



Living Well with AIMGA

VOL. 5 - MELANOMA & SKIN CANCER
AWARENESS

Compiled by AIMGA's Health and Wellness Team

**HEALTHHUB FOR
NEWCOMERS**



Health Matters! Wellness Matters! Diversity Matters!

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MAY: Melanoma & Skin Cancer Awareness



The amount of people diagnosed with skin cancer has been increasing in Canada steadily over the past 30 years. About one third of all new cases of cancer in Canada are skin cancers (Health Canada, 2018). May is recognized as Melanoma and Skin Cancer Awareness Month, and with summer around the corner, AIMGA's Health and Wellness Team decided to focus this volume on spreading relevant and evidence-based information and resources to help with skin protection and skin cancer prevention. Enjoy the content and continue to "live well with AIMGA"!



DID YOU KNOW?

- **Skin damage starts with your very first tan.** Each time you tan, the damage builds up, creating more genetic mutations and greater risk. Just one indoor tanning session before age 35 increases your risk of developing melanoma by 75%.
- **Melanoma is one of the most common types of cancer for youth between the ages of 15-29 and adults aged 30-49.**
- **Sensitivity to sunlight varies according to the amount of melanin in the skin.** Darker-skinned people have more melanin and therefore greater built-in protection against the sun's harmful effects. However, darker-skinned people are still vulnerable to sun damage and the long-term effects of exposure to UV light.
- **Did you know that melanomas can form on body parts** other than your skin, including the eyes, mouth, genitals, finger nails, toe nails, and anal area? These are much less common, but possible.
- **Lupus is not contagious—you can't "catch" lupus or give it to someone else.**



Sources: [Tanning](#) - The Skin Cancer Foundation; [American Cancer Society, 2023](#)

HOT TOPIC:

Melanomas and Non-Melanomas: An Overview



Skin is the largest organ in our body that serves as a protective barrier from external stimuli. There are three main types of skin cancer which can be broken down into: basal cell carcinoma, squamous cell carcinoma, and malignant melanoma. Basal cell carcinoma and squamous cell carcinoma make up the majority of cancer cases; they develop later in life due to areas of skin that have been heavily exposed to the sun (i.e., on hands, face, neck). These cancers often progress slowly and rarely cause death because they do not spread to other body parts. Surgical removal of these cancerous cells is an easy and common form of treatment. Presentation may show as a red/pink patch, bleeding, crust, flakes, pearl, or even wart-like.

Actinic Keratosis can be a premalignant state for squamous cell carcinoma which can look like a “sandpaper” appearance. The sites are the face, ears, arms, legs, neck, and back of the hands that are exposed to sunlight. If any of the skin changes happen on those sites, schedule a checkup with your doctor. Punch or shave biopsy and histological diagnosis under microscopes are often used to diagnose.

Malignant melanomas account for only 5% of all skin cancers but are much more serious; they are the most fatal type of skin cancer. These melanomas often happen earlier in life, progress rapidly, and can develop on almost any part of the body. They form in the cells that produce melanin, called melanocytes. Most melanocytes are located in the skin, and this type of cancer forms when a melanocyte grows uncontrollably and develops into a tumour. The most common site of this cancer is on the back and legs. Once melanoma has spread (metastasized), it is often difficult to stop. Prevention, early detection, and treatment are key to help treat it in its earliest stages.

You can watch out for signs of melanoma by following the [ABCDEs \(see red flags\)](#). Early diagnosis leads to better survival rates. At stage I, the five-year survival is around 99%. Treatment of stage I and II is surgical excision, stage III is wide local excision, lymph node dissection, and adjuvant interferon, and stage IV is immunotherapy. Chemotherapy can also be considered for the last stage. Palliative radiation is imperative if metastasis to the head and neck. Your physician can follow up with a full-body routine skin examination to prevent or treat recurrence.

Melanoma can be preventable by applying and reapplying sunscreens, avoiding tanning devices, wearing a protective hat and clothing, and staying out of the sun during peak UV radiation. You can learn more about sun safety and facts by reading the health reminders below. Remember to enjoy the sunshine but also be aware and responsible for your health...protect the skin you are in!

Sources: [Health Canada, 2019](#); [The Melanoma Network](#); [Remedy Health, 2023](#); [AIM At Melanoma Foundation, 2023](#);

RED FLAGS

1 Some people who are at higher risk of developing melanoma are listed below:

History of indoor tanning; fair skin; personal/familial history of any skin cancer or melanoma; sun exposure and/or sunburns; those with blue or green eyes; those with blonde or red hair; atypical moles or new moles.

2 The **ABCDEs** of Melanoma is a guide to finding moles that may be cancer. If you notice any of the following symptoms, see your doctor or a dermatologist:

ASSYMETRIC: A mole that has an irregular or asymmetric shape; **BORDER:** A mole that has uneven, ragged, irregular or blurry

borders; **BLEEDS:** A mole that is itchy, painful or bleeds; **COLOR:** The color of the mole is not uniform and may have different shades of brown, black or even pink, red or white; **DIAMETER:** A mole that is larger than 6 mm (pencil eraser); **EVOLVING:** An existing mole that changes in size, shape or color over time; **ELEVATED:** The mole is raised above the skin and may have a rough or scaly texture.

[Click here for more information about Melanoma!](#)

Sources: [Cancer Support Community, 2023](#); [Melanoma Canada](#);

HEALTH REMINDERS!

- **May 8th is “Check Your Skin” Day.** This simple act can save you from potential life-threatening skin cancer. Examining your skin regularly can lead to early detection, treatment, and in most cases, positive outcomes. Self-examinations using the **ABCDEs** of early detection are recommended on a monthly basis. Remember to check your whole body, including places that are not always exposed to the sun, like armpits and soles of the feet. Ask someone to help check hard-to-see areas like the back and scalp.
- **Damage to the skin caused by prolonged exposure to sunlight and sunburn is known as photoaging.** Exposure to UV light causes fine and coarse wrinkles, irregular pigmentation, large freckle-like spots, a yellowish complexion, and a leathery, rough skin texture. The danger of exposure to long or short-term sunlight goes far beyond any short-term pain, redness and discomfort that a sunburn can cause; after a sunburn fades, lasting damage remains.
- **Practice sun safety** with the following: stay out of the sun between 10 am-4 pm or whenever the UV Index is 3 or higher; cover up arms and legs with loose-fitted, tightly woven and lightweight clothing; wear a wide-

brimmed hat to protect the head, face, neck and ears; stay in the shade, like a park with big trees, partial roofs, awnings, umbrellas, etc.; wear sunglasses, especially wraparound styles are great to protect the sides of the eyes; and avoid indoor tanning. There is a strong link between indoor tanning and skin cancer; in 2009, tanning beds became classified as “carcinogenic to humans” – the strongest classification for cancer-causing substances.

- **When exposed to the sun:** use sunscreen labeled “broad spectrum” and “water resistant” with an SPF of at least 30; put sunscreen on when the UV index is 3 or higher, even when cloudy; apply generously at least 15 minutes before going into the sun; reapply every 2-3 hours or after swimming or sweating; wear sunscreen under the edges of your clothing, the back of your neck, your ears and other often missed places.
- **Be aware of these health reminders all year, not just in the summertime.** The sun’s rays can reflect off of snow, sand, water and even concrete!

Sources: [Canadian Skin Cancer Foundation, 2018](#); [Canadian Skin Cancer Foundation, 2023](#); [Canadian Dermatology Association, nd](#); [Skin Cancer Foundation, 2022](#)

MYTH OR FACT?

Sources: [Health Canada, 2021](#); [Canadian Cancer Society, 2023](#); [Kelowna Skin Cancer Clinic, 2023](#)

Click on each myth bubble to find out true, evidence-based information.

Dark-skinned People
Don't Get Melanoma

I Need To Get
Sun Exposure
To Get Vitamin D

Only Sun Exposure
Causes Skin Cancer

When it comes to
sunscreen, the higher
the SPF the better

Sunscreen Contains
Harmful Chemicals

Only Older People
Get Skin Cancer

A Base Tan
Prevents Sunburns

Melanoma only
strikes the skin



TIPS & RESOURCES

- [Melanoma Canada](#)
- [Canadian Cancer Society](#)
- [Canadian Dermatology Association](#)
- [Health Canada](#)
- [Cancer Care Ontario](#)
- [Canadian Task Force on Preventive Health Care](#)
- [Canadian Cancer Survivor Network](#)
- [Canadian Skin Cancer Foundation](#)
- [Save Your Skin Foundation](#)
- [Alberta Society of Melanoma](#)
- [AIM At Melanoma Association - Podcast](#)
- [Alberta Cancer Foundation](#)

For other resources and organizations, use this [Community Services Locator](#) by typing in your location (anywhere in Canada) to get the nearest support group for melanoma or any other condition.



IMG SPOTLIGHT



Nadia Parvez Khan

Nadia Parvez Khan is an international medical graduate from Pakistan. After completing her residency training in her home country in 2015, she moved to Canada. Nadia completed a Bachelor of Medicine and Surgery, a master's in clinical bioethics, and then a master's in community health (specialization in women's health and addictions) at the Dalla Lana School of Public Health in Toronto; she had placements both at the Centre for Addictions and Mental Health (CAMH) and at a hospital. Nadia also completed multiple postgraduate diplomas in Dermatology and Public Health. She has had many occupations, including a clinical assistant position at a cannabis clinic, a health educator position at DoctorCare clinics, a family physician assistant position, and others.

Nadia now resides in Windsor, Ontario, and is back to pursuing licensure here in Canada with the help of AIMGA. She plans to take the NAC OSCE while she continues to work online as a telemedicine physician based out of Pakistan. She has special interests in dermatology and skin care, which is reflected by her active membership of the Skin Cancer Institute, Singapore. Nadia also runs virtual health education sessions in the United Kingdom and Pakistan on the clinical differentiation between basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), as well as on suspicious skin lesions.

Skills gained from AIMGA:

"AIMGA is quite new to me, but the most helpful so far has been different specialty case discussions. Overall, I have quickly learned that AIMGA is a great platform for IMGs to connect and gain necessary skills to integrate into the Canadian health care system. Resources that are hard to find elsewhere are easily available at a single place...AIMGA."

Biggest Lesson Learned & Advice for Other IMGs

"Stay focused and try hard. Stop listening to negative talk and don't get discouraged by yourself or by others. Keep trying and never give up on your career dreams!"



WORLD LUPUS DAY

May 10th marks World Lupus Day! Lupus is a chronic, multi-system autoimmune disease characterized by inflammation in one or more parts of the body. "Autoimmune" means that there is a disorder of the immune system which cannot tell the difference between the person's own tissues and foreign tissues. In a healthy person, certain cells of the immune system make proteins called antibodies that react with foreign substances in the body and destroy them to protect you from germs. In a person with lupus, their immune system makes antibodies that attack their own tissues, causing inflammation. This disorder consists primarily of joint and extra-articular symptoms that affect lung, heart, kidney, GI, nervous system, hematology, and skin.

Lupus affects 1/1000 Canadians. Patients typically have overlapping conditions and/or a variety of symptoms that often mimic those of other conditions; this can make diagnosis difficult, but the ACR classification assists with this diagnostic challenge. The most distinctive sign of lupus is a facial rash that resembles the wings of a butterfly unfolding across both cheeks; this occurs in many cases.

While there's no cure for lupus, treatments can help control symptoms. There are many different types of lupus. Discoid lupus erythematosus (DLE)

and subacute cutaneous lupus (SCLE) are diseases where skin rashes and sun sensitivity are the main problems; it doesn't affect the internal parts of the body and life is not threatened. Other forms, such as Systemic lupus erythematosus SLE, are more severe and may cause more serious complications like organ damage. Some people are born with a tendency toward developing lupus, which may be triggered by infections, certain drugs or even sunlight.

Management of lupus involves a multidisciplinary team with lifelong lifestyle changes and adjustments. Using sunscreen, avoiding sun exposure at certain times of the day, and wearing protective clothing is important for those with lupus; this is because exposure to sunlight can lead to rashes and trigger other symptoms, including fatigue and joint pain. Adopting other health behaviours, such as reducing your sodium intake and increasing your potassium intake, is helpful for those with this condition because those with lupus are already at a higher risk for heart disease.

Sources: [Lupus Canada, 2020](#); [Mayo Clinic, 2023](#); [Lupus Canada, 2022](#); [Healthline, 2016](#)

OTHER AWARENESS DAYS



National Physicians' Day | May 1st

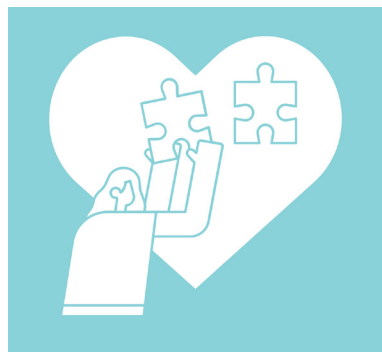
Purpose: to recognize and thank the talented heroes who choose to serve in the profession of medicine, who choose to care for others and their families, and uphold community health. This date honours the birthday of the first female physician to practice in Canada, Dr. Emily Stowe.

Key Facts:

- During the pandemic, doctors demonstrated tremendous dedication, courage, and compassion.
- There are 2.41 physicians per 1,000 population ([Canadian Medical Association, 2019](#)).
- AIMGA has over 1900 international medical graduates who are trying to get licensed and ultimately practice in Canada.

Additional Links:

[Canadian Medical Association](#); [Win Calendar](#); [AIMGA](#); [Find a Doctor](#)



Mental Health Week | May 1st to 7th

Purpose: to spotlight the importance of universal mental health care, what it encompasses, as well as spotlight community-based mental health care champions, programs, and services offered across the nation.

Key Facts:

- Each year, 1 in 5 Canadians experience a mental illness or mental health issue, but 5 in 5 of us – that's all people – have mental health.
- Share your story by using hashtag #MyStory & #MentalHealthWeek to shine a light on your personal journey, or a program you offer.

Additional Links:

[CMHA, 2023](#); [CAMH, 2023](#); [Win Calendar](#); [AIMGA](#)



World Ovarian Cancer Day | May 8th

Purpose: to raise global awareness and stand in solidarity in the fight against ovarian cancer.

Key Facts:

- An estimated 3,000 Canadian women were diagnosed with ovarian cancer in 2022. An estimated 1,950 died from it.

Additional Links:

[World Ovarian Cancer Coalition](#); [Ovarian Cancer Canada](#); [Canadian Cancer Society](#); [What is Ovarian Cancer?](#); [More Information?](#)



Hypertension Awareness Month | May 17th

Purpose: to raise awareness of hypertension and to encourage prevention, detection, and control.

Key Facts:

- Hypertension affects around 30% of the adult population in the world.
- It is the primary risk factor for cardiovascular diseases like coronary artery disease and stroke.
- Over 7.2 million Canadians have hypertension, and 7.5 million more have high blood pressure that will lead to hypertension without preventative action.

Additional Links:

[World Hypertension Day, 2023](#); [Hypertension Canada, 2023](#); [AIMGA](#)



World No Tobacco Day | May 31st

Purpose: to inform the public on the dangers of tobacco, the business practices of tobacco companies, research and evidence from the WHO and other health promoting organizations, and what people can do to claim their right to their lung health.

Key Facts:

- Approximately 1 in 15 Canadians will be diagnosed with lung cancer
- About 72% of lung cancer cases in Canada are due to smoking tobacco.
- People who smoke are 25 times more likely to die from lung cancer compared to someone who has never smoked.

Additional Links:

[Tobacco \(who.int\)](#); [Smoking - Our World in Data](#); [World No Tobacco Day WHO](#)



The Anti-Racist Array

Have you experienced racism in Calgary?

WE WANT TO HEAR
FROM YOU

Please join AIMGA in celebrating the City of Calgary's Strategic plan launch! We welcome you to join us in visiting **The Anti-Racist Array on the steps of City Hall on Tuesday, May 9th from 11:00am-12:00pm**. Look for AIMGA staff who will be wearing their white AIMGA sweatshirts. During this visit to the display, we offer this networking and educational time as an opportunity to grab a coffee and connect with your fellow IMGs, AIMGA staff, and other community partners to discuss anti-racism focus areas and how they align with our own initiatives here at AIMGA. This trip will allow us to rally together to come up with some ways that we can create a racially-just Calgary.

The Anti-Racist Array display will be on from May 8-20, so AIMGA also encourages you to visit this display with your family, children, and friends as well.

For those of you planning to attend the AIMGA networking session on May 9th, we encourage you to register [HERE](#).

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