



Prevention

National Skin Cancer Awareness Month May 2016

SKIN CANCER

Actinic (Solar) Keratosis

One type of skin cancer, squamous carcinoma, can originate from a pre-cancerous change in the skin. Early detection of these pre-cancerous area called actinic keratosis or sometimes termed solar keratosis.

Actinic keratosis is a rough, scaly patch on the skin that develops from years of exposure to the sun. It is most commonly found on the face, lips, ears, back of the hands, forearms, scalp or neck.

An actinic keratosis enlarges slowly and usually causes no signs or symptoms other than a patch or small spot on the skin. These lesions take years to develop, usually first appearing in older adults.

A small percentage of actinic keratosis lesions can eventually become skin cancer.

The risk of actinic keratosis can be prevented by minimizing sun exposure and protecting the skin from ultraviolet (UV) rays.

Signs and Symptoms of an Actinic Keratosis

Rough, dry or scaly patch of skin, usually less than 1 inch (2.5 centimeters) in diameter

Flat to slightly raised patch or bump on the top layer of skin

In some cases, a hard, wart-like surface

Color as varied as pink, red or brown, or flesh-colored

Itching or burning in the affected area



Because it can be difficult to distinguish between noncancerous spots and cancerous ones, it is best to have any new skin changes evaluated by a doctor — especially if a spot or lesion persists, grows or bleeds. Actinic keratosis is caused by frequent or intense exposure to UV rays, from the sun or from tanning beds.

RISK FACTORS FOR ACTINIC KERATOSIS

Anyone can Develop Actinic Keratoses

If older than 40

Live in a sunny climate

Have a history of frequent or intense sun exposure or sunburn

Have pale skin, red or blond hair, and blue or light-colored eyes

Tend to freckle or burn when exposed to sunlight

Have a personal history of an actinic keratosis or skin cancer

Have a weak immune system as a result of chemotherapy, chronic leukemia, AIDS or organ transplant medications



TREATMENT OF ACTINIC KERATOSIS

If treated early, almost all actinic keratoses can be eliminated before developing into skin cancer. However, if left untreated some of these spots or patches may progress to squamous cell carcinoma — a type of cancer that usually is not life-threatening if detected and treated early.

Your doctor can usually diagnose actinic keratosis simply by looking at it. If there's any doubt, your doctor may do other tests, such as a skin biopsy. During a skin biopsy, your doctor takes a small sample of your skin for analysis in a laboratory. A biopsy can usually be done in a doctor's office after a numbing injection.

An actinic keratosis sometimes resolves on its own, but typically returns again after additional sun exposure. Because it is impossible to tell exactly which patches or lesions will develop into skin cancer, actinic keratoses are usually treated as a precaution.

Several Actinic Keratoses may Best be Treated by the Entire Affected Area

Prescription Products that can be Applied to your Skin for this Purpose include:

Fluorouracil cream (Carac, Fluoroplex, Efudex)

Imiquimod cream (Aldara, Zyclara)

Ingenol mebutate gel (Picato)

Diclofenac gel (Voltaren, Solaraze)

Photodynamic Therapy

A medicine that makes damaged skin cells sensitive to light (photosensitizing agent) is applied to the affected skin. The skin is then exposed to intense laser light to destroy the damaged skin cells. Side effects may include redness, swelling and a burning sensation during therapy.

For Few Actinic Keratosis a Dermatologist may Recommend Individual Removal

Most Common Methods

Freezing (cryotherapy) An extremely cold substance, such as liquid nitrogen, is applied to skin lesions. The substance freezes the skin surface, causing blistering or peeling. As your skin heals, the lesions slough off, allowing new skin to appear. Cryotherapy is the most common treatment; it takes only a few minutes and can be performed in your doctor's office. Side effects may include blisters, scarring, changes to skin texture, infection and darkening of the skin at the site of treatment.

Scraping (curettage) In this procedure, your surgeon uses a device called a curette to scrape off damaged cells. Scraping may be followed by electrocauterization, in which a pencil-shaped instrument is used to cut and destroy the affected tissue with an electric current. This procedure requires a local anesthetic. Side effects may include infection, scarring and changes in skin coloration at the site of treatment.

Prevention of actinic keratoses is important because the condition can precede cancer or be an early form of skin cancer. Sun safety is necessary to help prevent development and recurrence of patches and lesions caused by an actinic keratosis.

Sources: Mayo Clinic and Wikipedia

For further information on cancer risk factors and screening visit: www.strang.org.

PREVENTION OF ACTINIC KERATOSIS

Limit Time in the Sun

Avoid staying in the sun so long that a sunburn or a suntan occurs. Both result in skin damage that can increase the risk of developing actinic keratoses and skin cancer. Sun exposure accumulated over time may also cause an actinic keratosis.

Use Sunscreen

Regular use of sunscreen reduces the development of actinic keratoses. Before spending time outdoors, apply a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15. Use sunscreen on all exposed skin, including the lips. Apply sunscreen 20 minutes before sun exposure and reapply it every two hours or more often, especially after swimming or sweating.

Cover Up

For extra protection from the sun, wear tightly woven clothing that covers the arms and legs. Also wear a broad-brimmed hat, which provides more protection than does a baseball cap or golf visor. Consider wearing clothing or outdoor gear specially designed to provide sun protection.

Avoid Tanning Beds and Tan-Accelerating Agents

Tanning beds emit ultraviolet A (UVA) rays, which are often stated to be less dangerous than ultraviolet B (UVB) rays. But UVA light penetrates deeper into your skin, causes actinic keratoses and increases your risk of skin cancer. Sunless tanning lotions or bronzing lotions that produce a tanned look without sun exposure are a safe choice, if you continue to use sunscreen when outdoors.

Report any Skin Changes to your Doctor

Examine your skin regularly, looking for the development of new skin growths or changes in existing moles, freckles, bumps and birthmarks. With the help of mirrors, check your face, neck, ears and scalp. Examine the tops and undersides of your arms and hands.

The Strang Cancer Prevention Cookbook

Reduce your Risk for Cancer by Eating a Healthy Diet!

Coriander, Fennel, & Pepper-Crusted Tuna 4 Servings



Spice Blend : 1 tablespoon coriander seeds, 1 tablespoon fennel seeds, 2 teaspoons black peppercorns

Tuna: 1 1/2 pounds tuna (4 pieces about 1 1/2 inches thick), 1 tablespoon olive oil

To prepare the spice blend, grind all the spices in a small food processor or spice grinder until they are powdery. Spread the spice mixture evenly on a large plate. Rinse the tuna fillets and pat dry. Place one side of each piece of tuna into the spice mixture. Shake off any excess.

In a large nonstick skillet over medium –high heat, heat 2 tablespoons of the olive oil. Carefully place 2 tuna fillets, spiced side down, into skillet. A spice crust should form within 1 minute. Using tongs, turn over the tuna, lower the heat to medium, and cook for 2 to 5 minutes, to desired doneness. Transfer to a plate and loosely cover with foil to keep warm. Repeat the process with the remaining tuna fillets, adding 1 more teaspoon of oil to skillet.

Calories 207, protein 40g, carbohydrates 0g, fat 5g, cholesterol 74mg, dietary fiber 0g, saturated fat 1g

Tuna is potentially a good source of omega-3 fatty acids.

Recipe by Laura Pensiero, R.D. Owner Gigi Trattoria, Rhinebeck, New York



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