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Skin cancer in Sabah: A small lesion that should not be missed

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SKIN CANCER is often associated with fear, disfigurement, and difficult treatment. Yet in many cases, it does not begin in a dramatic way. It may first appear as a small, quiet, and painless lesion that seems harmless enough to ignore. Because it may look minor and remain asymptomatic for some time, patients may delay seeking medical attention until the lesion has already progressed. This is the repeated clinical pattern that makes skin cancer a diagnosis clinicians cannot afford to miss.

Behind every delayed diagnosis is often a very ordinary story. A small lesion is noticed but ignored because it does not hurt. A wound is watched for weeks because the patient hopes it will heal on its own. A mole changes slowly, but life continues and the clinic visit is postponed. In Sabah, some may even say, "Kecil saja baina, endah payah pergi klinik," meaning it is only small and there is no need to go to the clinic. However, skin cancer is dangerous not only because of what it can become, but because of how quietly it may begin. This is why early recognition matters. A lesion that seems minor today

may later require biopsy, wide excision, reconstruction, and further treatment.

Globally, skin cancer is one of the most common forms of cancer. The World Health Organization (WHO) reports that between 2 and 3 million non-melanoma skin cancers and about 132,000 melanoma skin cancers occur worldwide each year. WHO also states that one in every three cancers diagnosed is a skin cancer, which places the disease firmly within the wider public health agenda, not merely within specialist dermatology or surgical care.

The broader cancer burden gives this issue added urgency. The International Agency for Research on Cancer estimated close to 20 million new cancer cases globally in 2022, including non-melanoma skin cancers, and 9.7 million cancer deaths in the same year. In Malaysia, the Global Cancer Observatory (GLOBOCAN) estimated 51,650 new cancer cases in 2022 across both sexes and all ages. Skin cancer may not receive the same public attention as breast, colorectal, lung, liver, or prostate cancer, but it remains clinically important because early lesions may be subtle and easily overlooked.

In Malaysia, available local literature has reported skin cancer as the 9th most common cancer among males and the tenth among females, based on earlier Malaysian National

Cancer Registry data cited in dermatology publications. More recent national reporting shows that Malaysia recorded 168,823 cancer cases between 2017 and 2021, while GLOBOCAN estimated 51,650 new cancer cases in Malaysia in 2022. Although newer public summaries do not clearly foreground skin cancer as a separate category, older dermatology reports show that skin cancer remains clinically important because early lesions are often visible, potentially detectable, and treatable when recognised early.

The challenge is that skin cancer can be easily overlooked at the early stage. In local clinical settings, its onset is often insidious rather than obvious. A lesion may remain small or appear indolent before it evolves into something more serious. This is why awareness among both the public and healthcare workers is important. A lesion that appears simple should still be viewed with caution when there are risk factors or clinical suspicion.

Several risk factors should raise concern. These include a long history of unprotected ultraviolet exposure, fair skin phenotypes that are more susceptible to sunburn, and pre-existing cumulative actinic skin damage. Other important risks include cumulative radiation exposure, contact with specific carcinogens such as arsenic,



Dr. Yew Chun Kai, Plastic Surgeon, Hospital Queen Elizabeth

genetic predispositions such as albinism, and a significant family history of skin malignancy. These factors should prompt greater clinical vigilance during routine assessments.

The importance of ultraviolet exposure should not be underestimated. WHO identifies ultraviolet radiation as a major environmental risk factor for skin cancer, with incidence of both melanoma and non-melanoma skin cancers increasing over recent decades. This supports a simple but important message for the public and healthcare workers: long term exposure, cumulative skin damage, and high-risk clinical features should not be dismissed during routine examination.

When a suspicious skin lesion is identified, referral for proper evaluation is important. Patients are typically assessed by dermatologists and plastic surgeons. Clinical investigations and tissue biopsy are central to confirming the diagnosis and planning appropriate treatment. Once malignancy is confirmed, treatment is guided by the exact pathology of the tumour.

For many patients, the main treatment involves wide local excision. This means removing the tumour together with an appropriate margin, depending on the cancer's exact pathology. In many cases, reconstructive surgery is performed immediately to restore both function and appearance. When additional treatment is required, patients may be referred to oncologists for therapies such as chemotherapy or radiotherapy.

Skin cancer care therefore depends on a coordinated multidisciplinary approach. Dermatologists, plastic surgeons, oncologists, anaesthetists, pathologists, radiologists, nurses, assistant medical officers, and other healthcare professionals all play important roles across the patient journey. From early recognition to diagnosis, surgery, reconstruction, and further treatment, each step affects the outcome.

In response to this important public health and clinical issue, Dr. Yew Chun Kai, Plastic Surgeon, and the Plastic Reconstructive

Surgery team at Hospital Queen Elizabeth are organising the Sabah Skin Cancer Conference 2026: Defining Margins, Refining Outcomes. The conference will be held on 4 July 2026 at Shangri-La Tanjung Aru. It is designed to bring together multidisciplinary teams involved in the continuum of skin cancer care, from initial diagnosis to definitive treatment and functional recovery.

The conference is open to a broad range of healthcare professionals, including specialists, medical officers, general practitioners, nurses, medical assistants, and aspiring medical students. Its aim is to strengthen clinical confidence, improve early recognition, and support proactive intervention in the management of skin cancer. More than a professional gathering, the Sabah Skin Cancer Conference 2026 is an opportunity to raise awareness and strengthen regional standards of care. Skin cancer may begin quietly, but it should never be treated casually. A small lesion noticed today may prevent a major clinical problem tomorrow. For more details or for those who wish to participate in the conference, please visit www.sabahsccc2026.com

Footnote

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