All your moles should look fairly similar; the same shape and colours. If a new lesion appears that is different from the rest, it may be suspicious. This is called the 'Ugly Duckling' sign.

You may find it useful to remember the ABCDE signs of melanoma to help with early detection:

A - Is the spot ASYMMETRIC?





B - Does it have uneven BORDERS?





C - Does it contain different COLOURS?





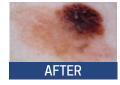
D - Is the DIAMETER larger than 6mm?





E - Is there an EVOLUTION in growth?





Skin spots are common, can appear at any stage in your life, and are often harmless. But occasionally they are warning signs of more serious problems.

WHAT TO LOOK FOR:

Check your skin for spots that:

- > Change colour and/or shape
- > Appear different to the rest
- > Are asymmetric or have uneven borders
- > Feel rough or scaly (sometimes you can feel lesions before you can see them)
- > Are multi-coloured
- > Are itchy
- > Are bleeding or oozing
- > Look pearly
- > Look like a wound but do not heal

If you see two or more of these warning signs, don't delay. Visit your doctor immediately.





If you have a spot that looks suspicious, go and see your doctor. Skin cancer is treatable if it is caught early.

To achieve the best possible outcome, it is vital that you do not delay seeking treatment. Some patients report not wanting to bother their doctor, being too busy, or hoping it will go away by itself. Don't let anything stop you from getting the help you need quickly.

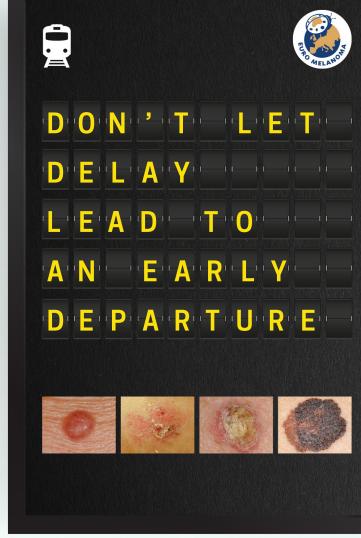
The longer suspicious lesions are left unchecked, the more damage they cause. That's why Europe's leading dermatologists urge you to take action as soon as you spot any of the signs of skin cancer.

It's always better to be safe than sorry.

REMEMBER

You need to act fast on seeing the signs of skin cancer. Don't delay; visit your doctor as soon as you see something unusual.

For more information about skin cancer, the different types of lesion and what they mean, visit www.euromelanoma.org.



SKIN CANCER CAN BE SEEN. CATCH IT EARLY, AND IT CAN BE TREATED.

AA









WHO IS AT RISK?

Skin cancer can affect anybody at any age. It is most common in people over 50, or people who have had prolonged exposure to the sun.

You are at higher risk if you:

- > Have fair skin or are prone to sunburn
- > Were sunburnt during childhood
- Have spent a lot of time in the sun (for work or leisure)
- Have periodical exposure periods (e.g. on holidays)
- > Use sunbeds
- > Have more than 50 moles
- > Have a family history of skin cancer
- > Are over the age of 50
- > Have undergone an organ transplant

IT'S WORTH BEING AWARE OF THE SIGNS EVEN IF YOU DON'T MEET THE HIGH-RISK CRITERIA AS SKIN CANCER CAN AFFECT ANYBODY. BEING AWARE MAY ALSO MEAN YOU SPOT THE SIGNS IN A LOVED ONE, AND CAN PREVENT DELAY OF TREATMENT.

HOW AND WHERE TO LOOK?

Check your skin once a month for any changes or for suspicious-looking spots.

Your check should cover your whole body, front and back, with particular emphasis on areas exposed to the sun. Stand in front of a full-length mirror with a hand mirror for those hard-to-reach places.



1 Look at your face, including your nose, lips, mouth and on and behind your ears.



Check your scalp, using a comb to part your hair in layers. If you do not have much hair, be sure to check your entire scalp very thoroughly.



3 Check the front and back of your hands and in between your fingers.



Then focus on your neck, chest and upper body. Women, be sure to check between and underneath your breasts.



Bend your elbow to check your upper arm and armpits.



6 Use your hand mirror to check the back of your neck and your back, top and bottom.



Check your buttocks and the back of your legs. Finish by checking the soles of your feet and between your toes.

4 MAIN TYPES OF SUSPICIOUS SKIN LESION

1. Actinic Keratosis

This occurs most commonly in middle-aged and elderly people, on areas most exposed to the sun such as the face, neck, ears, back of the hands and scalp. It presents as red-brown scaly and rough patches of skin. The lesions are pre-cancerous; in 10 – 15% of cases they may develop into squamous cell carcinomas, so they should be treated to prevent progression.





3. Squamous Cell Carcinoma

This is the second most common form of skin cancer, occurring in areas of the skin that have had a lot of sun exposure, such as the face and scalp. It presents as a crusty lump which may grow quickly and become ulcerated and weepy. It can spread rapidly, especially if on the lips, ears, fingers and toes, or in immunosuppressed patients. Surgical treatment to remove the lesions is essential.





2. Basal Cell Carcinoma

This is the most common form of skin cancer, but also the least dangerous. It typically presents as an elevated skin-coloured lump with a shiny, pearl-like edge, a wound that does not heal, or a slightly crusty lump that grows slowly over time. If left untreated, it may ulcerate and invade deeper tissues.





4. Melanoma

This is the least common form of skin cancer, but also the most dangerous. It can affect people of any age, unlike other types which are more common among older people. It presents as a spot that becomes darkly pigmented or develops irregular edges or different colours over time, or as a rapidly-growing pink or red lump. It can spread internally, so immediate treatment is required.



