

## Skin cancer in diverse skin types

### Questions With Answers

Which type of skin cancer is most common (overall)?

- A. **Basal Cell Carcinoma**
- B. Squamous Cell Carcinoma
- C. Melanoma
- D. Cutaneous lymphoma
- E. Kaposi's sarcoma

Which type of skin cancer is the deadliest?

- A. Basal Cell Carcinoma
- B. Squamous Cell Carcinoma
- C. **Melanoma**
- D. Cutaneous lymphoma
- E. Kaposi's sarcoma

Which type of skin cancer is most common in skin of colour patients?

- A. Basal Cell Carcinoma
- B. **Squamous Cell Carcinoma**
- C. Melanoma
- D. Cutaneous lymphoma
- E. Kaposi's sarcoma

### Skin Cancer Vital Facts

- 210,000 cases of non-melanoma skin cancer + over 16,000 cases of melanoma/ year
- 918 non-melanoma skin cancer and 2,300 melanoma skin cancer deaths / year

### Skin cancer in society: Why is it important?

- Lack of literature
- Worse outcomes in Skin of colour (SoC) patients
- Different clinical features and presentation
- Increasing SoC population

### Types of skin cancer

- More common
  - Basal cell carcinoma
  - Squamous cell carcinoma
  - Melanoma
- Less common
  - Kaposi's sarcoma
  - Cutaneous lymphoma
  - Dermatofibrosarcoma protuberans

### Risk Factors for Skin Cancer

- Risk factors
- Sun exposure
- Immunosuppression
- Genetic predisposition (eg albinism)
- Viruses (eg HPV)
- Smoking
- Previous burns or scars

### Do people of colour need to wear sunscreen?

- UV shown to increase Basal Cell Carcinoma's in skin of colour patients therefore are encouraged to use sunscreen.
- Lack of studies including skin of colour patients

## Basal Cell Carcinoma

Definition: Uncontrolled proliferation of basal cells in the skin

Typically seen in:

- Elderly men
- Sun-exposed sites

## Typical Clinical Presentations of Basal Cell Carcinoma

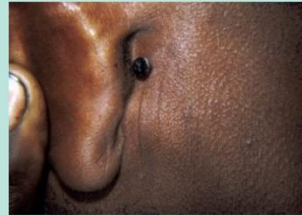
### LESS PIGMENTED SKIN

Translucent (95%), solitary nodules



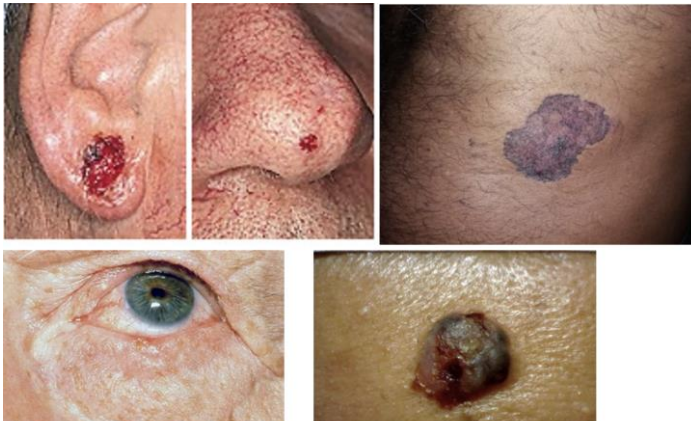
### MORE PIGMENTED SKIN

Pigmented (50%) solitary nodules



<https://dermnetz.org/topics/basal-cell-carcinoma-in-skin-of-colour>  
<https://www.skincancer.org/skin-cancer-information/skin-cancer-pictures/>

## Other Clinical Presentations include



## Treatment of BCC

Main goals of treatment

- Completely remove the tumour to prevent recurrence.
- Correct any functional impairment resulting from the tumour.
- Provide the best cosmetic result.

### Treatment options available:

- Mohs surgery
- Curettage and electrodesiccation
- Excisional surgery
- Radiation therapy
- Photodynamic therapy
- Cryosurgery
- Medications (eg Vismodegib, Sonidegib)

## Squamous Cell Carcinoma

Definition: Uncontrolled proliferation of squamous cells in the epidermis

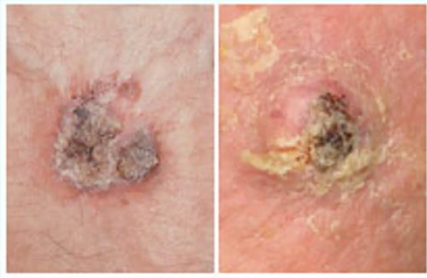
Risk factors:

- UV exposure
- Actinic keratoses
- Previous skin cancer
- Previous cutaneous injury
- Chronic inflammation/scarring
- Immunosuppression
- Exposure to arsenic

## Typical Clinical Presentation

### LESS PIGMENTED SKIN

Sun exposed areas, firm nodules or plaques with crusted surface



<https://dermnetz.org/topics/squamous-cell-carcinoma-in-skin-of-colour>  
<https://www.skincancer.org/skin-cancer-information/skin-cancer-pictures/>

### MORE PIGMENTED SKIN

Non-sun exposed areas, non healing ulcer



## Other Clinical Presentations



## Squamous Cell Carcinoma

Treatment is same as for basal cell carcinoma:

- Surgical excision
- Curettage and cauterization
- Cryotherapy
- Mohs surgery
- Radiotherapy

Prognosis

- Delayed diagnosis leads to greater chances of metastases

## Melanoma

Definition: Uncontrolled proliferation of melanocytes

Risk factors:

- UV exposure
- Family history of melanoma
- Congenital mole > 20cm diameter
- Immunosuppression
- Dysplastic naevi
- Burn scars

### “ABCDE” for melanoma

- Asymmetry
- Border irregularity
- Color
- Diameter  $\geq 6\text{mm}$
- Evolution

### Glasgow 7-point checklist

Major features (2 points each)

- Change in size
- Irregular shape
- Irregular colour

Minor features (1 point each)

- Largest diameter 7mm or more
- Inflammation
- Oozing
- Change in sensation (including itch)

## Melanoma Subtypes

### SUPERFICIAL SPREADING MELANOMA

Melanoma commonly affecting the trunk or legs

Irregular brown lesion with variegate pigmentation



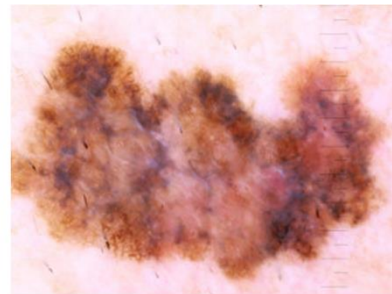
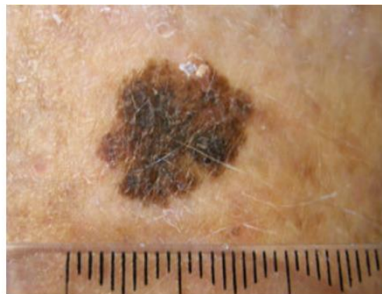
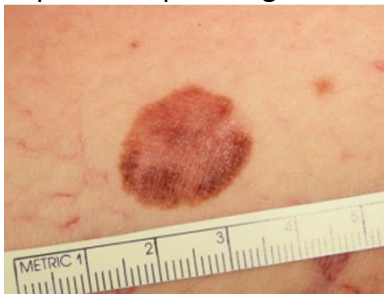
### ACRAL LENTIGINOUS MELANOMA

Melanoma of the palms, soles and nail beds

Asymmetric, enlarging dark-brown/black macule or patch



## Superficial Spreading Melanoma



### Acral Lentiginous Melanoma



### Dermatofibrosarcoma protuberans

Definition: Skin cancer arising in the dermis.

Presentation: Painless plaque developing into nodule, feels firm to touch and is fixed onto skin.

Diagnosis: Skin biopsy

Treatment: Surgical excision

Prognosis:

- High recurrence rate (10-20% come back within 3 years of excision)
- Follow up to examine site every 6 months for 5 years, then annually



### Cutaneous T - Cell Lymphomas (CTCL)

Definition: Clonal malignancy of T cells

Aetiology: unknown, association with HTLV-1 (T cell lymphocytic virus type 1)

Presentation: Patches, papules, nodules, plaques or tumours, commonly itchy (80%)

#### Common types of CTCL

##### Mycosis fungoides



##### Sezary syndrome



#### Investigations:

- skin biopsy
- genetic studies
- immunohistochemistry

#### Treatment

- Topical
- Surgical and systemic treatments

## **Kaposi's sarcoma**

Definition: Proliferation of endothelial cells of blood vessels and lymph vessels

Presentation: Red/purple macules, papules and nodules



4 types of Kaposi's Sarcoma:

- Classic: Older men, associated with DM
- Endemic/African: seen in children and young adults - poor prognosis with generalised lymphadenopathy.
- Iatrogenic: due to immunosuppression
- HIV-associated: 15% of patients with AIDS develop KS

**DISCLAIMER: Please note that this is a resource to help students and health professionals. It is not intended and should not be used as a resource, guideline or reference for clinical practice or decision making. It is not designed for patients looking for medical information or advice.**

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The notes of this lecture was based on the materials of the lecture "Skin cancer in diverse skin types by Yoon Soo Park"

