

— A COMMUNITY TALK

Dermatology of the 21st Century

Tyler Long, DO

Board-Certified Dermatologist · The Villages, Florida

1 in 5

Americans will develop skin cancer by the age of 70.

The most common cancer in the country — and one of the most treatable.

— WHERE WE LIVE

Why this matters here

Year-round UV

Florida's sun is among the strongest in the nation.

A lifetime's worth

Damage is cumulative — your skin keeps the total.

THE GOOD NEWS

99%

five-year survival when melanoma is caught early.

PART 01

Skin Cancer 101

Three cancers, three personalities.



TYPE ONE OF THREE

Basal cell carcinoma

- Most common
- Slow-growing
- Rarely spreads



TYPE TWO OF THREE

Squamous cell carcinoma

- Second most common
- Can spread if ignored
- Favors sun-exposed skin



TYPE THREE OF THREE

Melanoma

- Less common
- Most dangerous
- Highly curable early

Who is most at risk

- Fair skin & light eyes
- Many or unusual moles
- A lifetime of sun
- A history of sunburns
- Family history of melanoma
- A weakened immune system

PART 02

Detection: Then & Now

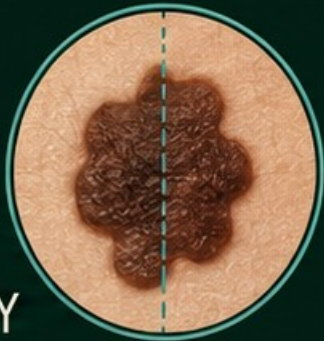
From your bathroom mirror to beneath the skin.

❖ MELANOMA WARNING SIGNS ❖

The ABCDEs of Melanoma

WHAT TO LOOK FOR IN CHANGING MOLES

A



ASYMMETRY

One half doesn't match the other.

B



BORDER

Edges are ragged, blurred, or uneven.

C



COLOR

Multiple colors or uneven pigmentation.

D



DIAMETER

Larger than about 6 mm.

E



EVOLVING

Changing in size, shape, color, or symptoms.



THEN & NOW · THE FOUNDATION

The full-body skin exam

Trained eyes, head to toe — still the most valuable ten minutes in dermatology.

MAGNIFICATION

Dermoscopy

The dermatologist's magnifying glass — patterns the naked eye can't see.



CONFOCAL MICROSCOPY & OCT

Seeing beneath the skin

Near-microscope detail, in real time — without a scalpel.





ACCESS

Teledermatology

Expert eyes on a spot — without the wait or the drive.



ACCESS · THE FRONT LINE

AI in the primary-care office

A handheld scanner that helps your family doctor decide which spots need a specialist.

DermaSensor

FDA-cleared for primary-care use



ON THE HORIZON

Where detection is heading

Software trained to notice what changed — a tireless second set of eyes.

PART 03

Treatment in the 21st Century

From scalpel to cream to the immune system itself.

— SURGERY

Removing it with margin control

Don't just remove the spot — check the edges until they're clear. Margin-controlled techniques like Mohs do exactly that.

What Is Mohs Surgery?

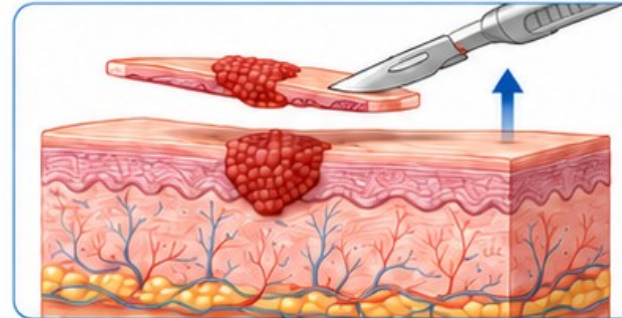
A precise, tissue-sparing procedure used to remove skin cancer layer by layer.

1 Numb the Area



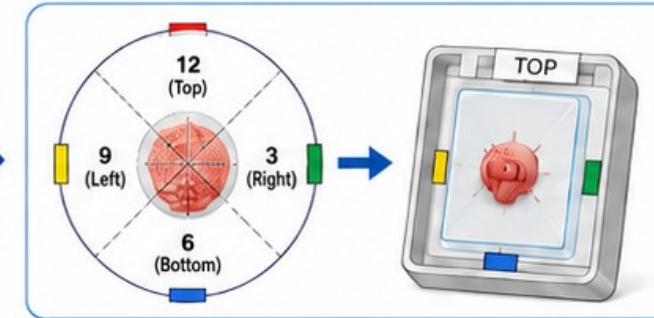
The skin is cleaned and local anesthetic is used to numb the treatment site.

2 Remove a Thin Layer



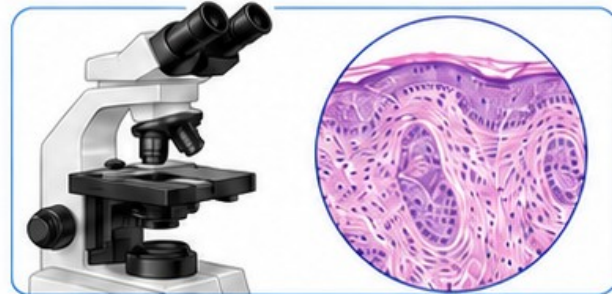
A very thin layer of visible skin cancer is removed.

3 Map and Process the Tissue



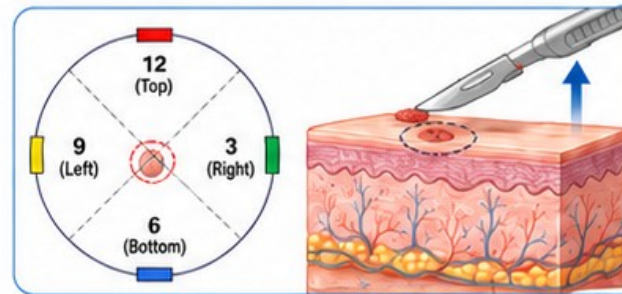
The tissue is carefully oriented, color-coded, and mapped so the exact location is known.

4 Examine Under the Microscope



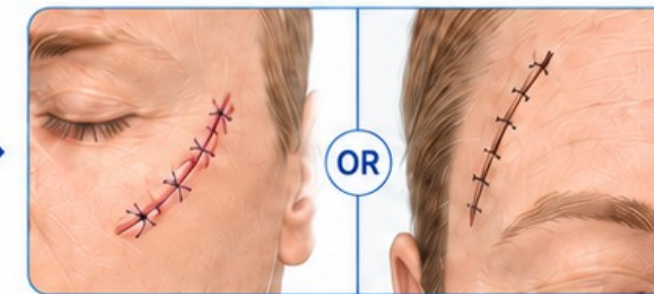
The entire edge and deep margin are examined microscopically for remaining cancer cells.

5 Repeat Only Where Needed



If cancer cells remain, another thin layer is removed only from the precise area involved.

6 Clear Margins and Repair



When no cancer cells remain, the wound is repaired or allowed to heal based on the site and size.



Why Mohs?



Highest cure rates for many common skin cancers



Preserves as much healthy tissue as possible



Immediate margin evaluation during the procedure



Commonly used for basal cell carcinoma and squamous cell carcinoma, especially on cosmetically or functionally important areas such as the face.

— TOPICAL THERAPY

Creams that treat precancer

5-FU and imiquimod clear sun damage at home — heading off cancers before they form.









— LIGHT THERAPY

Photodynamic therapy

A light-activated medicine that targets sun-damaged cells — and spares the healthy ones.

AK Field Therapy: Topical Therapy vs PDT

Comparing common treatment approaches for actinic keratoses (precancers) and field cancerization

	Topical Therapy	Photodynamic Therapy (PDT)
	 <p>Examples</p> <ul style="list-style-type: none"> • 5-fluorouracil (5-FU) • Imiquimod • Tirbanibulin • Diclofenac 	 <p>Examples</p> <ul style="list-style-type: none"> • Photosensitizer + light activation • In-office field treatment
 How it works	At-home creams or gels treat visible and subclinical precancers over days to weeks	A photosensitizing agent is applied, then activated by light to target precancerous cells
 Best for	Broad field treatment, motivated patients, and diffuse sun damage	Field treatment when patients want an in-office option and often faster recovery
 Treatment course	Usually self-applied over several days to weeks depending on regimen	Usually 1 or more office sessions; protocols vary by site and severity
 Downtime / reaction	Redness, scaling, crusting, irritation; reaction may last longer during treatment	Treatment-day burning/stinging, redness, peeling, and strict light avoidance immediately after
 Advantages	Treats large areas, addresses subclinical lesions, no procedure visit required for each application	Office-based, no daily home application, often preferred for convenience and cosmetic recovery
 Limitations	Requires adherence, visible inflammation, and patience through the treatment course	Can be uncomfortable during treatment, requires office equipment/visits, and cost/coverage may vary



Clinical Pearl

Both approaches are field therapies that can reduce AK burden and help manage sun-damaged skin. Selection depends on lesion burden, treatment tolerance, cosmetic goals, convenience, and patient preference.





A NON-SURGICAL OPTION

Image-guided radiation

Ultrasound-guided radiation — for cancers, and patients, that surgery doesn't suit.

GentleCure

Image-Guided SRT · no cutting, no stitches

The immunotherapy revolution

Immunotherapy

Checkpoint inhibitors release the brakes on your immune system.

Keytruda

Opdivo

Yervoy

Targeted therapy

Drugs aimed at a specific mutation — most often BRAF.

Tafinlar + Mekinist

Braftovi + Mektovi

THEN · CHEMOTHE

Under 10%

survived five years



NOW · IMMUNOTHERAPY

About 50%

survive five years



PERSONALIZED RISK

Reading the tumor's genes

Gene-expression profiling reads the genes inside a tumor to estimate how likely it is to spread — now for both melanoma and squamous cell cancer.

DecisionDx-Melanoma

31-gene · melanoma

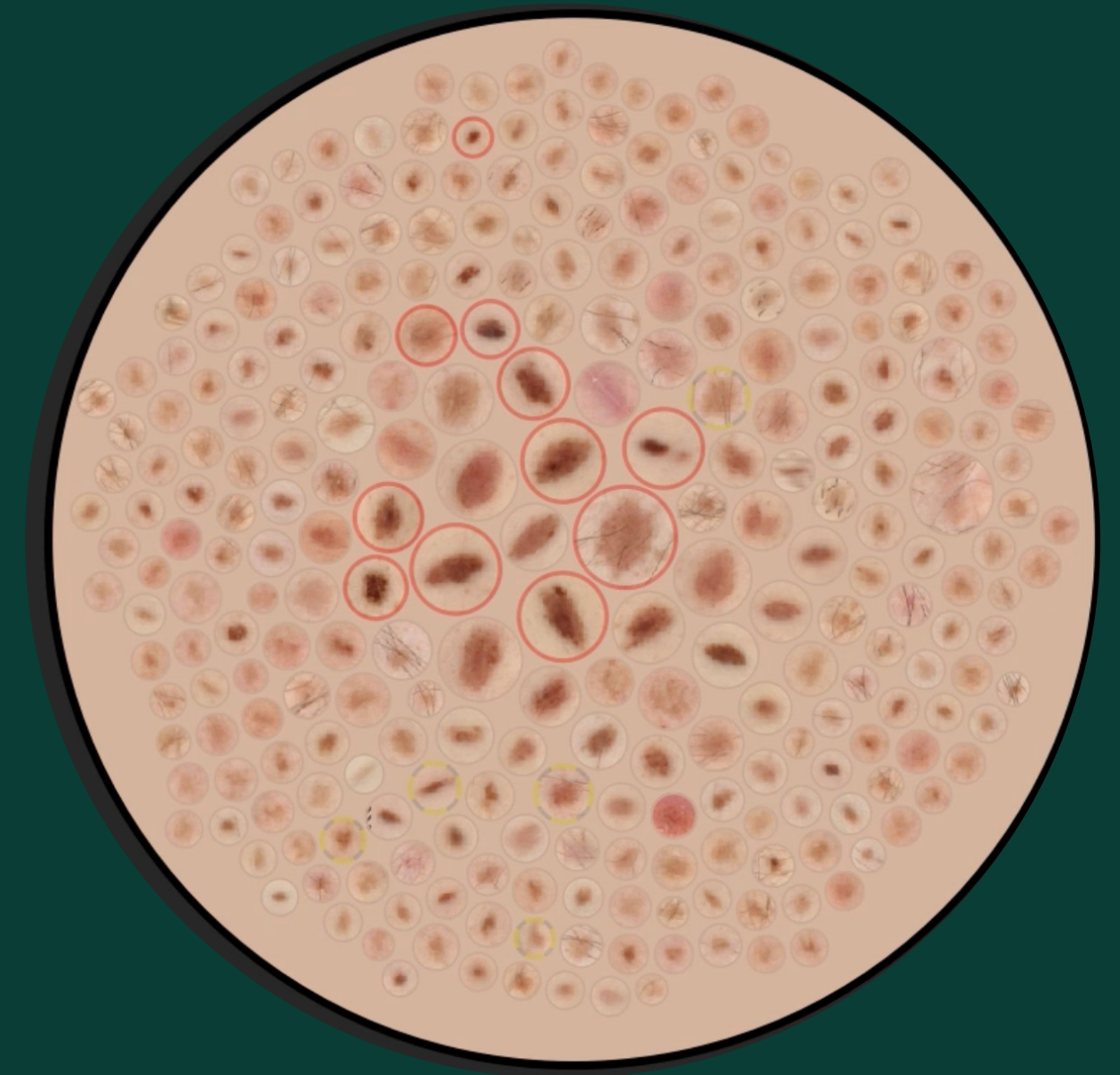
DecisionDx-SCC

40-gene · high-risk SCC

Can you remember fifty moles?

Neither can anyone. Melanoma hides in the change we can't recall.

THE SURVEILLANCE



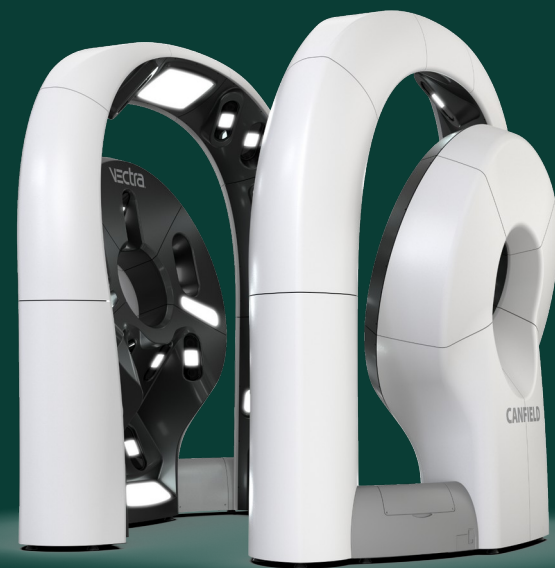
— TOTAL BODY PHOTOGRAPHY

How 3D photography works

01 A ring of cameras captures your skin in seconds.

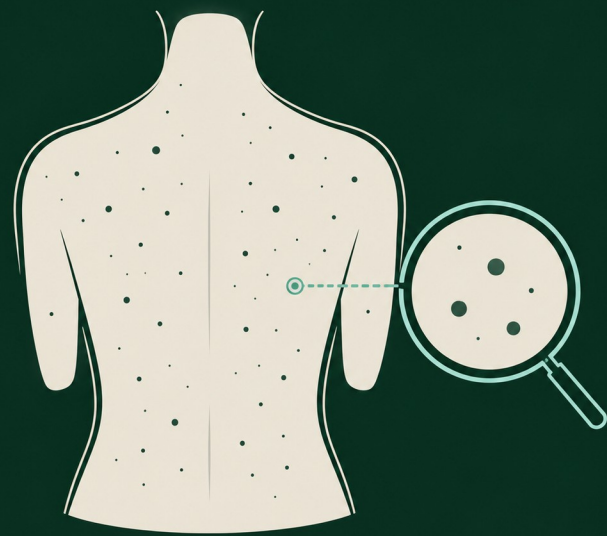
02 Software builds a full-body map of every spot.

03 Each visit is compared to the last — change stands out.

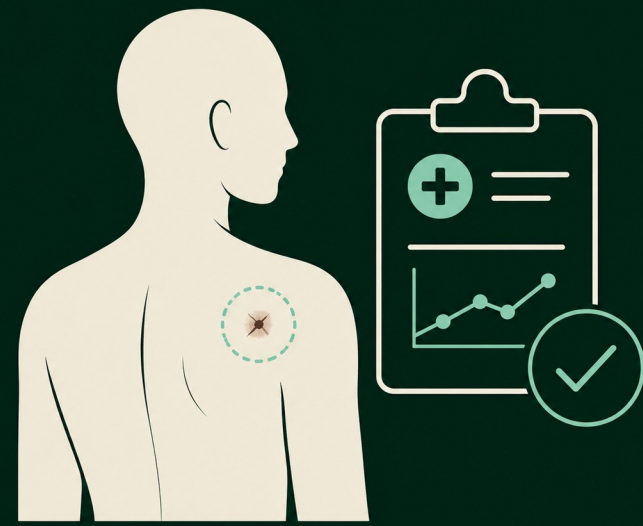


— THE RIGHT TOOL, THE RIGHT PERSON

Who benefits most



Many moles to track



A past melanoma



A strong family history



Many atypical moles

— CLOSE TO HOME

SpotDoc

3D total-body imaging, right here in The Villages.



PART 04

Prevention & Close

The part that's entirely in your hands.



Skin Cancer Prevention



Simple ways to reduce sun damage and lower risk

1

Sunscreen
Broad-spectrum SPF 30+

2

Peak Time Avoidance
Limit midday sun (10 AM–4 PM)

3

Nicotinamide
Consider nicotinamide for high-risk patients

4

UPF-Rated Clothing
UPF clothing, hats, and cover-ups



Sun protection works best when used consistently.



PREVENTION FROM WITHIN

Nicotinamide

A form of vitamin B3, twice daily — shown to lower new skin cancers in high-risk people.



NEXT-GENERATION SUNSCREEN

A better UV filter

Bemotrizinol — mineral-grade, broad-spectrum protection that wears as clear and light as a chemical sunscreen.

Bemotrizinol Newly approved · broad-spectrum, no white cast



WEAR YOUR PROTECTION

UPF clothing

Sun-protective fabric blocks most UV all day — no reapplying, ideal for Florida.

Coolibar

Solbari

Columbia Omni-Shade

UV Skinz

Five things to do tomorrow

- 1** Wear SPF 30+ every day
- 2** Cover up — hats and sleeves
- 3** Find the shade from 10 to 4
- 4** Skip the tanning bed — always
- 5** Book a yearly skin check

— TAKE IT HOME

What to remember

- 01** Caught early, it's beatable.
- 02** Know your ABCDEs.
- 03** Get checked once a year.



Actinic keratosis is the most common precancer — a rough, scaly spot from years of sun. This guide covers field and spot treatments and the evidence behind each — written by a board-certified dermatologist.

Clinical Guides > Skin Cancer > Actinic Keratosis Evidence-based Medical disclaimer

Actinic Keratosis

The most common precancer — rough, scaly patches from years of sun. Treating them is one of the most effective ways to prevent squamous cell carcinoma.

Compare treatments References

TL Written by Tyler Long, DO

Last updated June 17, 2026

Research Snapshot

18 references on this page

Treatment options, ranked

- 5-fluorouracil (5-FU) cream High efficacy
- Imiquimod cream Moderate efficacy



Melanoma in situ is the earliest, Stage 0 form of melanoma. This guide covers wide local excision, staged excision, and the evidence behind each — written by a board-certified dermatologist.

Clinical Guides > Skin Cancer > Melanoma In Situ Evidence-based Medical disclaimer

Melanoma In Situ

The earliest form of melanoma — confined to the top layer of skin. Because it hasn't grown deeper, removing it completely is essentially curative.

Compare treatments References

TL Written by Tyler Long, DO

Last updated June 14, 2026

Research Snapshot

11 references on this page

Treatment options, ranked

- Wide local excision High efficacy
- Staged excision High efficacy

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ON THIS PAGE

1 Key points

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For general education, not medical advice. This guide can't diagnose you or replace care from your own clinician. If you're worried about a spot or symptom, see a board-certified dermatologist. Read the full disclaimer

Melanoma in situ is the earliest form of melanoma — "in situ" means it's still confined to the epidermis, the top layer of skin. It has not grown into the deeper layers where it could reach blood vessels or lymphatics, so while it remains in situ it cannot spread. That's why, despite the word "melanoma," the outlook is excellent: removing it completely is essentially curative.

Key points

RELATED CONDITIONS

- Lentigo Maligna
- Melanoma
- Atypical Moles (Dysplastic Nevi)

Concerned about your skin?

SpotDoc offers full-body skin cancer screening in Brownwood Square, The Villages.

Book a Skin Check

Thank you.

Questions welcome.

Tyler Long, DO

Board-Certified Dermatologist · The Villages, Florida