

CANCER INSIGHT

FOR PRACTICE NURSES

Summer 2018

WHAT YOU NEED TO KNOW ABOUT

SUN & SKIN CANCER

INSIDE:

A3 poster to display in your surgery



CANCER RESEARCH UK



IN FOCUS: MELANOMA SKIN CANCER

1 in 54

people will be diagnosed with melanoma during their lifetime.

In 2014, there were around 15,400 new cases of melanoma skin cancer in the UK. Melanoma mortality rates have increased by 156% in the UK since the early 1970s. Anyone can develop skin cancer, but some people are at more risk, especially those who have fair skin, hair and eyes, lots of moles or freckles, skin that burns easily, or a personal or family history of skin cancer.

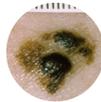
As a practice nurse, you play an important role in educating patients about skin cancer prevention, but we also recognise the opportunistic occasions you have to spot something suspicious when seeing patients.

Distinguishing melanoma from other pigmented skin lesions in general practice can be challenging. The ABCDE checklist can help you to identify those that may require a further inspection by a GP.

The ABCDE checklist is a good tool to use with patients to educate them about things to look out for. Patients should be made aware of non-mole changes too, such as a new growth or sore that won't heal, or one that hurts or itches.

Find out more about skin cancer risk factor statistics at po.st/skinrisk

ABCDE CHECKLIST



ASYMMETRY

The two halves may not match



BORDER

May be irregular, blurred or jagged



COLOUR

May be uneven with at least two different shades



DIAMETER

Greater than 6mm

You should also look for **EVOLUTIONARY CHANGES** in colour, size, symmetry, surface characteristics and symptoms.

Any of these features is an indication for referral. It's also important to remember that not all melanomas will start from a pre-existing mole; they can also appear as a new spot or mark.



86% of melanomas in the UK are caused by overexposure to UV

STAYING SAFE IN THE SUN

There is no 'safe' or 'low' level of sunburn, but this is not well understood by the public. Getting sunburnt just once every two years can triple the risk of melanoma. Here are some key things to remind your patients:

1. KNOW HOW YOUR SKIN REACTS

Sunburn isn't always raw, peeling or blistering. If skin has gone pink or red in the sun, it's sunburnt. And people can't always see the damage. For those with darker skin it may just feel irritated, tender or itchy.

2. CHECK THE UV INDEX

The UV index tells you how strong the sun's rays are. Remind people that UV can be strong even on cloudy days. 90% of UV can pass through light cloud.

If it's 3 or higher, people need to think about protecting their skin (see the fold out inside this guide). Encourage patients to check

www.metoffice.gov.uk/uv.

3. TRY THE SHADOW RULE

If patients don't have access to the UV index, they can use the shadow rule to work out when the sun is strong. If their

shadow is shorter than their height this means that the sun's UV rays are strong.

4. COMBINE SHADE, CLOTHING AND SUNSCREEN

When it comes to sun protection, sunscreen should be the last line of defence. Spending time in the shade, especially between 11am and 3pm in the UK, and covering up with clothing, sunglasses and a wide brim hat offer better protection.

Sunscreens should be at least SPF15 and 4 or more stars and should be reapplied regularly, even if it says 'once-a-day' on the label.

Advise patients not to stay in the sun longer than they would without sunscreen.

IMPORTANT TIP: SPFs higher than 15 don't offer much more protection and may lure people into a false sense of security, leading to more damage. Sunscreen isn't a safe way to suntan. A tan is a sign of damaged skin.

Order free patient resources at cruk.org/sunsmart2018

THE VITAMIN D DEBATE

Although excessive UV exposure is the main cause of skin cancer, for many people sunlight is the most important source of vitamin D, so finding a balance is key.

- Whilst the evidence that vitamin D can protect against a number of chronic diseases is still inconclusive, low levels are linked to bone disorders.
- There is currently no standard definition of an 'optimal' level of vitamin D. The consensus is that levels of 25(OH)D below 25nmol/l qualify as 'deficient'.
- The amount of time people need in the sun to make sufficient vitamin D depends on a number of factors, including: skin type, time of day, time of year, and where they are in the world.
- For most white people, just going about their normal daily activities is sufficient to produce the required vitamin D levels. Patients should be aware that prolonged exposure is unlikely to provide additional benefit.
- It's also important to keep in mind certain groups that might be more at risk of vitamin D deficiency, including people with darker skin and cultural groups who wear full body clothing. The government recommends that such groups take a 10mcg supplement of vitamin D a day.

Read
more about
vitamin D at
NICE:
[po.st/guidance](https://www.nice.org.uk/guidance/ps92)



SIGN UP NOW AT:
[cruk.org/
cancer-insight-
nurse](https://cruk.org/cancer-insight-nurse)

SIGN UP TO RECEIVE CANCER INSIGHT COMMUNICATIONS VIA EMAIL

Our Cancer Insight newsletter provide you with best practice advice on important cancer-related topics, as well as the latest evidence, training materials, practical tools and patient resources

TOGETHER WE WILL BEAT CANCER

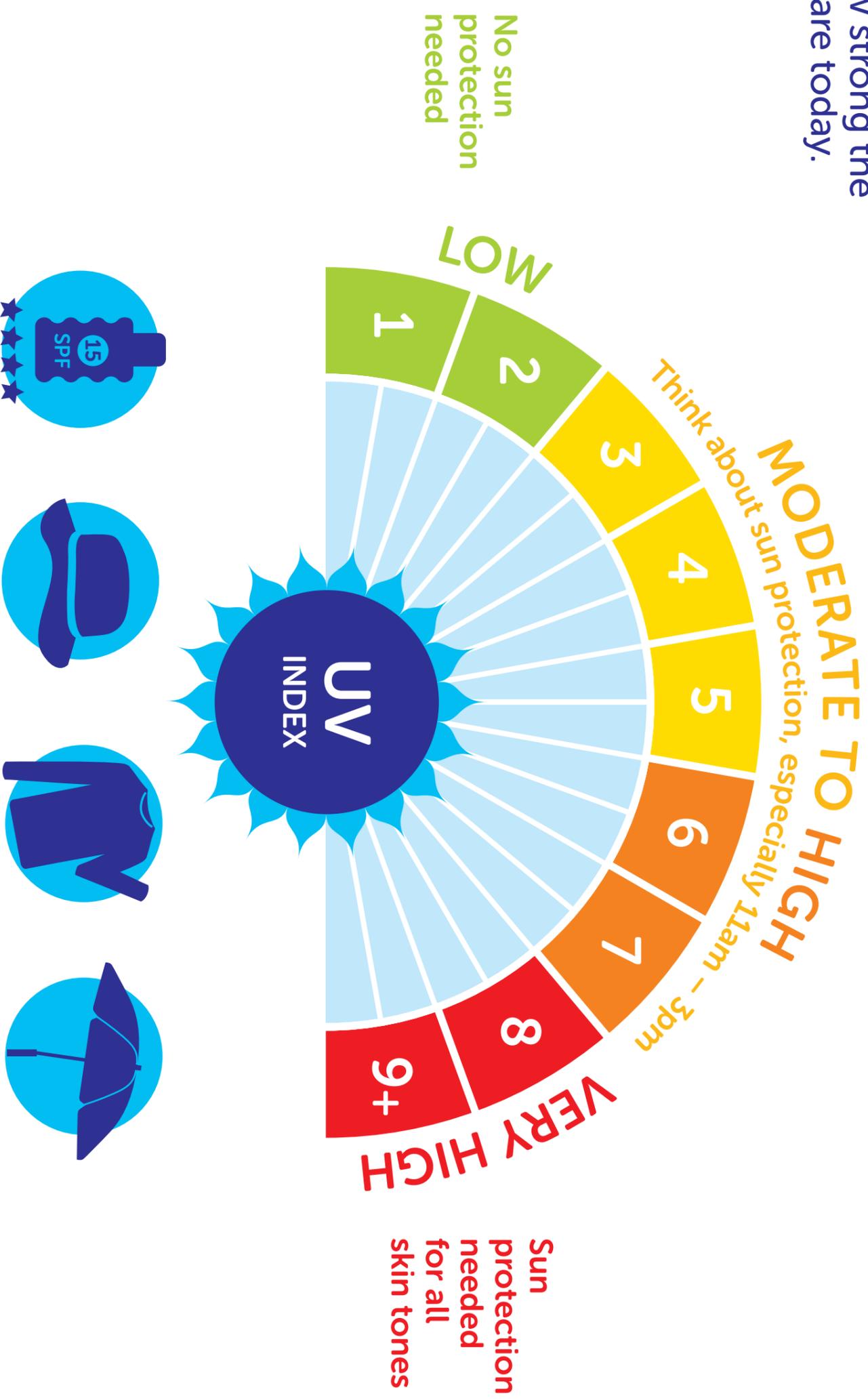
Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103).



**CANCER
RESEARCH
UK**

ARE YOU AT RISK OF SUNBURN TODAY?

Check the UV index now at www.metoffice.gov.uk/uv to see how strong the sun's rays are today.



If it's 3 or higher, think about protecting your skin.

TOGETHER WE WILL BEAT CANCER
cruk.org