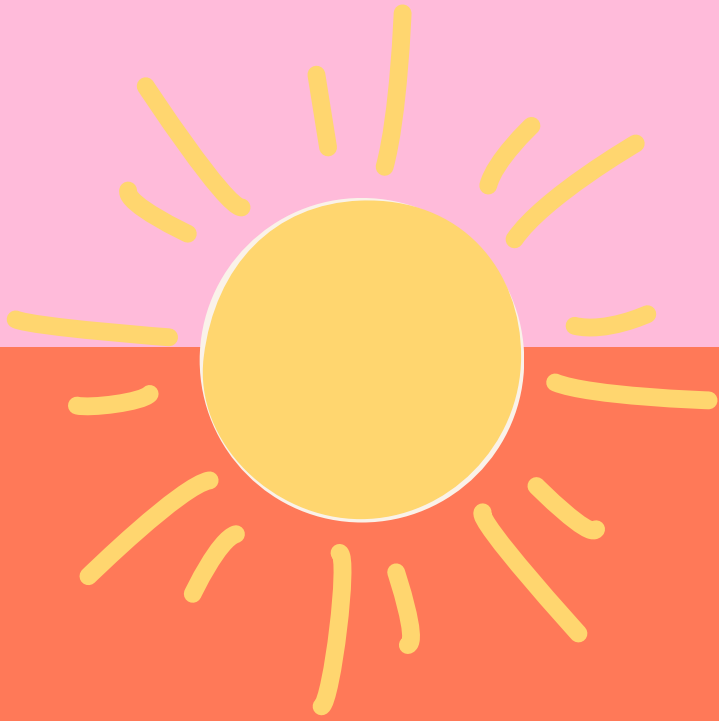


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SAFE FUN IN THE SUN

A Guide to Skin Cancer

By: Harper Jones, Emma Crouch, Alexia Cruz, Caleb Robinson

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CHAPTER 1: INTRODUCTION

WHY PROTECT OUR SKIN?

“The skin is your first layer of defense against the outside world.”³

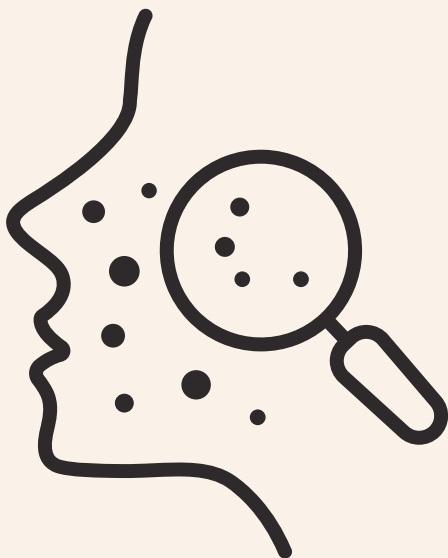
ABOUT THE SKIN³

Made up of three main layers, the skin is the human body's largest organ. The skin is our protective layer that acts as a defense mechanism against bacteria and other environmental hazards. Skin is also used as a warning system, as its nerve endings allow you to feel when something is too hot or too sharp. It is important to protect our skin to control our body temperature, decrease the likelihood of contracting diseases, and contribute to an overall sense of well being.



HOW TO USE THIS MANUAL

This manual was created to be a helpful, and educational resource for those who are interested in learning about skin cancer. Whether you are nervous about developing symptoms, requesting prevention ideas, or just wanting to learn more, this technical manual will provide you with the resources to do so. Through the use of prevalence, risk factors, symptoms, and prevention methods, this manual is designed to provide readers with a full understanding of the severity of skin cancer. However, we would like to preface that this tool is not sufficient to diagnose or recommend skin cancer related topics over a physician's advice. If you suspect that you may be developing skin cancer, please seek out your dermatologist or primary care physician as soon as possible.



THE THREE MAIN LAYERS OF THE SKIN:

What do they do?
Why does it matter?

THE LAYERS¹

1) THE EPIDERMIS

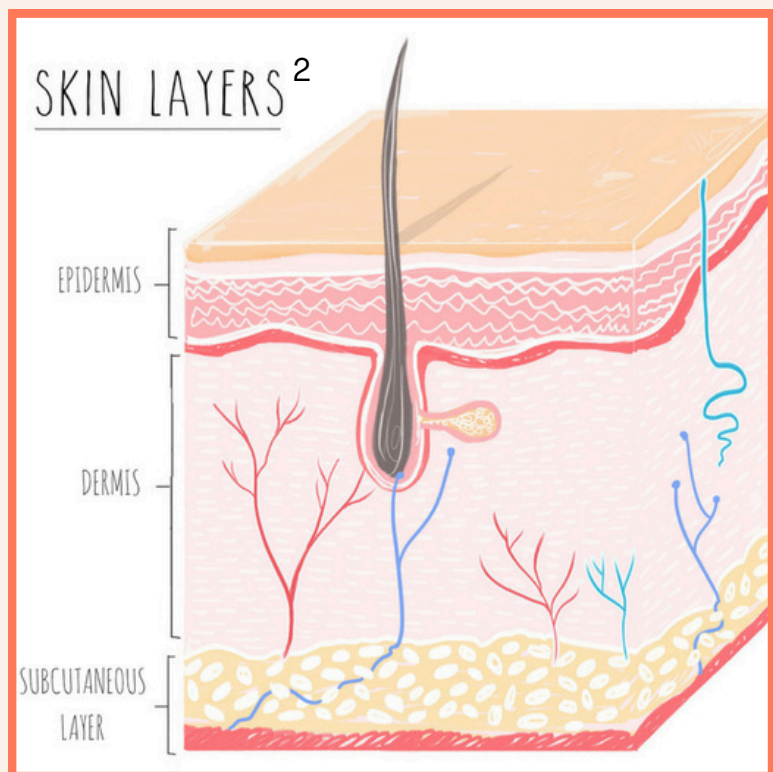
- The skin you can see!
- Protects the more delicate inner layers of the skin
- Made up of “sheets” of cells
- When the old, dead skin cells are lost, new ones are pushed up to replace them

2) THE DERMIS

- Under the epidermis
- Made up of elastic fibres (elastin) and protein fibres (collagen)
- These provide suppleness and strength
- Contains sweat glands, hair follicles, nerve endings, and blood vessels

3) THE SUBCUTANEOUS

- Layer of fat found underneath the dermis
- Provides the body with thermal insulation
- Provides the body with mechanical protection
- Fat stored here is used as an energy source



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1. Department of Health & Human Services. (1999, October 13). Skin Explained. Better Health Channel. <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ski>
2. Dermstore. (n.d.). Skin Layers. Skin Care 101: Layers and Functions of Skin. Retrieved from <https://www.dermstore.com/blog/layers-and-functions-of-skin/>.
3. Wein, H. (2024, June 17). Keep your skin healthy. National Institutes of Health. <https://newsinhealth.nih.gov/2015/11/keep-your-skin-healthy>



CHAPTER 2: UNDERSTANDING SKIN CANCER

WHAT IS SKIN CANCER?

“Skin cancer is the out-of-control growth of abnormal cells in the epidermis, the outermost skin layer, caused by unrepaired DNA damage that triggers mutations. These mutations lead the skin cells to multiply rapidly and form malignant tumors.”¹

WHAT ARE THE TYPES?

Ranging in size, symptoms, and severity, each type of skin cancer can look different for each person it affects. Understanding the three most prominent types of skin cancer is crucial to recognizing severity and knowing when to see a dermatologist.

BASAL CELL CARCINOMA (BCC)

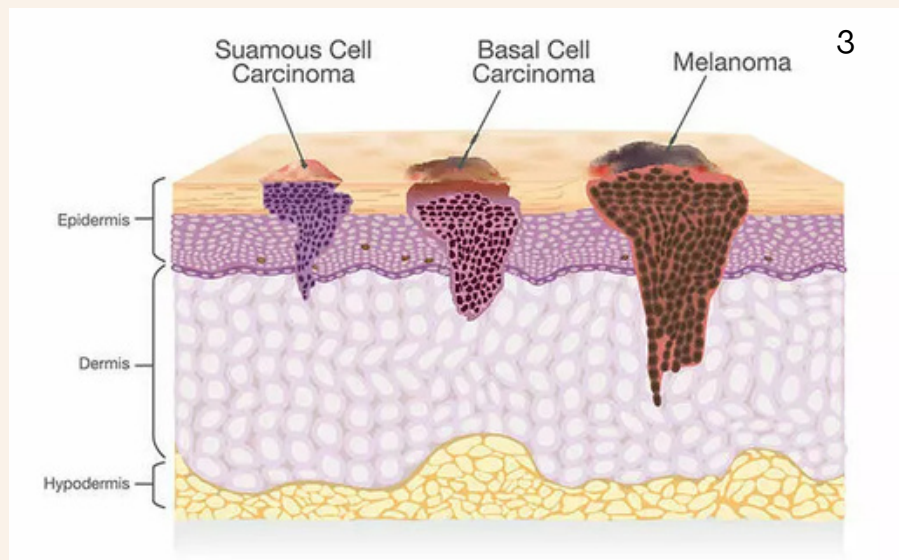
- Accounts for 80% of all skin cancers²
- Least dangerous of the 3³
- Grows slowly, usually on the head, neck, or upper torso³

SQUAMOUS CELL CARCINOMA (SCC)

- Accounts for 20% of all skin cancers²
- Typically grows faster than BCC³
- Has the potential to spread to other areas or organs of the body, making it more dangerous³

MELANOMA

- Accounts for less than 3% of all skin cancers²
- Spreads and grows rapidly, making it the leading cause of skin cancer deaths³



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The Skin Cancer Foundation. (2025, January 27). Skin cancer information. https://www.skincancer.org/skin-cancer-information/?gad_source=1&gad_campaignid=6463151931&gbraid=0AAAAAD8uQZaOCTzIn5MfrLwSKV-tr88Vn&gclid=Cj0KCQjw2tHABhCiARIsANZzDWPfEfKpBzpkm7ULGxuU7ISUH1IPXbDktBZW3wWfEsESGIWjpZArX0CaATX3EALw_wcB
Arvind Sabesan, M. (2024, June 14). Different types of skin cancer: When to worry. ChristianaCare News. <https://news.christianacare.org/2024/06/different-types-of-skin-cancer-when-to-worry/>
Froedtert & Medical College of Wisconsin. (2025). Skin cancer - Types and Treatment. Froedtert & the Medical College of Wisconsin. <https://www.froedtert.com/skin-cancer>



CHAPTER 3: STATISTICS

SKIN CANCER PREVALENCE

Skin Cancer is the most common form of cancer in the U.S.¹

#1

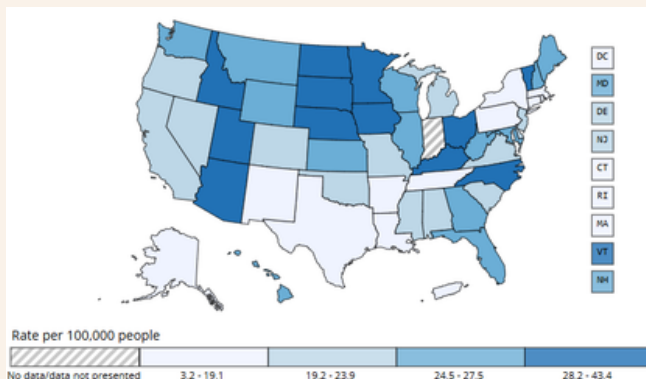
1 in 5 Americans will develop skin cancer in their lifetime.²

Basal/Squamous Cell Carcinoma

Between **5.4 and 6.1 million** cases of basal and squamous cell carcinoma are diagnosed in the U.S. each year, with basal cell carcinoma accounting for around 8 out of 10 of those cases. The economic burden of carcinomas of the skin is estimated to be around **\$8.9 billion** in the U.S.^{1, 3}

Melanoma

Melanoma of the skin is diagnosed less frequently, with an expected **104,960** new cases in 2025.⁴



5



9

DISPARITIES IN DIAGNOSIS

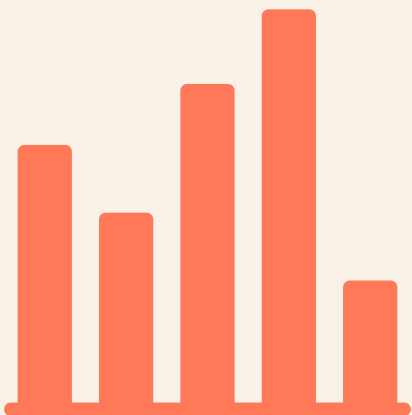
Skin Cancer is more likely to be diagnosed in certain populations

LIFETIME RISK OF MELANOMA BY RACE:

- **WHITE: 3% OR 1 IN 33 PEOPLE^{2,4}**
- **BLACK: 0.1% OR 1 IN 1,000 PEOPLE^{2,4}**
- **HISPANIC: 0.5% OR 1 IN 200 PEOPLE^{2,4}**

BOTH BASAL AND SQUAMOUS CELL CARCINOMAS ARE ALSO MORE FREQUENTLY DIAGNOSED IN WOMEN.²

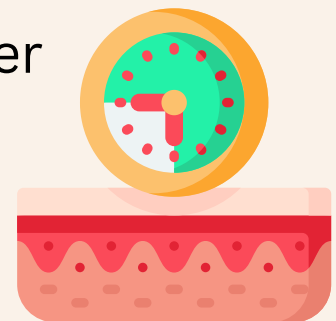
MELANOMA OF THE SKIN IS ALSO DIAGNOSED MORE IN WOMEN UNDER AGE 50, BUT IS DIAGNOSED MORE IN MEN WHO ARE OVER 50.²



MORTALITY AND SURVIVAL RATES

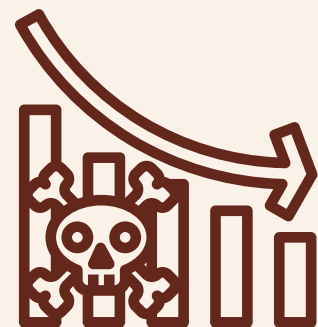
A vast majority of skin cancer mortality is caused by melanoma, due to the fact that Basal and Squamous Cell carcinomas are highly treatable when detected early.²

The five-year survival rate for melanoma is dependent on the how far the cancer spreads before treatment.



5-year Survival Rate:

- Before Spreading to lymph nodes: 99%²
- After Spreading to nearby lymph nodes: 75%²
- After Spreading to distant lymph nodes and organs: 35%²



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1. CDC. Melanoma of the Skin Statistics. Skin Cancer. Published May 9, 2024. <https://www.cdc.gov/skin-cancer/statistics/index.html>
2. American Academy of Dermatology Association. Skin Cancer. American Academy of Dermatology Association. Published April 22, 2022. <https://www.aad.org/media/stats-skin-cancer>
3. American Cancer Society. Basal & Squamous Cell Skin Cancer Statistics. www.cancer.org. Published October 31, 2023. <https://www.cancer.org/cancer/types/basal-and-squamous-cell-skin-cancer/about/key-statistics.html>
4. American Cancer Society. Melanoma Skin Cancer Statistics. www.cancer.org. Published January 12, 2023. <https://www.cancer.org/cancer/types/melanoma-skin-cancer/about/key-statistics.html>
5. Centers for Disease Control and Prevention. USCS data visualizations. gis.cdc.gov. Published June 2021. <https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/>



CHAPTER 4: RISK FACTORS

RISK FACTORS

Risk Factors lead to an increased risk/susceptibility of contracting a disease¹

Skin cancer has a specific set of risk factors in comparison to other cancers.¹ Some risk factors for skin cancer are unpreventable; you can even get skin cancer if you do not have any risk factors.¹

Exhibiting one or multiple of these risk factors does not guarantee you will get skin cancer, but it will increase your risk of skin cancer.

It is important that you mitigate as many preventable risk factors as you can to lower your chances of getting skin cancer.

Preventable Risk Factors

SUN EXPOSURE

UV rays that are emitted from the sun can damage the DNA in skin cells which can potentially affect the genes that control skin cell growth.¹

Extensive amount of time in the sun (with or without protection) can increase risk of skin cancer. Outdoor activities, occupations, work, or sports can all increase your sun exposure and put you at risk.²



TANNING BEDS AND LAMPS

The intense UV radiation emitted from tanning beds and lamps can put you at great risk for skin cancer.³



LATITUDES & ALTITUDES

Proximity to the equator and high altitudes contribute to an increased sun intensity and exposure.²

Visiting or living in these areas with increased sun intensity can increase your risk of damaging sun exposure.²

SUNBURNS

Severe sunburns or occurrence of many sunburns can increase your risk for skin cancer.²

Severe sunburns (first or second-degree sunburns) damage the epidermis, leading to redness, swelling, blisters, tenderness or pain, and peeling skin.²

Risk of a sunburn depends on the amount of time in the sun, certain medications, intensity of UV rays, and skin type and color.²



SMOKING

Smoking increases your risk for skin cancer, more specifically squamous cell carcinoma.⁴

EXPOSURE TO RADIATION

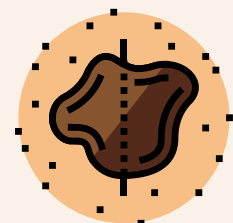
Repeated exposure to X-rays or other radiation treatments can increase your risk for skin cancer.⁴

Unpreventable Risk Factors

MOLES

The presence of atypical moles (dysplastic nevi) or many moles on the skin can lead to an increased risk for skin cancer.¹

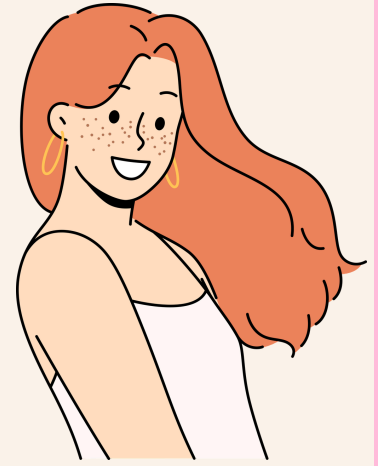
Presence of dysplastic nevi consists of larger, abnormally shaped and colored moles on the body.¹



SKIN COLOR

Lighter, fairer skin leads to an increased risk for skin cancer.⁵ This is because those with lighter skin produce less melanin, therefore they have less protection for UV radiation.⁵

Those with skin that burns, freckles or reddens easily in the sun also have an increased risk.⁵



EYE AND HAIR COLOR

Individuals with blue or green eyes and/or blonde or red hair have an increased risk for skin cancer.⁵

FAMILY HISTORY

Having a family history of skin cancer increases your risk for skin cancer.¹

Most commonly, a history of skin cancer in your first-degree relatives (parents and siblings) increases your risk.¹

PERSONAL HISTORY

Previously having skin cancer increases your risk of getting it again (same or different type).¹

Additionally, if you had basal or squamous cell skin cancers, you are at an increased risk for melanoma.¹



IMMUNE SUPPRESSION

Those with a weakened immune system (from a certain disease or medical treatment) are more likely to develop skin cancer.¹

Individuals who have had an organ transplant and individuals infected with HIV/AIDS are considered to have a much higher risk.¹

OLDER AGE

The risk of skin cancer increases as you age.¹

References:

1. American Cancer Society. Melanoma Skin Cancer Risk Factors.
<https://www.cancer.org/cancer/types/melanoma-skin-cancer/causes-risks-prevention/risk-factors.html>
2. Cleveland Clinic. Sunburn. Cleveland Clinic. Sunburn.
<https://my.clevelandclinic.org/health/diseases/21858-sunburn>
3. Mayo Clinic. Skin cancer.
<https://www.mayoclinic.org/diseases-conditions/skin-cancer/symptoms-causes/syc-20377605>
4. Johns Hopkins Medicine. Causes and Risk Factors for Skin Cancer.
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/causes-and-risk-factors-for-skin-cancer>
5. Centers for Disease Control and Prevention. What Are the Risk Factors for Skin Cancer?
<https://www.cdc.gov/skin-cancer/risk-factors/index.html>



CHAPTER 5: SIGNS AND SYMPTOMS

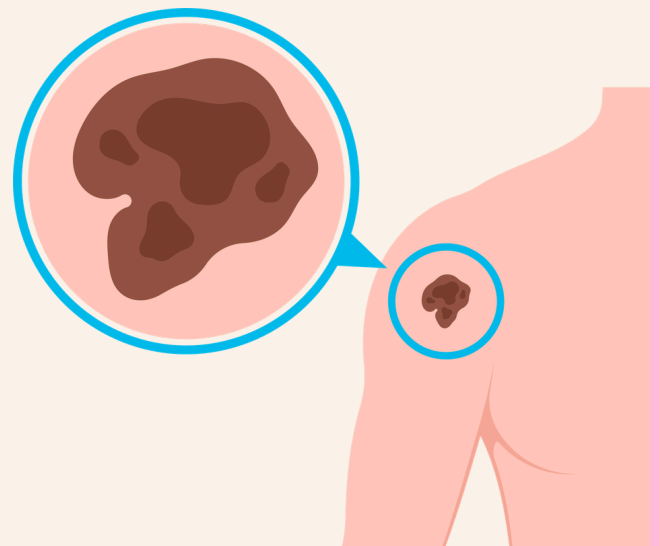
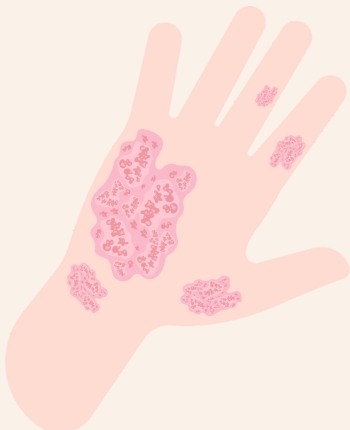
SIGNS AND SYMPTOMS

Both signs and symptoms occur with the presence of the disease, but can occur both before or after diagnosis.

The **biggest sign** of skin cancer is a **change in some aspect of the skin**, usually a change in physical appearance.¹

General Signs and Symptoms

- Changes or growth of mole, freckle, bump, scab, or patch¹
 - Pearly or waxy bump on your face, ears, or neck (or any place that is most commonly exposed to the sun)²
 - Flat, abnormally colored (pink/red/brown) patch or bump¹
- Rough patch on the skin (scaly or crusty)¹
- Persistent lesion, wound, or sore¹
 - May bleed often
- Wrinkles, redness, and/or abnormal skin color patches¹
- Pain, numbness, itchiness¹



Signs and Symptoms of Different Types of Skin Cancer

BASAL CELL CARCINOMA³

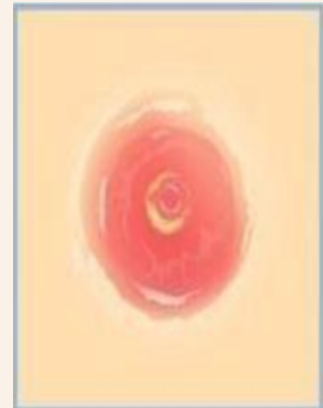
- On face, neck, arms, legs, ears, hands (areas that get the most sun)
- Pearly or waxy bump on the skin
 - Will progress to become an open lesion with a hard edge
- A sore that bleeds or oozes, doesn't fully heal, or that reoccurs
- Flat, rough, or scar-like patch on the skin



https://www.researchgate.net/figure/Main-Types-of-Skin-Cancer-Basal-Cell-Carcinoma-Squamous-Cell-Carcinoma-Melanoma-AL_fig1_382398628

SQUAMOUS CELL CARCINOMA³

- On face, neck, arms, legs, ears, hands (areas that get the most sun)
 - Can sometimes occur in areas not frequently exposed to sun
- A firm, red/brown nodule (elevated)
- A rough, scaly, or crusty lesion with irregular borders
- Painful or itchy skin lesion or wound



https://www.researchgate.net/figure/Main-Types-of-Skin-Cancer-Basal-Cell-Carcinoma-Squamous-Cell-Carcinoma-Melanoma-AL_fig1_382398628

MELANOMA³

- Can be anywhere on the body
 - Commonly comes from existing mole on body
- Change in the appearance of a mole (size, shape, color)
- Development of a large brown spot
 - asymmetrical
 - usually larger than 6mm
 - irregular edges
 - Abnormally colored
- Irritation and pain of skin


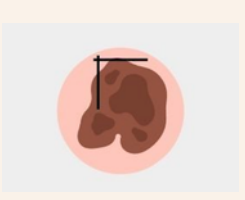

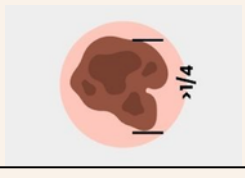
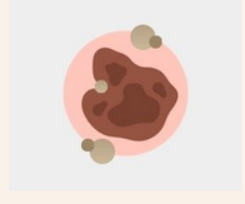


https://www.researchgate.net/figure/Main-Types-of-Skin-Cancer-Basal-Cell-Carcinoma-Squamous-Cell-Carcinoma-Melanoma-AL_fig1_382398628

Early Detections

ABCDE CRITERIA²

All types of skin cancer look different, but ABCDE criteria can guide you in what signs to look for.

<u>A</u>SYMMETRY	<ul style="list-style-type: none">• Irregular Shape• One half unlike the other half	
<u>B</u>ORDER	<ul style="list-style-type: none">• Blurry, jagged, or irregularly shaped edges	
<u>C</u>OLOR	<ul style="list-style-type: none">• Mole with more than one color• Color may be uneven	
<u>D</u>IAMETER	<ul style="list-style-type: none">• Larger than a pencil eraser or pea<ul style="list-style-type: none">◦ 6 millimeters	
<u>E</u>VOLUTION	<ul style="list-style-type: none">• Enlarging, changing in shape, color, or size within the past few weeks or months	

https://www.researchgate.net/figure/Main-Types-of-Skin-Cancer-Basal-Cell-Carcinoma-Squamous-Cell-Carcinoma-Melanoma-AI_fig1_382398628

SKIN CHECKS

- Follow ABCDE criteria when observing the skin⁴
- To observe areas you can't see easily, try to use a hand-held mirror or have a friend, partner, or family member look at it.⁴
- Take a photo if the skin looks abnormal⁴
 - If you can, hold a ruler or tape measure next to it so your healthcare provider can determine if growth has occurred.
- **If concern arises, make an appointment with a healthcare provider or dermatologist.**²

References:

1. Mayo Clinic. Skin cancer.
<https://www.mayoclinic.org/diseases-conditions/skin-cancer/symptoms-causes/syc-20377605>
2. Cleveland Clinic. Skin Cancer.
<https://www.cancer.org/cancer/types/melanoma-skin-cancer/causes-risks-prevention/risk-factors.html>
3. MD Anderson Cancer Center. Skin Cancer Symptoms.
<https://my.clevelandclinic.org/health/diseases/21858-sunburn>
4. Cancer Research UK. Symptoms of Skin Cancer. <https://www.mayoclinic.org/diseases-conditions/skin-cancer/symptoms-causes/syc-20377605>



CHAPTER 6: PREVENTION METHODS

PREVENTION

There are many things you can do to stay protected!

KNOW THE UV INDEX

The **UV index** is the intensity of the **Ultraviolet radiation** on a given day. These UV rays are **released by the sun**, and too much can health complications.¹

Before doing outdoor activities, **be aware of the UV index.**²

A UV index of **3 or higher**, it is recommended to stay protected.²

The UV is **strongest from 10am- 4pm.**²

AVOID TANNING

Indoor tanning beds have high levels of UV rays which can lead to skin complications. This is true with **sun tanning as well**. Instead, **fake your tan with tanning lotions or spray tans.**²



PREVENTION

WEAR SUN SCREEN

It is recommended to apply **30 minute before going outside** and **reapply every 2 hours.**³

there are many different types of sunscreen, so it is best to pick one that **matches** what your outdoors endeavors look like:

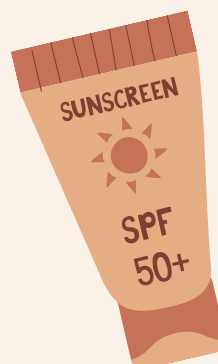
SPF 30

Great for **shorter time outdoors**, such as driving your car, walking dogs, or sitting outside. Usually bottles will contain a **“Daily Use Seal of Recommendation”.**³



SPF 50

Great for **extended time outdoors**, such as hiking, playing sports, biking, etc. Usually bottles contain a **“Active Seal of Recommendation”.**³



PREVENTION

WEAR PROTECTIVE CLOTHING

Using **protective clothing** is a great way to stay protected! There are many things to look for when choosing protective clothes:

Ultraviolet Protective Factor (UPF) labels. A UPF of **50** is a recommended.⁴

Wear loose, dark or bright colors. These are great for **absorbing UV rays.**⁴

Wear stain, silks, and shiny polyesters-- it will **reflect** UV rays.⁴

Avoid wearing **sheer, thin, or loosely woven clothing,** instead opt into wearing **densely woven clothes.**⁴

DON'T FORGET YOUR EYES

Wear sunglasses that have 99%-100% protection from UVA and UVB light.⁵

Wear hats with at least 3 inch brims.⁵



References:

1. UV Index Description | US EPA. US EPA. Published October 29, 2024. <https://www.epa.gov/enviro/uv-index-description>
2. Reducing risk for skin cancer. Skin Cancer. Published July 1, 2024. <https://www.cdc.gov/skin-cancer/prevention/index.html>
3. The Skin Cancer Foundation. Sunscreen - the skin cancer foundation. The Skin Cancer Foundation. Published April 16, 2025. <https://www.skincancer.org/skin-cancer-prevention/sun-protection/sunscreen/#what>
4. The Skin Cancer Foundation. Sun protective clothing - the Skin Cancer foundation. The Skin Cancer Foundation. Published April 10, 2025. <https://www.skincancer.org/skin-cancer-prevention/sun-protection/sun-protective-clothing/>
5. The Skin Cancer Foundation. Eye Protection - the Skin Cancer Foundation. The Skin Cancer Foundation. Published March 27, 2025. <https://www.skincancer.org/skin-cancer-prevention/sun-protection/eye-protection/#eyes>



CHAPTER 7: TREATMENT METHODS

TREATMENT

There are a different of ways to treat skin cancer. The medical team and patient will find the best route to take.

BASAL CELL CARCINOMA

SQUAMOUS CELL CARCINOMA

Both **basal Cell Carcinoma** and **Squamous Cell Carcinoma** use similar procedures. These **surgeries** go from **least invasive to most invasive**.

Surgical:



Curettage and Electrodesiccation: This is when the lesion is removed with a curette. Then the area is treated with an **electric needle** to **kill** the remaining cells.¹



Shave Biopsy: This is done with a surgical blade and it **shaves off** the **top layer of the skin** where the lesion is located.¹



Excisional Biopsy (Standard Local Excision): This when a surgical knife is used to cut around the lesion, usually cutting more of the skin around it, to remove the lesion. The cut goes deeper in the skin.¹



Mohs surgery: More invasive than the first three and this is when a surgeon removed **thin layers of the skin**, one at a time, and checks for cancer using a microscope. The process is continued until there is **no trace of cancer cells in the area**.¹



Lymph Node Surgery: This is performed when the **cancer** has **spread close enough** to the lymph nodes in the body. The **Lymph nodes are removed** to ensure if they have cancer or not.¹

TREATMENT

BASAL CELL CARCINOMA

SQUAMOUS CELL CARCINOMA

Both **basal Cell Carcinoma** and **Squamous Cell Carcinoma** use similar procedures.

Non-Surgical:



Cryotherapy: This is when **liquid nitrogen** is applied to the site of the lesion to **freeze and kill off cancerous cells**. After a month or two, the dead skin blisters and will leave a discolored scar.²



Photodynamic Therapy: This treatment involves the use of a **special gel** which gets absorbed by the cancerous cells that makes them **sensitive to light**. A special **focused light is then used to kill these cells**, and that area may be sensitive to sunlight for some time.²



Topical Chemotherapy: This treatment involves the use of an **anti-cancer ointment** that kills **surface-level skin cancer cells** over the course of several weeks. Unlike traditional systematic chemotherapy, side effects are localized to the site of the cancer only.²



Immune Response Modifiers: This treatment involves the use of a topical cream that **boosts** the individual's **immune response** to kill off the cancer.²



Laser Therapy: This treatment involves the use of a focused **laser beam to burn off the surface skin cells** at the site of the lesion.²

TREATMENT

MELANOMA

There are many different forms to treat **Melanoma**. Some of the **surgical ways** are similar to the surgical form for Basal and Squamous carcinoma.

Surgical:



Wide Excision: This is when a **surgical knife is used to cut around the lesion**, but removes a **much more skin** around compared to the excision biopsy.³



Mohs surgery: This is when a surgeon removed **thin layers of the skin**, one at a time, and **checks for cancer** using a microscope. The process is continued until there is **no trace of cancer cells** in the area.³



Amputation: This is when a **finger or a toe is removed** due to the large spread of cancer that **can not be removed** through other procedures.³



Lymph Node Surgery: This is performed when the **cancer has spread close enough** to the **lymph nodes** in the body. The Lymph nodes are **removed to ensure if they have cancer or not**.³

TREATMENT

MELANOMA

There are many different forms to treat **Melanoma**. Some of the **Non- surgical ways** are similar to the surgical form for Basal and Squamous carcinoma.

Non-Surgical:



Immune Checkpoint Inhibitors: Similar to Immune Response Modifiers, this form of treatment uses **drugs that stimulate the immune system** to take action. These inhibitors are specifically designed to help the immune system **attack cancerous cells** that it **would not recognize normally**.⁴



Chemotherapy: This treatment is similar to topical chemotherapy, but is more invasive and involves the **use of ingested or injected medication that kills cancer cells**. This treatment travels throughout the bloodstream and can have numerous negative side effects.⁴



Therapy Drugs: This treatment refers to the use of a range of **drugs that inhibit** certain **growth characteristics** of the cancerous cells by **targeting specific genes**.⁴



Radiation Therapy: While uncommon, this treatment involves the use of external **high-energy rays**, like x-rays, to **kill cancer cells**. This treatment is typically used in early-stage melanoma, or if surgery is not an option.⁴

References:

1. Surgery for basal and squamous cell skin cancers.
<https://www.cancer.org/cancer/types/basal-and-squamous-cell-skin-cancer/treating/surgery.html>
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CHAPTER 8: CHAPTER SUMMARIES

CHAPTER SUMMARIES

INTRODUCTION

The inclusion of an introduction chapter is to overview the target audience and purpose of our technical manual. In summary, this chapter begins with a brief description on why it is important to protect our skin, the body's largest organ. Our skin is our first defense mechanism against environmental hazards, and contains nerves that help us sense dangerous situations. Next, this chapter outlines the three layers of the skin and each of their functions: the epidermis, the dermis, and the subcutaneous. Protecting and understanding our skin is an important tool for learning about the severity of skin cancer and the impact it can have on our body.

UNDERSTANDING SKIN CANCER

Chapter 2 is designed to give the audience a preview into the basic knowledge of skin cancer. Through an overview of the disease itself, to a deeper dive into the types and the severity, this chapter's goal is to get the reader to understand that there are three main types of skin cancer: basal cell carcinoma, squamous cell carcinoma, and melanoma.

STATISTICS

This chapter is designed to inform the audience of the true extent and importance of skin cancer diagnosis through the use of statistical evidence. By explaining the prevalence, mortality, and survival rates of skin cancer, the audience can have a better understanding of the true danger that skin cancer poses.

CHAPTER SUMMARIES

RISK FACTORS

This chapter summarizes the risk factors for skin cancer. The preventable risk factors for skin cancer are sun exposure, tanning beds, proximity to the equator & high altitudes, sunburns, smoking, and exposure to radiation. The unpreventable risk factors are moles, skin color, eye color, hair color, family history, personal history, immune suppression, and older age.

SIGNS AND SYMPTOMS

This chapter summarizes the general signs and symptoms for skin cancer. It also goes over the specific signs and symptoms experienced with different types of skin cancer. This chapter also summarizes methods for early detection of skin cancer, including the ABCDE criteria and how to perform a skin check on yourself or someone else.

PREVENTION

This chapter discusses the different forms of protection that people can take to decrease their risk of skin cancer. The chapter focuses primary prevention strategies such as education about the UV index, sunscreen usage, and protective clothing.

TREATMENT

This chapter focuses on treatment, surgical and non-surgical, for Basal Cell Carcinoma, Squamous Cell Carcinoma, and Melanoma. Basal and squamous use similar procedures, while Melanoma uses a different approach.

