

# What types of skin cancer are there?

Australia has one of the highest skin cancer rates in the world. At least 2 in 3 Australians will be diagnosed with skin cancer in their lifetime.<sup>1</sup>

Most skin cancer cases in Australia are due to excessive exposure to ultraviolet radiation (UV),<sup>2</sup> making skin cancer one of the most preventable cancers. Increasing community awareness of skin cancer prevention, good sun protection behaviours and early detection are key to reducing the risk of skin cancer.

The Australasian College of Dermatologists (ACD) has developed a fact sheet that provides information on skin cancer risk factors, warning signs and checking your own skin.

For more information about skin cancer statistics in Australia, see College's statement on the <u>Impact of Skin Cancer in</u> Australia.

# Key points

- The most common types of skin cancer are melanoma of the skin and keratinocyte cancers (KCs) (formerly known as non-melanoma).
- Melanoma of the skin is the deadliest form of skin cancer.
- Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are the most common forms of KCs.

## What is skin cancer?

Skin cancer is the uncontrolled growth of abnormal cells in the skin.

# What are the common types of skin cancer?

Skin cancer is divided into melanoma of the skin and keratinocyte cancers (KCs) (formerly known as non-melanoma).

#### Melanoma

Melanoma is a type of skin cancer that develops in the pigment cells of the skin called melanocytes and is the most dangerous form of skin cancer. Nearly 75% of melanoma cases begin as a new spot (there was nothing there before). They usually occur on body parts that have been overexposed to the sun.

Rare melanomas can occur inside the eye (ocular melanoma) or in parts of the skin or body that have never been exposed to the sun, such as the mucous membranes, palms of the hands, the soles of the feet or under the nails.

For further information, see ACD's A-Z of Skin: Melanoma.

Olsen CM, Pandeya N, Green AC, Ragaini BS, Venn AJ, Whiteman DC. Keratinocyte cancer incidence in Australia: a review of population-based incidence trends and estimates of lifetime risk.
 Public Health Res Pract 2022 Mar 10; 32(1) Available from: <a href="http://www.ncbi.nlm.nih.gov/pubmed/35290995">http://www.ncbi.nlm.nih.gov/pubmed/35290995</a>
 Olsen CM, Wilson LF, Green AC, Bain CJ, Fritschi L, Neale RE, et al. <a href="http://www.ncbi.nlm.nih.gov/pubmed/35290995">Cancers in Australia attributable to exposure to solar ultraviolet radiation and prevented by regular sunscreen use. Aust N Z J</a>

Public Health 2015 Oct; 39(5):471-6 Available from: http://www.ncbi.nlm.nih.gov/pubmed/26437734.

## Keratinocyte cancers

The two most common forms of KCs are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).

- About 70% of KCs are BCC. BCC begin on the bottom (basal) layer of the epidermis. They most commonly
  develop on body parts that receive high or intermittent sun exposure, including the head, face, neck,
  shoulders and back. BCC usually grow slowly in a local manner. Although unlikely to metastasise, they can
  destroy local tissue.
- SCC begin in the upper layer of the epidermis, and account for about 30% of non-melanoma skin cancers. SCC usually appear where the skin has had the most exposure to the sun, such as backs of the hands, forearms, legs, scalp, ears and lips. While most SCC can be treated, if detected early, they can metastasise, developing rapidly over a few months, and spreading to the lymph nodes and into other organs.

SCC that slowly thicken and enlarge over the years may develop into SCC in-situ (Bowen's disease). Bowen's disease presents in the thin top layer of the skin and is not an invasive cancer. However, some may require treatment as they can progress further into the deeper layers of the skin and develop into SCC.<sup>3</sup>

For further information about KCs, see ACD's A-Z of Skin pages on BCC, SCC and Bowen's Disease.

# What are the symptoms of skin cancer?

#### Melanoma

Symptoms of melanoma may include:

- Spots that lack symmetry
- Spots with an uneven or irregular edge/border
- Blotchy spots with different colours (light and dark brown, black, blue, red, white and grey)
- Spots that increase in size
- Spots that evolve or change over time in size, shape or colour

#### **Basal Cell Carcinoma (BCC)**

Symptoms of BCC may include:

- A pearly lump
- A scaly, dry area that is shiny and pale or bright pink in colour

### Squamous Cell Carcinoma (SCC)

Symptoms of SCC may include:

- Thickened red, scaly spot
- Rapidly growing lump
- · Looks like a sore that has not healed
- May be tender to touch

<sup>&</sup>lt;sup>3</sup> The Australasian College of Dermatologists. A to Z of Skin: Basal Cell Carcinoma; Squamous cell carcinoma; and Melanoma. https://www.dermcoll.edu.au/a-to-z-of-skin/. Accessed January 2017 Contributors: Dr Chris Kearney; Dr Brad Jones; Associate Professor John Kelly

## How common is skin cancer?

Australia has one of the highest rates of skin cancer in the world. About two in three Australians will be diagnosed with some form of skin cancer before the age of 70.

Keratinocyte (non-melanoma) skin cancer is the most common cancer diagnosed in Australia.

For further information on skin cancer rates in Australia, see ACD's Statement on the <u>Impact of Skin Cancer in</u> Australia.

# Other useful ACD skin cancer factsheets

For further information on skin cancer, the Australasian College of Dermatologists (ACD) has developed a suite of factsheets for consumers and health professionals available <u>here</u>, on:

- Knowing your risk factors and monitoring your own skin
- How do I protect my skin from the sun?
- When to see a health professional?

This factsheet is also available online. For more topics, visit dermcoll.edu.au or scan the QR code.

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#### About us

Dermatologists are doctors who are the medical specialists in skin health.

The Australasian College of Dermatologists (ACD):

- Trains and supports dermatologists
- Advocates for better skin health for our communities
- Sets the clinical standard in dermatology





This is a general guide only and does not replace individual medical advice. Please speak to your doctor for advice about your situation. The ACD is not liable for any consequences arising from relying on this information.