

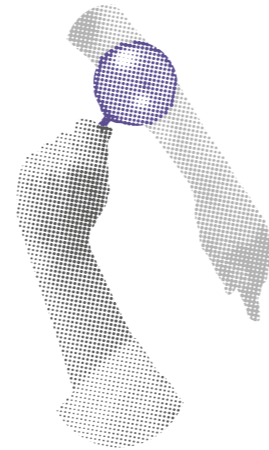


Which patients are at risk?

- **Skin phototype I or II** (fair or very fair skin, blond or red hair, light eyes, freckles, frequent sunburns, poor tanning ability).
- **Numerous moles** (>40).
- **Atypical naevi** or giant congenital naevus (diameter > 20 cm).
- **History of actinic keratoses** or personal/family history of cutaneous melanoma.
- **Previous severe sunburns** (blistering?), at any age.
- **Exposure to artificial UV radiation**, especially before age 35 (tanning beds, arc welding).
- **Occupational exposure:** UV radiation (outdoor work), arsenic (pesticides), polycyclic aromatic hydrocarbons (PAHs) in steel industry, ionising radiation (medical or industrial radiology).
- **Immunosuppression.**

What should be done for patient at increased risk?

- Offer an **annual skin examination.**
- **Encourage regular self-examination**, teaching the ABCDE rule, and advise consultation if any doubt arises.



Skin cancer Screening

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With the financial support from
Santé publique France

June '26

Skin cancer Screening

Useful Reminders

Skin carcinoma 90% of cases

Basal cell carcinoma 70% of cases

- Appears as a small spot or scab
- Responds well to treatment
- May leave scars

Squamous cell carcinoma 20% of cases

- **Metastasis potential**

Melanoma 10% of cases

- Malignant tumour arising from melanocytes
- On previously healthy skin (80%) or from a pre-existing naevus (20%).

- **High metastatic potential**

Epidemiology of melanoma:

- **Incidence** : + 15 000 cases per year
- **Mortality** : > 1,500 deaths
- **Average age at diagnosis**:
66 years in men
60 years in women



Why screen for skin lesions?

Early detection of cutaneous melanoma allows treatment to begin before the cancer has spread to other parts of the body, thereby improving the chances of cure.

In the case of basal cell carcinomas, this helps to avoid significant scarring, particularly on the face.



How do you recognise a suspicious lesion for melanoma?

- Offer an **annual skin examination**.
- **Encourage regular self-examination**, teaching the ABCDE rule, and advise consultation if any doubt arises.



A for Asymmetry

A mole that is neither round nor oval, with colours and contours unevenly distributed around its centre.



B for Border irregularity

Jagged, poorly defined edges.



C for Colour variation

Irregular presence of multiple colours (black, blue, brown, red or white)..



D for Diameter

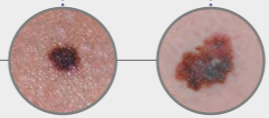
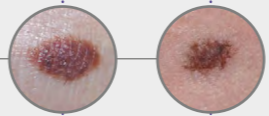
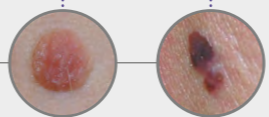
Increasing diameter.
A lesion suspected of being melanoma is usually larger than 6 mm.



E for Evolution

Rapid change in size, shape, colour, or thickness.

Benign Malignant



The role of dermoscopy in improving screening

This non-invasive and easy-to-use tool improves diagnosis accuracy and patient management from the first consultation.

Short continuing medical education courses are available to learn the basic principles and guide patient management.

In addition, some digital dermoscopy systems facilitate specialist review through tele-expertise services.

What can you do if access to a dermatologist is delayed? (> 1 month)

- Propose the use of **tele-expertise**.
- **Refer the patient to a specialist** (ENT, plastic surgery, gastroenterology, etc.) for biopsy/excision if needed.

What advice should be provided to patients?



Do not expose **children under 3 years old** to the sun.



Prefer shade and avoid exposure as much as possible **between 12 pm and 4 pm** (10 am to 2 pm in overseas territories).



Wear **protective clothing**, a wide-brimmed hat, and sunglasses.



Apply broad-spectrum sunscreen (SPF 50, UVA and UVB protection) as often as possible.¹



Limit exposure to **artificial UV** (tanning beds), which do not prepare the skin for tanning.



Monitor your skin and consult a healthcare professional if you notice any change or have any concerns.



And above all...

Tailor advice to each patient's perceptions, habits, and preferences. Work with them to identify practical and acceptable strategies for reducing risk.

Simply advising someone who enjoys tanning to avoid all sun exposure is unlikely to be effective.

¹ - Ideally every 2 hours. Sunscreen should not be used as a means of prolonging sun exposure.