LA ROCHE POSAY
LABORATOIRE DERMATOLOGIQUE

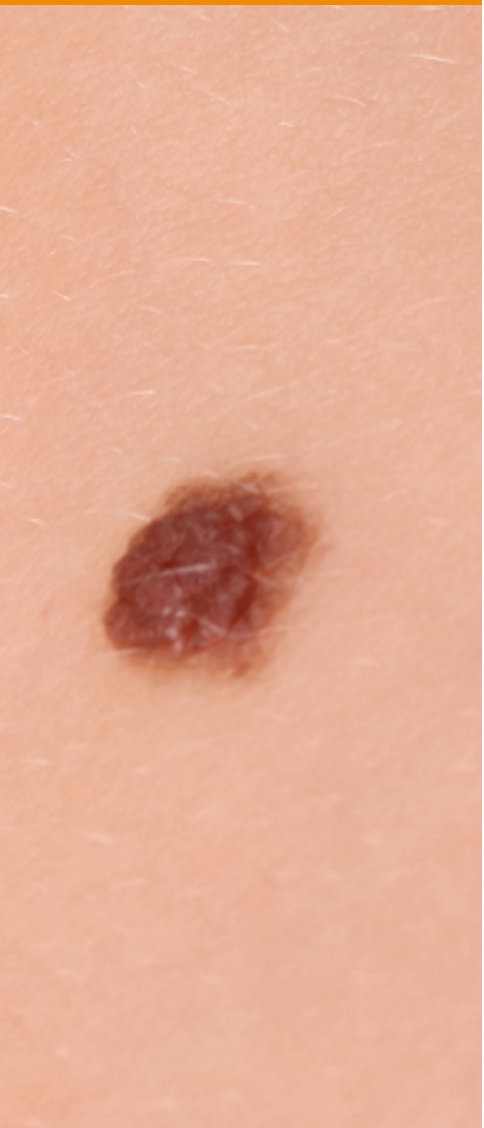


SAVE YOUR SKIN

A SKIN CANCER SELF-SCREENING GUIDE FOR ALL SKIN TONES

99%

OF MELANOMA ARE CURABLE **IF DETECTED EARLY**[1]



ARE YOU AT RISK?

EVERYONE CAN DEVELOP A MELANOMA

HOWEVER, THE RISK INCREASES IF YOU HAVE ONE OF THE FOLLOWING CONDITIONS:

GENETIC FACTORS

- FAIR SKIN, LIGHT-COLORED EYES, AND LIGHT HAIR
- PRESENCE OF MANY MOLES
- A PERSONAL OR FAMILY HISTORY OF MELANOMA

SUNBURNS

FREQUENT AND SEVERE SUNBURNS, ESPECIALLY BEFORE THE AGE OF 15

TANNING BEDS

FREQUENT USE OF TANNING BEDS, PARTICULARLY BEFORE AGE 35, INCREASES THE RISK OF MALIGNANT MELANOMA BY 75%[2]

1. SKINCANCER.ORG.
2. MATOS T. WALSH S. STRATIGOS A. TRAKATELLI M. REGULATING SUNBED USE: SKIN CANCER RISKS LINKED TO TANNING BEDS. *JEADV*. 28 JAN 2025.

WHAT SHOULD ALERT YOU?

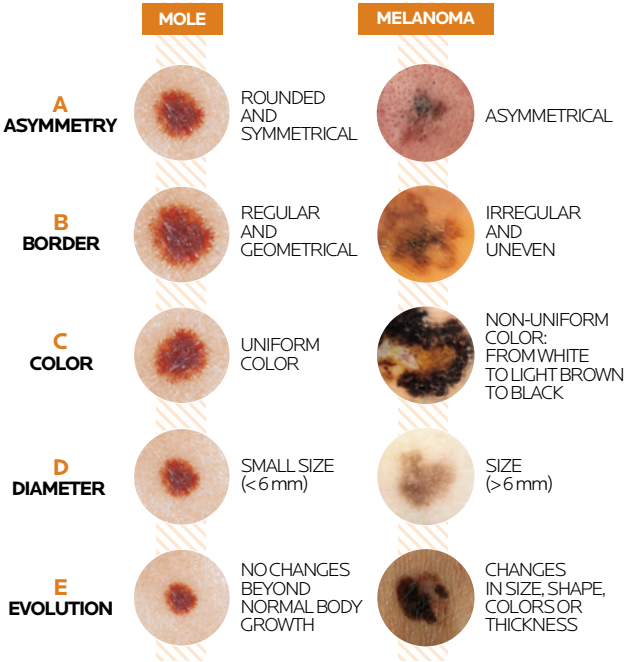
APPEARANCE OF NEW ATYPICAL MOLES OR CHANGES ON EXISTING MOLES

70% OF MELANOMAS APPEAR OUTSIDE OF A PRE-EXISTING MOLE.[3] IT IS THEREFORE ESSENTIAL TO MONITOR FOR NEW MOLES AND ANY CHANGES THAT MAY OCCUR, SUCH AS RAPID CHANGES IN SIZE, SHAPE, OR COLOR

HOW TO IDENTIFY A SUSPICIOUS MOLE?

THE ABCDE METHOD

THE ABCDE METHOD HAS BEEN DEVELOPED, APPROVED, AND USED BY DERMATOLOGISTS ALL OVER THE WORLD. EACH LETTER CORRESPONDS TO AN ASPECT OF MOLES THAT YOU SHOULD PAY ATTENTION TO



IMAGES COURTESY OF SAINT LOUIS HOSPITAL.

3. VELEZ N. MIEDLER J. MOST MELANOMAS DO NOT ARISE FROM MOLES. *ACMS BULLETIN*. AUGUST 2023.

HOW TO SELF-EXAMINE YOUR SKIN?

PRACTICE A QUICK SELF-EXAMINATION WITH THE HELP OF A MIRROR, FOLLOWING THE ABCDE METHOD. IF YOU DETECT ANY SUSPICIOUS MOLE, CONSULT A DERMATOLOGIST!

1

FACE
EARS
SCALP

2

PALMS
BACK OF HANDS
NAILS
ELBOWS
ARMS
ARMPITS

3

NECK
CHEST
BREASTS
STOMACH

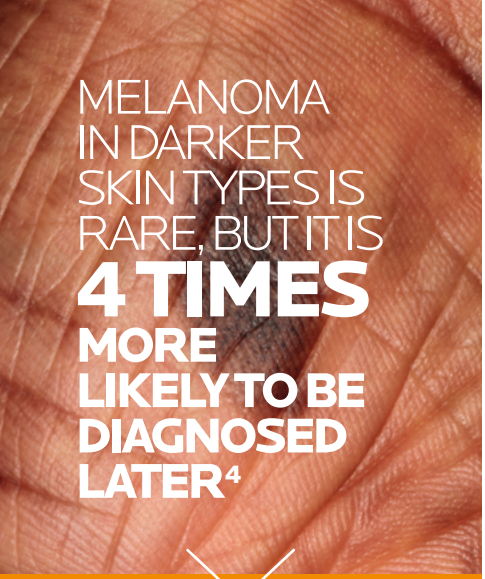
4

BACK
SHOULDERS
BACK BUTTOCKS
BACK OF THE THIGHS
FOREARM
BACK OF THE EAR

5

FRONT OF THE THIGHS
LEGS
SOLES OF THE FEET
NAILS
GENITAL AREA

PROTECT THOSE YOU CARE ABOUT. CHECK THEIR SKIN, TOO!



MELANOMA IN DARKER SKIN TYPES IS RARE, BUT IT IS **4 TIMES MORE LIKELY TO BE DIAGNOSED LATER**[4]

LATE DIAGNOSIS LEADS TO A WORSENED PROGNOSIS AND A **HIGHER MORTALITY RATE**

EARLY DETECTION IS CRUCIAL!

MELANOMA IN DARKER SKIN TYPES

IN PEOPLE WITH SKIN OF COLOR, ACRAL LENTIGINOUS MELANOMA ACCOUNTS FOR 46% OF MELANOMA DIAGNOSES[5]

THIS TYPE OFTEN DEVELOPS ON THE EXTREMITIES (PALMS, SOLES, NAILS)

THE FOLLOWING IMAGES SHOW EXAMPLES OF MELANOMAS IN INDIVIDUALS WITH DARKER SKIN TONES, PRIMARILY OCCURRING ON ACRAL AREAS (PALMS, SOLES, AND NAILS) AND MUCOUS MEMBRANES



IMAGES COURTESY OF SAINT LOUIS HOSPITAL.

4. CLAIRWOOD M. *ET AL*. MELANOMA IN SKIN OF COLOR IN CONNECTICUT: AN ANALYSIS OF MELANOMA INCIDENCE AND STAGE AT DIAGNOSIS IN NON-HISPANIC. *INTERNATIONAL JOURNAL OF DERMATOLOGY*. 2013.
5. L'ORPHELIN *ET AL*. EPIDEMIOLOGY AND CHARACTERISTICS OF ACRAL LENTIGINOUS MELANOMA COMPARED TO LENTIGO MELANOMA IN FRANCE. *EUROPEAN JOURNAL OF DERMATOLOGY*. 2022/6 VOL. 32.



DO YOU HAVE A DARKER SKIN TYPE?

BE AWARE THAT MELANOMA, EVEN IF RARE, CAN OCCUR

MELANOMAS OCCUR MAINLY ON NON-SUN EXPOSED AREAS SUCH AS PALMS, SOLES, AND NAILS

ON PALMS AND SOLES

- IF A PIGMENTED LESION CHANGES AND EXHIBITS ABCDE CHARACTERISTICS, CONSULT A DERMATOLOGIST
- IF A COLORED OR NON-COLORED NODULE APPEARS IN AN AREA NOT TYPICALLY EXPOSED TO THE SUN, CONSULT A DERMATOLOGIST, AS THIS COULD INDICATE NODULAR MELANOMA
- IF YOU HAVE A NON-HEALING ULCER, CONSULT A DERMATOLOGIST

ON NAILS

- IF THERE IS A GROWING LONGITUDINAL PIGMENTED BAND ON A SINGLE NAIL, CONSULT A DERMATOLOGIST

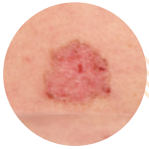
IMAGE COURTESY OF SAINT LOUIS HOSPITAL.

NON-MELANOMA SKIN CANCER
HOW TO RECOGNIZE IT?

DIFFERENT TYPES OF NON-MELANOMA SKIN CANCER AFFECT ALL SKIN TONES, YET ARE MORE COMMON IN LIGHTER SKIN

BASAL CELL CARCINOMAS (BCC)

DEVELOPS MOST OFTEN IN SUN-EXPOSED AREAS (FACE, HEAD, NECK, ARMS, HANDS, BACK). THESE SLOW-GROWING TUMORS RARELY, IF EVER, SPREAD.



SUPERFICIAL BCC
SLOWLY GROWING, WELL-DEMARCATED, RED PATCHES, SOMETIMES WITH PIGMENTATION



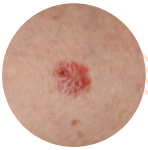
NODULAR BCC
SLOWLY GROWING, TRANSLUCENT PAPULE WITH VISIBLE BLOOD VESSELS



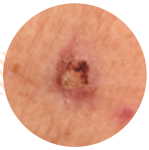
INFILTRATIVE BCC
SLOWLY GROWING, SCAR-LIKE LESION THAT MAY SOMETIMES ULCERATE

SQUAMOUS CELL CARCINOMAS (SCC)

DEVELOPS IN CHRONICALLY SUN-EXPOSED AREAS (FACE, HEAD, NECK, ARMS, HANDS) BUT CAN ALSO ARISE IN OTHER AREAS, INCLUDING MUCOUS MEMBRANES, ESPECIALLY WITH CHRONIC INFLAMMATION OR HPV. SCC CAN SPREAD AND IS LIFE-THREATENING.



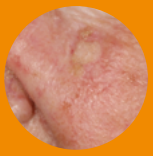
BOWEN'S DISEASE SCC (IN-SITU)
EARLIEST SCC FORM. APPEARS AS RED, SCALY PATCHES RESEMBLING ECZEMA OR PSORIASIS.



INVASIVE SCC
PENETRATES DEEPER AND CAN SPREAD. APPEARS AS FIRM, RED NODULES OR SCALY, CRUSTED LESIONS THAT MAY BLEED.

⚠ ACTINIC KERATOSIS

CONSIDERED PRECANCEROUS; CAN PROGRESS TO INVASIVE SCC. THEY DEVELOP SLOWLY ON CHRONICALLY SUN-EXPOSED AREAS LIKE THE FACE, EARS, BALD SCALP, NECK, HANDS, FOREARMS, AND LIPS.
IF YOU THINK YOU MIGHT HAVE AN ACTINIC KERATOSIS, CONSULT A DERMATOLOGIST.



PINK OR RED HYPERKERATOSIS PATCHES VARY IN THICKNESS; WHEN PAINFUL, THEY ARE SUSPICIOUS FOR INVASIVE SCC

IMAGES COURTESY OF SAINT LOUIS HOSPITAL.