The Coalition Talk Show with Dr Shani Belgrave: Skin Cancer Awareness with Keli Turner MD Transcript

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Show Introduction and Guest Welcome

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrade. Hello, everybody.

Welcome to The Coalition. I'm your host, Dr. Shani Belgrade. I am a bariatric and minimally invasive surgeon in Atlanta, Georgia. You can learn more about me and get connected at www. DrShaniBelgrade.com.

I am super excited to welcome to the show today, Dr. Kelly Turner. Dr. Kelly Turner is a surgical oncologist who joins the show right on time for Skin Cancer Awareness Month to let us know what we should know about skin cancer.

Dr. Kelly Turner, thank you so much for joining the coalition. Thank you for having me. So you already know I'm super excited that you are here. Before I have you tell us a little bit about who you are.

I just have to let our viewers know that this is a full circle moment. Dr. Kelly Turner and I both did our surgical residency at the University of Maryland in Baltimore.

So that makes this even more special. Dr. Kelly Turner, can you please tell us a little bit about who you are and what you do? So my name is Kelly Turner.

I'm a cancer surgeon, also known as a surgical oncologist. So my specialty within the field of cancer surgery is skin cancers, soft tissue tumors, which we call sarcoma, and then also cancers when they spread into the abdominal cavity.

And for that, I offer a specialized procedure. Well, thank you so much for giving us that background. So, you know, we're heading into summer which is when I think a lot of times people kind of think about skin cancer.

Dr. Turneru2019s Background and Specialty

So what should we know? First of all, what are the risk factors for skin cancer? Sure. So the most common risk factor for skin cancers is sun exposure.

And that's because the sun has a variety of ultraviolet radiation, UVA rays, UVB rays, there's UVC rays. But those rays, particularly the UVA and UVB rays, can cause damage to the skin, and that can lead to skin cancers down the line.

Other risk factors for skin cancers which are less commonly known are patients who have immunosuppression for some reason. So for instance, some skin cancers we see in patients who've had transplants because they are on medications that suppress or lower their immune system and that can make them prone to certain types of skin cancers.

Also people who have had radiation can be prone to skin cancers as well. Okay. All good things to know. So then what are the numbers? Like we hear a lot about breast cancer and colon cancer.

How prevalent is skin cancer? So skin cancer is actually very common. It's the number one most diagnosed cancer in the world. And that's because the skin is an organ that is exposed to sun essentially all the time.

Skin Cancer Risk Factors and Prevalence

And skin cancers are diagnosed everywhere in all parts of the body. But it is the number one most commonly diagnosed cancer in the world. Okay. And so what are the different types of skin cancer?

Sure, so we divide skin cancers into the older terminology was non-melanoma skin cancers and then melanoma. And that was because the most deadly form of skin cancer is essentially melanoma.

And then there was everything else, such as a basal cell cancer or squamous cell cancer. Those are other types of skin cancers. But now, we divide some of the newer division is based on what classifies a basal cell cancer or squamous cell cancer.

So you may see those referred to as keratinocyte type cancers, which is just a fancy word for a type of skin cell and then non keratinocyte type skin cancers, which include melanoma.

Is there any association between certain races and certain skin cancers or any kind of hereditary thing that people should know about with any of the skin cancers?

So there are some hereditary disorders that can increase your risk for skin cancer, but they're actually not very common. So most people when they have skin cancer, it's related to sun exposure.

And there's different surrogates for sun exposure, like being sunburned, how many times you were sunburned, the severity of the sunburn, how often you stay in the sun, what times of day.

Essentially, all of that is related to your cumulative exposure to sun. And then most skin cancers are diagnosed in Caucasian individuals. African Americans can also be diagnosed with skin cancers, including melanoma.

So that's important for us to know. But the majority, the greatest percentage of skin cancers is diagnosed in Caucasian individuals. And so what are some things that you would tell us that we should do to lower our risk?

of skin cancer in terms of sunscreen, wearing a hat, what time of day, what are some things we can do to try to reduce our risk of skin cancer?

Types of Skin Cancer and Who Is at Risk

Sure, so for people where we're talking about reducing your risk of sun exposure, since that's the greatest risk factor for skin cancer, there's different ways that you can do that.

So the most commonly thought about way and the way that we are conditioned in terms of thinking about sun exposure is through the use of sunblocks or sunscreens.

So either lotions or creams or oils or some sorts of agents that go on your skin. And their job is to reduce or even prevent the skin from absorbing and being damaged by ultraviolet rays.

And there's a whole body of literature about sunblocks and sunscreens. But essentially, whenever you're out in the sun and you're not covered, part of your skin is not covered, that needs to have some sort of sunblock or sunscreen on it.

And the higher the SPF or the sun protection factor, which is on the bottle, the better. And you want to look for something that's a broad spectrum coverage.

So that means it covers both ultraviolet A and ultraviolet B rays. Other ways that you can reduce your sun exposure are to cover your skin. And so that includes hats, long sleeves, pants, as protective measures to prevent your skin from being exposed to ultraviolet rays.

Another way to reduce your sun exposure is to actually try to time your periods out at certain times of the day. So depending on where you are in the equator, the sun is going to be most bright and you're going to have more

exposure to ultraviolet radiation.

But in general, like in the United States, you want to stay out of the sun, if you can, between the hours of 10 a.m. to 4 p.m. That's when the sun is the brightest and your exposure to ultraviolet rays is going to be the highest.

You can still have exposure even in the wintertime, even in an urban environment, for instance. Ultraviolet rays can reflect off concrete, et cetera. So no matter where you are, you still should consider Um, some protective measures and no matter your race, you should still consider some protective measures.

I'm glad you mentioned that because even though we tend to think of it in the summer, because that's when we're spending a lot of time outside, you know, wearing some sunscreen year round is still beneficial because we still are getting exposed to race.

Prevention: Sunscreen, Clothing, and Sun Timing

Well, thank you so much, Dr. Turner. So my next thing is things on the skin. What should we know? Should we be doing self skin exams? Should our primary care doctors be taking a look and doing a full skin exam?

Like how can we kind of keep an eye on any changes that might be concerning? Sure. So in general, when we're talking about lesions on the skin that can become cancer, there's the ABCDs that we think about as doctors for educating patients and things that I even think about myself when I'm with the animal.

So the first is asymmetry. So is the mole or the lesion on the skin, it may not be raised, it may be flat, does it have symmetry? Is it uneven? If you were to take a straight line or draw a straight line through it, is it the same on one side as it is on the other?

circle or is one side a little bit larger than the other side. So asymmetry is something that's concerning and you should see a medical professional without that, whether that be your primary care doctor or a dermatologist to take a closer look at potentially a biopsy.

The next thing we think about is borders. So are the borders regular? So they're nice and smooth around the lesion or are they jagged and irregular? The next thing we think about is color.

So the color, if we think about a lesion that's probably not a skin cancer, the color should be even throughout. Any discoloration, changes in color, so like a black inside of a mole, or brown, or blue, with the rest of the mole is not black, gray, or blue, is concerning.

diameter, anything over the diameter or essentially the size of a pencil eraser is something that should be evaluated. You should consider having that looked at by a medical professional.

And that can be your dermatologist, if you have one, or your primary care physician is probably the easiest one to see. And who could perform a biopsy in the office pretty quickly.

Well, thank you so much. Especially since you treat melanoma, how often, or I should say, how are those patients finding you? Is it that they've noticed something and then they went to their PCP, or how are you finding these patients that have melanoma?

So the majority of patients that have melanoma will come to a cancer surgeon from the dermatologist. So a dermatologist is doing a skin exam and a patient has reached them for whatever reason, either they were referred by a doctor or a patient referred themselves, or they're a patient who has had a history of skin cancers and the dermatologist has them on a regular schedule for examining their skin.

And so if the dermatologist sees something that he or she thinks is suspicious for a skin cancer, it'll be biopsied. And then if that biopsy returns a melanoma, and sometimes even a squamous cell or a basal cell or some other type of skin cancer, depending on certain factors, the dermatologist will refer that patient for consideration for

surgery.

Spotting Suspicious Skin Changes

And then less likely do patients come from the primary care physician's office. But regardless, if a patient comes to me as a surgeon and there's a concern for a lesion that it hasn't been biopsied, I just do that in my office.

And I know that there are different types of skin cancers and you mentioned the treatment is first confirming with a biopsy and then oftentimes surgery.

Are there other treatments or is it pretty much surgery for these skin cancers? So the treatment depends on the type of skin cancer. And so whenever a patient comes to surgical attention, the first thing that we do is we determine what extent the cancer is within a person's body.

So is this a cancer that is localized to the skin or is this a cancer that potentially has spread, for instance, to their lymph nodes or to the rest of a patient's body.

And then based on that clinical assessment, we then decide what to do next. Does that patient need additional imaging, for instance, to make sure that the cancer hasn't spread?

If they end up needing surgery, meaning we haven't noticed that there's any spread anywhere else, that surgery typically involves removing the cancer from the patient's skin with a rim of normal tissue.

And then depending on the type of skin cancer, it can also include biopsying one of the lymph nodes. So that means removing a lymph node from either the armpit or the groin, just to make sure that there has been no spread of the cancer to a lymph node.

Well, this was very timely information. Thank you so much, Dr. Kelly Turner, surgical oncologist, What would be your takeaway message for skin cancer awareness men?

Absolutely. So my takeaway message would be just to stay up to date on your own skin just as we are conditioned or we should be performing breast exams.

You should also just evaluate your skin routinely including the palms of your hands and the soles of your feet, just looking for any moles or lesions that are concerning to you.

Diagnosis, Biopsy, and Treatment Options

And if you have something that's concerning, no matter what it may look like, don't be afraid to have a medical professional take a look at it and evaluate it to determine if it's something that needs to be biopsied or if it's something that can be followed.

And that can occur with either a dermatologist or a primary care doctor. The other thing I would suggest is making sure, especially as we're entering into the summer, that everyone is taking care to reduce their sun exposure, using sunblocks and sunscreens, hats, protective clothing as well, and then reducing your time in the sun to certain hours of the day.

Do you have recommendations on how often people should be reapplying their sunscreen? Sure. So the recommendation is it can be up to every two hours. And the recommendation can sometimes depend on the type of sunblock or sunscreen you're using.

Also, whether or not you've been swimming or sweating, which can essentially cause the sunblock or sunscreen to wash away. But in generally, but in general, one should consider reapplying your sunscreen about every two hours or sunblock about every two hours.

All right. So Dr. Kelly Turner, what is the best way for people that need your expertise to contact you? Sure, so I can be reached by email. My email is keli.turner at bmg.md, or I can be reached by calling my office at 901-226-2960.

Can you let everybody know the city that you're in? Sure. I'm actually based in Memphis, Tennessee. So if you're in the Memphis area or in Arkansas or Mississippi, I do see patients throughout this tri-state area.

Takeaway Message and Contact Information

But otherwise, if you are not based in those areas and just have some questions or need some guidance on how to find a provider that treats skin cancers, I'm willing and available to help.

Well, thank you so much, Dr. Kelly Turner. This has been a very impactful episode. I'm hopeful that you'll come back to The Coalition another time. Absolutely.

Thanks for having me. Well, everybody, thank you so much for tuning in to another impactful episode of The Coalition. I'm your host, Dr. Shani Dalgrave.

I am a bariatric and minimally invasive surgeon in Atlanta, Georgia. You can stay connected with me at www. Very special thank you to my esteemed colleague, Dr.

Kelly Turner, surgical oncologist in Memphis, Tennessee. You can get connected with Dr. Turner via email or by contacting her office. Be sure to share this episode with at least one person to raise awareness for Skin Cancer Awareness Month.

I'll see y'all next time.