

a dangerous place in the sun



IGNORANCE AND AN "IT WON'T HAPPEN TO ME" ATTITUDE ARE STILL ALL TOO COMMON WHEN IT COMES TO MELANOMA, PARTICULARLY AMONG MEN, WRITES CAROLYN VARLEY.



A major health problem stalking all Australians, particularly older men, is being fuelled by a combination of apathy and ignorance.

The problem is malignant melanoma, and the Royal College of Pathologists of Australasia rates its occurrence in the elderly as the new public health problem for this decade.

Australian Cancer Council statistics show melanoma to be the fourth most common cancer in Australia, with 8500 new cases diagnosed annually. It kills about 620 men and 350 women every year.

The chairman of the Cancer Council's skin cancer committee (a combined initiative of the Cancer Council and the Australian College of Dermatologists), Craig Sinclair, says a melanoma is likely to appear as a new spot, or an existing spot, freckle or mole that changes colour, shape or size. It usually has an irregular or smudgy outline and more than one colour, and it grows over weeks or months, anywhere on the body, not just in places that get a lot of sun. Early detection and treatment improve the prognosis, so it is

vital that people are aware of changes on their skin.

Exposure to the sun's ultraviolet rays is the single biggest risk factor for the development of melanomas, and Australia's place in the sun, combined with the population's largely Celtic origins, has assured it the dubious distinction of the world's highest occurrence of melanoma. But it doesn't have to be that way.

Apathy and ignorance are major factors behind the incidence and severity of melanoma, according to pathologists Dr Stanley McCarthy and Dr Richard Scolyer, staff specialists at Sydney's Royal Prince Alfred Hospital department of anatomical pathology.

"People are more interested in short-term appearance than long-term safety," Dr Scolyer says. "The bronzed Aussie image prevails. Knowledge about the dangers of sun exposure is there, but people choose to not heed it."

Dr McCarthy says some people simply don't believe they could get melanomas, and others apparently don't care.

The great hope lies in continuing education programmes for young people,

but people of all ages need to change their ways.

Dr Scolyer says the best defence against ultraviolet rays lies in physical barriers such as hats, clothing and shade. He says there is no strong evidence that sunscreen prevents melanoma.

That doesn't mean sunscreen is not important. Dr McCarthy points out that it may help reduce the incidence of actinic keratosis, which can develop into squamous cell carcinoma – a skin cancer less dangerous than melanoma – and it also helps decrease premature aging of the skin. But the message is clear – sunscreen alone does not give adequate protection.

Melanoma affects people of all ages, but those over 55 face an increased risk. Dr McCarthy says this is due to factors including the impact of sun exposure throughout life, greater cell mutation in the elderly, and a tendency in older people to cover up, making detection less likely.

He says the additional risks faced by older men are underlined by the fact that melanoma death rates are decreasing or stable among women and younger men, but are increasing among older men.



Pigmented basal cell carcinoma



Squamous cell carcinoma



Morphoeic basal cell carcinoma



Squamous cell carcinoma in situ (Bowen's disease)



Nodular basal cell carcinoma



Superficial basal cell carcinoma

"Men don't care about their skin to the same extent women do. Women take heed of the skin cancer message more than men, so they are more likely to get a melanoma cut out early. And testosterone may have an effect on the development of melanomas."

Dr Scolyer suggests people check themselves regularly, and get a family member to check hard-to-see places, such as the back, at least annually.

A visit to a GP will confirm whether a referral to a dermatologist is required. One person in ten who consults a general practitioner will do so because of a skin complaint. The GP may decide to seek confirmation of a diagnosis or assistance with therapy. This is when the patient is referred to a dermatologist. Dermatologists treat patients of all ages, from babies and children to adolescents and adults. Although diseases of the skin are many and varied, Australian dermatologists spend much of their time treating diseases caused by exposure to the sun. These include skin cancers such as basal cell carcinoma, squamous cell carcinoma and malignant melanoma.

Pathologists also play a vital role in the battle to reduce melanoma deaths, striving to provide definitive diagnoses and information to clinicians. Diagnosis is made through laboratory examination of biopsy tissue in conjunction with interpretation of clinical details provided by the patient's doctor, who may be a specialist dermatologist, general practitioner or surgeon.

Pathologists then report on vital factors such as the thickness of the

tumour (which correlates with the risk of the cancer spreading), ulceration, mitotic rate (the rate at which cells are dividing), and any spread around nerves or invasion of blood vessels.

"Specialists base their treatment on what we say, so diagnosis and the parameters have to be as accurate as possible," Dr McCarthy says, "Our job is to provide the clinician and the patient with the information they need to make an informed decision."

Clinicians can do much to aid pathologists in the quest for accurate diagnoses, particularly by avoiding small biopsies.

"We strongly discourage small biopsies because they can be misleading and could compromise our assessment of the lesion when it is fully excised. Shave, punch or curette biopsies could compromise the patient getting the correct diagnosis, and should be avoided if at all possible," Dr McCarthy says.

With no miracle cures on the horizon, melanoma is a major health problem that will be with us for the foreseeable future – and the worst may be yet to come.

Dr Scolyer says research suggests a 1 per cent decrease in the ozone layer results in a 2 per cent increase in ultraviolet radiation reaching Earth. This means those who remain apathetic and ignorant will face greater risks, as will their unprotected children. 📌

For the melanoma fact sheet visit www.rcpa.edu.au or visit the Australasian College of Dermatologists' website at www.dermcoll.asn.au

THE POWER OF VIGILANCE

Kelly Warneke, 25, shudders when she sees people sunbaking, but it wasn't always so. As an olive-skinned teenager, Kelly loved to lie on the beach soaking up the sun. She didn't burn easily so didn't bother with sunblock or hats.

Two years ago Kelly started working at the Cancer Council of New South Wales – and her job probably saved her life.

"I'd been telling people to get their spots checked," she said. "Then I noticed that two of my moles were changing." A mole on her stomach had grown larger, and one on her breast had become darker.

Kelly went to a GP and then to a specialist who removed both moles as a precaution in October last year. Kelly and her doctor were surprised when the mole on her breast proved to be a melanoma.

"The specialist said it was quite deep," she said. "Within a couple of years it would have been bigger and I would have been in trouble."

The melanoma was on skin that had been covered by a swimsuit or other clothing throughout Kelly's adult life. "It seems the damage was done when I was a child running around without a top on," she said.

Kelly knows just how difficult it is to get people to change their attitudes and habits when it comes to the risks of skin cancer. Her husband, Daniel, is a tradesman who often works outdoors. Despite Kelly's brush with cancer, he's reluctant to cover up and use sunblock..

"He's out in the sun all the time, but unless I physically rub sun cream on him he says, 'No. It's all right. Nobody else does it.'"

She believes many men like him are unlikely to change unless they are forced to, possibly through workplace regulations. Kelly also shudders when she sees sun-worshippers soaking up damaging ultraviolet rays at the beach.

"Haven't they seen the stuff on TV? It's not just old people who are at risk. It can happen to young people like me. I still enjoy the beach, but I wear sunscreen and I re-apply it often. I always wear a hat in the sun, and I certainly don't lie in the sun baking."