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# DOCTORS' ADVICE FOR **SUN** LOVERS

South Bay physicians see rising rates of **skin cancer**, but there's hope in prevention. By Susan Kerr

Is tanning going up in smoke? ¶ Generations of Americans have associated fun and fitness with bronzed, sundrenched skin. Yet similar to how cigarettes were once routinely advertised as being good for you, the allure of tanning is crumbling away. ¶ Skin cancer is now the most commonly diagnosed cancer in the United States, according to the Surgeon General, and incidence rates are rising even as many other cancer rates are dropping. Approximately 5 million Americans are treated annually for skin cancer, according to Skin Cancer Foundation estimates, and one in five Americans will develop skin cancer in the course of a lifetime. »



**“I hate it when people say they go in the sun to get Vitamin D. The evidence is squarely in that there are other ways to get it.” —DR. JUSTIN KO**

Particularly disturbing is that skin cancer, traditionally considered an older person’s disease, is now showing up in other demographics—young white women in particular. A 2012 Mayo Clinic study found that first-time diagnosis of melanoma—the more rare but deadlier form of skin cancer—had increased eightfold among women ages 18 to 39 in the past four decades and fourfold among young men.

The real tragedy is that skin cancer is so preventable. Studies suggest that close to 90 percent of non-melanoma skin cancer is associated with exposure to ultraviolet (UV) radiation or, in other words, tanning. And, according to the Skin Cancer Foun-

ation, just one bad burn when you were a child or five sunburns over the course of your life more than doubles your chance of developing melanoma. Thus what we need, experts say, is a big attitude adjustment.

#### THAT OMNIPRESENT SUN

“Here in California, if you walk around with a cigarette, someone is bound to give you a dirty look. Maybe one day if you’re lying out in the sun without any protection, you’ll get a dirty look, too,” says Dr. Shyamali Mallick Singhal, cofounder and medical director of the El Camino Hospital Cancer Center, Mountain View.

Singhal is a surgical oncologist who grew up in San Mateo. “It’s considered such a part of our culture to be brown here, whereas in Japan people walk under umbrellas to shield themselves,” she says. “The sun, we worship it all the time since we live in California. It may feel like it’s your best friend today, but it won’t be in the future.”

Sunshine is so common in the South Bay that many of us don’t give it a second thought. “The thing I hear every day from patients is ‘I never go out in the sun,’” says Dr. Rick Noodleman, founder and medical director of Age Defying Dermatology in Campbell. “So I ask, ‘If so, how did you get here?’ For most people in California—and forget about going to the beach—you get sun every day, and it’s adding up.”

Local medical experts interviewed for this article agree that the number and types of new cases appearing on their doorsteps is troubling. “I would call it a skin cancer epidemic,” says Dr. Justin Ko, co-chief of medical dermatology at Stanford Health Care (previously Stanford Hospital) and clinical assistant professor at Stanford University School of Medicine. “Rates are skyrocketing across the country.”

One case in point is Lynn Greene (patients in this article asked that their names be changed to protect medical confidentiality). This Saratoga mother of two and avid golfer went for what she thought was a regular check-up. “I wasn’t worried but the

doctor said there was small spot above my lip, so he sent me to a specialized surgeon,” she recalls.

It turned out that Greene had basal cell carcinoma and needed to also see a cosmetic surgeon after the cancerous area was removed. “I was shocked,” Greene says. “I had no idea. I didn’t have any physical pain, but there was a lot of emotional pain. I knew my face would never look as good as before.”

Experts point to a number of reasons for the rising incident rates. While genetic factors—such as fair skin, eyes and hair color—do make you more prone to skin cancer, people of all skin tones and backgrounds can and are becoming victims.

NORBERT VON DER GROEBEN



# CHIEF FIVE FALLACIES UNDER THE SUN

1

**You should get a base tan before going to the beach.** This is a popular excuse for heading to indoor tanning beds before jetting off to Mexico or kicking off the summer with a day trip to Santa Cruz. "The tanning industry would like you to think it's a safe tan, but that's an oxymoron," says Dr. Rick Noodleman. "There is no such thing as a safe tan," agrees Dr. Justin Ko. "What a tan means is that you've damaged your DNA."

2

**Car windows protect you from the sun.** While front windshields are usually treated to filter shortwave UVB and long-wave UVA rays (both of which contribute to skin cancer) that leaves a lot of you unprotected. Side windows let in about 63 percent of the sun's UVA radiation and rear windows are also unprotected.

It's no wife's tale that skin cancer frequently appears on left arms and left side of faces—the areas most exposed when we drive. Remember to apply sunscreen or wear what Ko calls his "favorite new innovation"—driving sleeves that you slip on to cover your hands and forearms.

Also watch out for skylights. Ko recounts the story of one patient who kept developing cancer on his scalp. It turned out he worked underneath a skylight in his office. "We have a bias to think that if we're in an enclosed space, we're not exposed," Ko says.

3

**Melanoma is an automatic death sentence.** "Melanoma is very treatable if caught early but very deadly if it's not," says Dr. Shyamali Mallick Singhal. "If you have melanoma in the early stages, before it goes to the lymph nodes, there is a 98 percent five-year survival rate. The survival rate is 62 percent if the cancer gets to the lymph nodes and 16 percent if it reaches other organs."

4

**You need to tan to get Vitamin D.** While Vitamin D is essential for a healthy system, it is no excuse to go unexposed into the daylight. "It turns out that the amount of sun you need to get Vitamin D is quite modest: 20 minutes two to three times a week. And you can get it on your legs or trunk. You don't need to get it on your face," says Noodleman.

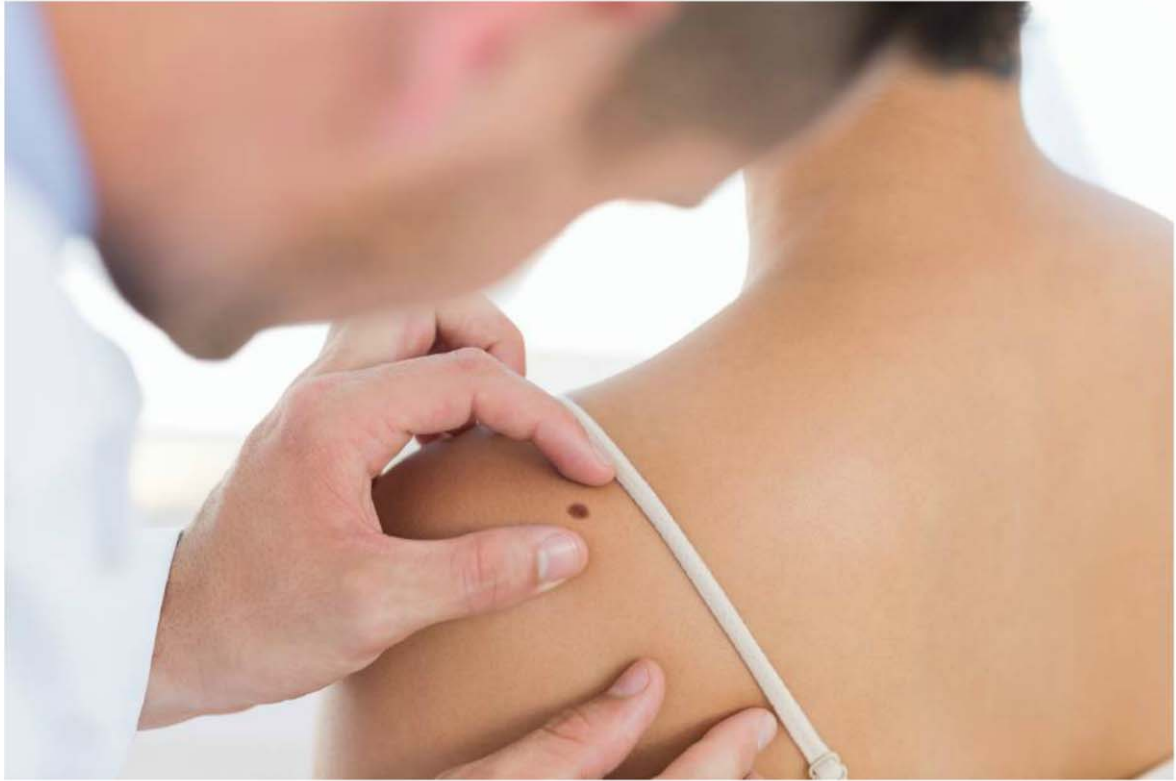
"I hate it when people say they go in the sun to get Vitamin D. The evidence is squarely in that there are other ways to get it," adds Ko. For example, Vitamin D can be obtained from foods such as fish, fortified orange juice and milk, as well as supplements.

5

**Spray-on sunscreen works just as well as rub-in lotion.** While no-mess, no-fuss spray-on lotion appears to be a godsend and experts hesitate to discourage a popular preventative method, they are increasingly cautious. "There has been some recent controversy," says Dr. Susan Butler. "You could inhale the spray and it might be dangerous to the lungs. If you're an adult and apply indoors and don't breathe it in, it's probably OK, but for kids it's not as much recommended."

If you do spray on your sunscreen, remember that you still need to rub it in since the lotion only works where it lands, which can result in a curiously speckled sunburn that might make you resemble a poorly dyed Easter egg. And, advises Butler, "If you're outside, and it's windy, forget it!"

# SKIN CANCER 101



**S**kin cancer is when malignant cells form in the tissues of the skin, and the two most common and easiest-to-treat varieties are basal and squamous cell carcinoma.

Squamous cells are thin, flat cells that make up the outer part of the epidermis, which is the top layer of skin. Basal cells are round and lie under squamous cells. Both these cancers usually occur on sun-exposed areas of the skin, but basal cell cancer rarely spreads to other parts of the body. Squamous cell cancer can occur in areas that have not been sun damaged, and sometimes spreads.

Melanoma is a much rarer but deadlier form of skin cancer, as it is more likely to spread elsewhere in the body. Melanoma affects melanocytes, cells that are found in the lower part of the epidermis and make the pigment that colors our skin.

According to the American Cancer Society, the "ABCD" rule is a useful melanoma-warning tool. Call a doctor if you find a mole showing one or more of these signs: A for asymmetry (two halves

of a mole not matching); B for border irregularity (ragged or blurred edges); C for color (variable colors of pigmentation); and D for diameter (greater than the size of a pencil eraser).

But patients may find it difficult to diagnose their own condition. Lynne Greene has been treated for five basal cell carcinomas, and gets checked out by a dermatologist three times a year. "I've found that you can't really recognize cancer on yourself," she says. "They say watch for if it changes color, shape or gets crusty, but I never had anything like that."

Now out on the market are mobile apps, which claim to help you detect skin cancer by letting you take photos and analyze moles. But while apps might be helpful to chronicle your skin's developments, El Camino Hospital's Dr. Shyamali Mallick Singhal warns of their limitations: "If, like a self-breast exam, every month you take a picture of your skin, that's all good data. But you still need to go to a dermatologist. Dr. Google can only do so much."

If an area looks suspicious, a doctor performs a biopsy to check for cancer. In less serious cases, the affected area typically is cut or

**ACCORDING TO THE AMERICAN CANCER SOCIETY, THE "ABCD" RULE IS A USEFUL MELANOMA-WARNING TOOL.**

frozen off from the skin and destroyed. "Mohs" refers to an especially effective but specialized surgery technique for treating basal and squamous cell cancer, particularly on the face. Mohs surgeons are trained to examine excised tissues during surgery, thus eliminating guesswork and sparing normal tissue.

Melanoma treatment is more complicated and may involve surgery, chemotherapy and radiation as well as drugs. Just in the past year there have been a number of promising advanced-stage melanoma drugs released, according to local doctors.

But nothing beats active prevention. "A common misconception is that sunscreen alone is enough to prevent melanoma and non-melanoma skin cancers," says Joe Gorelick of the California Skin Institute. "Unfortunately, we know that it is not that simple. Aggressive sun avoidance during peak exposure hours, sun-protective clothing and proper application and reapplication of a high SPF are all needed to minimize one's risk."

SPF refers to the level of protection a sunscreen provides against sunburn caused by ultraviolet B (UVB) radiation. In 2011, the Food and Drug Administration issued significant changes to how sunscreens are labeled, which included no longer allowing claims of SPF greater than 50, and not allowing lotions with an SPF less than 15 to be marketed as reducing the risk of skin cancer. The FDA also ruled that sun lotion couldn't be labeled waterproof or sweat-proof.

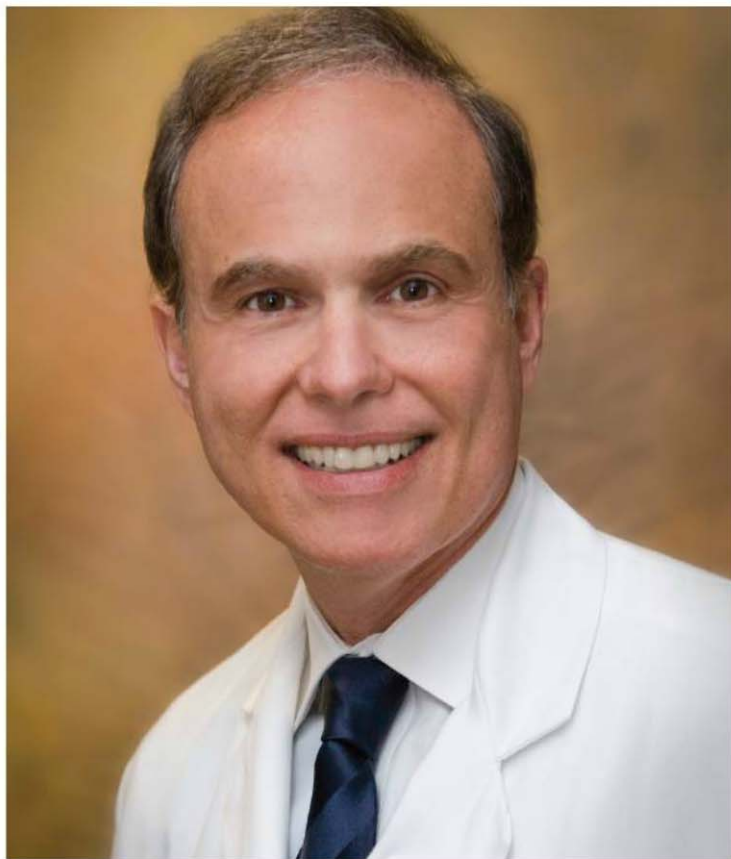
Experts advise using a sunscreen with an SPF of 30 or above. "Once past 30 you do see diminishing returns," says Stanford's Dr. Justin Ko. "The FDA got rid of anything over 50 since that was a false sense of security."

Most important is to look for a sunscreen labeled "Broad Spectrum," which means that it provides both UVA and UVB protection. And, according to Palo Alto Medical Foundation's Dr. Susan Butler, when applying lotion, watch out for spots that are easy to miss such as the backs of your hands and behind your ears.

Because burns can happen even on cloudy days, a great trick is to use an everyday moisturizer with built-in SPF. Kids should learn how to apply lotion at an early age, particularly if they eat lunch outside at school or are off to camp. If you're constantly outside, reapply lotion every two hours or even more frequently if swimming.

"Every time you're in the sun, the meter is running," remarks Age Defying Dermatology's Dr. Rick Noodleman. But, he says, if you really can't live without that sun-glistened look, then consider spray-on tans that provide color without the risk.

LEFT: SHUTTERSTOCK; RIGHT: COURTESY OF DR. RICK NOODLEMAN



**"If you really can't live without that sun-glistened look, then consider spray-on tans that provide color without the risk."**

**-DR. RICK NOODLEMAN**

"Genetics tends to play more of a risk factor in melanoma; it's a little more complex," says Dr. Susan Butler, a Palo Alto Medical Foundation dermatologist with practices in Los Gatos and Mountain View. "For more common types of skin cancer such as basal and squamous cell, cumulative sun exposure is the most important."

Greene is a member of what Singhal calls the "pre-Sea and Ski" generation or baby boomers who grew up before sunscreen was commonly available and are now suffering as a result. "Saturdays, as kids, we'd go to the beach all day long," Greene remarks. "I'd come home with a horrible sunburn. A few days later the peeling would start. Every week during the summer it was the same: beach, burn, peel and repeat."

#### **IT'S RISKY INSIDE, TOO**

Yet the expanding population of tanned older folks is not only to blame for the increased number of skin cancer cases. Other factors playing a role include atmospheric changes that have increased UV exposure and tem-



“Here in California, if you walk around with a cigarette, someone is bound to give you a dirty look. Maybe one day if you’re lying out in the sun without any protection, you’ll get a dirty look, too.” **-DR. SHYAMALI MALLICK SINGHAL**

perature. But particularly with younger patients, fault decidedly shifts indoors.

If you thought tanning salons went the way of the 1980s, think again. A 2014 Centers for Disease Control and Prevention (CDC) survey of American teens found that about 20 percent of high school girls and 5 percent of high school boys had used indoor tanning facilities in the past year. Ten percent of the girls had gone more than 10 times that year. And they are paying the price.

“The biggest and most common misconception related to skin cancer is that it only happens to elderly people,” says Joe Gorelick, a dermatology industry consultant and nurse practitioner with California Skin Institute in San Jose. “The age distribution of patients is expanding to include younger patients.”

Tanya Hawkins is 21 and a senior in college. A petite blonde, Hawkins attended a well-known Silicon Valley private high school, where she played outdoor sports and worked hard to keep up her grades in a demanding environment. For relaxation, she developed a weekend routine: She’d head inside to tan.

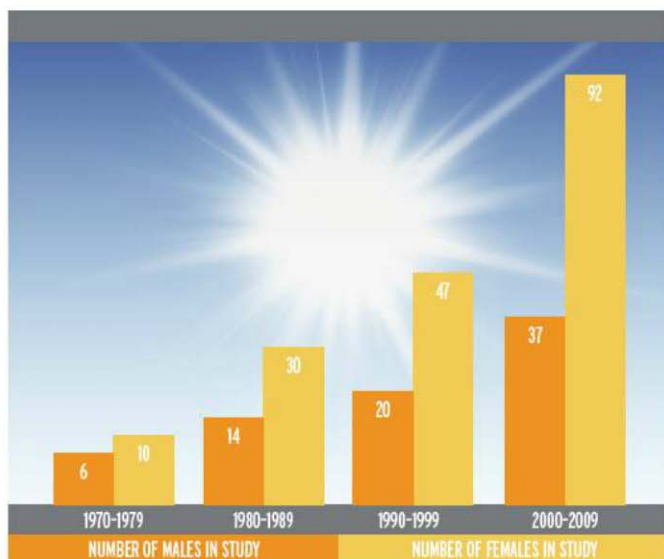
“It became a bit of an addiction,” Hawkins says. “It felt really good, and I looked great. It never occurred to me that it wasn’t a smart thing to do until a friend of mine kept haranguing me because she knew a guy who died from melanoma in his 20s. This scared me, so I finally quit. Now I look back and wonder what I did to myself, particularly since I am naturally so pale.”

Tanning salons promise a warm, fashionable glow in a matter of minutes, with no sand, surf or lotion required. Yet just one indoor UV tanning session is enough to increase the likelihood of melanoma by 20 percent, and additional sessions worsen the odds, according to the Skin Cancer Foundation. Tanning beds also can double your chance of developing non-melanoma skin cancer. The CDC estimates that more than 400,000 cases of skin cancer are related annually to indoor tanning in the U.S.

“It’s not if, but when, you will get skin cancer,” warns Ko, speaking of habitual tanning bed usage. “It is such a risk; the effects can’t be minimized.” At tanning salons, Ko adds, because the heat source is much closer to the body and of great intensity “probably one session is equal to a full day at the beach.”

The good news is that the latest CDC

COURTESY OF EL CAMINO HOSPITAL



#### FIRST-TIME MELANOMA FOR YOUNG ADULTS

A 2012 Mayo Clinic study found that first-time diagnosis of melanoma—the more rare but deadlier form of skin cancer—had increased eightfold among women ages 18 to 39 in the past four decades and fourfold among young men.



“Genetics tends to play more of a risk factor in melanoma; it’s a little more complex.” —DR. SUSAN BUTLER



FROM TOP: SHUTTERSTOCK; COURTESY OF PALO ALTO MEDICAL FOUNDATION

survey contained the first sign that teen indoor tanning rates may be falling. Previous surveys showed that nearly one out of every three young white women, a group at high risk for eventually developing skin cancer, engaged in indoor tanning. But the numbers are still high enough to be worrying, since there’s been increasing legislation banning minors from tanning and laws reclassifying sunlamps as higher-risk devices.

“Usually by the time you reach 30 or 40, you realize you’re not immortal,” says Noodleman. “But the damage is done mostly in the teenage years.”

Butler agrees. “I have a lot of 40-year-olds who did indoor tanning,” she says of her patients. “They’re coming in with tons of pre-cancer and cancer, and aging signs such as wrinkles and brown spots.” But, Butler adds, the irony is that “people still want to look tan. Now they have these brown spots and want to cover them up with tans, but tanning is what caused the brown spots to begin with.”

While the numbers are troubling, experts express hope for the future. “Tanning has been a cultural thing,” says Ko. “But now when I go to the playground with my child, I see people wearing long-sleeved shirts. There is change happening like it did with smoking. But that took a few decades.”

In the meantime, the best approach is active prevention and diagnosis. “Skin cancer is a really easily screened disease,” says Singhal. “You don’t need an X-ray or a blood test. You just need to walk into a dermatologist’s office. The upside is so up and the downside is so down.” ■