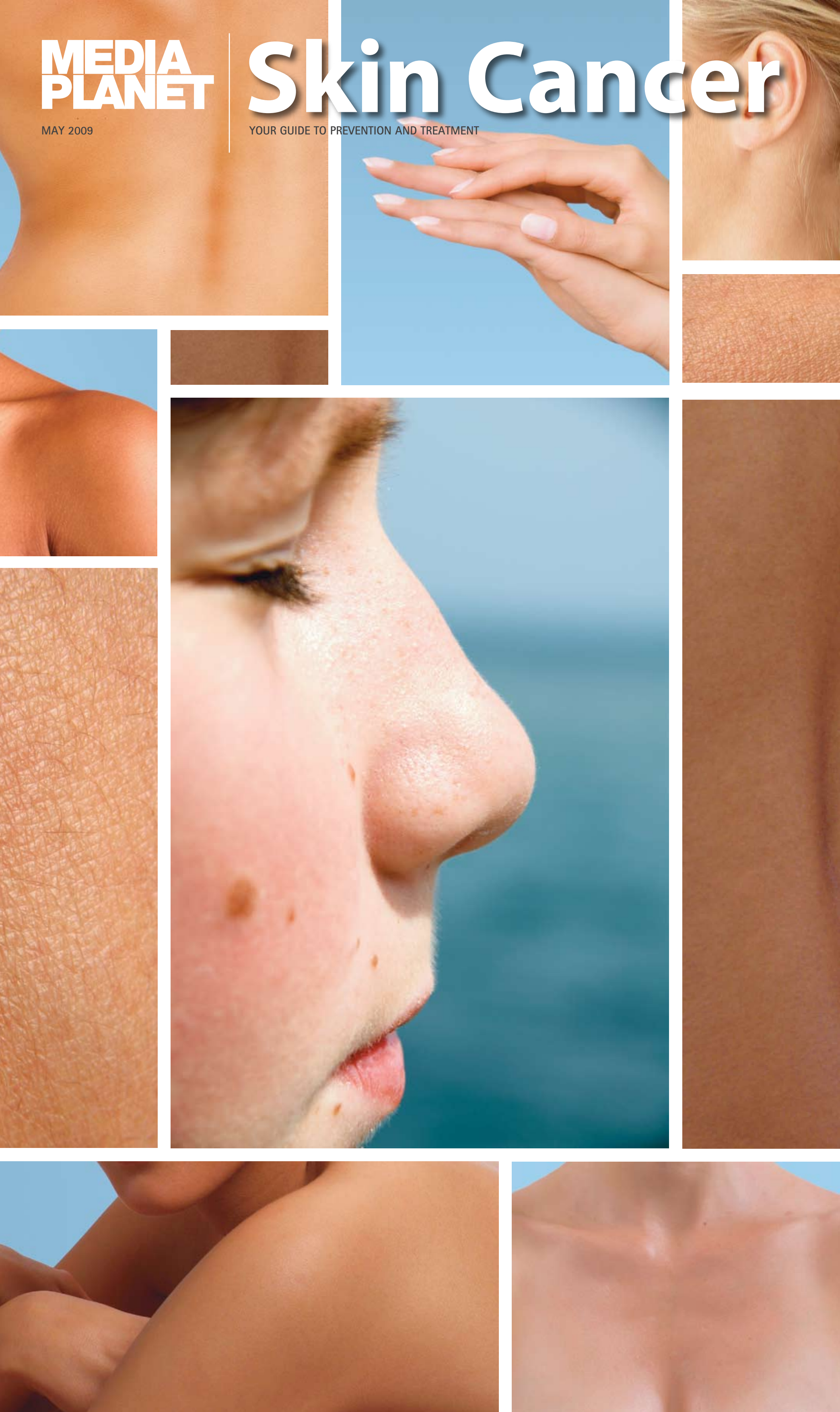


**MEDIA  
PLANET**

MAY 2009

# Skin Cancer

YOUR GUIDE TO PREVENTION AND TREATMENT



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## SKIN CANCER



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## MEDIA PLANET

## SKIN CANCER

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## CELEBRATING



30 YEARS

## SKIN CANCER PREVENTION

**The Skin Cancer Foundation reports that in a recent survey, 40 percent of people never wear sunscreen, and among those who do, only 28 percent reapply it every two hours. That means that the vast majority of people are under-protected in the sun. Here's what you should be doing to enjoy the sun more safely:**

- Apply a full ounce of sunscreen (two tablespoons) to cover your entire body, and do it before you head outside.
- Make sure to reapply every two hours or after swimming or sweaty exercise.
- Seek shade whenever possible. If you're spending the day at the beach, bring an umbrella and take periodic shade breaks that take you completely out of the sun.
- Wear a wide-brimmed hat to shield your face and sunglasses to protect eyes from UV damage and glare.
- Do not burn.



## Foreword:

**S**kin cancer is the most common form of cancer in the United States. One in five Americans will develop skin cancer in the course of their lifetime. Each year there are more new cases of skin cancer than the combined incidence of cancers of the breast, prostate, lung and colon. The incidence of melanoma — the deadliest form of skin cancer — continues to rise at a rate faster than that of any of the seven most common cancers.

When I started my practice at NYU's Department of Dermatology in the mid-1960s, most of my patients were poorly informed about the widespread effects of sun exposure. Many of them were older, and had grown up believing that sun exposure was healthy. At that time, there was very little information about skin cancer and sun protection available. With the support of a few appreciative patients, I started The Skin Cancer Foundation in order to begin educating the public and medical professionals about sun safety.

We now know that both ultraviolet A (UVA) and ultraviolet B (UVB) radiation contribute to skin cancer, and about 90 percent of non-melanoma skin cancers are associated with exposure to ultraviolet (UV) radiation from the sun. A person's risk for melanoma doubles if he or she has had more than five sunburns at any age. Skin cancer is affecting people at an earlier age. Melanoma is the second most common form

of cancer for young adults 15-29 years old.

While the skin cancer epidemic is not showing any signs of slowing down, we are making progress. Skin cancer awareness is at an all time high. There have been advancements in skin cancer treatments, detection methods and sun protection practices. And, the pendulum is swinging back again. Tanned skin is no longer the beauty ideal. Once coveted as a sign of affluence and having sufficient time and money to vacation, seeking a tan is no longer in fashion. Tanning as a life priority is over. People are beginning to embrace their natural skin tone and are striving to have healthy, luminous looking skin. Once people stop linking their idea of beauty to tanned skin, we will truly make headway in the fight against skin cancer.

As leaders in the fight against skin cancer, we take our role in promoting sun safety seriously. We have consistently battled the tanning industry, countering their claims with facts and working to prevent the use of tanning beds. From visiting communities with our skin cancer screening tour to educating people through our website (skincancer.org) and on-line education program (skincancer.org/school) for children, we are reaching people wherever we can find them.

As core members of the National Council on Skin Cancer Prevention, we have taken an active role in advocating for melanoma research

funding which has historically been disproportionately low. Last year, \$4 million was secured for "research on melanoma and other skin cancers as related to deployments of service members to areas of high exposure" in the Fiscal 2009 Department of Defense Appropriations bill. This year, we are asking for \$10 million.

I encourage you to continue to read on to learn more about the prevention, detection and treatment of skin cancer. Caught in the

early stages, skin cancer is almost always curable. Skin cancer prevention is part of an overall healthy lifestyle and something that needs to be practiced daily. Seeking shade, using an SPF 15 or higher and wearing sun protective clothing are all easy ways we can put a stop to the skin cancer epidemic.

Have a happy, healthy and safe summer.

*Perry Robins, MD  
President and Founder  
The Skin Cancer Foundation*



## What is Skin Cancer?

**This sometimes deadly disease comes in several guises**

**T**he term "skin cancer" is an umbrella label that covers three very distinct diseases—basal cell carcinoma, squamous cell carcinoma, and melanoma. Skin cancer, in its three forms, is the most common cancer in the United States, with over one million cases diagnosed each year. That's more than the total number of cases of breast, prostate, lung and colon cancer diagnosed annually all put together.

"The three types of skin cancer are defined by the cell types in which they originate," explains Susan Kesmodel, MD, sur-

gical oncologist, University of Maryland Marlene and Stewart Greenebaum Cancer Center. The basal cells—which generate new skin cells—lie at the bottom of the epidermis (skin's top layer). Squamous cells lie just above the basal cells. And melanoma results from a tumor within the melanocytes, the cells which produce skin's pigment.

Basal cell carcinoma is the most common form of skin cancer, and the type which is least likely to be fatal. "Less than one percent of basal cell carcinomas will metastasize," says Kesmodel. Squamous

cell carcinoma is the second most common form of skin cancer. According to The Skin Cancer Foundation, about 250,000 cases are diagnosed annually, resulting in about 2,500 deaths. Melanoma, while the least common form of skin cancer, is also the most deadly. New melanoma cases account for only about three percent of skin cancers, but cause more than 75 percent of skin cancer deaths.

"Most skin cancers show up on sun exposed areas of the body—face, ears, scalp, torso, arms, legs—but they can also show up in places that rarely, if ever, see the

sun," says Monica Halem, MD, assistant clinical professor of dermatologic surgery at Columbia University. The fact that some skin cancers—especially melanomas—can occur in non-exposed areas leads to the belief that there is a genetic component to the disease as well.

The fact is that one in five Americans will develop some form of skin cancer during the course of their lifetime. It's a disease that is highly preventable and easily treatable—but if found too late, it can also be a deadly one.

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The Mollie Biggane Melanoma Foundation (a non-profit 501c) was

established in 2000, after the tragic death of twenty year old college sophomore, Mollie, from melanoma. The Biggane family was determined to advance the public's knowledge of this deadly cancer. The mission of Mollie's Fund is to increase awareness for melanoma prevention, provide information and services on skin cancer

detection, and support melanoma patients through education of the latest treatments.

In an effort to teach young adults about the dangers of skin cancer, the foundation created and produced an educational DVD, "The Dark Side of the Sun." This 14 minute video stresses the necessity of sun protection, dangers of tanning beds and the importance of mole identification. The corresponding CD Teacher's Guide was written by New York State Health Teachers of the APHERD organization. The materials are aligned with the 2006 Revision of the National Health Education Standards.

Over 150,000 have been distributed at no charge to health teachers throughout the United States and Canada. Mollie's Fund has donated video streaming rights so that the film can educate millions.

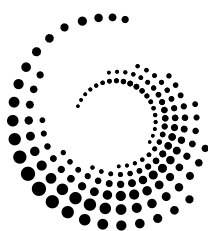
The foundation also created "Have You Checked Your Skin Lately?"—a unique wallet-sized brochure that illustrates evolving moles and demonstrates the process of a self-check. Because of its overwhelming popularity, this small booklet was recently translated into Spanish.

Mollie's Fund created a public service announcement that has been aired in New

York City taxis, TV and radio. The foundation has relationships with NYU and Hofstra University, supporting melanoma patients through educational symposiums. Mollie's Fund has initiated programs with professional health organizations, colleges and universities, PTA's, and sports organizations, including the Junior Olympics.

The Mollie Biggane Melanoma Foundation wants the public aware that skin cancer IS preventable and, melanoma, if caught early CAN be cured.

**Visit [www.molliesfund.org](http://www.molliesfund.org) for more information.**



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## There's a dark side to the sun.

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## It's easy to practice safe sun.

- Wear sunglasses and protective clothing
- Stay away from tanning beds
- Limit your exposure to the midday sun
- Use and reapply sunscreen of 30+ SPF
- Look out for moles that change in size or appearance

*Pete Cipollone is a ten-time USRowing National Team member and an Olympic gold medalist. He is also a melanoma survivor.*



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# Skin Cancer Risk Factors

Knowing the dangers can help you keep the disease at bay

When you picture who's most at risk of developing skin cancer, you probably see an older woman with leathery skin who's spent her entire lifetime worshipping the sun. While she would certainly be a prime candidate for the disease, she's not alone. Skin cancer doesn't discriminate based on sex, age, or race. No one, it seems, is totally safe from the disease.

The main risk factor for basal cell carcinoma is time in the sun—especially if you have fair skin that burns easily, blond or red hair, and blue eyes. "But anyone who gets a lot of sun exposure—lifeguards, athletes, gardeners, landscapers, ski instructors—is putting themselves at risk for skin cancer," says Monica Halem, MD, assistant clinical professor of dermatologic surgery at Columbia University. And while fairer skins are most vulnerable, even those with the darkest skin tones aren't immune. Basal cell carcinoma is the most common type of skin cancer among Caucasians, Hispanics, Chinese and Japanese, and the second most common among African Americans. Squamous cell carcinomas is the most common form of skin cancer found in African Americans. In this population, they seem to occur most commonly on the legs and in the genital and anal areas. The malignancies can develop from skin conditions that cause scarring or chronic inflammation, from burn scars or from non-healing skin ulcerations. And when squamous cell carcinomas in African Americans result from scarring or inflamma-

tion, they have a tendency to be more aggressive and are more likely to metastasize and spread, which can make the disease fatal.

Another risk factor for developing squamous cell carcinoma form of skin cancer is having a compromised immune system. For people whose immune systems are not strong, their bodies are not as able to fight off the proliferation of skin cancer cells. "Particularly at risk are people who have had an organ transplant and must take immune-suppressant medication," says Halem. "They are 65 times more likely to have a squamous cell carcinoma than other people."

Melanoma can be caused by sun exposure, but there is also a genetic link. So if you have a parent or sibling who has had the disease, you have a higher likelihood of contracting it too. And because it is not always caused by sun exposure, melanoma can be found in places the sun doesn't normally shine. The palms of the hands, soles of the feet, genitalia, between the toes, and even underneath nails are places where melanoma can occur. And it strikes people of all skin colors—remember that the famous Reggae singer Bob Marley died of melanoma.

Men and women are equally at risk for skin cancer. Although the majority of people diagnosed with melanoma are men over the age of 50, the annual incidence of the disease among women aged 15 to 39 has doubled in the past three decades.

## Did you know

that SPF ratings only measure protection from UVB rays? While effective in preventing sunburn, high SPF products may leave the skin exposed to UVA radiation, which penetrates the skin more deeply and has been linked to premature skin aging and possibly skin cancer. "Broad spectrum" labeling standards for UVA protection, unfortunately, do not differentiate between products with marginal UVA coverage and those with exceptional coverage. The only way to tell is by reading the ingredient label.

Zinc oxide is one of few FDA-approved filter ingredients to protect across the full UVA/UVB spectrum. Unlike "chemical" filters that can irritate the skin, zinc oxide is mineral-based and non-irritating, so it has been a favorite of lifeguards and moms with young children for decades. But it's opaque white color and thick texture has made it impractical for daily use -- until now. Meet ZinClear™ IM: a new type of zinc oxide that goes on clear and has a light, non-greasy feel, so you can get everyday protection from UVA and UVB rays in sunscreens, moisturizers and even foundations. ZinClear™ IM was created by Australia-based Antaria Limited and brought to the Americas by Dow Personal Care.



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# Catch it Before it's Cancer

Actinic Keratosis is a precursor to the real thing

It's called a precancerous lesion meaning that, if left untreated, it could progress and turn into a squamous cell carcinoma. According to statistics from the Skin Cancer Foundation, about 40 to 60 percent of squamous cell carcinomas begin as untreated actinic keratoses. And up to 10 percent of those cancers can spread to the internal organs and become life threatening.

"It is definitely a warning sign," says Roy Gerone-mus, MD, director of the Laser & Skin Surgery Center of New York, and a Skin Cancer Foundation spokesperson. "If you have one, a check by dermatologist is certainly warranted."

Anyone who spends time in the sun is at risk for developing precancers. And the more time, the higher the risk. "That's why we most commonly see them on people over age forty," says Geronemus. But he warns that they are becoming more and more common even on people in their twenties—signaling a need for more vigilant use of sun protection. They are most likely to show up on the most sun-exposed areas of the body—especially the face, the scalp, neck, chest, arms, hands, and legs.

Since actinic keratoses are precancerous lesions, they present differently than most skin cancers. Most often, an actinic keratosis shows up as a rough, scaly, reddish spot—and for that reason can commonly be misdiagnosed as dry skin or a rash. Dermatologists often find actinic keratoses by accident—patients will come in for a cosmetic treatment to enhance the

appearance of their sun damaged skin, only to discover that some of that sun damage has taken the form of precancerous lesions.

When the doctor does find one of these (or several, as most people don't get just one), there are a variety of treatment options. "And even though not all of them will turn into skin cancer, they should be treated because there's no way of knowing which ones will become cancerous," says Geronemus. Cryosurgery, in which liquid nitrogen is dabbed onto the growth to freeze the actinic keratosis off, is one commonly used method. There are several topical medications—Imiquimod, 5-fluorouracil, and Diclofenac—that can be used on areas that have several actinic keratoses. But they have to be used for several weeks (possibly even a couple of months) and can leave the skin red, dry and irritated. Another solution

**“...even though not all of them will turn into skin cancer, they should be treated...”**

that's more cosmetically appealing (and equally successful at eradicating precancers) is called photodynamic therapy. The dermatologist applies a photosensitizing cream onto the lesions and then the skin is exposed to a light source that activates the topical agent to destroy the actinic keratoses without damaging the surrounding skin.

Preventing actinic keratoses means following the same rules for preventing all types of skin cancer—regular use of sunscreen, avoiding the sun during peak hours, covering up with hats and sun-protective clothing, and not using tanning beds.

## PLAY IT SAFE OUTSIDE

Since sunscreen alone can't offer you complete protection from UV rays, sometimes you just need to cover up. One way to do that and still be able to enjoy the outdoors is to have retractable awnings installed over your deck, patio or backyard. "When you go outside, you simply press a button, and the awning extends to provide instant solar protection," says Larry Bedosky, director of marketing for Eclipse Awning Systems. The awnings are made from Sunbrella brand fabrics, which have the Skin Cancer Foundation seal of recommendation and are able

to block out 98 percent of the sun's damaging rays.

And while you probably don't worry about sun damage while sitting indoors, UVA rays (the longer ones that penetrate more deeply into skin) can actually penetrate glass. So anytime you're sitting near a large, sunny window, you're putting yourself at risk of skin cancer. Eclipse Awning Systems addresses this need too with solar shades for windows. The shades can be mounted on the inside to cut down glare and block between 90 and 99 percent of UV rays from entering your home or office.

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# Treatment Options

**New research and better techniques mean better outcomes for patients**

The type of treatment a skin care patient needs really depends on two things: The type of skin cancer they have, and how advanced the tumor is when it's detected. For basal and squamous cell carcinomas, the current treatment method of choice is a procedure called Mohs surgery. Named after its inventor, Dr. Frederick Mohs, the surgery has the highest cure rate for basal and squamous cell carcinomas—completely eradicating up to 97 percent of those cancers.

Instead of traditional surgical excision—in which the lesion and a large margin of skin surrounding it would be removed—Mohs surgery allows the surgeon to remove the entire cancerous tumor while affecting the smallest amount of surrounding skin possible. “During the procedure, the doctor systematically removes thin layers of tissue and immediately examines them under a microscope,” explains Susan Kesmodel, MD, surgical oncologist, University of Maryland Marlene and Stewart Greenebaum Cancer Center. The excision is repeated—with the tissues examined microscopically—until the surgeon has reached the negative margin. When there are no more abnormal cells seen in the tissue sample, the surgeon can be sure they have removed the entire tumor. Because

most of the healthy tissue is spared, this method is ideal for removing non-melanoma skin cancers in the areas around the nose, ears, eyes and mouth.

Melanoma treatment will vary greatly depending on the stage of the cancer. At Stage 1, the melanoma tumor is contained in the epidermis only, by Stage 2, it has spread into the dermis as well. By Stage 3, the tumor has spread into the lymph nodes, and in Stage 4, it has metastasized and spread into other places in the body. “If the disease seems to be clinically localized—as it is at Stages 1 and 2—the doctor would do a wide excision to remove the tumor, followed by a lymph node evaluation to make sure the cancer hasn't spread,” says Kesmodel. If the cancer hasn't spread and the entire tumor is removed by surgical excision, no further treatment may be needed. But by Stage 4, when the cancer has spread to other areas of the body, chemotherapy is the standard of care. “But the response rates are very low, around ten percent,” says Kesmodel.

There are also currently many experimental treatments for melanoma being researched with the hope that sometime soon, there will be options for advanced-stage patients that will improve their chances of survival.

**“If the cancer hasn't spread and the entire tumor is removed by surgical excision, no further treatment may be needed.”**

# Skin Check

**Spotting skin cancer signs early is your best hope for survival**

Catch it early, and it's no big deal. But if skin cancer is found too late, the prognosis can be grim. Even for melanoma—the form of the disease with the highest mortality rate—your chances of survival are about 99 percent if the tumor is detected before it has penetrated the epidermis. But at its later stages, melanoma's survival rate drops to about 15 percent.

The best way to guarantee early detection is do a full body skin exam every month. To do it right, you need good lighting, a full-length mirror, a smaller, hand-held mirror and a hair dryer. Work from head to toe, diligently covering every inch of skin. Use the hair dryer on its lowest setting to move hair section by section in order to check your scalp. Don't forget the many often-overlooked areas: the ears, behind the ears, inside your mouth, the genital and anal areas, between fingers and toes, underneath nails, and palms and soles of feet. If possible, have a loved one assist in looking at hard-to-see areas on your back.

“You're looking for the ‘ugly duckling,’ the mole or spot that stands out as not looking like anything else on your skin,” says Deborah Sarnoff, MD, vice president of The Skin Cancer Foundation. The best guideline is to follow the ABCDE system of warning signs. Asymmetry refers to the shape of a mole.

If you were to bisect a mole and look at each half, they should look symmetrical. The Border should be regular and smooth. The Color should be light brown and even. The Diameter should be no bigger than a pencil eraser. And it should not be Evolving or changing in any way. “Change is a very significant red flag,” says Sarnoff. “Anything new or changing should be checked out.”

Dermatologists warn that non-melanoma skin cancers don't always present themselves as a new or changing mole. Be alert to skin issues such as a pimple that won't go away, a rough, scaly patch of skin that won't heal, anything that bleeds and never seem to totally get better.

Anything at all suspicious warrants a trip to the dermatologist. It used to be that doctors could rely only on their own eyes to assess risk, and were forced to remove and biopsy anything suspicious. Now there are ways to analyze moles more in depth, and more accurately, without having to do invasive surgical excisions. A dermatoscope provide magnification and illumination of a mole to better see its contours and composition. A newer technology called SIAscopy takes the idea even further. “It allows the doctor to see up to two millimeters beneath the surface of the skin to analyze the melanin in the dermal layer, see the blood cells and the dermal collagen,” explains Symon Cotton, MD, scientific director of Astron Clinica.

Even if you don't notice anything new or unusual during your at-home skin checks, experts still recommend going for a professional skin cancer screening once a year. “The sooner you detect it, the cheaper and easier it is to treat,” says Cotton. “If you get it early, you're cured.”



## INDOOR TANNING

- Ultraviolet radiation (UVR) is a proven human carcinogen, according to the U.S. Department of Health and Human Services.
- Frequent tanners using new high-pressure sunlamps may receive as much as 12 times the annual UVA dose compared to the dose they receive from sun exposure.
- Nearly 30 million people tan indoors in the U.S. every year; 12.3 million of them are teens.
- On an average day, more than one million Americans use tanning salons.
- Seventy one percent of tanning salon patrons are girls and women aged 16-29.
- First exposure to tanning beds in youth increases melanoma risk by 75 percent.
- People who use tanning beds are 2.5 times more likely to develop squamous cell carcinoma and 1.5 times more likely to develop basal cell carcinoma.
- The indoor tanning industry has an annual estimated revenue of \$5 billion.

## MELANOMA TIPS FOR MEN AND WOMEN

- The majority of people diagnosed with melanoma are white men over age 50.
- Contrary to popular belief, recent studies show that people receive a fairly consistent dose of ultraviolet radiation over their entire lifetime. Adults over age 40, especially men, have the highest annual exposure to UV.
- The number of women under age 40 diagnosed with basal cell carcinoma has more than doubled in the last 30 years; the squamous cell carcinoma rate for women has also increased significantly.
- Until age 39, women are almost twice as likely to develop melanoma as men. Starting at age 40, melanoma incidence in men exceeds incidence in women, and this trend becomes more pronounced with each decade.
- One in 41 men and one in 61 women will develop melanoma in their lifetime.
- Melanoma is one of only three cancers with an increasing mortality rate for men.



**She thinks her mole was always that size.**

\* \* \*

What she doesn't know is that she will be diagnosed with skin cancer. She doesn't know that she'll go to the University of Maryland Marlene and Stewart Greenebaum Cancer Center for treatment, or that through their team approach she'll have total access to key specialists in surgical oncology, plastic surgery, dermatology, dermatopathology, interventional radiology, medical oncology and radiation oncology. She doesn't know they host major clinical trials in skin cancer, or that their expertise and personal care will help her to make a speedy recovery.

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# The Cutting Edge

Finding the latest treatments can mean the difference between life and death

For skin cancer patients whose disease has progressed to Stage 4, there may come a time when the standard treatments are no longer producing any results. "But not everyone who hears, 'Sorry there's nothing more we can do,' is ready to throw in the towel," says Dana Dornsife, president of the Lazarex Cancer Foundation, a non-profit that provides guidance and financial assistance for cancer patients seeking participation in clinical trials. At that point, a patient might very well benefit from a clinical trial, but finding the right one, and navigating the eligibility requirements can be difficult.

A good first place to look is the website clinicaltrials.gov—on it you'll find every single clinical trial being conducted in the United States under the guidelines of the FDA. Type in skin cancer or your specific diagnosis, and all of the related trials will come up. The sheer volume of options may be overwhelming, but it's a great clearinghouse of information. If you need help

narrowing your options, Dornsife suggests reaching out to support groups of people coping with your same diagnosis. "Cancer patients are great advocates for each other, and can offer you a wealth of information," she says. A call to the Lazarex Foundation can also provide help navigating the road toward participation in a clinical trial. They have an oncology nurse on staff who can help patients find the best trial for their situation.

Dornsife recalls the story of a woman with melanoma who had inoperable tumor wrapped around the femoral artery in her leg. Her doctors had done all they could, when she turned to a clinical trial. Thanks to that treatment, the tumor was reduced enough that it could be safely removed. Three and a half years later, she is alive and cancer free.

Of course, a clinical trial is no guarantee of a miracle cure. But for those who aren't ready to let cancer win, a trial can offer one last chance to beat it.

# Eat a Skin-Healthy Diet

The important role of vitamins and other nutrients in preventing skin cancer

You are what you eat, and your skin—like every other organ in your body—can benefit from being fed a healthy diet. Antioxidants have been found to play a crucial role in helping the body fight off the free radical damage that can lead to DNA damage within skin cells, and possibly result in the growth of cancer cells. A diet that's rich in antioxidants can help boost the body's own defenses. That means eating several servings of fruits and vegetables daily. Tea, coffee, red wine, and dark chocolate are also high in antioxidants.

Healthy fats also play a role in keeping skin healthy. A recent study published in the International Journal of Epidemiology, found that the Mediterranean diet—with its emphasis on vegetables, fresh herbs, olive oil, and fatty fishes—may have a protective effect against cutaneous melanoma. The theory is that foods rich in

polyphenols (a type of plant-based antioxidant) and Omega-3 fats help reduce inflammation, which may in turn block skin carcinogenesis.

Vitamin D is often called the "sunshine vitamin" because our bodies manufacture the nutrient when our skin is exposed to UV rays. This important vitamin is the subject of intense research, and there is some evidence that it may have a protective affect against melanoma. "The evidence so far is epidemiological, but I doubt that any cancer is immune from vitamin D's preventative action," says John Cannell, MD, executive director of the Vitamin D Council. And while the body can manufacture vitamin D if you spend time outdoors without sunscreen, dermatologists advise against seeking out a known carcinogen (the sun) in an effort to obtain a cancer-preventing nutrient. The better option—since vitamin D is hard to get through food alone—is supplementation. "There is no difference between the vitamin D that the skin makes from sun exposure and supplements that contain vitamin D3," says Dale L. Benedict, president of Bio-Tech Pharmacal Inc.

The bottom line: Eat a diet that's rich in fruits, vegetables and healthy fats, then supplement where needed. Your skin will thank you.



## WHAT TO LOOK FOR ON A SUNSCREEN LABEL

There are a dizzying array of options available when it comes to protecting skin from damaging UV rays, but sometimes the choices can be confusing. Here are the key things you need to know to keep you covered:

- **Broad spectrum protection:** Look for this important phrase on your sunscreen bottle for assurance that it protects against both UVA and UVB rays.
- **SPF 15 +:** The Skin Cancer Foundation recommends using a sunscreen that rates at least an SPF 15. No sunscreen can block 100 percent of UV rays, but used correctly, SPF 15 will block 93 percent; SPF 30 will block 97 percent; and SPF 50 blocks 98 percent.
- **UVA-blocking ingredients:** The SPF rating relates only to the protection you're getting from burning UVB rays, but not how safe you are from UVA rays (which are equally responsible for causing skin cancer). To ensure good UVA protection, check the ingredient label for one or more of these: Mexoryl™ SX, avobenzone, oxybenzone, titanium dioxide, zinc oxide.
- **Water resistant:** If you see this on the label, know that the sunscreen has been tested and shown to remain effective after 40 minutes of swimming or sweating.
- **All day protection:** There's no such thing, so don't be fooled by any label that makes that claim. All sunscreens need to be reapplied every two hours that you're out in the sun.

## PROTECT YOUR KIDS

### A Parent's Guide to Sun Safety

A single blistering sunburn in childhood or adolescence more than doubles the chance of developing a melanoma in adulthood, according to statistics from The Skin Cancer Foundation. So it's important to take precautions to prevent bad burns and overexposure to ultraviolet rays—while still allowing children to enjoy their summer vacations outdoors.

- Sunscreen isn't recommended for babies less than six months old, so the best defense is to keep them covered (hats, long sleeves) and keep them in the shade.
- For babies over six months and older children, apply a broad-spectrum sunscreen of SPF 15 or higher every day to all exposed skin. If they're going to be outside for more than two hours (or if they're swimming), reapply.
- Dress children in sun-protective clothing—look for labels that advertise a UPF (it's like an SPF rating for fabric). And top them off with a wide-brimmed hat.
- Encourage children to seek shade between 10 AM and 4 PM, when sun's rays are at their peak strength.



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## Proud supporters of The Skin Cancer Foundation's "Road to Healthy Skin Tour"

- This tour will make more than 90 stops across the country
- Free skin exams will be provided by local board-certified dermatologists
- Free educational material will be available for your information

To find out if the "Road to Healthy Skin Tour" is coming to your city, please visit  
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# Panel of Experts



**JIM GALL**  
MARKET DEVELOPMENT MANAGER,  
SUN CARE PRODUCTS AT  
DOW CHEMICAL COMPANY

**Q:** What steps has Dow Chemical taken in order to generate awareness about skin cancer?

**A:** Through its 2015 Sustainability Goals, Dow has committed to providing innovative solutions that help solve world challenges, including improving personal health. Since adding ZinClear™ ZINC products to our portfolio last year (the first completely invisible zinc oxide formulation), we have actively engaged with major sun care brands and industry organizations to drive awareness about the need for broad-spectrum UV protection in order to achieve long-term skin health.

**Q:** What is the most important issue Dow feels that people need to be aware of in order to properly protect themselves in the sun?

**A:** To do it right, you've got to protect yourself from overexposure to the full UVA/UVB spectrum. That means: Wearing protective clothing and a hat to minimize exposure to UV rays, particularly from mid-morning to mid-afternoon when UV rays are at their strongest. Checking your sun protection labels for sunscreen ingredients that provide broad-spectrum coverage (e.g. zinc oxide). Reapplying sunscreen frequently, and making sure you use enough to adequately cover your body -- studies show that most people only use about half of what is recommended. Proper application and reapplication is important to get the performance stated on the label, especially if you are in and out of the water or perspiring heavily.



**LEONARD LICHTENFELD, MD**  
DEPUTY CHIEF MEDICAL OFFICER,  
AMERICAN CANCER SOCIETY

**Q:** Why is it so important to have access to a circle of supporters when coping with cancer?

**A:** Today, we're fortunate to be able to talk openly about cancer, and can connect with others next door or halfway around the world. The ability to learn from the experiences of others, discuss options, share recommendations and learning, can help patients better cope with cancer. This kind of support is critical for patients navigating the complexities after receiving a cancer diagnosis. The ability to reach out to others for support is a crucial piece in the journey to recovery.

**Q:** What are the advantages to patients having all of their information stored in one place?

**A:** With the new online tool, Circle of Sharing, a patient can add information about any side effects she is experiencing, her treatment or medication information as well as any new symptoms or improvements. This information is saved in HealthVault and the patient can choose to share specific information with her doctors and members within her circle of care. This ensures the right information is available to those who need it, resulting in better informed care.



**SUSAN B. KESMODEL, MD**  
SURGICAL ONCOLOGIST, UNIVERSITY OF  
MARYLAND MARLENE AND STEWART  
GREENEBAUM CANCER CENTER; ASSISTANT  
PROFESSOR OF SURGERY, UNIVERSITY OF  
MARYLAND SCHOOL OF MEDICINE

**Q:** What is an NCI designated cancer center? And what does an NCI designation represent as far as patient care?

**A:** NCI-designated cancer centers are selected in recognition of their commitment to scientific excellence and outstanding patient care. NCI-designated cancer centers receive additional financial support for cancer research and offer patients options for diagnosis and treatment that may not be available at other centers. Patients have superior access to the latest therapies and opportunities to participate in early clinical trials. NCI-designated cancer centers are also better equipped to educate and train the next generation of cancer physicians and scientists.

As an NCI-designated cancer center, The University of Maryland Marlene and Stewart Greenebaum Cancer Center is recognized for innovative cancer research and translating this research into better treatment for patients. In addition, the Greenebaum Cancer Center takes a fully integrated, multidisciplinary approach to skin cancer care so that every phase of treatment is coordinated with a team of specialists for the best possible outcome. Patients receive the most advanced and comprehensive treatment available anywhere in the world in a compassionate and supportive setting.



**RICHARD BEZOZO, MD**  
PRESIDENT, MOLESAFE USA

**Q:** Who should be concerned about getting a professional skin exam to check for skin cancer?

**A:** "Skin cancer can strike anyone, so ideally everyone should be getting examined annually. But those who fall into the highest risk categories for melanoma need to be especially vigilant. That includes anyone with a family history of skin cancer, anyone who has had a previous history of skin cancer themselves, people with blond or red hair and fair complexions, anyone who had one blistering sunburn during childhood or five or more serious sunburns at any age, tanning bed users, and anyone whose profession demands that they spend a good part of their time outdoors."

**Q:** Why is early detection of skin cancer so important, and how does MoleSafe aid in this process?

**A:** "The earlier you can find a melanoma, the smaller and more shallow the tumor will be. Early detection is the only true cure for melanoma, because there is still a very low survival rate for those cancers that are found in later stages. The MoleSafe procedure is based on the current best practices for early detection and surveillance of melanoma. We are setting the gold standard by combining Total Body Photography (TBP) to develop a history of the skin with Total Body Dermoscopy (TBD), which involves looking at every mole on the body with a dermatoscope (a lighted magnifying device that provides a nearly three-dimensional image of the mole). The moles are mapped to patient's skin on the TBP so that the images can be followed up year after year. At follow up appointments, the TBD is repeated to look for new moles and track any changes in moles imaged last time."



**DANA DORNSIFE**  
PRESIDENT, LAZAREX CANCER FOUNDATION

**Q:** What is the importance of placing patients in clinical trials?

**A:** When my brother-in-law was diagnosed with pancreatic cancer in 2003, at the age of 42, he was basically given a death sentence. My family and I took it upon ourselves to find an appropriate clinical trial and enroll him in it. Ultimately, by getting him into the right trial, we were able to extend his life by another ten months. From that experience I learned so much about the value of clinical trials, especially for those end-stage cancer patients who have literally exhausted all of their other treatment options. The research being done at those trials is what will ultimately lead to a cure for cancer. And for a patient who doesn't have any time to waste, getting involved in a clinical trial offers them hope—and that is an important thing for someone who has been told that there is no more hope."

**Q:** How is the Lazarex Foundation working to help raise awareness about skin cancer?

**A:** "Whenever we do a fundraising event in a community—such as our Hope in Motion run/walk in Oakland, California—we make a point of giving back to the community. We choose a local cancer center and use a portion of our proceeds from the race to help them offer screenings—usually for skin, prostate and colon cancer—to un-insured and underprivileged members of the community. It's so important to educate and reach out to those who might not otherwise get these screenings. Especially for diseases like skin cancer which are so easily treated when they are caught early."



## Staying Connected

"You have cancer." Those are words that no one ever wants to hear. And once your doctor has uttered those life-altering words, you are forced to face and navigate a very complex world you are probably utterly unprepared to handle. In addition to trying to understand the complicated medical terminology of your diagnosis, medication and treatment options, you will be bombarded with information and concern from family, friends and colleagues. The whole experience can be frightening, confusing and completely overwhelming.

"There is a tremendous need at that moment of diagnosis not only for

information, but also for structure to help you get your arms around what's happening and start figuring out how to move forward on this very complicated and intense journey," says Leonard Lichtenfeld, MD, deputy chief medical officer of the American Cancer Society.

Support groups have long filled part of this need, providing access to information and communication with other people coping with the same disease, treatments, side effects, emotional, physical and financial issues. But for the first time, there is now a security and privacy enhanced online tool to create and share your customized information. Circle of Sharing is a service Microsoft and the

### A circle of support can be key to surviving cancer

American Cancer Society have joined together on to provide people with cancer with a new way to organize all of their health information in one place. The online tool (available at [www.cancer.org/sharing](http://www.cancer.org/sharing)) enables people to store all of their health information related to their diagnosis, treatment and medical history in a Microsoft HealthVault account, link directly to relevant articles and information from the American Cancer Society, utilize online links and tools to navigate treatment options and research clinical trials, identify local resources, and be able to share any or all of this information with chosen members of their Circle.

"The Circle allows you to create the

environment that's right for you and to customize the site to choose what information you share" says Lichtenfeld. For instance, you might want to keep some articles private. But for your circle of friends and colleagues, you could share only the information and resources you want them to see. And in turn, those friends can reach out to you with their concern and support.

A big issue when it comes to online health information is privacy. "Microsoft has designed HealthVault to enable people to control whether and how they share their health information," assures Lichtenfeld. And American Cancer Society ensures that any information you receive about

your condition comes from a completely reliable source.

"It truly is a circle," says Lichtenfeld. "You can reach out to your family and your friends to let them know how you're doing and it comes right back around with support, concern, advice and help."

“...link directly to relevant articles and information from the American Cancer Society...”

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# Welcome to the Circle Of Sharing™

Microsoft® HealthVault™ and the American Cancer Society® have joined together to provide a way for people with cancer to organize their health information and gain insight to help them make informed health decisions.

The collaboration has resulted in Circle Of Sharing, which allows people with cancer to:

- Store personal cancer information, including diagnosis, staging, treatment regimen, and side effects, within their HealthVault records
- Link directly to American Cancer Society articles related to their condition, allowing them and/or caregivers to access resources at the click of a mouse
- Better understand their diagnosis based on the information gained from links and tools from American Cancer Society that help them understand their treatment options and search for clinical trials
- Search for local resources and programs
- Share health information and communicate with people they choose as “Members”
- Control the level of information they share with Members of their Circle



## Microsoft HealthVault

Bring your health information together!

Microsoft® HealthVault™ is a free online service designed to put you in control of your health information. You can use HealthVault to store copies of your health records obtained from providers, plans, pharmacies, schools and employers; upload information from health and fitness devices such as pedometers, blood glucose monitors and peakflow meters; share information with health care providers, coaches, and trainers; and access a range of products and services such as PHRs, fitness and wellness applications. HealthVault helps you take advantage of health solutions so you can better manage your and your family's health.

With HealthVault, you'll be able to:

- Organize your health information, and access it from one place
- Simplify your life—enter health information once and use it in many ways
- Gain insight with data that helps you make informed decisions

HealthVault is where your health world comes together, to help you protect your family.

## Circle Of Sharing

Together with our supporters, the American Cancer Society saves lives.

One of the most important ways we're saving lives is by helping people with cancer get well by offering around-the-clock support and guidance through every step of the cancer experience. Millions of people turn to the American Cancer Society as a trusted source for cancer-related information and tools to fight the disease. A cancer diagnosis is one of the most daunting challenges a person may ever face. The amount of data and information about cancer can be overwhelming for someone who is newly diagnosed, from staging and prognosis to treatment options and potential travel arrangements – all while recovering from the shock of the potentially life-threatening diagnosis. There's a lot to keep track of, and many people have trouble not only organizing all of this information, but also understanding complex and technical medical jargon and terminology. To assist people during this difficult time, the Society created Circle Of Sharing which connects to Microsoft HealthVault, to help its users organize and manage their health information.

For more information please visit:  
[www.cancer.org/sharing](http://www.cancer.org/sharing)