



A Message From the President



Many people think skin cancer prevention is just about sun protection. But *secondary prevention*, also known as early detection, is also vital: the sooner a suspected skin cancer is identified and diagnosed, the more easily and successfully it can be treated.

What's more, by discovering a skin lesion while it is still precancerous, you can stop it from ever becoming a cancer.

While an annual total-body skin exam by a physician is key to early detection, monthly head-to-toe skin self-examination is also critical. In fact, studies show that patients find the majority of lesions that prove to be skin cancers. Self-exams enable you to spot suspicious lesions, and by bringing them promptly to the attention of your doctor, you might just save your own life. When patients with potentially deadly skin cancers are diagnosed and treated at an early stage, almost all make a full recovery. Unfortunately, among patients diagnosed with advanced disease, just 15 percent survive longer than 5 years.

You can take charge of your skin's health now by learning how to perform a self-exam. For a fast, effective skin check:

Examine your skin carefully: A thorough, full-body self-exam should not take long, but you should be methodical. By following The Skin Cancer Foundation's simple guidelines (SkinCancer.org/selfexam), you won't neglect easily overlooked areas like the scalp, palms, soles of the feet, fingers, or toes. Skin cancers on these areas can be particularly dangerous, and they should be diagnosed and treated as quickly as possible.

Know what to look for: Clearly, a self-exam is a lot more useful if you have an idea what suspicious lesions look like. Familiarize yourself with illustrations of the most common skin cancers and precancers, including basal cell carcinoma, squamous cell carcinoma, melanoma, and actinic keratosis. New or changing moles, spots, sores, lesions, or growths can be a cause for concern; please visit SkinCancer.org/exams for more information.

Track changes: While some skin cancer warning signs appear suddenly, slow-growing or gradually evolving lesions are also cause for concern. If the lesion increases in size or changes color and doesn't go away in a short period of time, seek medical attention in a timely fashion.

In cold weather, the phrase "taking care of your skin" to most people might mean wearing warm clothes and using moisturizer. But even when you bundle up, taking care of your skin also means using sun protection for whatever skin is exposed, and checking your skin for changes on a regular basis.

We wish you a happy, and safe, holiday season and a healthy new year.



Publisher and President: Perry Robins, MD
Executive Director: Mary Stine
Medical Editors: Ritu Saini, MD, Steven Q. Wang, MD
Executive Editor: Mark Teich (mteich@skincancer.org)
Managing Editor: Paul Melia
Senior Associate Editor: Elizabeth Michaelson
Graphics Coordinator: Elena Gaillard

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Ask the Expert

Q. I'm going to be treated for skin cancer. How will different skin cancer treatments affect my skin's appearance, and how can I deal with the side effects?

A. Skin cancer therapies can affect the skin in different ways. The most common treatment is surgical excision, which typically leaves a scar. Scars vary in appearance, depending on the location and size of the tumor removed. A good dermatologic surgeon will give you the best possible cosmetic outcome and also advise you about after-care.

Silicone is an effective scar treatment. If the skin cancer is on the chest, back or shoulders, which are prone to excessive scar tissue, we often recommend applying silicone gel sheets after the stitches are removed. They protect the scar and help it absorb moisture from surrounding healthy areas, enabling more efficient healing. Silicone sheeting is rarely needed on the face, where wounds heal more easily if you simply keep them moist and covered; antibiotic ointments, Vaseline petroleum jelly, or Aquaphor will work.

Other treatments for skin cancer include electrodesiccation and curettage, radiation therapy, and topical therapy. Electrodesiccation and curettage involves scraping the tumor with a curette, then burning the skin with an electric needle. The treatment can be used when the skin cancer is superficial (doesn't penetrate the skin) or if the patient has multiple skin cancers. It doesn't require stitches, and is less expensive than surgery. However, it has a higher recurrence rate than excision, and a poorer cosmetic outcome. Silicone gel sheeting (particularly along the jaw line) and antihistamines (to reduce itching) may be helpful. If the scar does not fade noticeably in time, laser surgery or dermabrasion may be an option.

Radiation is used to treat inoperable skin cancers, or those that would result in real disfigurement after surgery. It can cause a long-term increased risk of additional cancers, but in certain situations can be quite helpful, especially for an elderly person with a significant skin



Amy Forman Taub, MD

cancer on the face. However, radiation can cause a condition known as radiation dermatitis, leading to itching and discomfort as well as pigment changes and redness. If you develop radiation dermatitis, your doctor may have you apply various dressings, topical steroids (which reduce swelling), antibiotics, and/or ointments to alleviate symptoms.

Finally, two key types of topical creams or gels can be used to treat superficial skin cancers: imiquimod and 5-Fluorouracil (5-FU). Since no surgery is done, the potential lack of scarring makes topical therapies an attractive option. Topical treatments can be very effective, but cause a significant amount of skin inflammation during the 6-12-week treatment period, and potentially prolonged pain, redness, and unsightliness. Topical treatments also make your skin more vulnerable to the sun's harmful effects, so rigorous sun protection (including

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covering exposed skin, seeking the shade, and wearing a broad-spectrum high-SPF sunscreen) is advised. Your doctor may recommend moisturizers or steroid creams to help relieve the inflammation and discomfort.

Don't despair if you have had a skin cancer, as there are many new avenues to help you achieve your best post-treatment appearance: skin care products, lasers, and other follow-up treatments. Be sure to discuss any questions or concerns with your doctor. ☑

Our guest expert for this issue, Amy Forman Taub, MD, founded Advanced Dermatology, Skinfo® Specialty Skincare Boutique, and SKINQRI in Lincolnshire, Illinois. She is a member of numerous organizations, including the American Academy of Dermatology, the American Society for Dermatologic Surgery, the American Society for Laser Surgery and Medicine, the Leader's Society of the Dermatology Foundation and the Medical Advisory Council of The Skin Cancer Foundation.

More stories, news and information available at SkinCancer.org

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Perry Robins, MD, President

Mary Stine, Executive Director

The Numbers Add Up: Just One Tanning Session Multiplies Skin Cancer Risk



A single ultraviolet (UV) tanning session increases tanners' risk of squamous cell carcinoma (SCC) by 67 percent and basal cell carcinoma (BCC) by 29 percent, according to a large new study. Indoor tanners under the age of 25 run an even higher risk: their chances of SCC are doubled, and their odds of developing BCC climb by 40 percent.

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IN THIS ISSUE:

Just One Tanning Session Multiplies Skin Cancer Risk

H&M's Super-Tan Model Sparks Uproar

Blood Pressure Medication Ups Risk of Lip Cancers

Smoking Boosts Skin Cancer Risk

Researchers estimated that close to 171,000, or about 5 percent, of the 3.5 million cases of nonmelanoma skin cancer (NMSC, mostly BCC and SCC) diagnosed in the US every year can be attributed to indoor tanning. This is the first time researchers have been able to link indoor tanning definitively to a specific number of cases; data on NMSC are often hard to pinpoint, since few cases are reported to

(Continued, next page)

cancer registries. Previously, investigators determined that one indoor tanning session raises tanners' risk of melanoma by 20 percent. Melanoma killed approximately 9,180 people in the US in 2012.

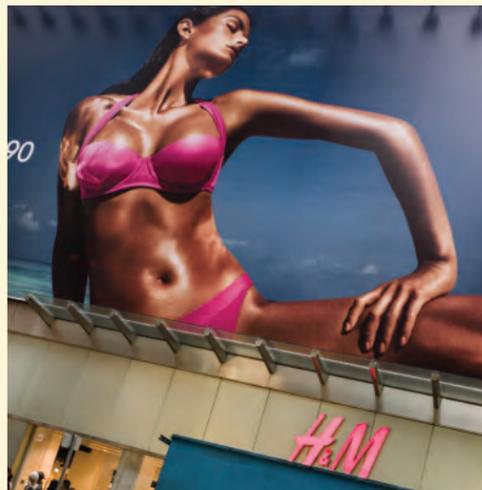
The research, published in the *British Medical Journal*, is a meta-analysis, a review of multiple studies done over more than 30 years. "We were surprised by

the number of cases attributed to tanning beds," lead author Eleni Linos, MD, commented. What's more, "This is just an annual estimate for the United States: if we extrapolate this over a 5-year-period or more countries, the numbers [of NMSC that can be attributed to indoor tanning] are much higher." 

H&M's Super-Tan Model Sparks Uproar in Sweden

A recent H&M swimsuit campaign featuring a deeply tanned model ignited a storm of protest in Sweden, prompting the Swedish Cancer Society to accuse the retailer of endorsing cancer-causing ultraviolet (UV) tanning—and a potentially life-threatening standard of beauty. The ads, which ran in 43 countries, could "contribute to more people dying of skin cancer," the Swedish Cancer Society said in a May newspaper editorial. "Every year more people in Sweden die of skin cancer than in traffic accidents, and the main cause is too much sunning."

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The controversial H&M ad

The other key cause is *indoor tanning*, which is extremely popular in Sweden—one study suggests that 44 percent of young adults there have tanned indoors. Those who begin tanning before the age of 35 increase their melanoma risk by 87 percent. H&M apologized in an email sent to the global news agency Agence France-Presse, explaining: "It was not our intention to show off a specific ideal or to encourage dangerous behavior."

A healthier ideal—to appreciate and nurture your natural skin color, avoiding UV tanning—is the central tenet of The Skin Cancer Foundation's *Go With Your Own Glow*™ PSA ad campaign. Learn more about the campaign at SkinCancer.org/glow. 

FAST FACT

Just one indoor tanning session increases users' chances of developing melanoma by 20 percent, and each additional session during the same year boosts the risk almost another two percent. Get the facts at SkinCancer.org/skin-cancer-facts.

Blood Pressure Medication Ups Risk of Lip Cancers



If you're one of the more than 60 percent of US adults who take medication for high blood pressure (hypertension), be aware that some of these drugs could increase your chances of lip cancer. A new study in *Archives of Internal Medicine* found that Caucasian patients who regularly use certain commonly prescribed antihypertensives may be more than four

Caucasian patients who regularly use certain commonly prescribed antihypertensives may be more than four times likelier to develop lip cancer than people not taking these medications.

times likelier to develop lip cancer than people not taking these medications. Most lip cancers are squamous cell carcinomas,

common skin cancers that affect an estimated 700,000 people in the US annually and kill 2,500.

Researchers examined more than 700 lip cancers among almost 24,000 subjects taking antihypertensives, including hydrochlorothiazide and triamterene, both diuretics, and nifedipine, which relaxes heart muscles and blood vessels. These drugs also cause photosensitivity, making users' skin more vulnerable to the cancer-causing effects of ultraviolet (UV) light emitted by the sun and tanning machines. Investigators found that among subjects who had used antihypertensive drugs for five or more years, hydrochlorothiazide users had more than 4 times the risk of developing lip cancers as nonusers; those taking hydrochlorothiazide and triamterene combined were almost 3 times as likely, and subjects taking nifedipine were 2.5 times as likely. It is especially important for all these patients to practice sun protection scrupulously. 

Blood Pressure Drugs to Watch Out For

Antihypertensive drugs are sold under various generic and brand names. Some (though not all) photosensitivity-causing antihypertensives are listed below.

- **Hydrochlorothiazide** (HydroDIURIL®, Microzide®)
- **Nifedipine** (Adalat®, Adalat® CC, Afeditab® CR, Nifedical XL®, Nifeditab® CR, Procardia®, and Procardia® XL)
- **Hydrochlorothiazide-Triamterene** (Dyazide®, Maxzide®)

If you are taking any blood pressure medication, speak to your doctor about sun safety, and look over The Skin Cancer Foundation's Prevention Guidelines (SkinCancer.org/guidelines). 

More stories, news and information available at SkinCancer.org

Smoking Boosts Skin Cancer Risk

Smokers beware: in addition to raising your odds of developing lung cancer, strokes, and heart attacks, smoking also boosts your risk of squamous cell carcinoma (SCC) by 52 percent, according to a major new study. SCC, the second most common skin cancer, affects an estimated 700,000 people in the US annually.

The authors of the meta-analysis (study of multiple studies), appearing in *Archives of Dermatology*, found that even those who smoke just a few cigarettes a day are affected. They suspect that smokers' increased risk can be attributed to tobacco's harmful effect on the immune system, since people with damaged or suppressed immune systems are much more likely to develop skin cancers. (Overexposure to ultraviolet radiation, which is associated with about 90 percent of NMSCs, also suppresses the immune system.)

While SCC is generally easily treatable when caught in a timely manner, it occasionally spreads and may become life-threatening if allowed to advance.



The disease will kill approximately 2,500 people in the US this year.

According to the Centers for Disease Control (CDC), almost one in five American adults are smokers. **If you smoke, talk to your doctor about quitting — it will benefit not just your heart, lungs and brain, but also your skin.** 



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