don't ignore the signs of skin cancer.** Sometimes what people may perceive as an annoying sore that won't go away or a mole that has changed in size or color is really something more serious and possibly an early form of skin cancer. Schedule a visit with a dermatologic surgeon if you notice anything abnormal. Monthly self-exams and an annual skin cancer screening are crucial in identifying cancer in its early stages.
- **Don't forego a professional medical evaluation.** Many people may experience complications from an unqualified provider's treatment recommendations, which could include removing an "innocent" freckle (that may actually be cancerous) with laser resurfacing or microdermabrasion, possibly delaying appropriate diagnosis and treatment. Because some forms of skin cancer can be mistaken for freckles or moles, its best to always consult a dermatologic surgeon before undergoing any elective cosmetic procedure. Find one near you at [asds.net/find](https://asds.net/find).
- **Don't be afraid to ask questions.** Understand the impact certain treatments may have on your health – and, in some cases, physical appearance – by asking the following questions:
  - What are my treatment choices? Which do you recommend? Why?
  - What are the expected benefits and recovery time of each kind of treatment?
  - What are the risks and possible side effects of each treatment?
  - Will the treatment affect my appearance and normal activities?

[\*\*asds.net/SkinCancer\*\*](https://asds.net/SkinCancer)

# What is a Skin Cancer Screening?



## What happens at a skin cancer screening?

A skin cancer screening is a visual inspection of your skin by a medical professional of your moles, freckles and other marks. There is no need to take blood, and nothing will be cut or removed at the time of the screening. Screenings generally take only 15 minutes.

## What areas of my body will be checked for skin cancer?

If the screening is in a physician's office, you will most likely need to undress for the screening so that your entire body can be carefully checked. If the screening is at a public event, the dermatologist will do a visual inspection of exposed skin areas such as face, head, arms, hands, legs and feet.

## Who will check my skin for skin cancer?

Typically a board certified dermatologist will provide the screening and may have support staff, such as a physician assistant.

## What if the physician finds skin cancer or something suspicious?

If you have a suspicious lesion, the physician will explain the diagnosis and possibly recommend that you schedule a follow-up examination or treatment.

## Do I have to pay for the skin cancer screening?

Many board certified dermatologists offer free skin cancer screenings to their communities. Contact [local dermatology offices](#) to ask about fees or insurance requirements.

## While I am being screened for skin cancer, can I ask other questions I have about my skin, such as cosmetic procedures, acne or a funny rash?

Typically, a skin cancer screening is solely an examination of the skin. You will likely have to schedule a separate consultation to discuss other concerns.

[\*\*\*asds.net/What-Is-A-Skin-Cancer-Screening\*\*\*](https://asds.net/What-Is-A-Skin-Cancer-Screening)

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## Skin Cancer Exams

### Is skin cancer common?

Skin cancer is the most common type of cancer and affects people of all skin colors. An estimated one in five Americans will develop skin cancer by the time they are 70 years old.<sup>1</sup>

### What causes skin cancer?

Exposure to ultraviolet (UV) radiation is the primary cause of most skin cancers including melanoma and non-melanoma forms of skin cancer. Risk factors that increase the chances of developing skin cancer include: light skin or hair, blue eyes, history of blistering sunburns, a family history of skin cancer and immunosuppression.

### Is skin cancer curable?

Most skin cancers are curable when caught early, making regular skin examinations to detect any concerning lesions important. People at higher risk for skin cancer should see a board-certified dermatologist once a year for a total body skin exam. If you have a personal history of skin cancer, you may need more frequent skin exams.

### Should I examine my skin at home?

Absolutely! Regular skin self-exams can lead to early detection and treatment of skin cancer. ASDS

recommends monthly self-exams.

See your board-certified dermatologist for a skin exam to help you understand what to look for and how to identify spots that are normal versus those that require closer observation.

### What should I look for?

- New or changing moles.
  - New moles can appear into your mid 30's. Any new moles that develop after that should be examined by your board-certified dermatologist.
  - Concerning changes may include: increasing size, changing color or bleeding
- A translucent, red, brown or black skin growth that increases in size.
- Any skin growth that bleeds or itches.
- Open sores or scabs that do not heal.
- A lesion that lasts longer than you think it should (e.g., a pimple that does not go away for months).
- Be sure to examine your palms and soles closely, looking for any discoloration under your fingernails or toenails (this is especially important if you have skin of color).
- Ask your hair stylist to look through your scalp during your appointment.



# Skin

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## Skin Cancer Exams

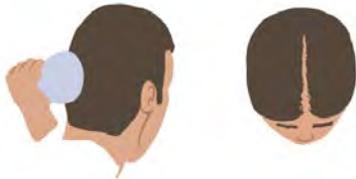
### Step by Step Guide to Performing a Skin Examination



**1** In a well-lit room that offers privacy, start the exam with your face. Examine your cheeks, forehead, nose, lips, around your eyes and ears (front/back). Use a hand mirror to help you see the areas.



**2** Using your hand mirror, examine the front/back of your neck and scalp. Part your hair to help visualize your scalp.



**3** Standing in front of a full-length mirror, examine the front and back of your arms, chest and abdomen. Women should lift their breasts to see the skin underneath. Examine the front/back of your hands and in between your fingers.



**4** Next examine the front/back of your legs.

**5**

With your back to the full-length mirror, use a hand mirror to help you see your back, buttocks and back of the neck.



**6**

Sit on a chair, prop your foot up on another chair/stool and examine the inside/outside of your legs, top/bottom of your feet and in between your toes.



**7**

Use a hand mirror to exam your genitals.



**8**

Keep a journal to note any changes that may be discussed with your board-certified dermatologist. Download one for free at [asds.net/self-exam](http://asds.net/self-exam).

References: 1. Stern RS. Prevalence of a history of skin cancer in 2007: results of an incidence-based model. *Arch Dermatol*. 2010 Mar;146(3):279-82.

# Skin

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# Top 10 Ways to Prevent Skin Cancer



### Sunscreen early and often

Daily use of a broad-spectrum sunscreen of at least SPF (sun protection factor) 30 is recommended. Sunscreen won't be fully effective until it is absorbed into the skin, which

typically takes about 30 minutes. When outside, sunscreen should be reapplied every two hours, especially to commonly missed spots such as the scalp, neck and backs of hands. Sunscreen is your first line of defense against skin cancer. Don't forget it, but don't rely solely on it. Check with your pediatrician before applying sunscreen on babies.



### Avoid peak sun hours

It's best to plan outdoor excursions like trips to the beach for earlier or later in the day to avoid when the sun's harmful

ultraviolet (UV) rays are at their strongest, which typically occurs between the hours of 10 a.m. and 4 p.m. You shouldn't let mild temperatures or lots of clouds fool you either. They won't protect you because UV intensity has more to do with the angle of the rays than the temperature or the sun's brightness. Even if it may not seem especially hot outside, sun damage can still happen.



### Stay out of bed

People who use tanning beds at least once a month increase their risk of skin cancer by 55 percent, according to studies, and the numbers are even more ominous for people who begin

such tanning regimens in their 20s. Safer options than the sun-induced tan are spray-on tanning or a self-tanning lotion, both of which create a browner tone by interacting with amino acids in the skin but don't involve melanocytes (skin cells that can become skin cancer).



### Check for moles regularly

Check for moles on a regular basis, especially if there is a history of skin cancer in your family. The best way to check is to stand naked in front of a mirror and beginning with the face work your way down, using a handheld

mirror for difficult-to-see places. Be on the lookout for changes in moles, especially any new black-colored moles or changes in size, shape, outline, color or feel. Notify your dermatologist immediately if you see any changes.

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## Top 10 Ways to Prevent Skin Cancer



### Don't get burned

The damage sunburns can cause doesn't go away when the redness fades. That damage can develop into skin cancer years and even decades

later. Your risk of developing skin cancer actually doubles if you've had five or more sunburns in your lifetime – so don't get burned! Have fun in the sun, but always protect yourself and your children to lower the risk of skin cancer. While there is no consensus as to the reason, those with dark skin experience skin cancer at a lower rate but the disease is more likely to be deadly.



### Cover up that skin

Not all clothing is equal when it comes to providing protection from the sun. For example, a white T-shirt only provides protection

equivalent to an SPF 4 sunscreen. Darker colors or tightly woven fabrics are safer options – silk and polyester in particular are two of the best. Sun-protective bathing suits can help protect skin on summer days. You also can wash clothes in a laundry treatment product that gives fabric an SPF level of 30 and lasts for up to 20 washes.



### Keep your hat on

Hats are one of the simplest ways you can protect yourself from sunburns. Hats with a four-plus-inch brim reduce the UV exposure

of the head and neck by 70 percent. You should wear a hat with a brim all around to protect the scalp, forehead, neck, ears and eyes. Try to avoid straw hats that aren't finely woven since they tend to let some harmful UV rays through. Make sure whatever hat you wear is a good fit so you will leave it on and won't end up sacrificing sun safety for comfort.



### Shade those peepers

It's just as important to protect your eyes as any other part of your body. The eyes aren't immune to sun damage

and can suffer from ocular cancer, the instances of which have increased in recent years. Excessive exposure to sunlight is a risk factor especially for those who are fair-skinned and blue-eyed. Sunglasses marked "meets ANSI (American National Standards Institute) requirements" effectively block 99 percent of UV rays. Wraparound-style sunglasses are best for protecting the delicate skin around the eyes.



### Protect your smile

Don't forget your lips! With an SPF of 10 at best, most lipstick is designed to make your lips look pretty rather than protect them from

sun damage. Keep them moist and protected with lip balm. Seek out broad-spectrum balms and lipsticks with an SPF of 30 that block both UVA and UVB rays. Just as with sunscreen, it's important to regularly reapply lip balm, particularly after eating. Lip gloss, meanwhile, can actually intensify the sun's rays – just like tanning with baby oil – making a bad situation even worse.



### Be wary of reflected sunlight

Have you ever reflected the sun off of a mirror? Then you can imagine what reflected UV

rays can do to your skin. UV rays that reflect off of water, sand, concrete and even areas painted bright white can cause sun damage just like direct sunlight. It's smart to wear sunscreen all the time, even in the shade. Old Man Winter won't protect you from the sun's harmful UV rays either.

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# Treatments For Non-Melanoma Skin Cancer



Recently diagnosed with a non-melanoma skin cancer such as basal cell carcinoma (BCC) or squamous cell carcinoma (SCC)? Don't panic! These cancers are usually slow growing, allowing for early detection and treatment. Both surgical and nonsurgical treatment options are available for non-melanoma skin cancers. While the gold standard for treatment is usually a surgical technique, the type of treatment chosen depends on various factors including the type, location and size of the skin cancer, the patient's overall health and whether or not it has occurred in the same place before.

### SURGICAL TREATMENTS



**Mohs surgery**  
Mohs surgery is the treatment

of choice for non-melanoma skin cancers, like BCC and SCC, that occur in cosmetically sensitive areas or areas where there is limited skin laxity, such as around the eyes, ears, lips, nose, neck, feet, hands and genitalia. It is also used for tumors that have recurred, are large or have unclear edges. A dermatologist

specialized in this procedure uses a scalpel to remove the visible tumor layer by layer with very thin margins. A map of the surgical site is created to maintain the orientation of the



tumor with respect to the patient's anatomy. The layer is then sectioned,

frozen and stained with special dyes in a laboratory on the premises while the patient waits. The surgeon examines the specimen under a microscope to determine whether the cancer cells are still present along the edges and/or in the depth. If cancer is found in any of these areas, the process is repeated wherein only the involved areas are removed. After the tumor is completely removed, the resulting wound is repaired in the most cosmetically acceptable way. Mohs surgery has the highest cure rate (95-99 percent) and achieves the goal of complete skin cancer removal while sparing the greatest amount of healthy tissue as possible to have the best possible cosmetic outcome with the lowest chance of recurrence.

### Excisional surgery

In this procedure, the dermatologic surgeon removes the cancer with a margin of normal skin and the wound created is closed with stitches. The specimen is then sent out to the laboratory to be evaluated by a board-certified dermatopathologist. If it is determined that there is still skin cancer present in the specimen, the entire procedure may have to be repeated. Cure rates can be as high as 95 percent depending on the size, location and type of skin cancer, but may be inappropriate treatment for high-risk tumors.

### Curettage and Electrodesiccation

This is a reasonable treatment of choice for small skin cancers that are low risk, non-aggressive and located in less cosmetically sensitive locations. The surgeon scrapes the tumor with a curette and then uses an electrocautery needle to remove any remaining cancer cells and control bleeding. This procedure is repeated several times to ensure



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## Treatments For Non-Melanoma Skin Cancer

adequate treatment of the cancer. Cure rates can approach those for surgical excision; however, the resulting round, white scar may not always be cosmetically acceptable.

### NON-SURGICAL TREATMENTS

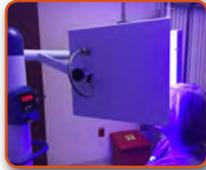
In some cases, the patient cannot undergo surgery, so it is not always a feasible treatment option. In some patients, complete removal of the skin cancer with surgery can leave an unacceptable cosmetic or functional outcome. On the other hand, when the cancer is caught in its very early stages, surgical treatment may not even be necessary. For these cases, non-surgical treatments can often be utilized.



### Topical medications

Topical medications, such as 5-fluorouracil (5-FU) and imiquimod, are FDA-approved

for the treatment of superficial BCCs. 5-FU is chemotherapeutic and works by directly exerting a toxic effect against cancer cells, while imiquimod stimulates the body's own immune system to attack the tumor. Cure rates are generally 70-75 percent, and minimal scarring is an advantage of treating small, early skin cancers with these medications as compared to surgical treatments. Patients may have redness, peeling, scabbing or an increased sensitivity to the sun while undergoing treatment.



### Photodynamic therapy

Photodynamic therapy (PDT) is an in-office treatment in which a photosensitizing chemical is placed on the affected area for a given period of time (the incubation period) and then activated by a light source — usually blue and / or red light, Intense Pulse Light (IPL) or Pulsed Dye Laser (PDL). This targets the skin cancer cells and destroys them. It is only FDA-approved for precancerous actinic keratoses, not for skin cancer. It has been used to treat very superficial BCCs and SCCs with success, although cure rates and recurrence rates vary considerably. The efficacy can be improved by scraping the cancers first to allow better absorption of the chemical. Common side effects include redness, swelling and increased sensitivity to the sun for a few days following treatment.



### Cryotherapy

Liquid nitrogen can be used to treat very superficial skin cancers in patients who are not surgical candidates. The tumor may need to be treated several times to achieve a complete cure, although cure rates tend to be lower than other treatment options, especially the surgical methods. After treatment, the lesion often becomes red, crusted and scabbed and can take a week or longer to fully

heal. Pigmentation may be altered after treatment, resulting in a white scar.



### Radiation

Radiation may be used in skin cancers that cannot be completely removed with surgery because they are large in size or the patient is not a surgical candidate. Radiation involves directing x-ray beams on the tumor in order to destroy it. A series of treatments over several weeks is often required.



### Oral medications

Occasionally, BCC may become advanced and spread so deeply into the skin that surgery cannot adequately remove the tumor without causing significant functional or cosmetic damage. In rare cases, the BCC actually metastasizes and spreads to other parts of the body. Vismodegib and sonidegib are medications that target a known signaling pathway that promotes the cancer to grow. It is taken orally and may cause some temporary side effects such as loss of taste, hair loss and gastrointestinal upset.

**Consult your board-certified dermatologist to discuss which treatment option is best for you.**

## Skin Cancer Resources

- [Skin Cancer Information](#)
- [Skin Cancer Myths](#)
- [Skin Cancer in People of Color](#)
- [Free Self-Exam Kit](#)
- [Find a Dermatologic Surgeon](#)

