



## A Message From the President



In 2011, the FDA issued its long-awaited “Final Rules” for sunscreen labeling, to help consumers identify sunscreens offering high-quality protection from the sun’s harmful ultraviolet (UV) radiation. These rules went into effect in December 2012, and this year marks the first summer they are in effect for all major US manufacturers.

These guidelines firmly establish what effective, “broad-spectrum” protection means. Once, only the SPF (sun protection factor) number—a measure of protection solely against ultraviolet B (UVB) rays—was considered important enough to include on labels. However, as research uncovered the significant role that ultraviolet A (UVA) rays play in skin cancer and skin aging, manufacturers began emphasizing the term “broad-spectrum” to indicate that a sunscreen offered both UVA and UVB protection. Unfortunately, with no oversight, sunscreens could be labeled “broad-spectrum” even if the UVA or UVB protection wasn’t adequate.

With the new FDA rules, only sunscreens with an SPF of 15+ *and comparable UVA protection* may be considered effective broad-spectrum products; these sunscreens can state on labels or in packaging: “If used as directed with other sun protection measures, [this product] decreases the risk of skin cancer and early signs of aging caused by the sun.” Sunscreens that do not adequately protect against both UVA and UVB radiation, and/or have an SPF of less than 15, will have to state that they “have been shown only to help prevent sunburn, not skin cancer or early skin aging.”

This summer, when you shop for sunscreen, look for the new FDA labeling. You should also look for The Skin Cancer Foundation’s Seal of Recommendation, found on close to 450 different sunscreens worldwide. Granted only to products that have been reviewed by and meet the criteria of an independent Photobiology Committee, the Seal is a respected symbol of safe and effective sun protection. The Foundation now has two different protection categories for the Seal: “Daily Use,” requiring broad-spectrum, SPF 15+ protection, meant to defend against brief incidental sun exposures such as running errands or walking the dog; and “Active,” calling for broad-spectrum, water-resistant, SPF30+ protection, designed for sunscreens intended to shield against the kind of extended or intense exposure you might experience at a picnic or engaging in sports. Combined with the new FDA labeling, the new Seal makes it easier than ever for consumers to choose the right sunscreen for their needs.

Whatever sunscreen you choose, you have to apply it properly to ensure adequate protection. We recommend that you apply sunscreen liberally to all exposed skin 30 minutes before heading outside, and reapply after two hours outdoors, or immediately after swimming or sweating heavily. You should also remember that sunscreen is just one essential part of a complete sun protection program, along with seeking shade between 10 AM and 4 PM; avoiding UV tanning; and wearing sun-protective clothing, including UV-blocking sunglasses and a broad-brimmed hat. If you are diligent about sun safety in this way, you will keep your skin healthy and youthful.

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## Ask the Expert

**Q.** I’m scheduled for surgery to remove a basal cell carcinoma. It’s just a small spot, though. Why do I have to have surgery?

**A.** Although the nonmelanoma skin cancer basal cell carcinoma (BCC) is rarely life-threatening, it can be troublesome, especially because 80 percent of BCCs develop on highly visible areas of the head and neck. These BCCs can have a substantial impact on a person’s appearance and can even cause significant disfigurement if not treated appropriately in a timely manner.

The fact is, BCCs can appear much smaller than they actually are. On critical areas of the face such as the eyes, nose, ears, and lips, they are more likely to grow irregularly and extensively under the skin’s surface, and the surgery will have a greater impact on appearance than might have been guessed. Even a small BCC on the face can be deceptively large and deep; the extent of the cancer cannot be seen with the naked eye.

If such a BCC is treated nonsurgically (for example, with cryosurgery, which involves freezing the lesion with liquid nitrogen, causing it to crust, scab, and then fall off), the chance of the cancer recurring is high. Unfortunately, treating a BCC that has returned is usually much more difficult than treating it precisely and completely when initially diagnosed.

BCCs on the trunk, arms, and legs that cause concern are typically larger in size, but even a small BCC in these areas can have an irregular growth pattern under the skin if the initial biopsy shows the tumor is aggressive. In addition, a small BCC in an area previously treated with radiation may be much more aggressive than it appears on the surface. Again, treating such a tumor nonsurgically is likely to leave cancer cells behind.

The recommendation is to treat even small BCCs (and many squamous cell carcinomas) in critical areas of the face with Mohs surgery. In this technique, the surgeon removes the entire visible portion of the tumor, then carefully maps where the tissue was removed from the surgical site so that under a microscope,

it can be determined exactly where any as-yet-unremoved skin cancer is located. Thin tissue samples are then removed one by one, each sample mapped and then examined to see if any traces of cancer yet remain. This precision produces high cure rates and preserves the maximum amount of healthy tissue. Patients should also consider Mohs surgery when a BCC has recurred, or has an aggressive growth pattern or poorly defined borders.

Mohs surgery is a first-line choice for many BCC patients, but discuss treatment options with your dermatologist. Choice of treatment is determined by factors such as the skin cancer’s size, location, and your overall health. ■

**Even a small BCC on the face can be deceptively large and deep; the extent of the cancer cannot be seen with the naked eye.**



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## Melanoma Survivors’ Surprising Habits: Tanning and Skipping Sun Safety



**M**elanoma survivors are nine times more likely to develop a new melanoma than people who have never had the disease, yet many of them still don’t practice sun protection. More than a quarter of all melanoma survivors don’t use sunscreen, and a

**A single indoor tanning session increases users’ chances of developing melanoma by 20 percent; it is even more dangerous for those who have had melanoma.**

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sizable percentage don’t seek shade outdoors, according to research presented at the American Association for Cancer Research’s Annual Meeting 2013.

Studying data from the 2010 National Health Interview Survey, Anees B. Chagpar, MD, and colleagues discovered that while melanoma survivors are more likely to wear sunscreen, sun-protective clothing,

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SURPRISING HABITS, cont'd. from previous page

and hats than the general public, 15 percent don't seek the shade when outdoors, and over 27 percent never wear sunscreen even when outside on a sunny day for more than an hour. "That blew my mind," said Dr. Chagpar. "For many people with melanoma, sun exposure is a major risk factor for recurrence, and sun protection may reduce their chances of getting melanoma again."

The researchers were also surprised to find that over 2 percent of melanoma survivors used a tanning bed in the past year. This statistic is alarming, since a single indoor tanning session increases

users' chances of developing melanoma by 20 percent; it is even more dangerous for those who have had melanoma.

"We know now that a significant proportion of melanoma survivors still could be doing better" about UV protection, said Dr. Chagpar. "This study speaks to what we could do to educate them on how to prevent recurrence."

Close to 90 percent of melanomas can be attributed to exposure to ultraviolet (UV) radiation emitted by the sun and tanning beds. The disease will kill an estimated 9,480 people in the US this year. 📺

For more about the dangers of tanning, please visit [skincancer.org/tanning](http://skincancer.org/tanning).

Dogs Get Skin Cancer, Too

An Interview with Veterinarian Ann E. Hohenhaus, DVM

Did you know that, despite all their fur, dogs can develop skin cancers? *Sun & Skin News* discussed canine skin cancer prevention and treatment with Ann E. Hohenhaus, DVM. A Diplomate of the American College of Veterinary Internal Medicine and certified in both Oncology and Small Animal Internal Medicine, Dr. Hohenhaus practices at The Animal Medical Center in New York City ([www.amcnyc.org](http://www.amcnyc.org)).

What kind of skin cancers do dogs most commonly develop?

A. Mast cell skin cancer is the most common skin cancer in dogs. Mast cells are allergy cells, and swelling, itching, and redness are commonly associated with these tumors. Sun exposure is not believed to play a part, because these cancers can develop anywhere on the body, even areas well covered by hair. When dogs develop these raised, hairless, raspberry-like skin tumors, we surgically remove them. Since some mast cell tumors spread, a biopsy of the tumor tissue is taken for examination in the lab, to confirm the diagnosis and determine whether chemotherapy and/or other treatment is appropriate.

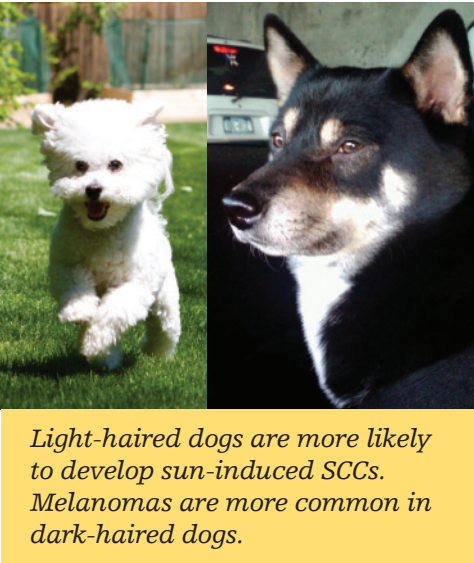
Q. What about the two most common cancers, basal and squamous cell carcinoma?

A. In humans, the two most common skin cancers are basal and squamous cell carcinoma (BCC and SCC). BCCs in dogs are rare, and most are simply removed surgically. SCCs in dogs, however, while also rare, are more likely to require treatment beyond surgery, such as radiation or chemotherapy. Light-haired dogs are more likely to develop sun-induced SCCs, which tend to appear on sparsely haired areas, such as the belly.

Q. Can dogs also develop melanoma?

A. Melanoma is more common than BCCs and SCCs in dogs, and its location determines its severity. Melanomas of the haired skin (trunk and limbs) are usually noninvasive, and can be easily removed surgically. Melanomas on the toe or in the mouth are highly invasive, spread easily, and may be fatal. Unlike SCCs, however, melanomas are more common in dark-haired dogs, like black labs and cocker spaniels; heredity is believed to play a role in their development.

Hereditary factors may also lead some dogs to develop ocular melanomas. PEDI-



Light-haired dogs are more likely to develop sun-induced SCCs. Melanomas are more common in dark-haired dogs.

gree analysis of golden retrievers and Labrador retrievers revealed a form of ocular melanoma which is believed to arise in part from one or more genetic mutations. Treatment is usually removal of the eye.

Q. What can I do to protect my dog against these cancers?

A. Providing shade can help prevent sun-induced skin cancers. If your pup spends much time outdoors in a gated play area, for instance, have it fitted with a sunroof. Sun-protective clothes, goggles, and even sunscreen are available at many pet supply stores. Most dogs should tolerate sunscreen on the nose and ears.



Bonnie John, a dog with two mast cell tumors on the top of her head.

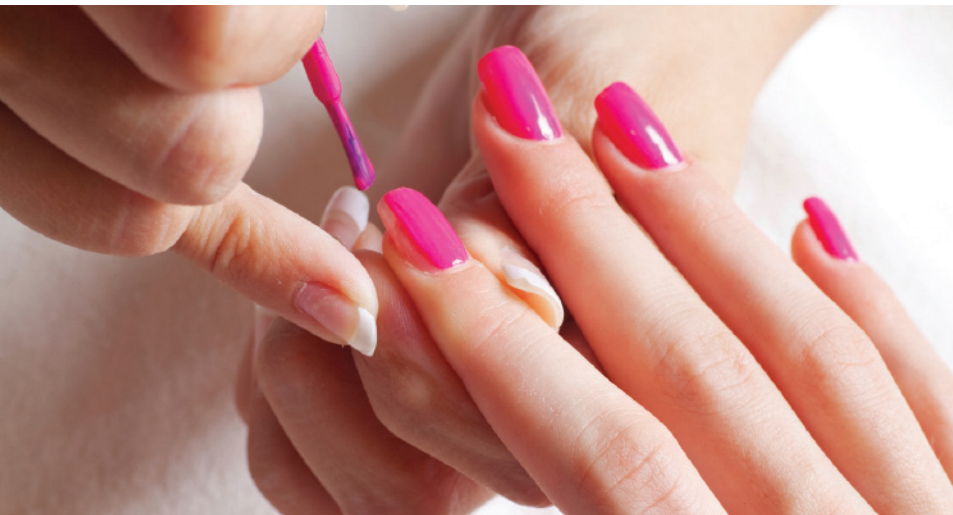
With melanoma, early intervention is important. Teach your dog early on to let you open its mouth, so that you can periodically look inside for anything unusual. Stinky breath could be a clue to a mouth tumor, so make sure your dog receives routine vet care, including dental exams. Identification of these melanoma early warning signs should help catch the cancer at an early stage.

Melanoma and SCC on the toe are often associated with a broken toenail, so if your dog keeps licking a toe with a broken toenail, or the nail doesn't grow back right, have it checked out. When tumors are caught and treated early, dogs usually survive. 📺

FAST FACTS

- 2% Melanoma incidence among children under age 19 in the US increased by approximately 2 percent per year between 1973 and 2009.
- 90% Ninety percent of pediatric melanoma cases occur in patients aged 10-19.
- 40% Diagnosis and treatment are delayed in up to 40 percent of childhood melanoma cases.
- 23% Contrary to popular belief, 80 percent of a person's lifetime sun exposure is not acquired before age 18; only about 23 percent of lifetime exposure occurs by age 18.

UV Protection: A Good Idea for Gel Manicures



When you go for a manicure at your local nail salon, you might take ultraviolet radiation (UVR) into consideration. Gel manicures are typically dried by nail lamps that produce UVR, and though the levels and thus the risk are quite low, they are "not insignificant," according to Elizabeth K. Hale, MD, a Vice President of The Skin Cancer Foundation. Over a lifetime, they could slightly increase the risk of developing skin cancer.

The Skin Cancer Foundation recommends applying a moisturizing, SPF 15+ sunscreen to your hands and nails before using a UV dryer. This will also protect your hands against wrinkles, brown

The Skin Cancer Foundation recommends applying a moisturizing, SPF 15+ sunscreen to your hands and nails before using a UV dryer.

spots and other signs of aging.

Some nail lamps produce LED (light-emitting diode) light, or use a fan, neither of which poses any risk. "If you are not sure which type of nail lamp your salon uses, ask your nail technician," says Dr. Hale. "Or, you can play it safe by letting your nails air-dry naturally." 📺

YES!

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