

Skin Cancers, Treatment, and Prevention

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Skin cancer is the most common form of cancer, and it is also the most preventable. The skin is the largest organ of the body and it's part of the integumentary system which is made up of three layers, the dermis, epidermis, and subcutaneous layer. The skin is the first way of protecting the rest of the body and organs. With skin cancer though, one layer or all three can be damaged. The sun produces UV rays that can damage the epidermis, dermis, and subcutaneous layers of the skin which can lead to skin cancer. This paper will discuss the three main skin cancers melanoma, basal cell carcinoma, and squamous cell carcinoma, detection, and prevention.

Types of cancer

One of the first skin cancers we will be discussing is squamous cell carcinoma, also known as SCC. Excess sun epidermis exposure can lead to the development of tumors of keratinized squamous cells. This cancer is not very common but is more aggressive than basal cell carcinoma. It will appear as erythema lesions, first appearing flat and notably seen on the upper part of the epidermis which develop firm nodules. Squamous cell cancer is only noted for "two out of ten skin cancers" (Henkle,2023).

The second skin cancer that will be discussed is basal cell carcinoma which is also known as BCC. Basal cell carcinoma cancer is more common than squamous cell cancer, but less lethal. Lesions will appear as papules that are white in the beginning, and they are normally slow-growing. The papules can resemble psoriasis and appear rarely elevated, but the edges are defined. Basal cell cancer accounts for "eight out of ten skin cancers" (Henkle, 2023).

The last type of skin cancer that can be considered one of the deadliest is melanoma, which can be often referred to as cutaneous melanoma and black mole cancer. Melanoma can easily metastasize due to it spreading in the deepest layers of the skin. “This skin cancer develops from melanocytes” (Henkle, 2023) and can progress from the dermis to the epidermis, and subcutaneous layer. If you have lighter skin, you have a higher chance of developing melanoma than someone with dark skin. It is known that Melanoma has a poor prognosis of recovering and surviving, only 8290 people are expected to be at a higher risk of developing melanoma.

I believe that the detection of skin cancer is key to preventing skin cancer. There is a yearly screening that occurs if you are previously diagnosed with skin cancer. Another form of prevention is Self-screening also recommended for people with nevi or displaced nevi. The monitoring of nevi or irregular nevi is recommended to follow the ABCDE of skin cancers.

The acronym ABCDE is as follows; A is asymmetrical: the shape will be irregular and not able to be folded in half equally. B stands for board which can appear irregular. C stands for color; you need to monitor if the nevi is getting darker in the shade. D stands for diameter which you would monitor for it not to exceed 6mm. E stands for evaluation, you would need to evaluate your nevi for any changes in shape, color, or size. If any of the ABCDEs are present, you would need to go to a dermatologist to have them give you a medical opinion.

It is believed that skin cancer affects nursing in numerous ways. With higher rates, more individuals are requiring testing and treatment. As nurses, we are there to encourage testing after we find any abnormal-looking skin. We are responsible for educating prevention and aiding in being there at the end of life if it is necessary. Part of nursing is to advocate for patients, meaning

if something appears to be abnormal during an assessment of the skin then we are responsible for notifying the doctor immediately.

Screening and treatments

Screening for sun cancer is necessary, but a lot of people avoid it due to it having stigmatism in society. Everyone should have a yearly appointment with a dermatologist. The dermatologist will be able to assess skin and nevi and keep track of size, color, and shape. A biopsy of the skin is the standard test to determine if cancer has developed. All skin cancers have very similar treatment depending on the stage of the cancer. The Mohs procedure is where there are margins as removed and it is mapped until the whole tumor is eradicated. If the whole tumor is eradicated the surgeon tries to maximize the amount of skin retained. To help eradicate cancer if malignant they can use radiation and chemotherapy, separately or concurrently depending on diagnosis.

Prevention and Education

There are many ways to help with the prevention of skin cancer. The first recommendation is to use sunblock which is at least 30 SPF (sun protection factor) when outside and reapply every 90 minutes. If visiting the ocean or a pool sunblock needed to be reapplied within one hour. They recommend even using face creams that contain sunblock. The second recommendation is to avoid the sun and go outside between the hours of 12 pm-4 pm. The sun's UV rays are strongest during these times. All dermatologists suggest long-sleeved shirts, pants, and hats should be worn if it is necessary to be out in the sun to help protect skin from sun damage. During the education community event, my group plans to educate the public about the use of sunblock which we have samples to give out. It needs to be applied anytime in going

outside, not just during the summer. We will also be educating about the ABCDEs and how to check and self-evaluate.

Skin cancer is easily the most preventative form of cancer. We discussed the three types of cancer, squamous cell carcinoma, basal cell carcinoma, and melanoma in this paper. With proper teaching which we will provide at the community health fair, more individuals know the necessity of getting the proper testing and treatment if needed, which nurses will help. Nurses will aid in education and training on how to prevent skin cancer. Skin cancer is the most common cancer in the United States, but it is also the most preventable. Prevention is key.

References

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