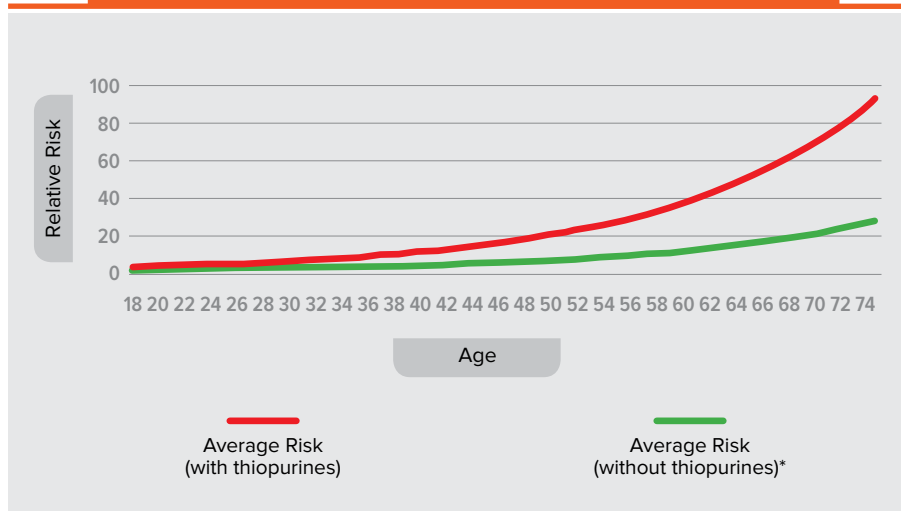


## A Guide to Identify IBD Patients at Risk of Non-Melanomatous Skin Cancer (NMSC).

### Relative Risk of non-melanoma skin cancer in patients with IBD treated with Thiopurines in New Zealand

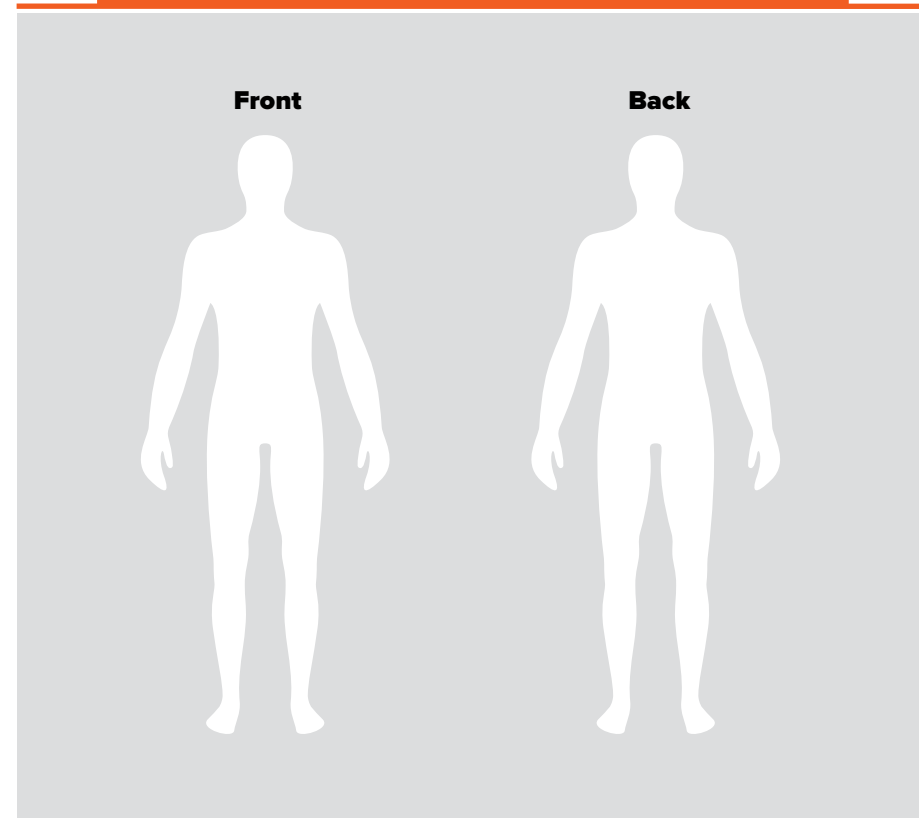


\*Risk is calculated based on treatment with Thiopurines since aged 18.

Non-melanomatous skin cancers (NMSCs – squamous cell carcinomas (SCC); basal cell carcinomas (BCC)) are the most common skin cancers in New Zealand affecting up to 2% of the population<sup>1,2</sup>. Thiopurines increase the risk several times, approximately by 5% every six months of treatment<sup>3</sup>. If detected early, topical treatments have cure rates of up to 95%.

**References:** **1.** Brougham ND, Dennett ER, Tan ST. Non-melanoma skin cancers in New Zealand – a neglected problem. NZMJ 2010; 123:1-5. **2.** Brougham ND, Dennett ER, Tan ST. Changing incidence of non-melanoma skin cancer in New Zealand. ANZ J Surg 2011; 81:633-6. **3.** Bahi M, Walmsley RS, Gray AR, Young D, Schultz M. The risk of non-melanomatous skin cancer in New Zealand in patients with IBD treated with thiopurines – A prospective observational study. (manuscript in preparation).

### Location of Suspicious Lesions



# Reference Guide for Skin Check

## Moles

- Common in all ages
- Well defined, symmetrical, unlike freckles they do not fade in winter
- Can be flat or evenly raised
- Can appear into adulthood
- May be flesh coloured or evenly pigmented

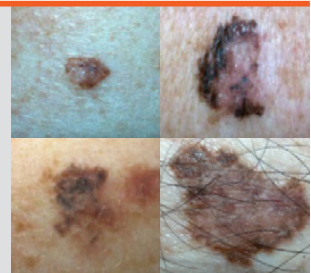
### Atypical Moles

- These moles are irregular in shape, colour and structure and have a higher risk of change



## Melanoma

- Most occur in adulthood
- Grow anywhere, but most common on trunk (males) and legs (females)
- May be a new or changing mole or freckle
- Can be flat, raised or have both features
- Unusual looking with irregular colour and structure
- Not always dark, they can be pink or red
- History of change in a mole or freckle should always be checked



## Basal Cell Carcinoma (BCC)

- Most common form of skin cancer
- Slow growing, unlikely to spread
- Surface may be raised or flat
- May be a dry surface or ulcerated, non-healing sore
- May be itchy or bleed easily

### Different types

- Nodular BCC: pearly, well defined white, pink or brown bump < 1cm



## Squamous Cell Carcinoma (SCC)

- Second most common form of skin cancer
- Most are due to long term sun damage
- Usually on face, ears, neck, hands and lower legs
- Scaly, crusty, reddened lesions
- May ulcerate and bleed
- May be tender or sore



## Solar Keratosis

- Always on sun exposed areas
- Superficial, rough, scaly areas
- Not tender or sore
- Often present in over 40 age group who have had significant sun exposure
- Occasionally pigmented
- Reddened lesions
- Considered precancerous



## Seborrheic Keratosis

- Harmless
- Appear anywhere on the body
- More common after 40 years of age
- Usually asymptomatic, but may be itchy
- Superficial lesions, seem stuck on
- Warty type lesions often dry surface with cracks
- Well defined with no redness
- Colour varies white, pink, yellow, brown or black
- Can be concerning to individuals because of appearance

