

SKIN cancers are generally classified as non-melanoma and melanoma skin malignancies. The most common ones are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), both of which are grouped into non-melanoma.

Though more commonly found among Caucasians, those who are fair-skinned and red-haired, skin cancer is increasingly affecting the Malaysian population. According to the most recent *Malaysian National Cancer Registry* (2012-2016), skin cancer is one of the 10 most common cancers in both males and females.

The incidence of non-melanoma (NM) skin cancers from the 2012-2016 numbers translate into 3.5% or 1,797 males and 2.2% or 1,395 females, versus 184 males and 163 females with malignant melanoma (MM).

Though the number of patients with MM was low, over 70% of cases had been presented late for treatment; with a grim prognosis for 52%-58% of cases in Stage 4 of the disease. Despite the lower incidence of MM compared with BCC or SCC, MM presents higher mortality in those afflicted by skin cancer.

NM skin cancers (BCC or SCC) are less aggressive and are often presented in their early stages – more than 50% in Stage 1 and 18%-21% in Stage 2. A local five-year study found NMSC to be often presented in the eighth decade of life and more commonly among the Chinese, followed by Malays and Indians.<sup>(1)</sup>

A slightly older study on 32 cases reported over 10 years found 62% presented at Stage 3 or 4 and a median age of 62 years.<sup>(2)</sup> The higher prevalence among the Chinese comes as no surprise given the tendency of skin cancer among those with fairer skin.

In women, MM commonly occurs in the extremities, versus the trunk, head, or neck in men.

## Risk factors

Besides skin fairness (the fairest is called Fitzpatrick type 1), other risk factors for developing MM include increasing age, a history of melanoma, a history of sunburn, and the presence of premalignant lesions such as atypical moles – which place about 7% of the general population in the risk group for developing MM.

Those with atypical mole syndrome, i.e. having more than 100 moles, are 12 times more likely to develop MM.

# Rising threat of skin cancer

In most cases, the melanoma usually appears as a new lesion rather than rising from pre-existing moles.

Patients with giant hairy moles are at a higher risk of developing MM; as high as a 40% transformation rate has been reported. Sun or ultraviolet light exposure increases the likelihood of developing MM. The risk is higher in cases with a history of extensive exposure or sunburn during childhood.

## How to distinguish a malignant lesion

MSU Medical Centre plastic and reconstructive surgeon Prof Dr Arman Zaharil Mat Saad says that most MM cases treated in Malaysia involve the peripheral or limb areas, are found on the foot sole and are presented as late as Stage 3 or 4. The finding was mirrored in the 2012 study by Pailoor, which cited 32 cases, with 16 affecting the lower limb and 12 on the soles.

## What you should do

Suspicious of a lesion? See a doctor or specialist of skin cancers who could be a plastic surgeon, a dermatologist or an oncology surgeon for consultation and possible biopsy to obtain a definitive diagnosis.

Once a diagnosis is obtained, staging investigation should follow a thorough clinical examination to check for enlarged satellite, in-transit, or regional lymph nodes. This is usually done via CT or PET scan, liver function test, and genetic study of gene mutations (BRAF and cKIT).

## Treatment

Treatment at an early stage may involve surgical resection alone, which may offer a cure for the disease. A sentinel lymph node biopsy may be offered to patients with clinically negative lymph nodes to detect early cancer spread or micro-metastasis.

Those with palpable regional lymph nodes or lymph nodes detected on the imager or scanner should have a lymph node biopsy as well as a block dissection of the particular lymphatic basin.

As for adjuvant treatment, a new development in systemic therapy using

immunotherapy (monoclonal antibodies) and targeted therapy (BRAF /KIT inhibitors) offers new hope for those with metastatic disease or in an advanced stage of melanoma (in which chemotherapeutic agents offer little assistance and radiotherapy may only benefit some patients); relieving symptoms in those with metastases to the brain, spine or bones.

## References

<sup>(1)</sup> Han et al. *Characteristics of skin cancers among adult patients in an urban Malaysian population. Australasian Journal of Dermatology*. 2019.

<sup>(2)</sup> Pailoor et al. *Cutaneous malignant melanoma: clinical and histopathological review of cases in a Malaysian tertiary referral centre. Malays J Pathol*. 2012 Dec;34(2):97-101.

Prof Dr Arman Zaharil Mat Saad.



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# Ideal comfort

IN the hustle and bustle of today's hectic life, many of us may neglect our physical and mental well-being. The effect of overworking is frequently overlooked, and people may unconsciously jeopardise their long-term well-being. As awareness on the importance of self-care grows, investing in wellness products is crucial for a balanced and healthier life. It's no surprise that massage chairs have become the preferred product for maintaining one's well-being at home.

If you're looking towards investing in a massage chair, then the Gintell S7 Plus 2nd Gen 8-Hands Wellness Chair is the perfect massage chair for you. Gintell S7 Plus is the newest addition to the Gintell Wellness Chair Series. It's fully enhanced with the 2nd Gen 8-D Twin Rollers, where users can customise their preferred massage techniques simultaneously on the upper and lower back for a deeper, more precise massage experience.

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Additionally, the Gintell S7 Plus helps relieve muscle tension and promote relaxation. This is through its 360° Heat Spa Therapy, whereby the airbags are induced with warm compression located on the back, waist and feet. It also includes a cross-body strap designed for abdominal heating, providing relief from muscle spasms and menstrual cramps.

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The Gintell S7 Plus helps relieve muscle tension and promote relaxation.

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