



Skin Cancer Fact Sheet

for Health Care Professionals

Skin Cancer in the US¹

Skin cancer is the most commonly diagnosed cancer in the US.

Types of Skin Cancer^{1, 2}

Most skin cancers are basal cell carcinomas (BCC) and squamous cell carcinomas (SCC), although the number of cases is unknown because these types of skin cancer aren't required to be reported. Most BCC and SCC skin cancers are slow-growing and rarely metastasize.

Invasive melanoma only accounts for about 1% of all skin cancer cases, but it causes the vast majority of skin cancer deaths. Melanomas are known to grow and metastasize rapidly.

Other less common cancers affecting the skin include Merkel cell carcinoma, lymphoma of the skin, and Kaposi sarcoma.

Risk Factors^{1, 2}

The following risk factors primarily address BCC/SCC and melanoma skin cancers:

Chronic exposure to ultraviolet (UV) radiation and sunburns: People should avoid excessive exposure to sunlight and indoor tanning.

Skin color: The risk of skin cancer is higher for people with light-colored skin. People with fair skin that freckles or burns easily, blue or green eyes, and naturally red or blond hair are at especially high risk.

Gender: Incidence rates are higher in women before age 50, but then become increasingly higher in men.

Age: While anyone can get skin cancer, the risk increases with age.

Immune system suppression: People with weakened immunity have an increased risk of skin cancer.

Moles: People with many moles and those with large or irregular moles have an increased risk for melanoma.



Actinic keratosis: People with a history of actinic keratosis have an increased risk of SCC skin cancer.

Personal and family history: Risk of melanoma is greater in people who have had skin cancer and if one or more first-degree relatives have had melanoma.

Radiation exposure: People who have had radiation treatment have a higher risk of developing BCC/SCC skin cancer in the area that was treated.

Chemical exposure: Exposure to arsenic, coal tar, paraffin, and certain types of petroleum products may increase the risk of BCC/SCC skin cancer.

Early Detection^{1, 2}

While the American Cancer Society does not have guidelines for the early detection of skin cancer, clinicians should teach patients the importance of knowing their skin and reporting changes. Skin examinations can be part of routine checkups. Some clinicians recommend periodic self-exams.

The best way to detect skin cancer early is to be aware of new or changing skin spots or growths. Any new lesions, or a progressive change in a lesion's appearance (size, shape, color, new bleeding, etc.), should be evaluated promptly.

Signs and Symptoms^{1, 2}

Warning signs for all skin cancers include changes in the size, shape, or color of a mole or other skin lesion, the appearance of a new growth on the skin, or a sore that doesn't heal. Changes that progress over a month or more should be evaluated.

BCC/SCC: Basal cell carcinoma may appear as a growth that is flat or as a small, raised pink or red translucent, shiny area that may bleed following minor injury. Squamous cell carcinoma may appear as a growing lump, often with a rough surface, or as a flat, reddish patch that grows slowly and doesn't heal.

Melanoma: The most important warning signs of melanoma are changes in the size, shape, or color of a mole. The ABCDE (**A**symmetry, **B**order, **C**olor, **D**iameter, and **E**volving) rule is a good guide to follow. Other symptoms include a sore that doesn't heal; changes on the surface of a mole (such as scaliness, oozing, or bleeding); the spread of a mole's pigmentation beyond its border; or itchiness. These skin changes can also occur under the nails, in the oral mucosa, and even the iris of the eye.

Prevention^{1, 2}

The best way to lower the risk of skin cancer is to limit exposure to UV radiation. Exposure can be minimized by seeking shade; wearing protective clothing (e.g., long sleeves, a wide-brimmed hat, etc.); wearing sunglasses that block ultraviolet rays; applying broad-spectrum sunscreen with SPF of at least 30; and avoiding sunbathing and indoor tanning.

Children should be especially protected, as severe sunburns in childhood may particularly increase the risk of melanoma.

Checking their skin regularly can help a person spot any new growth or abnormal areas before they have a chance to turn into skin cancer.

Treatment^{2, 3, 4, 5}

Treatment options are based on the type and stage of skin cancer. Most early skin cancers are diagnosed and treated by removal and microscopic examination of the cells.

BCC/SCC: Depending on the tumor location and size, most BCC/SCC skin cancers may be cured by minor surgical excision, cryotherapy, radiation, or topical treatments. Systemic therapy, such as targeted therapy, immunotherapy, or chemotherapy, might be used for advanced cancers.

Melanoma: If detected early, melanoma may be treated successfully with surgery that achieves adequate, clear

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Skin Cancer in the US:

2024 estimates¹

New cases:

- Invasive melanoma: 100,640
- In situ melanoma: 99,700

Deaths (melanoma): 8,290

5-year relative survival rate for localized stages (melanoma): >99%

5-year relative survival rate for all stages combined (melanoma): 94%

margins. Melanomas with deep invasion or that have spread to lymph nodes may be treated with surgery, immunotherapy, targeted drug therapies, and/or radiation therapy. Advanced melanomas are often treated effectively with immunotherapy and targeted therapy. Chemotherapy may be used if other treatments aren't effective.

Quality of Life^{6, 7}

Skin cancer survivors often express fear of recurrence; guilt about delaying care or treatment, or for doing things that may have caused the cancer; concerns about changes in physical appearance; fatigue; and the burden their cancer may have on finances and loved ones.

A cancer diagnosis can profoundly impact quality of life. **Clinicians should assess for any physical, social, psychological, spiritual, and financial issues.** Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time from the point of diagnosis through treatment, and until the end of life. Throughout a person's cancer journey, it's important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

