

## 5. MOLES

We see a lot of moles that worry people. Moles which are changing and have specific features on examination should be treated as melanomas and removed so that histopathological examination of the specimen, can confirm whether the lesion is a melanoma or benign mole. **Melanomas are curable if found early.**

The dermatoscope is a microscope which we use to aid accurate diagnosis of moles and melanoma. By viewing a magnified picture of the structure of the lesion we can often tell if a lesion is a benign mole or a melanoma. Thus we can limit the number of unnecessary excisions. We have state of the art dermatoscopes at both our medical centres and are trained in their use.

Observing moles closely over a period of time may be a good alternative to excision. "Surveillance photography" can reduce the number of benign moles being excised.

### PREVENTION OF SKIN CANCER

It is never too late to help your skin even if you already have a sun cancer or sun damaged skin. We recommend that everyone wears SPF30+ sun block when in the sun and wears a hat and skin protective clothing and sunglasses. We also recommend staying out of the sun between 10am and 2pm (11am and 3pm daylight saving time) when UV radiation is at its maximum.

### SKIN CANCER CHECKS

Anyone who has had skin cancer or is worried that they may have a changing spot or mole should have their skin thoroughly examined. If there is a family history of skin cancers, your skin may be more at risk of sun damage and regular checks are important.

### It is easy to cut corners but unwise to do so.

We often find when we examine a patient's skin all over for sun damage that we diagnose cancers, even melanomas, which were not of concern to the patient. We therefore strongly recommend that if you've had skin cancer or are worried about it, that you have a regular complete skin check for which you will need a separate consultation. Alternatively make an appointment for a prolonged consultation for a complete check up including skin examination. **It is important not to wear makeup when you come for a skin check.**



## SHOAL BAY & ANNA BAY MEDICAL CENTRES

# Skin Cancer Clinics

### SHOAL BAY & ANNA BAY MEDICAL CENTRES

5 Government Road  
Shoal Bay NSW 2315  
Phone: 4981 2600  
Fax: 4984 2806



125 Gan Gan Road  
Anna Bay NSW 2316  
Phone: 4981 2600  
Fax: 4982 2592



# Skin Cancer Services

## Solar skin damage and skin cancer

Our Practice has a focus on skin cancer identification, prevention and management. Some of our doctors have completed further studies in this area, including Dr Ros Leitch who completed a Masters degree in skin cancer surgery in 2011. We keep abreast of the latest evidence and guidelines in this area and all of our doctors are equipped to perform a thorough skin check evaluation and advise options for further management of any identified lesions.

## SUN DAMAGED SKIN AND SKIN CANCER

Everybody knows that skin cancer is a common problem in Australia and we spend a lot of time diagnosing and treating sun damaged skin. There about 140,000 new cases of skin cancer in Australia each year.

Over 1,000 people die in Australia each year from skin cancer. Most deaths are from melanoma.

We see a number of different types of sun related clinical problems and these are outlined below:

### I. SOLAR KERATOSES

These are often called sun spots and are not cancerous as such. They do however indicate sun damaged skin and can develop into skin cancer. They occur as single or multiple red scaly spots. They can be treated in the following ways:

- a) Observation - minor keratoses may merely be observed over a period of time to ensure that they do not develop into more serious lesions.
- b) Cryotherapy - solar keratoses may be frozen off using liquid nitrogen. This treatment is somewhat painful especially on the face and will result in blisters or scabs which may take time to heal. Cryotherapy sometimes can cause permanent depigmentation.

c) Efidix and other creams - these creams cause erosions of abnormal skin but spare normal skin. Efidix treatment will cause redness and can be irritating. It leaves patients sensitive to sun light during and for a period after treatment.

d) Biopsy or excision - if we are not sure that a solar keratosis is benign, we may recommend that a small amount of the spot is biopsied or the whole lesion excised and examined under the microscope. This gives a definite diagnosis ensuring best treatment.

### 2. BASAL CELL CARCINOMAS (BCC)

These are the most common of skin cancers. They generally grow fairly slowly and are easily treated. They do not spread internally but if left untreated can cause extensive tissue damage requiring major plastic surgery.

**Treatment-** if the BCC is not typical we may recommend biopsy to confirm the diagnosis. The most widely used treatment is excision where the cancer is cut out and the skin stitched. On the face complex repair may be required to give the best cosmetic result. Occasionally for small BCCs curettage (scraping off the lesion under a local anaesthetic) or cryotherapy may be appropriate.

BCCs around the nose and eyes can cause particular problems and different cancers of course require different treatment. Dr Ros Leitch who also works at Newcastle Skin Check does a lot of our more complex facial work.

#### **Aldara (Imiquimod) Cream**

This is an alternative to excision for superficial BCC. Its advantages are that it spares patients the pain of excision and that it can give a very good cosmetic result.



### 3. SQUAMOUS CELL CANCERS (SCC)

These are more dangerous than BCCs and can be lethal if left unattended for too long. They may present in a number of ways such as a sore that doesn't heal or a raised scaly lesion which seems to be growing.

We normally recommend excision for these cancers. Although potentially dangerous, with appropriate treatment, they should not present a problem. Experience tells us that we need to be particularly cautious with SCCs on the ears and lips. As with BCCs we may biopsy the skin spot, before excision, to be certain about the diagnosis.

**Bowens Disease** is a form of squamous cell cancer where the cancer is localised to the very superficial layer of the skin. This is not as dangerous as fully fledged squamous cancer although it may develop into squamous cell cancer if left unattended. Excision is not always necessary and other treatments such as Efidix and cryotherapy can work well in clearing this condition.

#### **Keratoanthoma (KA)**

These are benign lesions which often look identical to SCCs. They can grow quite quickly over a few weeks. Because they look similar to SCCs and indeed it can be difficult to tell the difference under the microscope, we almost always treat them by excision.

### 4. MELANOMAS

These are the rarest of Australian skin cancers but are also the most dangerous as they can spread quickly to other body parts if neglected.

The main sign of melanoma are a freckle or mole which bleeds or is changing either in colour or size over a period of weeks or months. Melanomas **should always be cut out** (excised). We refer all patients with complex melanomas to the Newcastle Melanoma Unit as recommended by national guidelines.