Dermatological Oncology Understanding Skin Cancer, Diagnosis, and Treatment Advances

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Abstract

Dermatological oncology is a specialized field of medicine that focuses on the study, diagnosis, treatment, and prevention of skin cancers. With the increasing prevalence of skin cancer, especially non-melanoma skin cancers (NMSC) and melanoma, dermatological oncology plays a pivotal role in early detection and effective management. This article provides an overview of skin cancer types, risk factors, diagnostic techniques, treatment modalities, and advancements in dermatological oncology. The role of prevention and public health awareness in reducing skin cancer rates is also discussed, highlighting the significance of early intervention for improving patient outcomes.

Keywords: Dermatological oncology • Skin cancer • Melanoma • Non-melanoma • Skin cancer • Diagnosis • Treatment • Prevention • Skin cancer awareness • Dermatology • Risk factors • Oncology

Introduction

Skin cancer is the most common type of cancer worldwide, with millions of new cases diagnosed annually. The term "dermatological oncology" refers to the branch of medicine that deals with skin cancers, including melanoma and Non-Melanoma Skin Cancers (NMSC) like Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC). Early detection and timely treatment are crucial for improving survival rates and reducing the incidence of metastasis

This article delves into various aspects of dermatological oncology, including skin cancer types, risk factors, diagnostic methods, treatment options, and the evolving landscape of skin cancer prevention and management.

Types of skin cancer

Skin cancer can be categorized into three main types: melanoma, Basal Cell Carcinoma (BCC), and Squamous Cell Carcinoma (SCC).

Melanoma

 Overview: Melanoma is the most aggressive form of skin cancer, originating from melanocytes, the cells responsible for producing the pigment melanin. Though it is less common than

- BCC and SCC, melanoma is more likely to spread to other parts of the body if left untreated
- Risk factors: Exposure to Ultraviolet (UV) radiation from the sun, fair skin, a history of sunburns, and family history of melanoma are significant risk factors for melanoma. Genetic mutations, particularly in the BRAF gene, also play a role.
- Symptoms: The most common symptom of melanoma is the appearance of a new, unusual mole or a change in an existing mole, such as irregular borders, color changes, or bleeding.

Basal Cell Carcinoma (BCC)

- Overview: BCC is the most common form of skin cancer. It
 arises from basal cells, located in the lower part of the
 epidermis. BCC tends to grow slowly and rarely metastasizes
 but can cause significant local damage if not treated.
- Risk factors: Prolonged sun exposure, light skin color, age, and a history of BCC or other skin cancers increase the risk of developing BCC.
- Symptoms: BCC often presents as a small, shiny bump or nodule that may have visible blood vessels on the surface. It can also appear as a flat, scaly lesion.

Squamous Cell Carcinoma (SCC)

- Overview: SCC is the second most common type of skin cancer.
 It originates from squamous cells in the epidermis and is more aggressive than BCC but typically does not spread as quickly as melanoma.
- Risk factors: UV radiation, fair skin, older age, and immunosuppression are major risk factors. Chronic skin inflammation, scars, or long-term exposure to certain chemicals also increase the risk.
- Symptoms: SCC often appears as a red, scaly patch, an open sore that doesn't heal, or a raised growth with a central depression.

Risk factors for skin cancer

The primary risk factor for all types of skin cancer is exposure to Ultraviolet (UV) radiation, whether from the sun or artificial sources like tanning beds. Other important risk factors include:

- Fair skin: People with fair skin, blue or green eyes, and red or blonde hair are more susceptible to skin cancer due to lower levels of melanin
- Age and gender: Skin cancer incidence increases with age, particularly in individuals over 50. Men are generally at higher risk than women for developing SCC and melanoma.
- Family history and genetics: A family history of skin cancer or certain genetic conditions (e.g., xeroderma pigmentosum) can increase the risk.
- Immunosuppression: Individuals with weakened immune systems, such as organ transplant recipients or those on immunosuppressive drugs, have a higher risk of skin cancer.
- Previous skin cancer: Those who have had one form of skin cancer are at increased risk of developing another.

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Diagnostic methods in dermatological oncology

Early detection of skin cancer is essential for effective treatment and improved survival rates. Several diagnostic techniques are used in dermatological oncology to identify skin cancers:

 Skin examination: A thorough physical examination of the skin by a trained dermatologist is the first step in identifying suspicious lesions. Dermatologists use the ABCDE criteria to evaluate moles and other skin lesions:

Asymmetry
Border irregularity
Color variation
Diameter greater than 6 mm
Evolution or change over time

- Dermatoscopy: Also known as dermoscopy or skin microscopy, dermatoscopy is a non-invasive technique that allows dermatologists to examine skin lesions in greater detail. It helps in identifying features that are indicative of melanoma or other skin cancers.
- Skin biopsy: If a lesion appears suspicious, a biopsy is performed to remove a small sample of the tissue for pathological examination. The biopsy type (shave, punch, or excisional) depends on the lesion's size and location.
- Imaging: For melanoma and other aggressive skin cancers, imaging techniques such as ultrasound, CT scans, MRI, and PET scans may be used to assess the extent of disease spread, especially when metastasis is suspected.
- Genetic testing: For patients with a strong family history of melanoma or rare genetic syndromes, genetic testing for mutations in genes like CDKN2A or BRAF may be recommended.

Treatment options in dermatological oncology

The treatment of skin cancer varies depending on the type, stage, and location of the tumor. Common treatment modalities include:

Surgical treatment

- Excisional surgery: The most common treatment for skin cancer, excision involves the complete removal of the tumor along with a margin of healthy tissue.
- Mohs micrographic surgery: This specialized surgical technique is used for skin cancers in cosmetically sensitive areas or those with a high risk of recurrence. The tumor is removed layer by layer while examining each layer under the microscope to ensure complete removal.

Topical treatments

- Immunotherapy: Drugs such as imiquimod or 5-fluorouracil can be applied directly to the skin for treating superficial BCC or SCC.
- Chemotherapy: Topical chemotherapy agents are sometimes used for localized lesions, although systemic chemotherapy is rarely used in skin cancer treatment.

Radiation therapy: Radiation therapy may be employed when surgery is not an option, particularly for tumors that are difficult to remove or in patients with poor wound healing.

Photodynamic Therapy (PDT): PDT involves the application of a photosensitizing agent followed by exposure to light, which activates the

drug to destroy cancer cells. It is often used for superficial BCC or actinic keratosis (precancerous lesions).

Systemic treatments

- Immunotherapy: For advanced melanoma or metastatic skin cancer, immune checkpoint inhibitors (e.g., pembrolizumab and nivolumab) are used to stimulate the immune system to fight the cancer.
- Targeted therapy: BRAF inhibitors (e.g., vemurafenib and dabrafenib) are used for patients with melanoma harboring BRAF mutations.
- Chemotherapy: In cases of metastatic melanoma, chemotherapy may be considered, although it is less effective compared to immunotherapy and targeted therapy.

Advances in dermatological oncology

Recent advancements in dermatological oncology have revolutionized the way skin cancers are diagnosed and treated:

- Artificial Intelligence (AI): Al-powered tools are being developed to assist dermatologists in detecting skin cancer early. Machine learning algorithms can analyze images of moles and lesions to help identify signs of melanoma or other skin cancers.
- Immunotherapy and targeted therapies: The development of immune checkpoint inhibitors and targeted therapies has improved the prognosis for patients with metastatic melanoma and other advanced skin cancers.
- Non-invasive diagnostics: Techniques such as Raman spectroscopy and electrical impedance spectroscopy are being explored as noninvasive methods for detecting skin cancers without the need for biopsy.

Prevention and public health awareness

Preventing skin cancer primarily involves reducing UV radiation exposure. Public health campaigns emphasizing the importance of sun protection—such as using sunscreen, wearing protective clothing, and avoiding tanning beds—are crucial in raising awareness and reducing skin cancer incidence.

- Skin cancer screening: Regular skin self-examinations and dermatological check-ups can aid in early detection, especially for high-risk individuals.
- Education: Educating the public about the dangers of sun exposure and the importance of early intervention is essential in decreasing the burden of skin cancer globally.

Conclusion

Dermatological oncology is an essential field that focuses on the diagnosis, treatment, and prevention of skin cancer. With the rising incidence of skin cancer worldwide, particularly melanoma and NMSC, early detection, and advancements in treatment modalities have made a significant impact on patient outcomes. Through continued research, technological innovations, and public health initiatives, dermatological oncology aims to reduce the global burden of skin cancer and improve survival rates for affected individuals.

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