

Skin Cancer Facts



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Our facts have been verified by medical experts, to educate on melanoma and other forms of skin cancer, promoting early detection:

Melanoma

Melanoma is the most dangerous form of skin cancer, which after time can reach into the deeper layers of skin, where it is at risk of spreading to other parts of the body.

1. Melanoma is the 5th most common cancer in the UK, with around 16,200 new cases diagnosed every year, that is 44 a day.
2. Since the early 1990s, incidence rates in women have more than doubled in the UK and in males almost tripled.
3. Incidence is projected to rise by 7% in the UK between 2014 and 2035, to 32 cases per 100,000 people by 2035.
4. Incidence increases with age, with a quarter of all new cases diagnosed in people aged 75 and over.
5. As well as skin, melanoma can also develop in the eyes and in the nailbeds.
6. Melanoma does not discriminate by age, race, or gender, although those very fair skin and/or red hair are highly vulnerable.
7. Melanoma can occur anywhere, but in men is it most common on the upper back, head, and neck and in women, on the legs.
8. Melanoma may suddenly appear without warning but can also develop from or near an existing mole or lesion.
9. Only 33% check their own skin annually, despite dermatologists recommending that this should be carried out monthly.
10. New, rapidly growing moles, or moles that itch, bleed, or change colour, need to be checked immediately by your GP.

Non-Melanoma Skin Cancer (NMSC)

NMSC is the world's most common cancer, so it is important to understand more about it, recognise the first signs, and avoid a late diagnosis which can lead to further problems.

1. NMSC is by far the most common type of cancer in the world. 43% of NMSC cases in the UK are in woman, and 57% are in men.
2. NMSC is mainly caused by UV light, and can be prevented by using adequate sun protection.
3. There are 2 main types of NMSC: basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).
4. BCC starts in the cells lining the bottom of the epidermis and accounts for about 75 in every 100 skin cancers.
5. SCC starts in the cells lining the top of the epidermis and accounts for about 20 in every 100 skin cancers.
6. BCC frequently appears as a pearly bump, whereas SCC often looks like a rough, red, scaly area, or an ulcerated bump that bleeds.
7. Actinic or solar keratoses are dry, scaly patches caused by years of accumulated sun damage. Although is not classed as NMSC, there is a small risk that patches could develop into SCC if untreated.
8. NMSC can appear on any sun-exposed area of the body, but are most frequently found on the face, ears, bald scalp, and neck.
9. Although NMSC spreads slowly, if left untreated, it can lead to disfigurement, so best catch it early.
10. If you have a lump, ulcer, lesion, or skin discolouration that has not healed after 4 weeks, see your GP. While it is unlikely to be skin cancer, it is best to get it checked.

Want to find out more?

Visit: www.melanoma-fund.co.uk