



NEWS

Ron J. Anderson, M.D. Robert Bernstein, M.D., F.A.C.P.
Chairman Commissioner
Texas Board of Health

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Skin Cancer Screening: Facts, Warning Signs, and Self-Examination
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TEXAS STATE DOCUMENTS
COLLECTION

Bureau of Epidemiology, 1100 West 49th Street, Austin, Texas 78756-3180 (512-458-7207)

SKIN CANCER SCREENING: FACTS, WARNING SIGNS, AND SELF-EXAMINATION*

Self-examination of the skin on a regular basis is cheap, noninvasive, and danger-free. The patient can thus contribute to the process of cancer screening, especially as this screening relates to early detection of lesions, a time when such lesions are more curable.

A complete cutaneous self-examination requires the following: complete undressing, full-length mirror, hand-held mirror, hand-held blow dryer, two chairs, and a well-lit room. The best time for the examination is right after bathing.

First, the patient should spend a lot of time examining the entire surface of the skin; with practice, the amount of time needed for the examination will dwindle to only a few minutes. In order to examine hard-to-see areas -- parts of the back, scalp, and buttocks -- the patient could find the aid of a spouse, relative, or friend helpful.

The patient should perform steps 1-10 as shown on the following pages. It might be helpful to photocopy these pages for the purposes of patient education just mentioned.

Table 1. Skin cancer

<p>INCIDENCE: Over 400,000 cases a year, the vast majority of which are highly curable basal or squamous cell cancers. They are more common among individuals with lightly pigmented skin, living at latitudes near the equator. The most serious skin cancer is malignant melanoma, which strikes about 22,000 men and women each year.</p> <p>MORTALITY: An estimated 7,400 deaths a year, 5,500 from malignant melanoma, and 1,900 due to other skin cancers.</p> <p>WARNING SIGNALS: Any unusual skin condition, especially a change in the size or color of a mole or other darkly pigmented growth or spot.</p> <p>RISK FACTORS: Excessive exposure to the sun; fair complexion; occupational exposure to coal tar, pitch, creosote, arsenic compounds, and radium. Among blacks, because of heavy skin pigmentation, skin cancer is negligible.</p> <p>PREVENTION: Avoid the sun between 10:00 am and 3 pm when ultraviolet rays are strongest, and by using protective clothing. Use one of the growing number of sunscreen preparations, especially those containing such ingredients as PABA (para-aminobenzoic acid). They come in varying strengths, ranging from those that permit gradual tanning to those allowing practically no tanning at all.</p> <p>EARLY DETECTION: Recognition of changes in scales or the appearance of new skin growths is the best way to find early skin cancer. Basal and squamous cell skin cancers often take the form of a pale, waxlike, pearly nodule, or a red, scaly, sharply outlined patch.</p> <p>Melanomas are usually distinguished by a dark brown or black pigmentation. They start as small, mole-like growths that increase in size, change color, become ulcerated, and bleed easily from a slight injury.</p> <p>TREATMENT: There are four methods of treatment -- surgery, radiotherapy, electrodesiccation (tissue destruction by heat), or cryosurgery (tissue destruction by freezing).</p> <p>For malignant melanoma, adequate surgical excision of the primary growth is indicated. Nearby lymph nodes may be removed. The microscopic examination of all suspicious moles is essential.</p> <p>SURVIVAL: For basal cell and squamous cell cancers, cure is virtually assured with early detection and treatment. Malignant melanoma, however, can spread to other parts of the body quickly. The five-year survival rate for white patients with malignant melanoma is 82% compared with 95% for patients with other kinds of skin cancer.</p>
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Table 1 reprinted with permission from the American Cancer Society; Cancer Facts & Figures. New York, NY, 1985, p 10.

* Reprinted with permission from the American Cancer Society, New York, New York, and the Cancer Bulletin 1986;38(2):81-3.

Table 2. Danger signs of malignant melanoma

<p>CHANGE IN COLOR: Especially multiple shades of dark brown or black; red, white, and blue; spread of color from the edge of the lesion into surrounding skin.</p> <p>CHANGE IN SIZE: Especially sudden or continuous enlargement.</p> <p>CHANGE IN SHAPE: Especially development of irregular margins.</p> <p>CHANGE IN ELEVATION: Especially sudden elevation of a previously macular pigmented lesion.</p> <p>CHANGE IN SURFACE: Especially scaliness, erosion, oozing, crusting, ulceration, bleeding.</p> <p>CHANGE IN SURROUNDING SKIN: Especially redness, swelling, satellite pigmentations.</p> <p>CHANGE IN SENSATION: Especially itching, tenderness, pain.</p> <p>CHANGE IN CONSISTENCY: Especially softening or friability.</p>

Table 2 reprinted with permission from the American Cancer Society; Early Detection of Malignant Melanoma: The Role of Physician Examination and Self-Examination of the Skin. New York, NY, 1985, p 18.

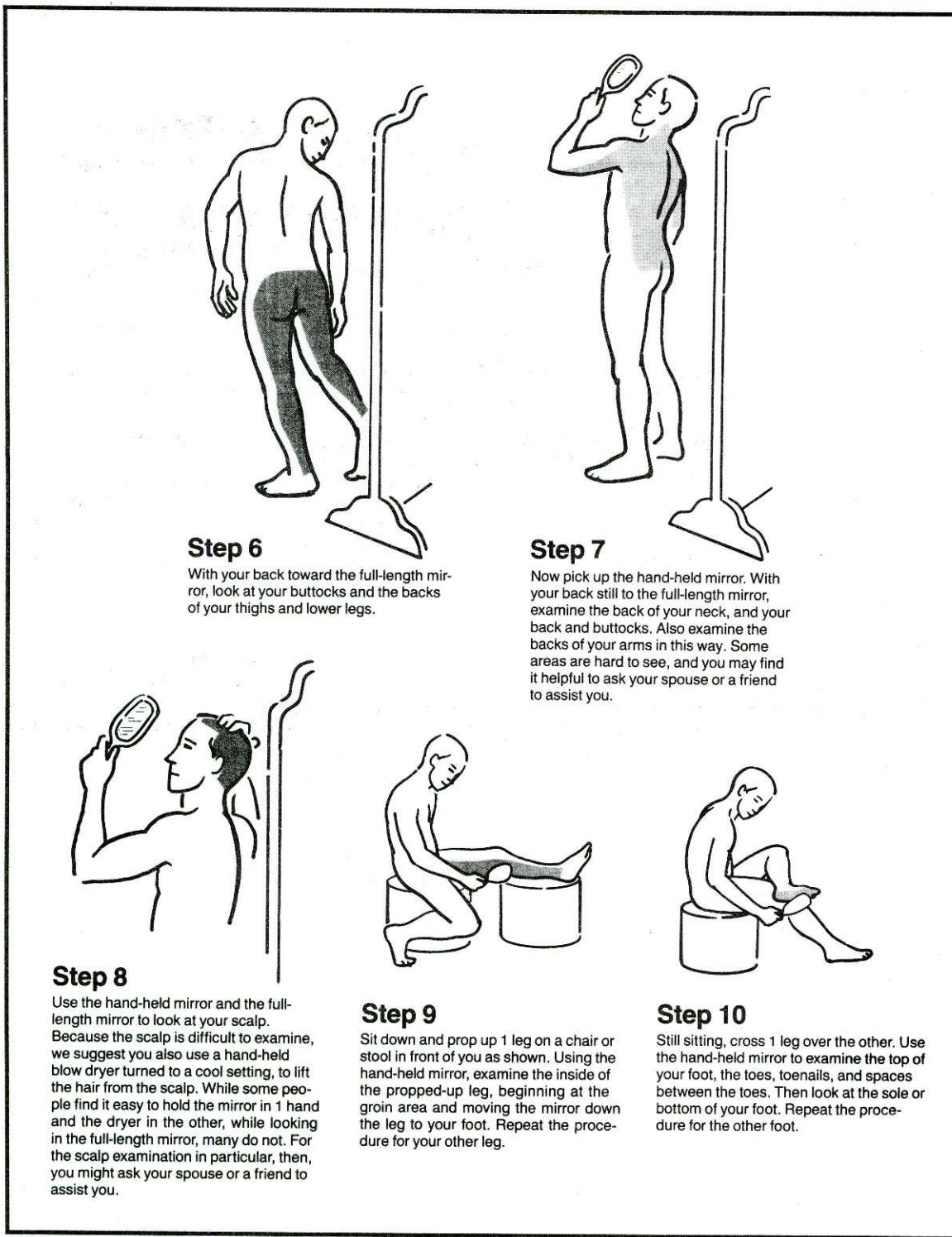
Step 1
Make sure the room is well-lighted, and that you have nearby a full-length mirror, a hand-held mirror, a hand-held blow dryer, and 2 chairs or stools. Undress completely.

Step 2
Hold your hands with the palms face up, as shown in the drawing. Look at your palms, fingers, spaces between the fingers, and forearms. Then turn your hands over and examine the backs of your hands, fingers, spaces between the fingers, fingernails, and forearms.

Step 3
Now position yourself in front of the full-length mirror. Hold up your arms, bent at the elbows, with your palms facing you. In the mirror, look at the backs of your forearms and elbows.

Step 4
Again using the full-length mirror, observe the entire front of your body. In turn, look at your face, neck, and arms. Turn your palms to face the mirror and look at your upper arms. Then look at your chest and abdomen, pubic area, thighs, and lower legs.

Step 5
Still standing in front of the mirror, lift your arms over your head with the palms facing each other. Turn so that your right side is facing the mirror and look at the entire side of your body—your hands and arms, underarms, sides of your trunk, thighs, and lower legs. Then turn, and repeat the process with your left side.



Step 6

With your back toward the full-length mirror, look at your buttocks and the backs of your thighs and lower legs.

Step 7

Now pick up the hand-held mirror. With your back still to the full-length mirror, examine the back of your neck, and your back and buttocks. Also examine the backs of your arms in this way. Some areas are hard to see, and you may find it helpful to ask your spouse or a friend to assist you.

Step 8

Use the hand-held mirror and the full-length mirror to look at your scalp. Because the scalp is difficult to examine, we suggest you also use a hand-held blow dryer turned to a cool setting, to lift the hair from the scalp. While some people find it easy to hold the mirror in 1 hand and the dryer in the other, while looking in the full-length mirror, many do not. For the scalp examination in particular, then, you might ask your spouse or a friend to assist you.

Step 9

Sit down and prop up 1 leg on a chair or stool in front of you as shown. Using the hand-held mirror, examine the inside of the propped-up leg, beginning at the groin area and moving the mirror down the leg to your foot. Repeat the procedure for your other leg.

Step 10

Still sitting, cross 1 leg over the other. Use the hand-held mirror to examine the top of your foot, the toes, toenails, and spaces between the toes. Then look at the sole or bottom of your foot. Repeat the procedure for the other foot.

Reporting Occupational Pesticide Poisoning

The spring and summer months are the peak times that farmers, farmworkers, pesticide applicators, etc., are at risk for pesticide poisoning. Since October 1985, acute occupational pesticide poisoning has been listed as a reportable disease in Texas. Physicians or laboratory directors who know of patients with occupationally-related pesticide poisoning are requested to provide the name, address, age, sex, and race of the patient and the type and date of diagnosis to their local health department or regional health director, who, in turn, will transmit this information to the Bureau of Epidemiology, Texas Department of Health. Reports also may be

made directly to the Bureau by calling the toll-free number: 1/800-252-8239. The reporting rule, 25 TAC§99.1, also provides for the confidential handling of all case reports.

Physicians and laboratory directors are reminded that the following occupational diseases are also reportable, by law, to the Texas Department of Health: asbestosis, silicosis, and blood lead levels at or above 40 μ /dl of blood in persons 15 years of age or older.

* * *

ERRATUM: The table, "Monthly Summary of Occupational Diseases in Texas," printed in PDN, Vol. 47, No. 12, March 28, 1987, is in error. The corrected table is printed below.

MONTHLY SUMMARY OF REPORTABLE OCCUPATIONAL DISEASES IN TEXAS
FEBRUARY 1, 1986 TO FEBRUARY 28, 1987

REGION	1	2	3/12	4	5	6	7/10	8	9	11	WEEKS 5-8		CUMULATIVE	
											1986	1987	1986	1987
ELEVATED BLOOD LEAD LEVELS †			4	1	4					5	10	14	50	61
ACUTE OCCUPATIONAL PESTICIDE POISONING §														
SILICOSIS §														
ASBESTOSIS §														

† Blood lead level \geq 40 ug/dl in persons 15 years of age or older; summarized by date of blood lead test.

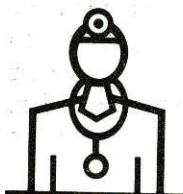
§ Regular summaries of these reportable occupational diseases will be included as reporting procedures become better established.

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