

LOCAL HEALTH TALK

Skin Cancer for More Than Light-Skinned

The changing demographics of the United States has given a new face to North America. Approximately one third of the United States population is comprised of Non-Caucasians. People with skin of color constitute the fastest growing segment of the United States population. If present trends continue, approximately half of all Americans will be non-Caucasian by the year 2050.

Skin color is determined by cells called melanocytes. The melanocytes produce the pigment called melanin, which is contained in structures called melanosomes. It is well established that there are no racial differences in the number of melanocytes. However, the differences in skin color are due to variations in the number, size and aggregation of the melanosomes within the skin.

In the United States, the racial and ethnic classification of individuals with skin of color would include Asian and Pacific Islanders (including those of Malaysian, Thai, Chinese, Japanese, Korean, Vietnamese, Filipino, Laotian or Hmong descent), Blacks (African Americans and Caribbean Americans), Native Americans, Alaskans, and Aleuts, and Hispanics (Mexican, Cuban, Puerto Rican, Central American or Spanish descent). Also included in the classification are individuals traditionally classified as Caucasoids, such as the majority of Indians, Pakistanis, and those of Middle Eastern origin.

The spectrum of cutaneous disease occurring in ethnic populations is as broad and diverse as the ethnic populations themselves. The differences in the hair and skin structure not only between the Caucasians and ethnic individuals, but also among the ethnic groups can affect the presentation of certain skin diseases. Acne, eczema and pigmentary disorders are the three most common groups of skin diseases in these populations. The prevalence of skin cancer, however, is low compared to the Caucasians. When one thinks of skin cancer, the prototype is that of a light-haired, blue-eyed individual of European descent. It is widely believed that skin cancer is not a significant threat to people with skin of color. This misconception can be a cause of late presentation and treatment and higher



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morbidity and mortality rates for several types of skin cancer as compared with Caucasians. Skin cancer can and does occur in people of color, although the relative risk remains low.

Melanoma, the deadliest form of skin cancer, most often occurs in ethnic individuals on non-sun exposed skin, especially palms, soles and areas around the nails. Several studies identified the feet as the most common melanoma location in people of color, followed by the lower extremities and the hands. The California Cancer Registry reported

that melanoma is diagnosed at advanced stage in 15% Hispanic men, 13% Asian men, and 12% black men compared with only 6% in white men. The Washington Cancer Institute study reported a five year survival rate of 58.8% in blacks compared with 84.8% in white patients. Squamous cell carcinoma is also most commonly found on lower limbs as well as the genital area. Chronic trauma, chronic ulcers and scars are predisposing risk factors. Basal cell carcinoma is more commonly of the pigmented type in skin of color compared with white skin. However, basal cell carcinoma can have a diverse presentation from superficial basal cell carcinoma to patients with multiple tumors. Immunosuppression, Arsenic ingestion, trauma, history of radiation exposure or therapy, Nevus sebaceous, basal cell nevus syndrome, and chronic ulcers can predispose to developing basal cell carcinoma.

It is very important that patients of color practice regular skin self examinations and learn to monitor lesions or moles that may turn into skin cancer. People of color need the same precautions against sun exposure as recommended for individuals with lighter skin such as proper sunscreen use, protective clothing and shade seeking especially during peak sun hours from 10.00AM to 4.00PM. Patients must also be aware of the "ABCD" rules of melanoma (A-Asymmetry, B-Border irregularity, C-Color variability, D-Diameter greater than 6mm) as well as newly developed "ABCDE" rules of subungual melanoma (A-Age, peak incidence being fifth to seventh decade, B-Brown to black band with breadth of 3mm or more and variegated borders, C-Change in the existing band, D-Digit more commonly involved, thumb or great toe, E-Extension of pigment onto the proximal and/or lateral nail fold and F-Family history of melanoma or dysplastic nevus). Finally, it is highly encouraged to develop a long term relationship with your dermatologist.