

Detecting and diagnosing skin cancer



Detecting (finding) skin cancer as early as possible is the key to successful treatment. Melanoma is the most serious form of skin cancer. If detected when they are thin and at an early stage most melanomas are curable.

Check your skin

Skin cancer often develops from an existing spot, freckle or mole, but it can also develop on what was once normal looking skin.

It is recommended that people regularly check all areas of their skin, including skin not normally exposed to the sun, like the soles of the feet. You may need to ask a family member or friend to check difficult-to-see areas, such as: your back, scalp, and the back of your neck.

What to look for when checking your skin

Get to know your skin by regularly checking for any change in the shape, colour or size of spots, freckles or moles. Look for a new lesion(s) that has uneven (patchy) colour, is growing larger quickly or is itchy or bleeds easily.

Look for scaly, red patches (that may bleed easily), ulcers or sores that do not heal, especially in areas often exposed to the sun. See your doctor if you notice changes. If a freckle or mole is growing larger, or changing in shape or colour, see your doctor straight away.

For further information see on the Cancer Society's website to view these resources:

*Where can I get my skin checked?
How and when to check your skin
Take time to spot the difference*

For people over 50

The risk of melanoma increases with age, so it is especially important for those over the age of 50, particularly men, to check their skin regularly.

In New Zealand, more men than women develop melanoma and more men die from melanoma. This may be because men do not notice skin changes or they may delay seeing their doctor.

Do people with naturally dark skin need to check for skin cancer?

While people with naturally dark skin, such as many Māori, Pacific and Asian people, have less chance of getting melanoma, it is still important they check their skin.

Which doctors do skin checks?

General Practitioners

Although General Practitioners (GPs) are not specialists in skin cancer, they are trained and qualified to check skin lesions, and are able to recommend the best approach for treating any unusual skin lesion. A study showed that New Zealand GPs were skilled in diagnosing skin lesions and identifying which lesions should have biopsies (removal of a sample of tissue which is examined in the laboratory to check if it is a skin cancer).

Dermatologists

Dermatologists are medical doctors trained in diseases of the skin. The New Zealand Dermatological Society website has information on skin diseases, including skin cancer, and a directory of New Zealand dermatologists (www.dermnetnz.org).

Pharmacists

Pharmacists are not trained to diagnose skin cancers.

What technology is used to detect skin cancer?

New technologies to detect skin cancer are available including:

Dermoscopy: using a hand held magnifier to examine pigmented areas below the outer skin layer. Both GPs and dermatologists may use dermoscopy.

Digital photography: taking digital photographs of the skin. Photographs are taken regularly and those images are then compared with images taken earlier. A comparison may identify any new changes.

Total body photography: unusual skin lesions are mapped on a whole body image using digital photography.

Mole mapping services: use a combination of the technologies listed above. These methods identify lesions which could be melanoma, or other forms of skin cancer. Your doctor must see any unusual lesions found during mole mapping.

What to ask about a mole map service

If you are considering using a mole map service, know what the service provides. To help you to make an informed choice the Cancer Society recommends you ask for information about the benefits and risks, including the following:

- **What services are offered?**

Will this be a total body skin examination or only cover areas of concern?

- **Who provides the service?**

What training do they have? The quality of the examination will be influenced by the skill of the person doing the procedure.

- **How are the results reviewed?**

What training does the person reading the images have?

- **How much will it cost?**

Are there extra charges as well as the first cost?
Is there a charge for storing the images?
Are follow-up visits charged for?

- **What happens next? Who will I be referred to if you need to see that doctor again? Is a letter sent to my GP?**

Does the Cancer Society recommend mole mapping services?

The Cancer Society does not recommend mole mapping services for most people.

However, for those at high-risk of developing melanoma, mole mapping may provide an ongoing assessment of their skin.

People who think they may be at high-risk of developing melanoma should talk to their doctor about the right skin check methods to use.

Who is at high risk of melanoma?

High-risk groups include those with:

- a personal or family history of melanoma
- atypical moles (unusual looking moles)
- a large number of moles
- a history of sunburn and fair skin
- an organ transplant, eg. a kidney transplant
- people who have a weakened immune system, eg. people taking drugs to suppress their immune system
- any combination of these risk factors.

For further information go to the Cancer Society's website:

<http://www.cancernz.org.nz/reducing-your-cancer-risk/sunsmart/read> the Cancer Society's Position Statement on: "Screening and Early Detection of Skin Cancer".