

From the Hockey Rink, a Useful Reminder to Check for Skin Cancer

Five tips for spotting melanoma and other skin cancers.



By Amelia Nierenberg

Jan. 4, 2022

In October, Nadia Popovici, a Seattle Kraken hockey fan, went to a game with her parents. She spotted a strange-looking mole on the neck of an assistant equipment manager for the opposing team, the Vancouver Canucks, and typed out a message to him on her phone.

"The mole on the back of your neck is possibly cancerous. Please go see a doctor!" the message read, with the words "mole," "cancer" and "doctor" colored bright red.

Her message may have saved his life. It turned out to be a melanoma, a particularly deadly type of skin cancer that, because it was detected early, could be removed before it had spread.

"She took me out of a slow fire," the assistant manager, Brian Hamilton, said at a recent news conference.

Skin cancer is common, but often survivable. Basal and squamous cell carcinomas, by far the most common types of skin cancer, can be extraordinarily disfiguring but are rarely fatal.

Melanoma is a different story. It accounts for just about 1 percent of all diagnosed skin cancers, but causes the vast majority of deaths. In 2021, the American Cancer Society estimated that doctors would diagnose about 106,110 new melanomas in the United States, and that about 7,180 people would die of the disease. The risk increases with age.

Early detection can lead to effective treatment. The five-year survival rate for "thin melanoma," Stage 1, when the cancer is less than one millimeter thick, is 99 percent, according to the American Cancer Society. Once it has spread to distant organs, Stage 4, the survival drops to 27 percent.

"If you miss the beginnings of this one, you might actually miss the opportunity to save the person's life," said Dr. Allan C. Halpern, the chief of dermatology service at Memorial Sloan Kettering Cancer Center.

So in light of the hockey "miracle" — and the new year — consider this your guide to setting some healthy skin care habits for 2022.

1. Above all, look for ... weird

If you see something on your skin that is new, changing, not healing or doesn't seem right, get it checked out by a doctor as soon as possible.

Sign up for the Well newsletter, for Times subscribers only. Essential news on health, fitness and nutrition, from Tara Parker-Pope. [Get it with a Times subscription.](#)

"What we often refer to is the 'ugly duckling sign,'" Dr. Halpern, a vice president of the Skin Cancer Foundation, said. "If it just looks different than everything else, get it checked out."

The Skin Cancer Foundation, founded in 1979, has long recommended an "ABCDE" test for worrisome lesions. It is a mnemonic device to check what to look for: A for asymmetry, when one half doesn't match the other; B for an irregular border; C for colors that might be different from one another; D for a large diameter, or anything approaching the size of a Cheerio or a pencil eraser; and E for evolving, meaning that it changes over time.

Those recommendations are still useful, but they may be somewhat limiting.

"Many melanomas and most nonmelanoma skin cancers don't fall under the ABCDE pattern," the foundation reported in its journal in 2019. "When we educate people about the warning signs of skin cancer, we often hear from them, 'Mine didn't look like that.'"

Many dermatologists recommend people look for things that feel out of the ordinary. Is it new? Is it growing? Is it refusing to heal? Those may all be indications that it's time to see a doctor.

Dr. Halpern said to look for any unusual lesions that make you anxious. "People have a sense of normal," he said. "It's really important not to downplay people's visceral knowledge of normal versus out of the ordinary."

2. Set a regular scan reminder

You won't know what's weird if you don't carve out time to look. The Cleveland Clinic recommends a monthly scan, though some doctors say you can opt for a quarterly skin check instead.

"If you don't examine yourself at least once a month, you don't have a good mental memory of what you look like, so you won't be able to spot change," Dr. Halpern said.

To scan, stand in front of a full-length mirror; have a hand mirror on deck for hard-to-reach places. Start systematically, from the top of your head down. Don't forget your scalp and neck, or under the nails. The Skin Cancer Foundation has a guide, and the American Academy of Dermatology Association has a video tutorial.

And remember, look for *weird*. If there's a mole that you think looks out of the ordinary, get it checked out. You can also take pictures of your moles so you can compare them on your next scan. If you're noticing changes, or if you develop a sore that does not heal, call a dermatologist.

3. Do it with a buddy

A recent study found that married people are more likely than the unmarried to get timely diagnosis and treatment for malignant skin cancer. That may be because they have someone else who sees them almost every day, and who might notice something unusual. Spouses may also urge their partner to visit a doctor.

"The number of times that I'll see someone at the office who comes in and either they, or their significant other, has said: 'That's not just like it was on you before. I can't say why it is, but it's just different,'" said Dr. Aaron Mangold, the divisional chair of clinical dermatology at the Mayo Clinic.

If you live alone, a buddy system might work. Consider setting up a monthly reminder with a roommate or a regular "mole check" evening with a close friend.

4. Know your risk factors

Your skin, and your personal history, affect how often you have to check. If you're at high risk of skin cancer, you should have a different relationship to your dermatologist and your moles.

People who have a family history of melanoma are more likely to develop the disease. "If you've gotten a lot of blistering sunburns, maybe five by the time you're 18," or used a tanning bed, you are at increased risk, Dr. Deborah S. Sarnoff, the president of the Skin Cancer Foundation, said. "That really bumps it up, the way smoking bumps up lung cancer."

Your skin color plays a role, too. People with light skin, blond or red hair, blue eyes, or many freckles and moles are more prone to developing skin cancer than people of color — it's more than 20 percent more common in white people than Black people, according to the American Cancer Society. That's because most skin cancers are sun related, and darker skin is less at risk for sun-induced cancers.

In people of all races, however, skin cancers can also present in places that do not regularly get sun exposure, like the hands or soles of their feet, the mucous membranes (gums, lips) and the nail beds. These cancers may be more deadly, because they are often diagnosed at a later stage.

And although melanoma is more common when you're older, young people can get skin cancer, too. In fact, it is one of the most common cancers in people younger than 30, especially young women. The Cleveland Clinic says you should "always be suspicious of a new mole that develops after the age of 30." Many are harmless, but it's good to check with a dermatologist, just to be safe.

5. If you think you have reason to be worried, see a dermatologist

Come to the doctor's appointment prepared to point out any unusual spots you've noticed, and to have your entire body checked. "It is every square centimeter of skin," said Dr. Ashwani Rajput, the director of the Johns Hopkins Kimmel Cancer Center for the Washington, D.C., region, who treats patients with melanoma.

The Skin Cancer Foundation recommends you remove makeup before your exam, if you wear any, so it will be easier to spot suspicious moles.

"Leave any embarrassment at the door," Dr. Sarnoff said, adding, "You're there to have your skin looked at."

A screening can take up to 30 minutes. A doctor who finds a mole that might be cancerous will often numb the area and then remove some or all of it for a biopsy. The doctor will share the results and discuss next steps with you if the biopsy returns a positive cancer result.

"The overwhelming majority of these visits do end up being covered by insurance," Dr. Halpern said, especially if you are at high risk or there is cause for concern.

Amelia Nierenberg writes the Education Briefing and regularly reports on schools for the National desk. @AJNierenberg