

Skin Cancer

“The skin protects the body against heat and light, injury and infection. It also stores water and fat, helps regulate body temperature and produces vitamin D. The skin is made up of two main layers – the outer epidermis and the inner dermis – and is the bodies largest organ.”
— National Cancer Institute

Overview

Skin cancer is the most commonly occurring cancer in the U.S. There are three types of skin cancer:

- basal cell carcinoma (nonmelanoma skin cancer)
- squamous cell carcinoma (nonmelanoma skin cancer)
- melanoma

Basal cell carcinoma and squamous cell carcinoma are the most common forms of skin cancer and are easier to treat than melanoma.

The number of new cases of skin cancer appears to be increasing each year; however, the number of deaths related to skin cancer is fairly small.

Risk Factors & Prevention

Risk factor is defined as anything that increases a person’s chance of developing a disease. In skin cancer, some risk factors can be avoided, but many cannot. And although it is important to avoid risk factors, it does not guarantee you will not get skin cancer. Some risk factors of melanoma cancer are:

- Moles
- Fair skin
- Family and past history
- UV radiation
- Age and gender

The best way to prevent melanoma cancer is to avoid too much sun exposure and other



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sources of UV light. Below are some ways to prevent melanoma:

- Avoid being out in the sun — especially between 11:00 a.m. and 3:00 p.m. when the sun is the strongest
- When possible, protect your skin with long-sleeve shirts and broad rimmed hats
- Apply sunscreen and lip balm with an SPF 15 or higher at least 20 minutes before your skin is exposed to the sun and every two hours thereafter (should also be applied on hazy or cloudy days)
- Wear sunglasses — wrap-around sunglasses with 99 to 100 percent UV absorption are the best

Treatment for Melanoma

If you are diagnosed with melanoma, your doctor will recommend any of the following depending on the thickness of the tumor and the stage of the disease:

- Simple excision
- Re-excision



- Amputation
- Lymph node dissection
- Surgery for the melanoma that has spread
- Chemotherapy (used to treat high-level stages)
- Radiation therapy (usually used to treat tumors that have returned)
- Immunotherapy (to treat people with advanced stages)

Each case of melanoma varies from person to person, so it is best to consult your physician about the treatment that is best for you.

Complementary and Alternative Treatments

There is a lot of discussion and interest today in complementary and alternative treatments for cancer. It is important to talk to your doctor first before starting or adding any additional treatments on your own. If you are already being treated with standard medical treatments, adding complementary or alternative treatments can be safe, but some may not be and could cause serious side effects. That's why it is important to talk openly and honestly with your doctor.

After Treatment

After you have gone through the recommended treatments, it is important to have follow-up appointments with your doctor to make sure the cancer has not come back. The stage

of your cancer and when it was found will determine how many follow-up visits you will need. The doctor will perform a general physical exam and should check lymph nodes for swelling. He or she may also request blood and/or imaging tests. You should also be checking your own skin at home and, if you suspect any abnormalities or have any new symptoms (cough, pain, tiredness, etc.), contact your physician. Melanoma can come back as many as 10 years later, so it is important to avoid overexposure to the sun and to use sunscreen with SPF 15 or higher. If you suspect you have skin cancer and would like to find out more about your options for treating and reducing skin cancer, please consult your physician.

For more information about skin cancer, visit the American Cancer Society at www.cancer.org.

For more information about Nationwide Better Health visit: www.nwbetterhealth.com
Or contact your benefits representative.



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