Sun Safety – Canadian Cancer Society

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Canadian Cancer Society

Introducing the Canadian Cancer Society

Our purpose: To unite and inspire all Canadians to take control of cancer.

We are committed to improving and saving lives. That's why we are always looking for new ways to prevent cancer, find it early and treat it more successfully. It's why we're always ready to give people with cancer the help and support they need to lead more fulfilling lives.

How do we do this?

The Canadian Cancer Society takes a comprehensive approach against cancer which includes:

- **Funding groundbreaking cancer research**
- **Providing a national support system**
    - Help people better manage life with cancer, find community and connection, and build wellness and resilience
- **Advocating for healthy policies**
    - We shape health policies to prevent cancer and support those living with the disease
- **Offering trusted cancer information**

Cancer Statistics

2 in 5 Canadians are expected to be diagnosed with cancer in their lifetime.

Approximately 1 in 4 Canadians are expected to die of the disease.

In a 2015 ComPARe study various key modifiable risk factors were identified.

Reference: ComPARe Study https://prevent.cancer.ca/explore-data/

What is the leading risk factor for cancer rates in Canada?

a. Physical Inactivity
b. Alcohol
c. Sun
d. Low fruit consumption
e. Tobacco Use

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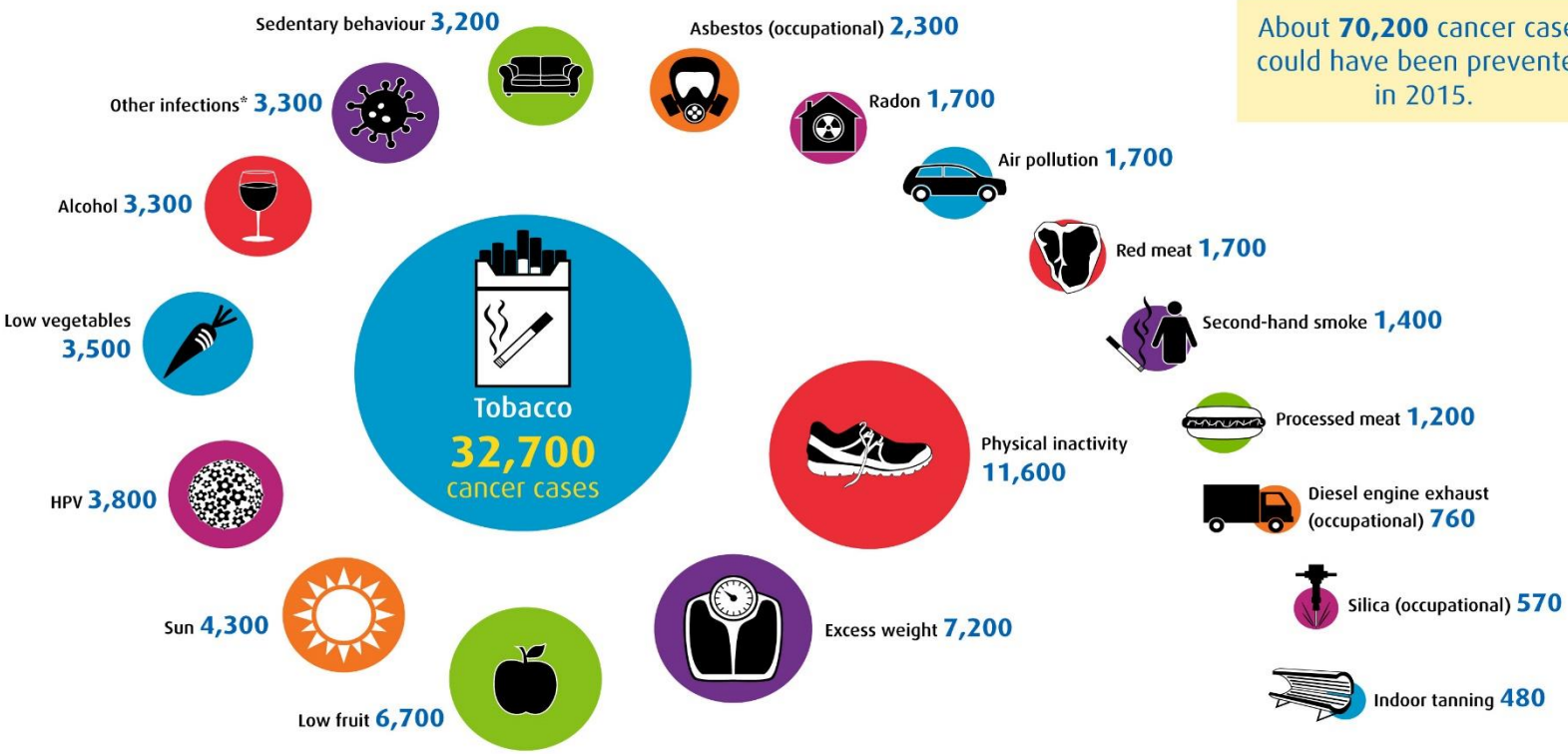
Number of cancer cases that could be prevented in Canada

About 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians.



About **70,200** cancer cases could have been prevented in 2015.

Not all risk factors have the same impact on cancer risk. **This image shows the number of cancer cases diagnosed in 2015 that are due to key modifiable risk factors.****

*Other infections category includes Epstein-Barr virus (EBV), hepatitis B virus (HBV), hepatitis C virus (HCV), *Helicobacter pylori* bacteria (*H. pylori*), human herpesvirus type 8 (HHV-8) and human T-cell leukemia/lymphoma virus type 1 (HTLV-1).
**See website for details on data and risk factor definitions.

prevent.cancer.ca

COMPARE
POPULATION ATTRIBUTABLE RISK

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Reference: ComPARe Study https://prevent.cancer.ca/explore-data/

How many of us have been diagnosed with skin cancer or knows of someone who did?

a. Yes, I do
b. No, I don’t
c. Prefer not to answer

Understanding Skin Cancer and Preventionary Measures

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Melanoma/Non-Melanoma Skin Cancer

What is Melanoma skin cancer?

Melanoma skin cancer starts in melanocyte cells of the skin

A cancerous (malignant) tumour is a group of cancer cells that can grow into and destroy nearby tissue. It can also spread (metastasize) to other parts of the body.

Melanocytes can group together and form moles on the skin. They appear as bumps or spots that are usually brown or pink. Moles are non-cancerous (benign) tumours.

- But in some cases, **changes to melanocytes can cause melanoma skin cancer**. A change in the colour, size or shape of a mole is usually the first sign of melanoma skin cancer.

Reference: What is melanoma skin cancer? https://cancer.ca/en/cancer-information/cancer-types/melanoma-skin/what-is-melanoma

Melanoma/Non-Melanoma Skin Cancer

What is Non-Melanoma skin cancer?

Changes in your skin may lead to non-cancerous (benign) growths such as dermatofibromas, moles, skin tags and warts. But in some cases, changes to skin cells can cause non-melanoma skin cancer.

- Most common non-melanoma skin cancer is called **basal cell carcinoma (BCC),** starts in round cells called basal cells found in the top layer of the skin (epidermis)
- Non-melanoma skin cancer can also start in squamous cells of the skin, which are flat cells found in the outer part of the epidermis, **squamous cell carcinoma (SCC)**

Reference: What is Non-Melanoma skin cancer? https://cancer.ca/en/cancer-information/cancer-types/skin-non-melanoma/what-is-non-melanoma-skin-cancer

Melanoma/Non-Melanoma Skin Cancer

Non-melanoma skin cancer is often excluded from the reporting of cancer statistics. It is not reported in global total cancer cases.

This is because it is very common, often under-diagnosed, and commonly treated within primary care and therefore likely to be under-reported in national cancer registry data

Reference: What is Non-Melanoma skin cancer? https://cancer.ca/en/cancer-information/cancer-types/skin-non-melanoma/what-is-non-melanoma-skin-cancer

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Melanoma/Non-Melanoma Skin Cancer

Snapshot of incidence, mortality and survival estimates by cancer type*

Both sexes combined	Incidence			Mortality			Survival
	Rank	Cases	Trend	Rank	Deaths	Trend	5-year (%)
All cancers	—	**239,100**	↓	—	**86,700**	↓	**64**
Lung and bronchus	1	31,000	↓	1	20,600	↓	22
Breast	2	29,700	↓	4	5,500	↓	89
Prostate	3	25,900	→	5	4,900	↓	91
Colorectal	4	24,100	↓	2	9,300	↓	67
Bladder	5	13,400	↓	9	2,600	↓	77
Non-Hodgkin lymphoma	6	10,900	→	8	3,100	↓	69
Melanoma	7	9,700	↑	18	1,250	↓	89
Kidney and renal pelvis	8	8,600	↑	15	1,900	↓	73
Uterus (body, NOS)	9	8,500	↑	17	1,550	↑	82
Head and neck	10	7,900	↑	12	2,100	→	64
Pancreas	11	7,200	↑	3	5,900	→	10
Leukemia	12	6,400	↓	7	3,100	↓	61
Thyroid	13	6,300	↓	21	270	→	97
Liver and intrahepatic bile duct	14	4,700	→	6	3,500	↑	18
Stomach	15	4,100	↓	13	2,000	↓	29
Multiple myeloma	16	3,900	↑	16	1,700	↓	50
Brain/CNS	17	3,200	↓	10	2,500	→	22
Ovary	18	3,100	↓	14	1,950	↓	44
Esophagus	19	2,700	→	11	2,400	↓	16
Soft tissue (including heart)	20	1,700	→	19	640	↑	61
Cervix	21	1,550	↑	20	400	↓	74
Testis	22	1,250	↑	23	30	↓	97
Hodgkin lymphoma	23	1,100	↓	22	110	↓	85
All other cancers	NA	22,500	↑	NA	9,300	→	NA

CNS=central nervous system; NOS=not otherwise specified; NA=not applicable

***Source:** Canadian Cancer Statistics 2023 (Tables 1.2, 2.2 and 3.1). Both are available through cancer.ca/statistics and are accompanied by details on the data sources and methods used to obtain the estimates. Please reference accordingly. Email any questions to stats@cancer.ca.

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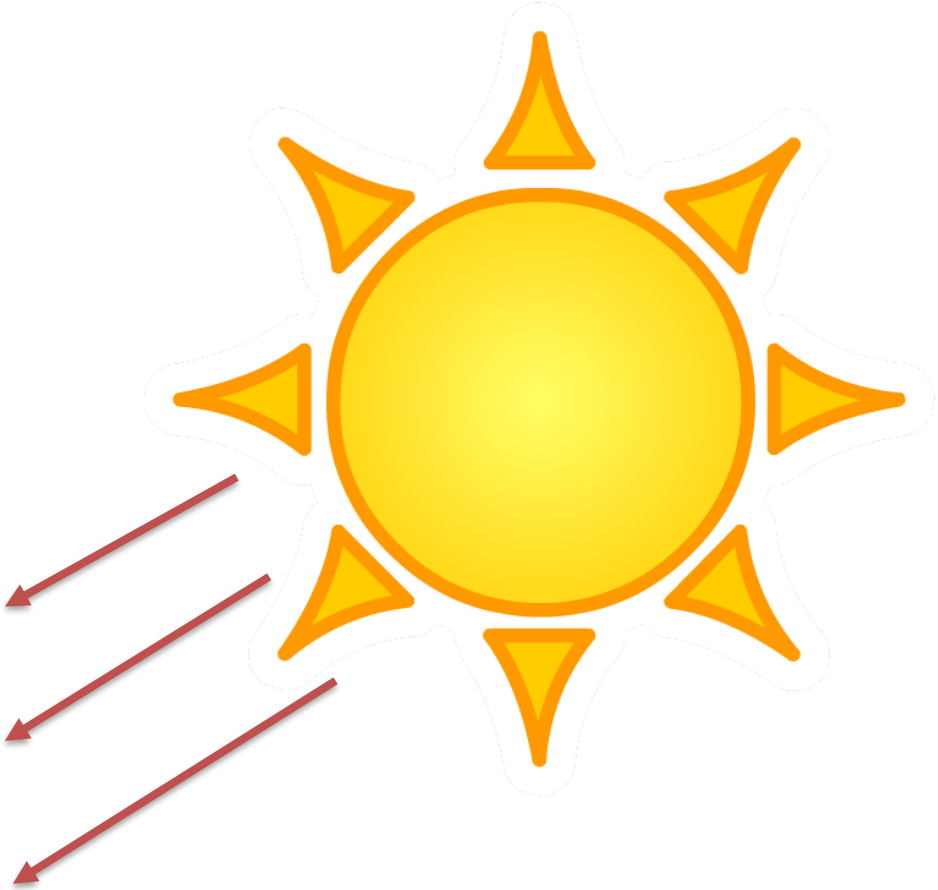
Risk Factors for Melanoma Skin Cancer

A risk factor is something that increases the risk of developing cancer. It could be a behaviour, substance or condition. Most cancers are the result of many risk factors.

The most important risk factor for melanoma skin cancer is ultraviolet radiation (UVR) from the sun and indoor tanning.



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The 6 best ways to reduce your risk of developing skin cancer is to protect yourself from ultraviolet (UV) radiation

Early Detection and Diagnosis

True or False?

Self exams are the best way to detect skin cancer early.

a. True
b. False

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Finding Skin Cancer Early

When skin cancer (non-melanoma or melanoma) is found and treated early, the chances of successful treatment are better.

You can do this by checking your skin regularly for changes, so that it is easier to notice any changes.

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Finding Skin Cancer Early

How to check your skin?

- Check your skin in a well-lit room. Use a mirror so you can look closely at your entire body.
- Look at the back and front of all your major body parts, including the more intricate areas (i.e toenails, spaces in-between fingers and toes)
- Use a hand mirror and comb to check your scalp, face, and back of your neck

Have someone you trust help you check the areas that are hard to see.

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Signs for Early Detection

How melanoma skin cancer looks can vary. Melanoma often starts as an abnormal mole anywhere on the skin.

A mole is a common non-cancerous growth. It is normally a small, round or oval spot that is usually brown, tan or pink. It may be raised or flat.

The ABCDE rule can help you look for the common signs and symptoms of melanoma.

See your doctor if you have any of these changes on your skin.

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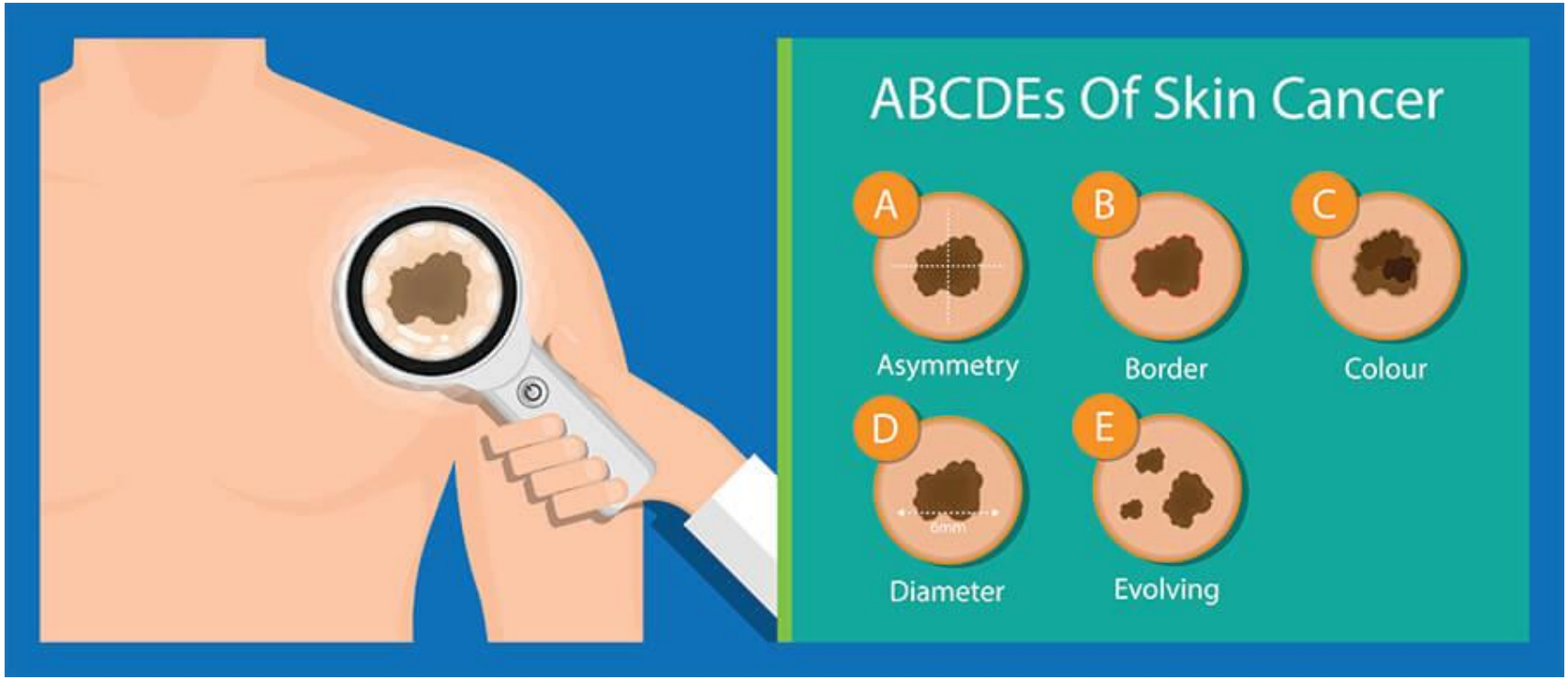
Signs for Early Detection



A is for asymmetry – One-half of a mole does not have the same shape as the other half.

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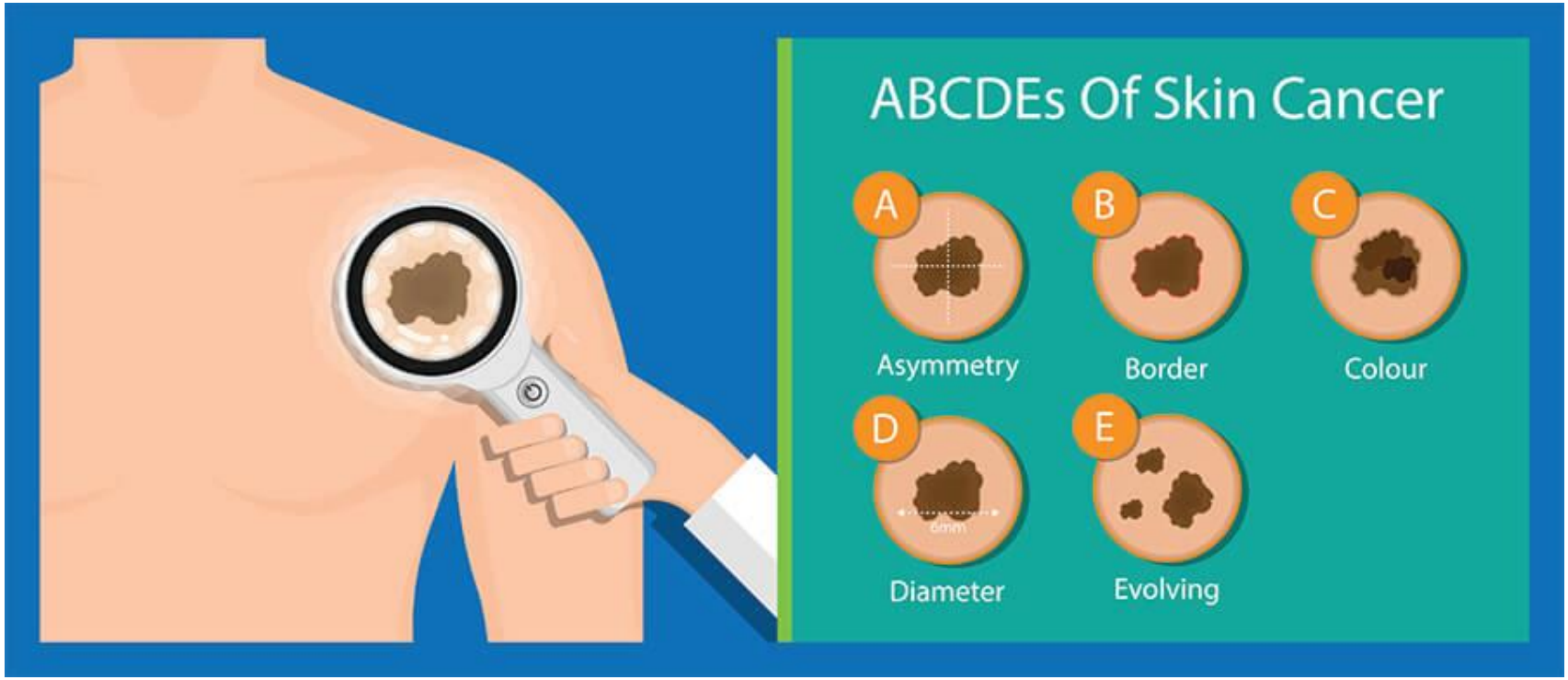
Signs for Early Detection



B is for border – The edge of a mole is uneven (irregular). It can look jagged, notched or blurry. The colour may spread into the area around the mole.

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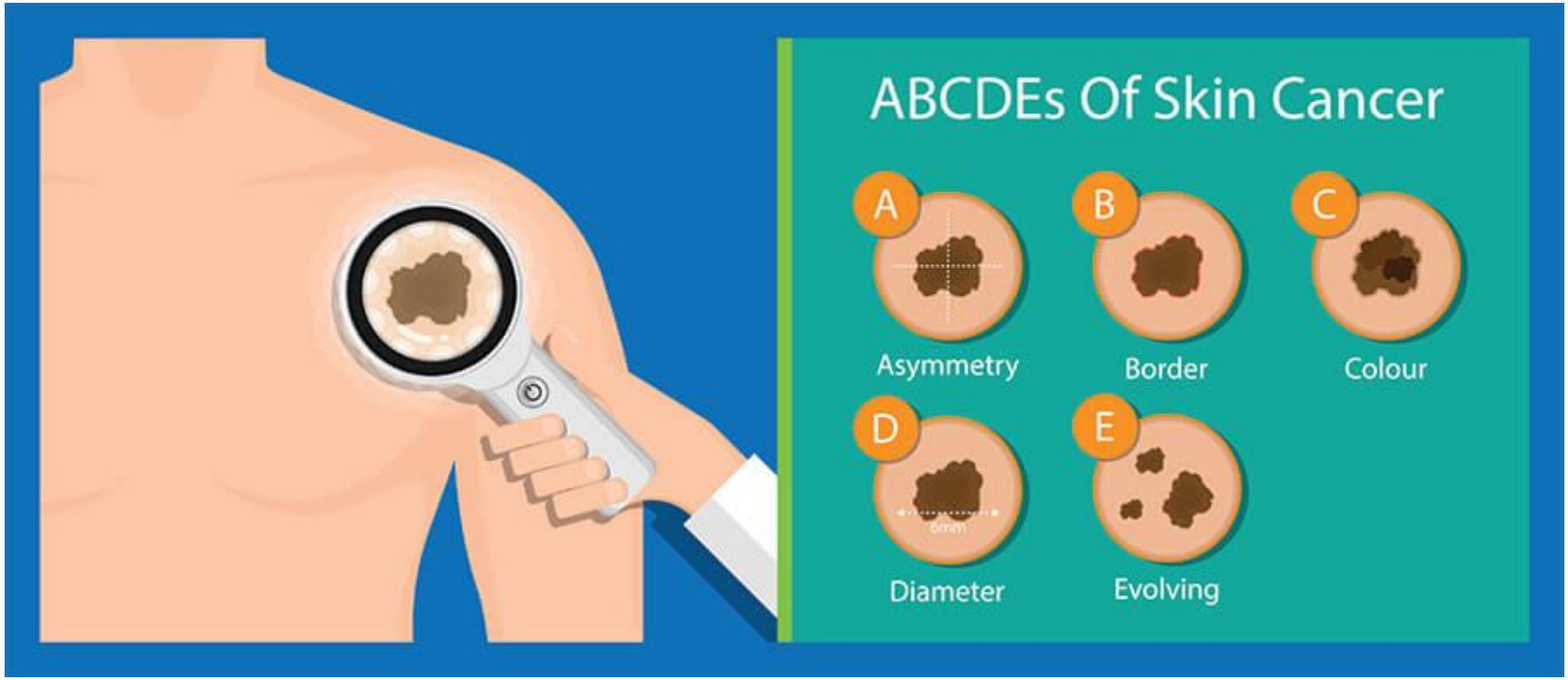
Signs for Early Detection



C is for colour – The colour of a mole is not the same throughout. It could have shades of tan, brown and black. Sometimes areas of blue, grey, red, pink or white are also seen.

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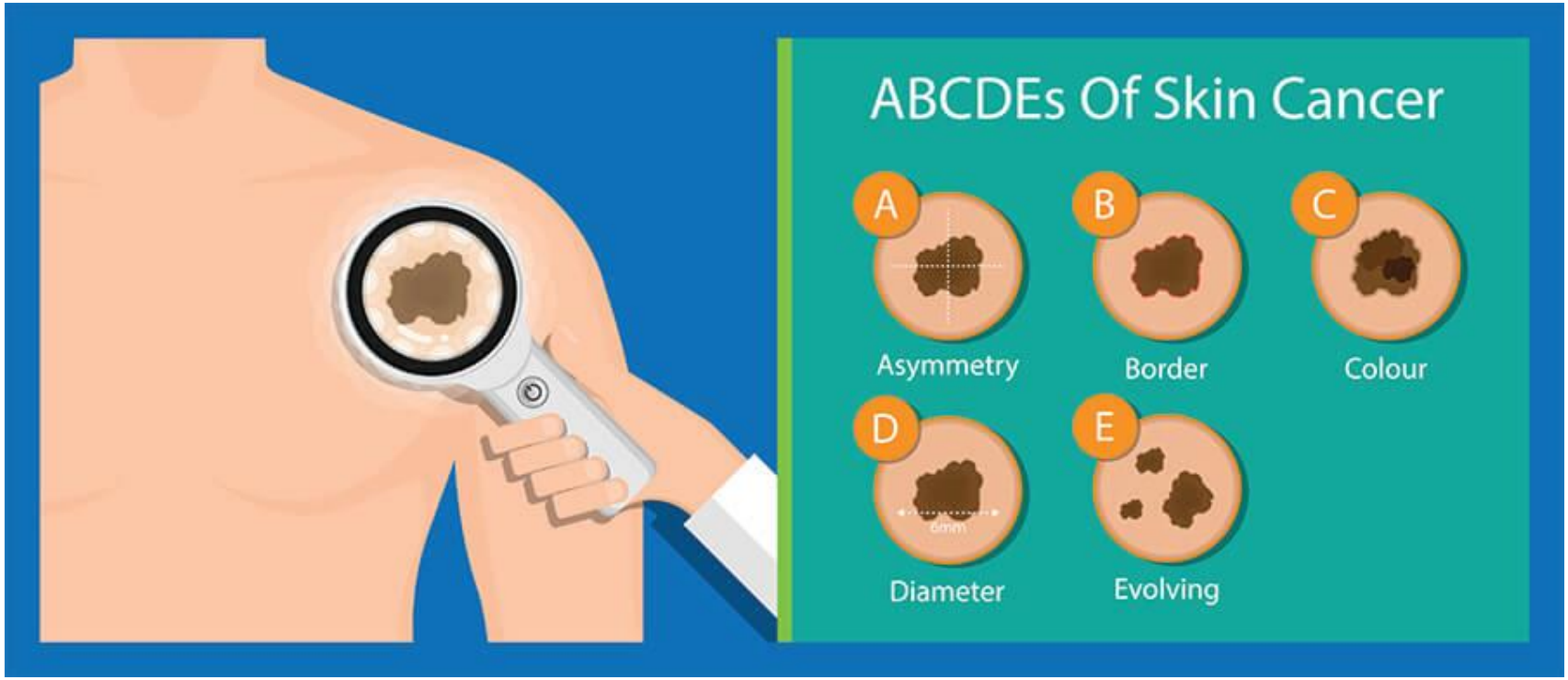
Signs for Early Detection



D is for diameter – The size of a mole is larger than 6 mm (1/4 inch) across, which is about the size of a pencil eraser.

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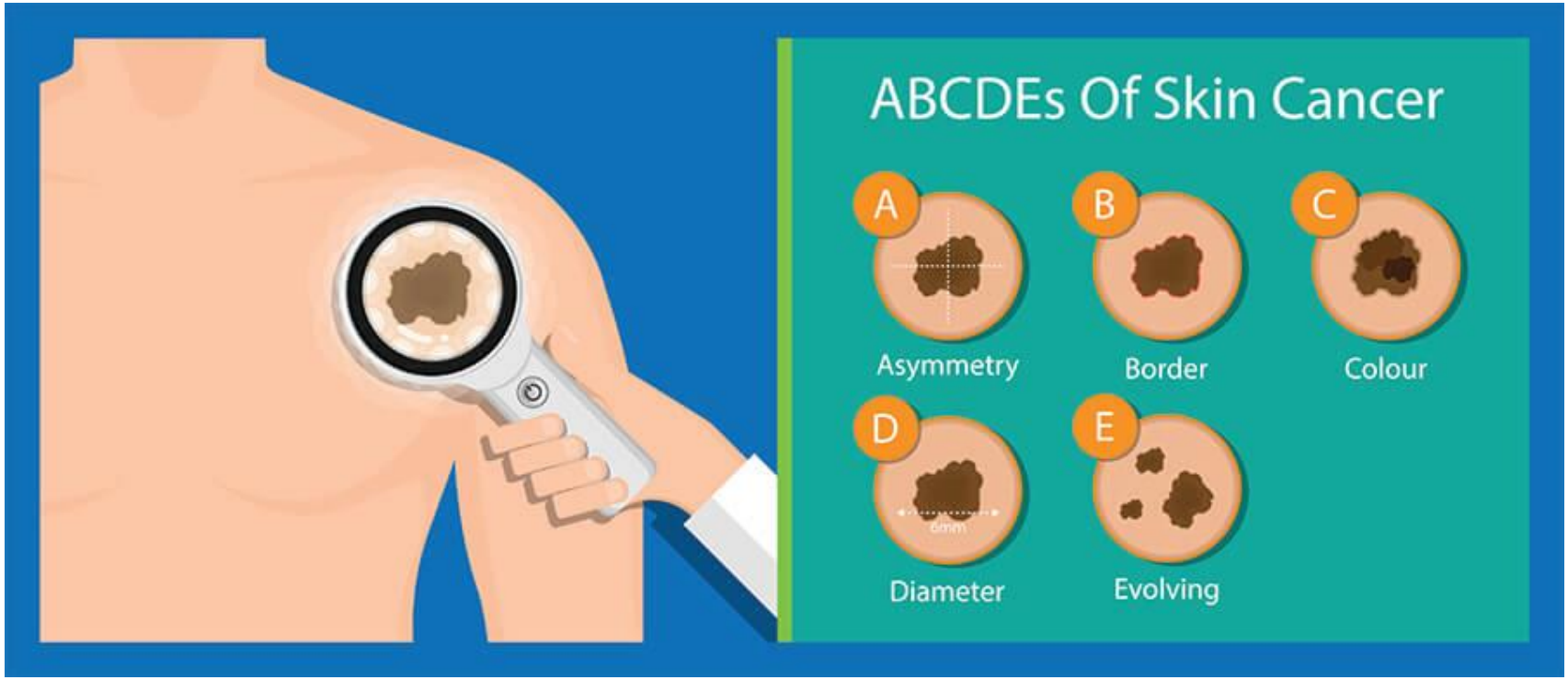
Signs for Early Detection



E is for evolving – There is a change in the colour, size, shape or feel of the mole. The mole may become itchy or you may have a burning or tingling feeling.

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Next Steps: Seek out a Health Professional

If you notice any changes in your skin that you deem abnormal, please seek out a health professional to conduct a skin assessment.

Upon the health professional conducting a skin exam, if they notice an abnormal area, they will be able to decide if you should have further tests.

You may be referred to a specialist, such as a dermatologist or plastic surgeon. A skin biopsy may be done to check for cancer.

TRIVIA TIME

What is the highest risk factor for skin cancer?

a. UV radiation
b. Physical inactivity
c. Low fruit intake
d. Tanning beds

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What time of day is the highest risk of exposure to high UV radiation?

a. 11am-4pm
b. 9am-1am
c. 1pm-3pm
d. 11am-3pm

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What are the best ways to protect your skin from the sun?

a. Check the UV index
b. Seek shade
c. Wear protective clothing
d. Wear a hat
e. Put on sunscreen
f. Wear sunglasses
g. All of the above

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Thank you!
Any Questions?

Stay connected!
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Cancer Information Helpline
Email: info@cancer.ca
Call us toll-free at 1-888-939-3333
Live chat with an information specialist at cancer.ca