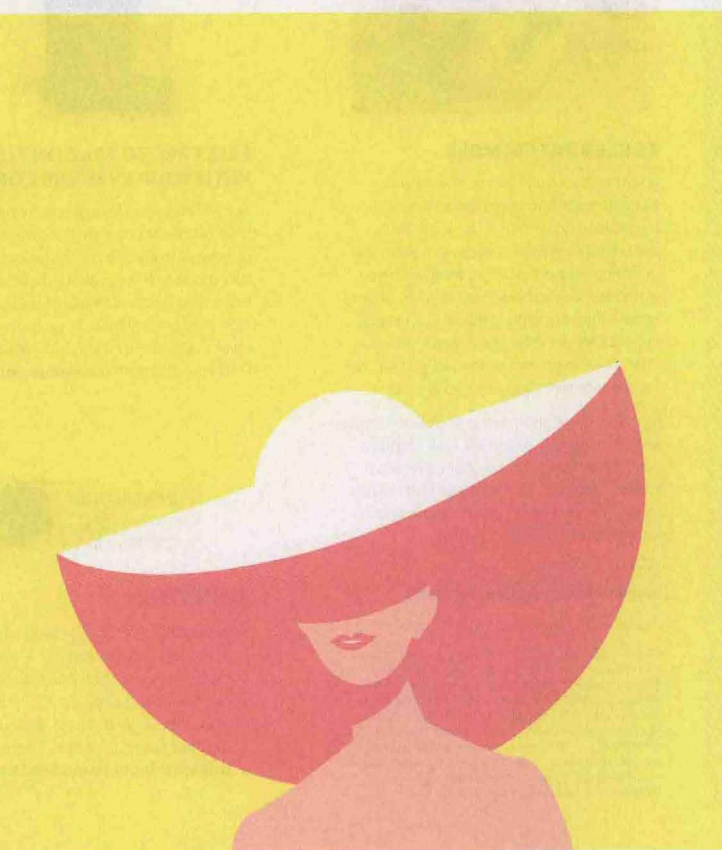


Problem spots

Suspicious moles aren't the only sign of skin cancer. Here's what you need to know about two all-too-common forms of the disease.



ANOTHER ZIT. That's what Laura Williams thought in 2006 when she saw a tiny spot on her forehead near her hairline. Williams, who was 24 at the time, was no stranger to breakouts. But this one didn't change size or color like a regular pimple, and when she tried popping it, it scabbed up and disappeared, then reappeared two weeks later. "That happened over and over again," says the Georgetown, Texas, resident, now 33. "I finally realized that I needed to see a doctor."

Over the next five years, because of job and insurance changes, she saw several physicians. Each dismissed the spot as eczema or actinic keratosis, which can be a precancerous condition. One doctor even tried to freeze it off with liquid nitrogen, yet the growth on her forehead refused to go away. In 2011, when a dermatologist admitted that the spot's constant scabbing over was a classic sign of cancer, Williams insisted on having it biopsied.

The most common cancers

Melanoma gets a lot of attention—and for good reason. "Although it accounts for only about 4 percent of new skin cancers, malignant melanoma is responsible for 75 percent of all skin cancer deaths," says dermatologist Elizabeth Hale, a vice president of the [Skin Cancer Foundation](#). Melanoma can

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be fast and aggressive. An American dies of it every hour. Women under the age of 40 have a higher probability of developing it than any other cancer except breast cancer.

Even so, many women are in the dark about melanoma's two more common cousins, squamous cell carcinoma (SCC) and basal cell carcinoma (BCC)—the latter of which Williams was diagnosed with. According to the American Cancer Society, SCC makes up about 20 percent of skin cancer diagnoses, while BCC accounts for nearly 80 percent and is the most common form of any cancer in men and women, period. And no matter what your skin color or race, you have a 40 to 50 percent chance of developing BCC or SCC by age 65, according to the [Skin Cancer Foundation](#).

BCC and SCC tend to grow slowly and rarely spread to other parts of the body, the way melanoma often does. (Five years after it first surfaced, Williams' cancer was successfully treated with surgery.) Left untreated, however, "they can grow and invade the bone or other tissues beneath the skin, heightening the chances for disfigurement and complicating treatment," says Hale.

The longer you wait to have BCC or SCC removed, the higher the odds that your appearance will be significantly affected. Shelley Baker lived with suspicious spots for 12 years before being diagnosed with advanced BCC. A family physician told the Inola, Oklahoma, resident, who is now 47, that the patches of scaly skin on her nose, temple, shoulders, and back were probably eczema or psoriasis and prescribed creams and oral steroids. Her skin never fully cleared up. "I was very self-conscious of my face," says Baker. "But I didn't get a second opinion until two years ago, when I began having sharp facial pain that made it impossible to apply makeup."

The pain was a tip-off that Baker was battling more than eczema: 28 percent of skin cancer lesions cause pain, and 37 percent itch. One particular spot on Baker's nose was a sign, too. "Basal cell and squamous cell carcinomas have a higher risk of aggressive behavior and recurrence in the face's 'H' zone: the lips, ears, nose, temple, and near the eyes," says Peggy A. Wu, the medical director of the dermatology department at Beth Israel Deaconess Medical Center, in Boston, and an assistant professor at Harvard Medical School.

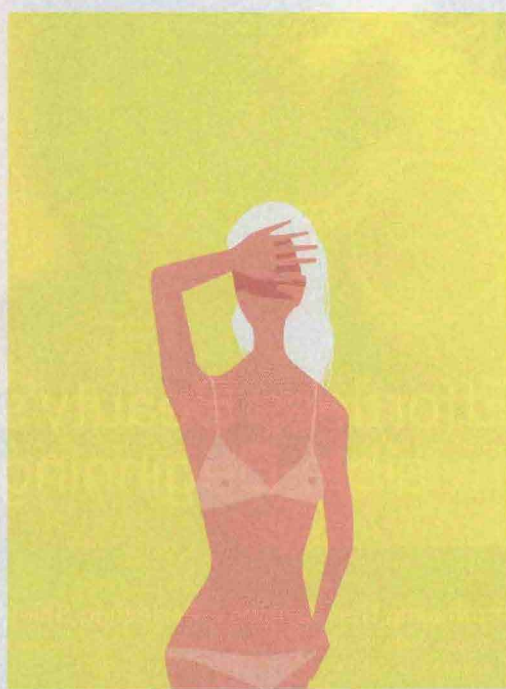
Baker's lesions were so advanced that she didn't have the option of Mohs micrographic surgery, which is a common way to treat BCC and SCC, with cure rates of 98 percent. (With Mohs, a surgeon removes one thin layer of tissue at a time and examines it for cancerous cells. Once the surgeon reaches a cancer-free layer, the surgery is over.)

Instead, she underwent a six-month regimen of an oral medication called Eridedge, which is approved by the Food and Drug Administration to treat advanced-stage BCC. Now she's using a silicone ointment to minimize scarring caused by BCC, which can leave lesions after the cancer itself is gone.

(Not) too young for skin cancer

BCC and SCC were once considered cancers of people middle-aged and older. Age does increase the risk, but so does unprotected sun exposure. That's why nonmelanoma cancers are on the rise among women under the age of 40. The most significant culprit: indoor tanning, which is

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CAN YOU SPOT A PROBLEM?

With skin cancer, early detection is everything: The sooner you have a cancerous spot removed, the less likely it is to spread. Monthly self-exams are key.

"If you see a new spot, whether it is brown, skin colored, or pearly, or scabbed and bleeding, see your dermatologist," says Joshua Zeichner, an assistant professor of dermatology at Mount Sinai Hospital, in New York City. Here's what to watch for.

Basal cell carcinoma (cancer in the deepest layer of the epidermis) may...

- Start as a pimple that won't go away or a cut that doesn't heal.
- Bleed or ooze if you scratch or squeeze it.
- Surface as a patch or an irritated area that sometimes crusts, itches, or hurts.
- Be a pink growth with a slightly elevated border, sometimes crusting or with an indentation in the center.
- Look like a scarlike area that is white, yellow, or waxy, often with poorly defined borders.

Squamous cell carcinoma (cancer in the upper layers of the epidermis) may...

- Look like a thick, scaly, wartlike patch.
- Bleed if bumped, scratched, or scraped.
- Appear on your lower lip, especially if you've smoked.
- Look like an elevated, craterlike growth that occasionally bleeds.
- Look like an open sore that bleeds and crusts, persisting for weeks.

responsible for up to 419,000 U.S. skin cancer cases annually, according to a 2014 *JAMA Dermatology* study.

"Tanning booths expose you to far more ultraviolet light than the sun does," explains Wu. "And the UV output can vary up to 10 times from establishment to establishment and from tanning booth to tanning booth." Worse, your skin has an elephant-like memory: If you fake-baked just six times a year in high school and college, your risk of BCC and SCC is 73 percent higher today.

Nonmelanoma skin cancer often recurs. Unfortunately, that was the case for Williams, who had surgery for a second case of BCC last year. "I'll probably be treating skin cancer spots for the rest of my life," she says. The small comfort is that now Williams knows to press her dermatologist about anything that looks even remotely suspicious.