

Mohs surgery: Helping patients save face

By Krysten Godfrey Maddocks
Union Leader staff

Even if you're careful, your face and neck receive the greatest amount of sun exposure over your lifetime. That's why 80% to 90% of basal cell carcinomas are found on the head and neck, and squamous cell cancers are typically found there, too.

Most patients are concerned what could happen to their appearance should they need skin cancer removed from their cheeks, ears, nose, or scalp. One of the most common treatments used to treat these cases is Mohs surgery, a technique that removes all of a patient's skin cancer in one day, sometimes in multiple stages.

Developed by Frederick Mohs in the 1930s, this surgical approach removes skin cancer layer by layer and examines each layer under a microscope in real time. This allows doctors to remove every cancer cell and preserve as much of a patient's healthy tissue as possible.

Mohs surgery reports high five-year cure rates for non-melanoma skin cancers, particularly basal cell carcinoma and squamous cell carcinoma. For example, the 5-year cure rate for primary basal cell surgery is 99%, and 94.4% for recurrent basal cell surgery.

Primary squamous cell carcinoma cure rates reach 92-99%, and recurrent cases have a 90% cure rate, according to a Mohs Micrographic Surgery study, updated in 2023. Despite its effectiveness, many patients are unfamiliar with the procedure until they need it.

"The idea is that we'll look at 100% of the margin of whatever skin cancer we're cutting out to confirm that there's no positive areas left, there's no skin cancer left, doing that in real time," said Dr. Matthew Davis, a dermatologist at Dartmouth Health and assistant professor of dermatology at Dartmouth's Geisel School of Medicine.

Compared to a traditional surgical excision, where results can take days or weeks, patients undergoing Mohs surgery leave the office that day knowing whether all of their cancer has been completely removed.

Mohs surgery: What to expect

Mohs surgery is most often used to remove skin cancer in areas where there is little extra skin, or where reconstruction could be more complex. However, not every patient with skin cancer on their face or neck qualifies.

"It depends on size, site and tumor subtype," Davis said. "If there is a basal cell carcinoma, for example, basal cell has a handful of different subtypes. Superficial is really just the very top layer of skin, and infiltrative is a bit more aggressive. So those are two extremes on that spectrum. The size that needs to be met for an infiltrative basal cell to qualify (for Mohs) is much smaller than a superficial basal cell."

Patients who do undergo Mohs surgery stay awake during the entire procedure, as it is performed under local anesthesia and unfolds in stages over several hours.

"You come in in the morning, and you get some numbing medication," said Dr. Matthew LeBoeuf, a dermatologist and section chief of Mohs surgery at Dartmouth Health and associate professor of dermatology at Dartmouth's Geisel School of Medicine. "And then we go ahead and do that first round of removal."

After the initial removal, doctors process excised tissue in an onsite lab before they look at the margins under a microscope.

"We look under the microscope and can tell if any remains; skin cancer cells look different than regular cells," he said.

If doctors find skin cancer cells

► See **Mohs**, Page B4

No flavors this week

The monthly NHMedical section takes the place of this week's Flavors section. Flavors, with Our Gourmet, returns next week.



SKIN CANCER

Know
the risks,
types and
treatments

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Why Granite Staters face greater danger

By Krysten Godfrey Maddocks
Union Leader Staff

The desire for a bronze glow hasn't faded, whether it's achieved lying down at the beach or in a tanning bed. Bronzed skin may appear healthy, but sunbathing in any form carries serious risk.

New Hampshire has one of the nation's highest rates of melanoma, a type of skin cancer that can spread to other parts of the body, according to the latest National Cancer Institute statistics. While melanoma statistics are closely tracked, other skin cancer rates are harder to measure because most cancer registries do not routinely record them. Still, researchers have documented significant increases in both basal cell and squamous cell carcinoma rates over time.

Who is at risk?

Several factors put Granite State residents more at risk for skin cancer. These include their older average age, likelihood to have lighter skin and hair, and because they receive a lot of sun exposure during a condensed time period. Genetics play a role, but they don't necessarily determine who will or won't get skin cancer.

"We don't know all the genes that predispose someone to skin cancer. However, light-skinned northern European ancestry — people with red or blonde hair, blue eyes, who easily freckle and had childhood sunburns — those are all very high-risk characteristics for melanoma patients," said Dr. Shane Chapman, chair of the Department of Dermatol-



PROVIDED BY DARTMOUTH HEALTH

Dr. Shane Chapman is the chair of the Department of Dermatology at Dartmouth Hitchcock Medical Center and professor of dermatology at the Geisel School of Medicine at Dartmouth.

ogy at Dartmouth Hitchcock Medical Center and professor of dermatology at the Geisel School of Medicine at Dartmouth. "So, while we don't test for those genes, we do know the phenotype, or the type of person who looks to be at a higher risk."

Melanoma is the most aggressive form of skin cancer, while basal cell and squamous cell cancer carry fewer risks and typically require less invasive treatments. However, it's nearly impossible for patients to identify what type they may have. Any oddly shaped or colored mole, freckle or rash isn't something patients should ignore, because it may be more

severe than they think.

"Melanoma, in the classic way it presents, is a pigmented, darker type of lesion, nodule or bump," said Chapman. "However, there are a variety of ways melanoma presents. It's not always pigmented, it's not always even brown. Sometimes it's pink and looks very similar to a squamous cell or basal cell."

Melanoma, basal cell carcinoma and squamous cell carcinoma make up the majority of cases seen in dermatology practices, although there are rarer forms as well. It's important for patients to check in with a dermatologist if they have concerns, no matter how

small the spot is or how old they are.

"Melanoma, unlike basal cell carcinoma, can occur when patients are younger, and there's a huge genetic predisposition to that compared to squamous cell carcinoma and basal cell carcinoma, which are much more sun-related," he said. "Squamous cell carcinoma is increasing. The overall number of deaths from squamous cell carcinoma is even higher than melanoma. We're seeing these increases in melanoma, basal cell and squamous cell carcinoma due to our aging population."

► See **Risk**, Page B2

Experts share simple ways to stay safe in the sun

By Krysten Godfrey Maddocks
Union Leader staff

It's easy to remember to slather on sunscreen while you're on vacation, but dermatology experts urge people to make skin cancer prevention a daily habit. Consider these tips as you start your summer.

Sunscreen: Apply and reapply

It may be sticky or even cumbersome, but it could save your life. That's why health care providers remind patients to apply — and reapply — sunscreen. However, these creams or sprays aren't something you use once and forget about when the sun's strongest rays hit between 10 a.m. and 2 p.m.

"Probably the biggest misconception people have is that putting sunscreen on is a one-and-done thing," said Sierra Rose Rogers, a nurse practitioner at Nashua Dermatology Associates. "It's definitely something you want to be applying every two hours. If you put it on in the morning ... you're still going to get burned."

Rogers also tells people to apply SPF 30 sunscreen on their face every day throughout the year.

Dr. Shane Chapman, chair of dermatology at Dartmouth Health and professor of dermatology at Dartmouth's Geisel School of Medicine, said people should focus more on reapplication than the SPF number.

"If you apply it every two hours, you'll be in much better shape," he said.

Cover up — clothing offers strong protection

If it's too inconvenient to remember to reapply sunscreen, you can avoid exposing your skin altogether. Swim shirts, board shorts and leggings all help minimize skin exposure.

"Clothing is even better than sunscreen," Rogers said. "Covering up is going to give you even more protection from the sun."

Chapman encourages patients to avoid new sunburns by staying in the shade, covering up and wearing a hat.

"My wife and I go to the beach in Hawaii, but we're not out on the beach from 11 a.m. to 2 p.m.," he said. "If we are, we're under an umbrella and we don't stay out too

long. We wear sunscreen and sun-protective clothing."

A base tan won't reduce your risk

What about preparing your skin with a good base tan? Won't that protect you from getting a bad sunburn? There's

► See **Prevention**, Page B3



Risk

From Page B1

Different signs, approaches to care

Getting skin cancer doesn't automatically mean you'll need aggressive treatment. Basal cell carcinoma is the least invasive form of skin cancer. It is very slow-growing and does not metastasize or spread to other parts of the body. Patients may notice a pink, pearly bump that they often mistake for a pimple. Even though basal cell skin cancer doesn't spread, it can cause long-term damage if left untreated.



SIERRA ROGERS

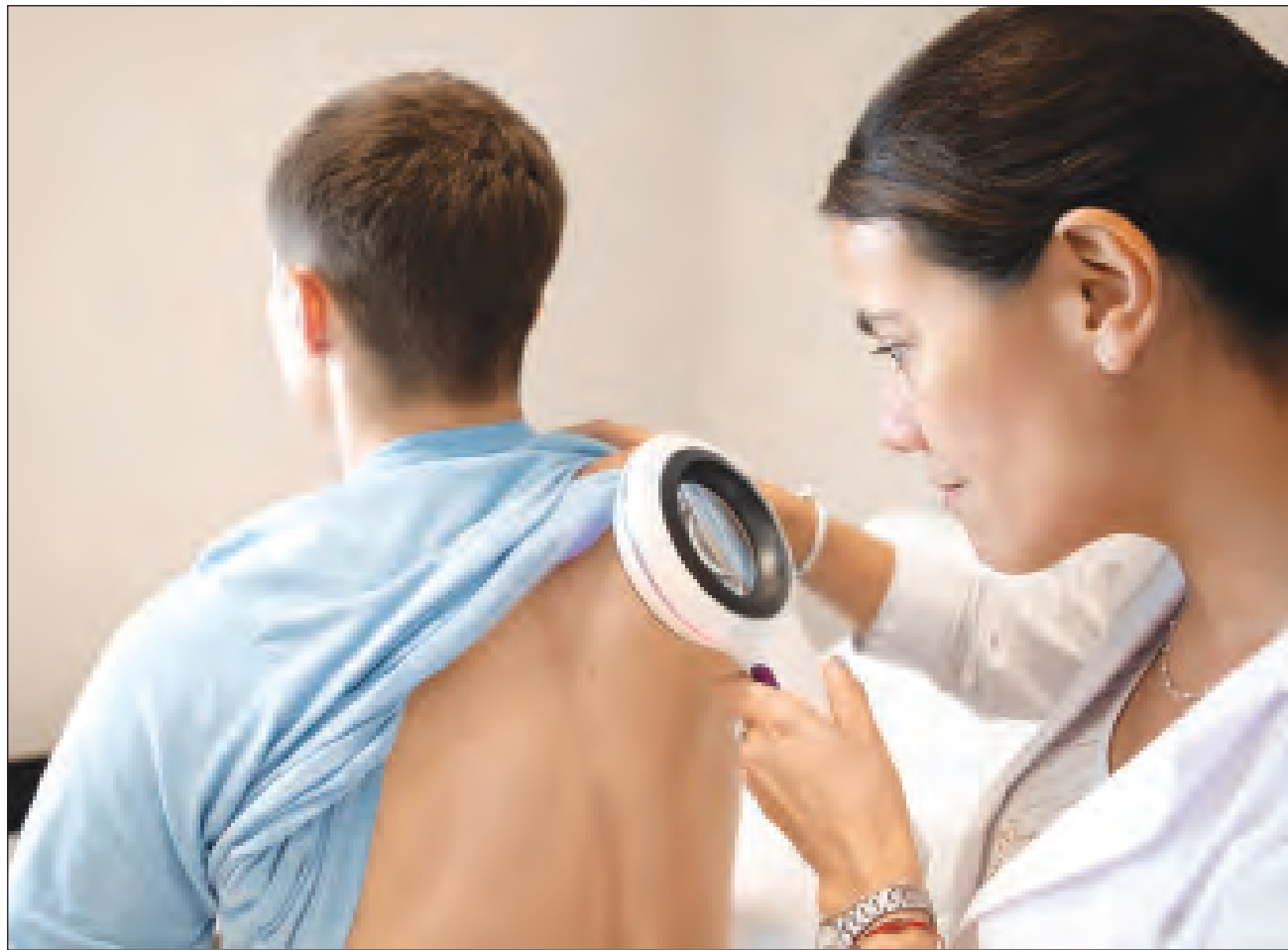


MATTHEW DAVIS

"Basal cells are very slow-growing," said Rogers. "But the downside is they can continue to grow and cause local tissue damage and pain to that localized site. There have even been instances where a patient gets one on their nose and ignores it for years and years and years. And it's eating away at the cartilage."

In most cases, basal cell carcinoma is the most treatable and can often be removed from the skin depending on where the cancer is, how large it is and how deep it goes.

Squamous cell carcinoma carries a higher risk of spreading to other parts of the body than basal cell



Regular skin checks by a dermatologist are essential to detecting skin cancer as soon as possible.

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carcinoma. These lesions can appear as pink or red bumps but may also appear scaly or crusted. While often overlooked, the disease can be serious.

"Patients often mistake them for injuries," said Dr. Matthew Davis, a dermatologist at Dartmouth Health and assistant professor of dermatology at Dartmouth's Geisel School of Medicine. "Many people believe they began as some sort of injury before ... and then it turned into the squamous cell."

Most squamous cell car-

cinomas can be removed. Doctors may examine the skin tissue to confirm whether all cancer has been removed. In more serious cases, patients may need Mohs surgery to have layers of skin removed and analyzed for cancer in real time.

"That's why it's a little tricky and sometimes more difficult to diagnose," Chapman said. "Basal cell and squamous cell are more common in older folks and in white-skinned individuals, and are found in areas that have been exposed to the sun."

Advanced melanoma treatments

One out of 40 Americans has a lifetime risk of developing melanoma, and the longer we live the more likely we are to be at risk of getting it. The key to treating melanoma is catching it early before it grows and spreads.

When melanoma spreads beyond the skin, it often initially attacks the lymph nodes (Stage 3) and organs such as the liver, lungs and brain (Stage 4). Once the cancer is detected outside the skin, treatment typically

expands beyond surgery to include immunotherapy, sometimes alongside radiation, depending on the stage, Chapman said.

In recent years, treatment approaches have evolved. Rather than removing the tumor first and treating patients afterward, some now receive immunotherapy treatment before surgery, an approach known as neoadjuvant therapy. This approach can shrink tumors and trigger a stronger immune response before a patient undergoes surgery, with early results suggest-

ing it may lead to improved outcomes compared to traditional methods.

"In the past we used to cut out all the melanoma and then give people chemotherapy or immunotherapy. It turns out that if you give somebody a few infusions of immunotherapy first before surgery, it starts to shrink the tumor, but it also causes an immune reaction to that tumor," Chapman said. "We are seeing better outcomes in those patients when they get the immunotherapy before surgery."

Immunotherapy has completely changed the outlook for many patients with advanced melanoma, according to Dr. Navkirat Kahlon, hematologist and medical oncologist at Mass General Brigham Cancer Institute at Wentworth-Douglass Hospital.

"Historically, metastatic melanoma had very poor outcomes, with median overall survival often measured in months," she said. "Now we are seeing some patients live for years with durable disease control — something that was rarely expected in the pre-immunotherapy era."

Patients with advanced basal cell and squamous cell carcinoma can also benefit from immunotherapy, she said. The most important thing you can do is seek care early, no matter what type of skin cancer you have.

"Skin cancers are most curable when they are found early, so regular skin checks, attention to changing lesions, sun protection and timely dermatology evaluations remain essential," Kahlon said.

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DR. NAVKIRAT KAHLON

Hematologist and medical oncologist at Mass General Brigham Cancer Institute at Wentworth-Douglass Hospital.

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Prevention

From Page B1

no merit to the base tan theory, according to the American Academy of Dermatology, which states that any tan is a sign of UV damage and increases skin cancer risk. The U.S. Food and Drug Administration estimates that a base tan provides minimal sun protection — about the equivalent of SPF 2 to 4 — and that getting a tan will not protect your skin from sunburn or other skin damage.

“A base tan is not really protecting you,” Rogers said. “And there’s no safe tanning in a tanning booth.”

Check your skin and get professional skin checks

It’s easy to miss unusual bumps, lumps or scaly spots. While some primary care providers will do a quick visual skin check — especially if you have risk factors — at your annual checkup, many do not perform head-to-toe skin exams. It’s up to you to point out any suspicious moles or lesions.

“When you’re doing monthly self-skin-check exams, take note of your own skin — if you notice anything new popping up. Or take a look at your own moles and try your best to notice if there are any changes,” Rogers said.

Adults should also get an annual skin check with a dermatologist and visit more often if they have a personal or family history of skin cancer, many moles or atypical moles, or fair skin or significant sun exposure.

“Coming in and getting skin cancer screenings is going to be your best bet,” Rogers said. “Some patients need to come in more frequently. If you have a first-degree relative with a history of melanoma, we want to see you more often. If you have a personal history, we want to see you

“*Even though basal cell cancer takes maybe 10 to 15 years before it’s systemically worrisome, it’s never going to be smaller than it is the day you find it.*”

MATTHEW DAVIS
Dermatologist at Dartmouth Health

more often. If you have a history with skin cancer, you’re much more likely to get more.”

Don’t put off surgery

You’ll have a much greater chance of successfully removing skin cancer if you catch it early and get it treated as soon as possible.

Dr. Matthew Davis, a dermatologist at Dartmouth Health and assistant professor of dermatology at Dartmouth’s Geisel School of Medicine, urges patients to take action if they see any new or changing spots, or any bump that’s not healing. “Even though basal cell cancer takes maybe 10 to 15 years before it’s systemically worrisome, it’s never going to be smaller than it is the day you find it,” he said.

No tan lines, but here’s the bottom line . . .


It feels good to bask in the sun, but you can do it in a way that safeguards your skin health. Consistent sun protection, regular skin checks, and early detection and treatment are the best ways to enjoy the outdoors and avoid developing skin cancer.



Hats and umbrellas can help block the sun’s harmful rays when spending time outdoors.

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Choose the Right Sunscreen



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- **Sun protection factor (SPF) 30 or higher**
The SPF number is the level of protection the sunscreen provides against sunburns
- **Water resistant**
How long (either 40 or 80 minutes) the sunscreen will stay on wet or sweaty skin for a while before you need to reapply

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Did you know?

According to the Skin Cancer Foundation, skin damage builds up over time, beginning with a person’s very first sunburn. The more a person’s skin burns, the greater his or her risk for skin cancer becomes.

The SCF notes that the same ultraviolet (UV) rays that damage skin alter a tumor-suppressing gene. That alteration gives injured cells a smaller window to repair before a tumor becomes cancerous.

Five or more sunburns in a lifetime doubles a person’s risk for melanoma, which can be deadly. That cumulative effect underscores the need to emphasize skin protection methods, such as wearing sunscreen and avoiding exposure to the sun between the hours of 10 a.m. and 4 p.m.

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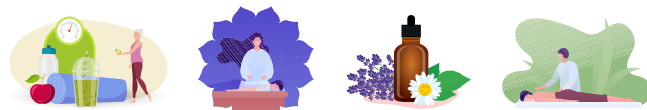
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Mohs

From Page B1

on the edges of the tissue sample, they return to the exact area to take more skin.

"If we know there's some on the edges, there's still some there. And we go back to that one little area," LeBoeuf said.

The amount of time patients wait between stages can vary depending on what type of skin cancer you have.

In many cases, only one stage of skin removal is needed. LeBoeuf estimates that his team might have to remove additional skin 35% of the time.

"The staining for a melanoma takes a little bit longer. Usually, people have to wait about two hours between each stage for a melanoma, compared to the 30 to 45 minutes for a basal cell or a squamous cell," he said. "The vast, the majority of the time ... it's clear after one try."

A different kind of surgical experience

Mohs surgery often feels different than what patients expect. A doctor numbs the area near the skin cancer lesion and remove the spot, while the patient waits with a bandage on their face after the first excision.

The reason why: doctors want to be sure the skin is completely free of cancer cells before they sew you back up.

"If we're just stitching something back together in a straight line, then it's OK if we have to wait a little bit, and worst case, we go back and take a bit more," Davis said. "If we're doing a much bigger repair where we're using a skin graft or a flap or something, we don't



GETTY

Around 80% to 90% of basal cell carcinomas are found on the head and neck, and squamous cell cancers are typically found there, too.

want to cover that spot unless we know for sure that it's clear of skin cancer."

Although the entire process can take a few hours, most of that time patients spend waiting for lab results and next steps rather than undergoing active treatment. According to LeBoeuf, patients experience minimal pain.

"If you look at studies, people rank discomfort of Mohs about a 2 out of 10 on the night of surgery," he said. "As the numbing wears off, there's some throbbing. And by night it's sort of achy. Oftentimes, it depends on what type of closure did we do. And how tight is that closure?"

What happens next

Once doctors are sure that a patient's cancer has been fully removed, they turn their attention to repairing the wound. Treatment options range from simple stitches to more complex reconstruction, depending on the size and location of the defect. In all cases, Davis and LeBoeuf closely collaborate with patients to help them understand what options are available.

"The nose gives us sort of

the fewest number of repair options," Davis said. "Areas that don't have a lot of laxity, where we can stretch the skin back together in a straight line, can get a bit trickier. But it's always a discussion. It just depends on people's priorities, and we obviously want to make the right decision for each patient."

Early removal boosts success

Although Mohs surgery is a highly effective way to treat some types of skin cancer, Davis and LeBoeuf stress that it's important all cancer types are identified early. By catching lesions before they spread, doctors have less skin to remove and don't have to go as deep.

Patients sometimes delay seeking care, either because they don't recognize they have a spot that isn't an injury or birthmark, or because they might be ashamed it's grown to a certain size.

"Regardless of when people show up, we meet them exactly where they're at, because it's OK," LeBoeuf said. "It's normal to have some hesitation about wanting to get things checked."

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A scalpel is used to make a surgical incision and cut around a melanoma on the back of a hand using the Mohs surgery technique.

Reconstructive options expand for patients after Mohs surgery

By **Krysten Godfrey Maddocks**
Union Leader Staff

For most patients, Mohs surgery effectively removes skin cancer and heals without incident. But in cases where tumors are large, deep, or located on delicate areas of the face, patients may consider other surgical options to restore their appearance and organ function.

According to Dr. Todd Burdette, medical director of plastic surgery at Elliot Plastic and Reconstruction, some patients are good candidates for surgical reconstruction post-Mohs, depending on the size, location, and depth of their wounds.

“Places like the cheek, or forehead, if they’re not too big, tend to just heal fine and even maybe better than what we could do if we tried to close them and put in stitches,” Burdette

said. “The ear, the lip, the nose, and the eyelids, these are areas where it doesn’t take much to create a pretty significant defect, both visually and functionally.”

In some cases, wounds on the face don’t heal naturally. If a patient’s nose or ear cartilage is exposed, it can get infected as opposed to healing and filling in with a scar. Most of the time, surgeons cover wounds by taking loose skin from an area and moving it to cover the wound. In more complex cases, repair must go beyond using skin grafts.

“If a patient’s Mohs surgery goes all the way down to the nasal bone or



TODD BURDETTE

forehead, we need to cover that,” Burdette said. “That means bringing in tissue that has blood supply. So, we’re not just taking a skin graft from somewhere and putting it on, but moving adjacent tissues around to cover the exposed tissues.”

People also get skin cancer lesions removed from their hands, legs, and chest. Reconstructive plastic surgery can also repair these body parts, which typically take longer to heal.

“There’s a phenomenon that the lower (a wound) is on your body, the harder it is to heal, because it’s harder for blood to get back to the heart,” he said. “A wound on the shin, ankle, or sole of foot is really hard to heal. We are often asked to help with lower extremity skin cancer and with skin cancer found on the hand, in addition to the face.”

▶ See **Reconstruction**, Page B6

Dr. Patrick Fitzpatrick, DO

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Dr. Patrick Fitzpatrick is a Residency and Fellowship Trained, Board-Certified Otolaryngologist, a member of the American Academy of Otolaryngic Allergy (AAOA), and a Board-Certified Facial Plastic Surgeon. He specializes in ear, nose, and throat (otolaryngology), allergy disorders, facial plastics, cosmetic surgery, pediatric and adult ENT disorders, and full body skin cancer diagnosis and treatment, among many other areas of his clinical interests.

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Reconstruction

From Page B5

Depending on the complexity of a reconstructive surgery, patients can expect to heal relatively quickly. If it's a one-stage reconstruction, where the doctor has moved skin around by stretching, bending, and smoothing it, patients could heal in as early as three weeks. Stitches usually stay in a week before they are removed, Burdette said.

"The longer you leave stitches in, the more scarring the stitches leave," he said.

However, in more complicated cases where tissue is transferred, patients might undergo a two- or three-stage surgical process.

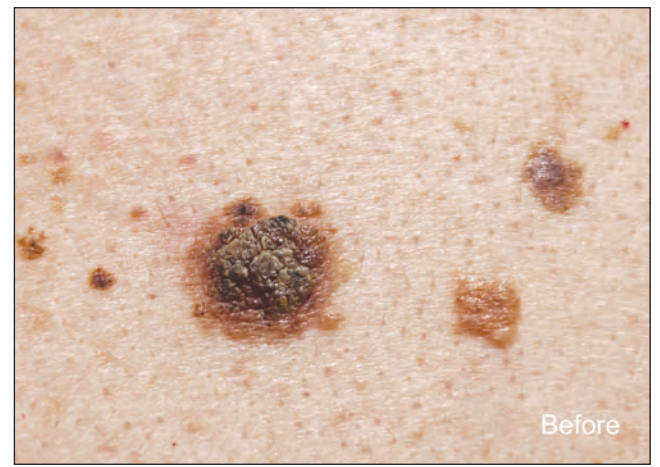
For example, Burdette said plastic surgeons use a forehead flap procedure when they need to rebuild a large portion of the nose. They take a piece of skin from the forehead and rotate it down to the nose, keeping it temporarily attached so it continues to receive blood flow. Over a few weeks, the transferred tissue develops its own blood supply in its new location. Once that happens, the original connection to the forehead can be safely removed by the surgeon.

"We can rebuild almost an entire nose using the forehead (tissue)," he said.

Taking a proactive approach

In some circumstances, patients may have undergone Mohs surgery in the past and meet with a plastic surgeon before their next procedure.

Burdette uses clinical photography samples to show them how skin grafts or flaps typically heal and look post-surgery, to give them an idea of what they



Before



After

These photos show a large mole before and after surgical removal.

could expect if they opt for additional surgery.

"We've amassed a huge database of before and after photos, all organized by gender, body type, and body position," he said. "Somebody will come in with a biopsy from the left nostril. We can show them a small one that we put a skin graft on, or one we put a local flap on from a nose. We can also show one where we did a two- or three-stage forehead flap — so they get the whole range."

Burdette and his colleagues work closely with oncology staff at Elliot to help patients with more

serious skin cancer diagnoses, too.

A multidisciplinary team of doctors at Elliot Hospital, including oncologists, radiologists, dermatologists, pathologists and plastic surgeons can remove melanoma, take a lymph node biopsy, and manage a patient's reconstruction, he said.

"For complicated cases, where a patient has skin cancer that has metastasized to lymph nodes or other body parts, we'll present that to the group," Burdette said. "It helps us take care of folks who normally would have been referred to Boston."

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METRO CREATIVE CONNECTION

Skin cancer affects millions of people across the globe. That figure could be lowered by greater recognition of various risk factors for the disease and preventive measures that can save lives.

Know the risk factors for skin cancer

Metro Creative Connection

Incidence rates for skin cancer can be hard to determine. The World Cancer Research Fund International notes that's due in large part to the various subtypes of the disease, which can present challenges when collating data. Those challenges have led the WCRFI to conclude that global skin cancer incidence rates, though significant, have likely been underestimated.

Even if skin cancer incidence rates don't paint an accurate picture, researchers and medical professionals recognize that skin cancer is a formidable threat.

Recognition of the risk factors of this often preventable disease can be an integral component of anyone's preventive health care regimen. Though anyone can get skin cancer, the MD Anderson Cancer Center and the Centers for Disease Control and Prevention notes the presence of these characteristics can elevate individuals' risk for the

disease.

A lighter natural skin color: A lighter natural skin color indicates a person has less melanin, which increases the risk for sunburn. That, in turn, increases skin cancer risk.

Skin with many freckles or moles: The MDACC urges individuals with many freckles or moles to keep an eye on them. Freckles and moles are typically tan or brown and round or oval-shaped. But any that are getting larger, painful, bleeding, itchy, or scabbing could be cancerous. The presence of these symptoms should be brought to the attention of a dermatologist immediately.

History of blistering sunburn: The MDACC notes that all it takes to increase an individual's risk for melanoma, which is the most serious form of skin cancer, is one or two blistering sunburns as a child.

Blue or green eyes: The MDACC notes that, much like people with lighter skin, individuals with blue or green eyes have less

melanin than people with eyes that are darker in color.

Blond or red hair: Individuals with blond or red hair also naturally have less melanin.

A family history of skin cancer: The MDACC urges individuals with a family history of skin cancer to share that background with a dermatologist, who can conduct a full-body screening to help individuals know if their own risk for the disease is elevated.

A personal history of skin cancer: Anyone who has had skin cancer in the past is more likely to get it again.

Age: The American Society of Clinical Oncology reports that certain types of skin cancer, including most basal cell and squamous cell carcinomas, appear after age 50. However, younger individuals, particularly those who spend long hours sun bathing, and individuals of any age who use tanning beds, should know that their risk for skin cancer is elevated regardless of their age.



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