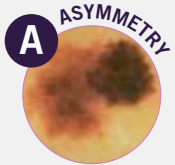




THE ABCDE'S OF MELANOMA

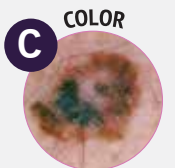
Skin cancer can develop anywhere on the skin and is one of the few cancers you can usually see with your own eyes. Ask someone for help when checking your skin, especially in hard to see places. If you notice a mole that is different from others, or that changes, itches or bleeds (even if it is small), you should see a dermatologist.



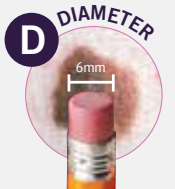
A ASYMMETRY One half unlike the other half.



B BORDER Irregular, scalloped or poorly defined border.



C COLOR Varied from one area to another; shades of tan and brown, black; sometimes white, red or blue.



D DIAMETER While melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, they can be smaller.



E EVOLVING A mole or skin lesion that looks different from the rest or is changing in size, shape or color.

Example:



ABCDE's of Melanoma reproduced with the kind permission of the American Academy of Dermatology

PATIENT INFORMATION Know Your Spots



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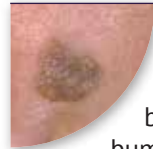
MELANOMA

Melanoma is a very serious type of skin cancer that can appear anywhere on the body and at any age. People with light skin, hair and eyes are at a higher risk, as are those with a family history of melanoma. Although melanoma is less common than other types of skin cancer it is extremely serious and dangerous if not discovered and treated in the early stages. Refer to the ABCDE's of melanoma on how to screen yourself for irregular moles and always schedule regular checkups with your dermatologist.



BASAL CELL CARCINOMA (BCC)

BCC is the most common type of skin cancer. It is most often found on areas of the skin that receive the most sun, such as the head, neck, arms and legs. BCC originates in the bottom layer of skin, called the basal layer. Sunlight is the key contributing factor in about 2/3 of cases, in addition, family history, light skin, hair and eyes also play a role. BCC can look like a shiny nodule, a red patch, a sore that doesn't heal or a growth with raised edges. While rarely fatal, BCC can invade surrounding tissues and cause disfigurement if left untreated. BCC is a highly treatable and curable when found in its first stages, so early detection is extremely important.



SEBORRHEIC KERATOSIS (SK)

SKs are noncancerous, raised spots on the skin that can be found all over the body and become more common after the age of 50. SKs generally start as small bumps and grow into tan, brown or black spots with a flat, rough surface that appear to be pasted on the skin. While SKs are noncancerous growths and not a cause for worry, you should still check each SK regularly for changes. If an SK grows quickly, is easily irritated or itchy, bleeds or if many appear at once, consult your dermatologist.



ATYPICAL NEVUS

Also known as dysplastic nevi or atypical moles, these are benign lesions that have irregular borders and may appear darker in color and often larger than normal moles. Since atypical nevi have visual characteristics similar to melanoma, it is very important to routinely follow the ABCDE's of melanoma and have your dermatologist check your moles regularly.



ACTINIC KERATOSIS (AK)

Many years of sun exposure can cause AKs to appear. Primarily found on areas of the body that receive the most sunlight, such as the face, neck and forearms, AKs form on the outer layer of skin and look like rough or scaly patches. They can be flat, slightly raised, or hard like a wart and range in color from pink to brown. AKs are benign lesions but a small percentage may turn into squamous cell carcinoma, a more serious type of skin cancer.



SQUAMOUS CELL CARCINOMA (SCC)

SCC can occur anywhere on the body, but is most often found on the face, arms and other areas that receive a lot of sun. SCC originates in the outer layer of the skin and sunlight is the key contributing factor, but light skin, hair and eyes also play a role. SCC can look like a rough, reddish, scaly patch or an open sore with raised borders. While SCC is fatal in only a small percent of cases, if left untreated, it can invade surrounding tissues, cause disfigurement and spread to the blood stream or lymph nodes, posing a more significant risk. SCC is a highly treatable skin cancer when found in its first stages, so early detection is extremely important.

FOR MORE INFORMATION ON THE ABOVE SKIN DISORDERS, VISIT DERMPATH.COM/PATIENTS

HOW TO PROTECT YOUR SKIN FROM THE SUN

Generously apply a broad-spectrum, water-resistant sunscreen with a Sun Protection Factor (SPF) of 30 or more to all exposed skin. Broad-spectrum provides protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays. Re-apply approximately every two hours, even on cloudy days, and after swimming or sweating.

Wear protective clothing, such as a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, when possible.

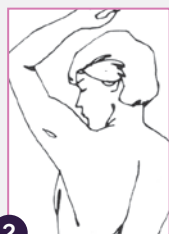
Seek shade when appropriate, remembering that the sun's rays are strongest between 10 a.m. and 2 p.m. If your shadow is shorter than you are, seek shade.

Avoid tanning beds. Ultraviolet light from the sun and tanning beds can cause skin cancer and wrinkling. If you want to look like you've been in the sun, consider using a sunless self-tanning product, but continue to use sunscreen with it.

MONTHLY SELF-EXAMINATION



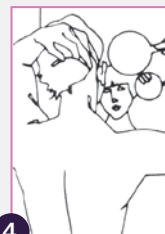
1 Examine body front and back in mirror, then right and left sides, arms raised.



2 Bend elbows, look carefully at forearms, back of upper arms, and palms.



3 Look at backs of legs and feet, spaces between toes, and soles.



4 Examine back of neck and scalp with a hand mirror. Part hair and lift.



5 Check back and buttocks with a hand mirror.

Monthly Self-Examination reproduced with the kind permission of the American Academy of Dermatology.

TREATMENT OPTIONS

The most common treatment for skin cancers is to surgically remove the known cancerous lesion. This is often done in the doctor's office under local anesthesia and typically requires stitches for a week or two. If the skin cancer lesion is located in a highly visible area such as the face, your doctor might recommend Mohs Micrographic Surgery which has favorable cosmetic outcomes. Electrosurgery, superficial radiation therapy and chemotherapy may also be recommended depending on the skin cancer type. Your general health, age, and the lesion subtype, location and size will also be taken into consideration when formulating your treatment plan.

BILLING INFORMATION

The specimen your doctor removed today is being referred to Cockerell Dermatopathology for diagnostic interpretation. Our board-certified dermatopathologists, specialists in the diagnosis of dermatologic disorders, will examine your specimen under a microscope and if necessary will consult with your doctor to obtain additional details such as clinical appearance and/or family history. This collaborative relationship between your doctor and our dermatopathologists helps ensure you are receiving the most precise and conclusive diagnosis.

Please note that your doctor's fee for specimen removal does not include Cockerell Dermatopathology's pathology charge. Our diagnostic service will be billed separately to your primary and secondary insurances. Within a few weeks, you will receive an explanation of benefits (EOB) from your insurance company detailing our fees and estimated payment. **It's very important to understand that this EOB is not a bill.** If there is a balance due, often because you have not met your annual deductible or your insurance plan includes a laboratory coinsurance, we will send you a detailed invoice.

Since your doctor does not have access to Cockerell Dermatopathology's billing information, please call our billing department at 888-551-9566 with any questions.

ABOUT US

Cockerell Dermatopathology (CDP), located in the heart of Dallas' medical district, was founded by Dr. Clay J. Cockerell, former president of the American Academy of Dermatology and internationally recognized dermatologist and dermatopathologist. CDP offers diagnostic excellence and unparalleled service in the evaluation of dermatologic disorders ranging from the routine to the most difficult cases. To best serve referring physicians and their patients, CDP invested for the future by implementing advanced automation within the laboratory. These new technologies assist in producing higher quality slides to diagnose and improve turnaround time on routine cases. From an academic standpoint, CDP hosts numerous continuing education events and has a 14-headed microscope for hands-on training. Cockerell Dermatopathology serves more than 1,100 physicians from across Texas, the United States and abroad. With an accessible team of board-certified dermatopathologists and experienced associates, CDP's mission is to treat every specimen as if it came from one of our own family members.

ADDITIONAL RESOURCES

American Academy of Dermatology
aad.org

The Skin Cancer Foundation
skincancer.org

National Cancer Institute
cancer.gov



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FAMILY
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one of our own family members.

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