

LIFELINE

YOUR CONNECTION TO CURRENT MEDICAL
RESOURCES

SKIN CANCER

VOLUME 19

FALL 2010



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Books

American Cancer Society. *Quick Facts on Skin Cancer*. Atlanta, GA : American Cancer Society, 2010. 9780944235706. 160p. \$8.95.

Skin cancer is the number one cancer diagnosis in the United States, affecting more than 1.1 million Americans each year, (that is in addition to the 1.3 million diagnoses of all other cancers). If you need information now and want to understand how to prevent skin cancer or select treatment options, this concise but comprehensive book covers risk, diagnosis, treatment, potential side effects, and coping.

American Cancer Society. *Quick Facts on Basal and Squamous Cell Skin Cancer*. Atlanta, GA : American Cancer Society, 2010. 9781604430004. 160p. \$8.95.

This book provides information on squamous and basal cell skin cancer including treatment, risk factors and causes, diagnosis, treatment, and the latest research.

Fredericks, Carrie. *Skin Cancer*. Detroit, MI : Greenhaven Press, 2010. 9780737747928. 134p. \$34.60.

Part of the *Perspectives on Diseases and Disorders* series, this book provides an overview of skin cancer.

Goldsmith, Connie. *Skin Cancer (USA Today Health Reports: Diseases and Disorders)*. Brookfield, CT: Twenty-First Century Books, 2010. 9780761354697. 128p. \$25.63.

Looks at skin cancer through case studies and examines the profile of the disease, treatment of the disease, and the latest research under way to battle this common form of cancer.

Langley, Richard. *Skin Cancer: Prevention, Diagnosis & Treatment: a Guidebook for Patients & Their Families*. Toronto, Ont: Key Porter Books, 2010. 9781554702541. 200p. \$16.95.

A comprehensive guide to dealing with skin cancer, supported by diagrams, case histories, a drug table, and an extensive list of resources and organizations. Topics include causes, prevention, symptoms, treatment options, and coping with the diagnosis and treatment.

McKinnell, Robert G., Ph.D. *Prevention of Cancer*. New York: Chelsea House, 2008. 9780791088272. 144p. \$31.95.

One of seven books in *The Biology of Cancer* series, this book identifies cancer as a disease that originated in antiquity, is comprised of more than 100 different types and is identified by its feature of uncontrolled cell division. One chapter is devoted to the three types of skin cancer: basal cell carcinoma, squamous cell carcinoma and malignant melanoma. Each is described; information is given on how to protect against it using protective clothing and sunscreen lotions and avoiding excessive

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exposure. A glossary, a list of further resources (books, journal articles and web sites) and an index are included. Written for a general audience and young adults.

Newcombe, Rachel. *Skin Cancer and Sun Safety: The Essential Guide*. Peterborough, UK: Need2Know, 2010. 9781861440822. 112p. \$9.30.

A British import, this guide aims to provide expert advice and the latest research on sun safety and the treatment of skin cancer. There are chapters on how to use sunscreen, how a diagnosis of skin cancer is made and the ways the skin can be treated during and after cancer. Subjects included are the different types of skin cancer, risk factors, the emotional effects of skin cancer and aftercare, plus up-to-date, straightforward information on sunscreen, sun beds and treatments. There are also practical tips for staying safe in the sun.

Rajpar, Sajjad and Jerry Marsden, eds. *ABC of Skin Cancer*. Malden, MA: Blackwell Publishing Ltd., 2008. 9781405162197. 65p. \$39.95.

One of more than forty titles on diseases in the *ABC Series* originally published in Great Britain and written by medical specialists in language that is touted to be comprehensible to the patient. The book is written for general practitioners, medical students and nurses. The chapters, written by various specialists, identify and instruct on the three types of skin cancer: basal cell carcinoma, squamous cell carcinoma and melanoma. Many color photographs of various skin cancers enable the reader to identify the disease. Clear written descriptions, tips on prevention and methods of surgical and non-surgical treatment also are given. Indexed.

So, Po-Lin, Ph.D. *Skin Cancer*. New York: Chelsea House, 2008. 9780791089385. 168p. \$31.95.

In this, one of seven books in *The Biology of Cancer* series, the reader is presented with a straightforward introduction to cancer in general, followed by a chapter on the characteristics of human skin and a chapter on the basics of skin cancer. Then we further explore the three basic types of skin cancer: basal cell carcinoma, squamous cell carcinoma and melanoma. Easy-to-understand text is accompanied by some tables of information and color photographs illustrating each type of skin cancer. Other types of skin cancer and related conditions are touched upon along with tips on skin cancer prevention. A glossary, list of further resources including books, journal articles and web sites, and an index are also available. Written for a general audience and young adults.

Tilton, Buck. *Don't Get Sunburned: 50 Ways to Save Your Skin*. Seattle, WA: Mountaineers Books, 2009. 9781594851056. 85p. \$7.95.

A guide to skin cancer prevention for outdoor enthusiasts. The author explains how to understand the UV index, the ways in which skin type,

altitude, wind, and water affect burn risk, and how to perform a self-check for skin cancer. Information on sun protection during activities such as boating, swimming, skiing, and hiking includes selecting and applying sunscreen, choosing protective clothing and sunglasses, and special considerations for babies and children. The author writes the "Medicine Man" column in *Backpacker* magazine, and is a regular contributor to *Camping Life* magazine. A list of web resources is provided; no index.

PERIODICALS

Alexander, Antoinette. "Sun protection rises with innovation, information." *Drug Store News*. 30:7 (June 2008) 128-130.

As newer types of sunscreens become available the public has access to products that provide improved coverage over longer periods of time and in many types of environmental conditions.

Arndt, Kenneth A. "By the way, Doctor." *Harvard Health Letter*. 34:3 (January 2009) 8.

Arndt responds to the question, "What should an exam for Skin Cancer include?" The answer includes a discussion about how frequent and how thorough a whole body scan should be.

Bagdasarov, Zhanna., Smita Banarjee, et al. "Indoor tanning and problem behavior." *Journal of American College Health*. 56:5 (March 2008) 555-562.

A study was conducted analyzing college student's use of tanning beds. The study looked at tanning behaviors and drew conclusions about what would be the most effective ways to reduce tanning bed use.

"Basal Cell Carcinoma Excision Technique yields good cure rate, saves healthy tissue." *Ocular Surgery News*. 27:21 (November 10, 2009) 38.

This brief news article describes a new surgical technique, enhanced frozen section control technique, that is used to remove basal cell carcinoma and preserve healthy tissue around the eye. The patient outcomes for this technique are described.

"Be happy in your own skin." *Shape*. 28:3 (November 2008) 29.

This article discussed findings of a Brown University study that showed that women with a positive body image were more likely to perform monthly skin self-examinations.

"Beach vacations boost risk of Melanoma." *Dermatology Times*. 30:3 (March 2009) 34.

This brief article highlights a study by the Colorado School of Public Health that showed an increased risk of developing melanoma as an adult for each additional year spent as a child on a beach vacation.

Bergen, Jenna. "Skin Cancer: the complete instructions prevention." *Men's Health* 24:6 (July/August 2009) 145.

Bergen highlights skin cancer prevention tips including:

1. Wear sun protection between 10 am and 4 pm.
2. Apply sunblock 20 minutes before exposure and reapply every 2 hours.
3. Apply a sunscreen with at least SPF 15 to your face every day.
4. Stay away from the tanning booth.

Bergen, Jenna. "What are you so afraid of?" *Men's Health*. 23:2 (March 2008) 106-107.

Among other conditions discussed in this article the author gives reasons why it is important that men should see a doctor for skin changes that may be caused by melanoma.

"Best sunscreens for your summer." *Consumer Reports*. 74:7 (July 2009) 8-9.

Consumer Reports rated sunscreens for overall effectiveness, both UVA and UVB protection as well as UVB protection after water immersion. Various brands of lotions and sprays were tested. Sunscreen label terms are defined. Color photographs and one chart are presented.

Booth, Stephanie. "A death by suntan at age 26." *Cosmopolitan*. 247:4 (October 2009) 174-177.

Diagnosed at 22, Glenna Kohl battled melanoma until the age of 26. Booth tells her story and shares how Kohl blamed her disease on years lifeguarding and time spent on a tanning bed.

"Broccoli guards against cancer." *Current Science*. 93:11 (February 2008) 12.

A component found in broccoli, called sulforaphane, can be absorbed into the skin where it activates certain enzymes and those enzymes go on to neutralize molecules that can damage DNA and lead to skin cancer. This effect lasts up to two days after treatment.

Bryant, Rebecca. "Photodynamic Therapy Systems: doctors face off on pros, cons as Skin Cancer Treatment." *Dermatology Times*. 30:5 (May 2009) 60-74.

Two physicians discuss the limitations and efficacy of using photodynamic therapy (PDT) as a treatment for skin cancer.

Burke, Anastasia. "The sunny side of riding." *Practical Horseman*. 36:7 (July 2008) 68-71.

Horseback riders have been found to sustain high levels of sun damage. A doctor discusses the signs of sun damage in young riders including age spots, crow's feet and deep brow wrinkling. The article goes on to discuss how this damage is the precursor to skin cancer and ways to prevent the disease.

Butler, Kiera. "Shady business." *Mother Jones*. 34:4 (July-August 2009) 83-84.

Kiera Butler reports on a study by Sonya Lunder, a senior researcher with the Environmental Working Group. Lunder found that sunscreens do not provide as much protection as some manufacturers claim. In 2007 the Food and Drug Administration (FDA) proposed a regulation to require sunscreen manufacturers to back up their sun protection claims with scientific evidence and improve labeling. The personal care products lobby prefers the present system.

Byron, Su. "More than skin deep." *Sarasota Magazine*. 30 (July 2008) 109-111.

This article discusses the increased incidence of all types of skin cancer in young people and ways to diagnose, treat and prevent it.

"Cancer Therapeutics: socking it to melanoma." *Nature*. 458:7236 (19 March 2009) 262.

This very brief article describes a possible new treatment for melanoma. Although retinoic acid is usually ineffective in treating melanoma, researchers at the National Cancer Institute in Bethesda, MD have found that the size of a melanoma tumor can be reduced if retinoic acid is used in combination with transcription factor SOX9.

Cantwell, M., L. Murray, D. Catney et.al. "Secondary primary cancers in patients with Skin Cancer: A population-based study in Northern Ireland." *British Journal of Cancer*. 100:1 (Jan. 13, 2009) 174-177.

The Northern Ireland Cancer Registry recorded basal cell carcinomas, squamous cell carcinomas and melanomas between 1993 and 2002. They looked for an increase in additional primary cancers compared to the general population. In the study group with a previous skin cancer, they found a 9% increase in a second primary cancer when the first cancer was basal cell carcinoma, a 57% increase when the first cancer was squamous cell carcinoma and a 100% increase when the first cancer was melanoma. The article includes two charts.

"Centers offer noninvasive, state-of-the-art Skin Cancer Detection Program." *Dermatology Times*. 29:5 (May 2008) 107.

Special centers called MoleSafe are designed to offer patients advanced diagnostic technology and a highly trained staff who report that they can diagnose melanoma fifteen times earlier than a physician examination alone.

Cerini, Kenneth R. "Exposing the sun's hidden dangers." *Long Island Business News*. 55:3 (January 2008) 34.

This article discusses the organization CCMAC, the Colette Coyne Melanoma Awareness Campaign, and its mission to raise awareness of the disease on Long Island. The organization works to educate people about the causes of melanoma and ways to prevent the disease.

Clark, Jennifer. "Black is beautiful." *Dermatology Times*. 29:7 (July 2008) 66.

Patients of color have unique concerns when dealing with skin cancers as well as other skin diseases and doctors need to understand what those differences are in order to choose the most successful treatments.

Clark, Jennifer. "Heating up for BCC." *Dermatology Times*. 29:5 (May 2008) 60.

The article discusses a study using pulsed-dye lasers to treat basal cell carcinoma. This treatment has shown some promise.

Colino, Stacey. "Scary truths tanning salons deny." *Cosmopolitan*. 247:6 (Dec 2009) 172-175.

An August 2009 report from the International Agency for Research on Cancer classified tanning devices as carcinogens, but the Indoor Tanning Association would rather not address the hazard. The article discusses five myths about indoor tanning salons and describes how the tanning salons avoid disclosure of the hazard to sell the tanning services to customers.

Collins, Margaret., Gary Kelsberg, et al. "Is training patients in self-examination an effective way to screen for Melanoma." *Journal of Family Practice*. 57:5 (May 2008) 336-337.

There is no study that demonstrates the efficacy of self-examination in the diagnosis and outcome of patients with melanoma.

Cumberland, Sarah and Claudia Jurberg. "From Australia to Brazil: sun worshippers beware." *Bulletin of the World Health Organization*. 87:8 (August 2009) 574-576.

Skin cancer is a world health issue. This article discusses the efforts taken through a media campaign to screen sun bathers for skin cancer on the beaches of Brazil. In Australia a national public education campaign to promote skin cancer prevention measures is credited with changing attitudes in the teenage population.

"Decoding sunscreen labels." *Consumer Reports on Health*. 21:8 (August 2009) 3.

This brief article defines terms that are found on the sunscreen labels, including SPF, broad spectrum, nanoparticles, PABA-free and Vitamin D.

Dennis, Leslie K., et. al. "Pesticide use and Cutaneous Melanoma in pesticide applicators in the Agricultural Heath Study." *Environmental Health Perspective*. (August 2010) 812-817.

Studies of farmers have shown an excessive risk of melanoma and other skin cancers. While some of this may be due to sun exposure, this study assessed the effect of pesticides and other chemicals on individuals. The results did prove there was a correlation between arsenic in some pesticides and the amount of sun exposure, but further studies must be

done to determine what other environmental factors contribute to the high incidence of melanoma in this population.

Dingle, Peter. "How toxic is your sunscreen?" *Australasian College of Nutritional & Environmental Medicine Journal*. 28:2 (June 2009) 10-15.

Dingle argues that most sunscreens have not been adequately tested for toxicity. He questions whether the sunscreens themselves are creating problems that they were intended to prevent.

"Disabling Melanoma." *Dermatology Times*. 30:4 (April 2009) 62.

A preliminary study showed that a compound, ADH-1, can target and inactivate a protein associated with melanoma and subsequently make the melanoma more vulnerable to chemotherapy.

"Don't fall for these tan lies." *Cosmopolitan*. 245:3 (September 2008) 68.

This article discusses the many misconceptions related to tanning such as the "safety" of tanning beds, that there is no direct link to melanoma from UV exposure and that base tans from a salon will protect you from sun damage.

Dreelos, Zoe Diana. "Cause and effect?" *Dermatology Times*. 29:11 (November 2008) 64-74.

The use of four commercially available moisturizers, applied to the skin after being exposed to UVB radiation, were shown to cause an increase in the formation of tumors and an increase in the rate of tumor growth. This study was carried out in mice and scientists are challenging the validity of the findings in relation to humans.

Edgar, Jolene. "5 surprising ways to sun-proof your skin." *Health*. 23:5 (June 2009) 28-30.

The author recommends sun protection measures in the car, in the sun and in the shade to prevent skin cancer and maintain healthy skin and scalp.

Eedy, David. "Skin Cancer." *Pulse*. 69:10 (March 25, 2009) 31-35.

The article is a question and answer exchange about skin cancer between dermatologist, Dr. David Eedy, and general practitioner, Dr. Pam Brown.

"Evidence lacking in AK – Cancer link." *Dermatology Times*. 29:3 (March 2008) 35.

There is no evidence linking removal of Actinic Keratoses (AK) and prevention of skin cancer. There is no data showing progression to squamous cell carcinoma and in some cases AK regresses with no treatment. More studies need to be done.

"Facts about sunscreen, for all year round." *Running & FitNews*. 27:4 (July/August 2009) 12-13.

The American Academy of Dermatology recommends the use of at least an SPF 15 sunscreen for exposed areas of the skin all year long to protect against the damaging UV rays from the sun. The article cites the association of sunburn with an increased risk for melanoma, explains the difference between UVA (causes skin to age) and UVB (causes sunburns) radiation, recommends liberal use of sunscreen, and states that "there is no safe way to tan." The appropriate treatment for a sunburn is explained.

Formichelli, Linda. "Have a safer sun season." *Health*. 22:6 (July 2008) 81-86.

Highlights the personal stories of four women who have skin cancer and offers suggestions on how to avoid it.

Fox, Gary. "An aid for spotting Basal Cell Carcinoma." *Journal of Family Practice*. 58:2 (February 2009) 73-75.

Although Dr. Fox writes this article for medical practitioners, the information about diagnosing and treating basal cell carcinoma may also be of interest to the patient. Language at times is technical, but the images and description may be helpful. References are included.

Gagnon, Louise. "Vitamin D." *Dermatology Times*. 30:10 (October 2009) 75.

Researchers at Kaiser Permanente in Northern California assessed the Vitamin D consumption through diet and supplements of over 68,000 subjects and evaluated them for risk factors for melanoma. They found that consumption of Vitamin D was not related to the risk of developing melanoma.

"Gene inactivated in Melanoma." *Dermatology Times*. 30:2 (Feb 2009) 68.

This very brief article describes a gene, PTPRD, that has been found to be inactivated in malignant melanoma. According to a study published in *Cancer Research*, PTPRD may play a role in suppressing tumor growth. Researchers are interested in developing it as a potential cancer treatment.

George, Rebekah. "Protect these parts too." *Prevention*. 61:8 (Aug 2009) 66.

In this short article, Dr. Amy Wechsler, a New York City dermatologist, recommends sun protection measures for the scalp, ears and nails.

Goad, Nina. "Recognising potential Skin Cancer." *Practice Nurse*. 37:8 (Apr 24, 2009) 25-28.

The British Association of Dermatologists is promoting a public awareness campaign about recognizing skin cancer. The article describes the types of skin cancer and emphasizes the identification, symptoms, diagnosis, treatment and prevention of the pre-cancerous lesion, actinic keratoses.

Goldstein, J. "Is it a mole or Skin Cancer?" *Health*. 23:5 (June 2009) 30.

Goldstein prepared a brief guide to compare the appearance of a mole, actinic keratosis, basal cell carcinoma, squamous cell carcinoma and melanoma. For each skin abnormality he provides a brief explanation, "what it is," followed by a description of what each "looks like."

Garrison, Graham. "Too hot to handle." *Boating World*. (July 2008) 14-17.

This article is directed at boaters who may spend more time in the sun than a non-boating person. It discusses how sun damage takes place, the long-term damage of sunburns and the danger of childhood exposure. Boaters face an increased risk due to the sun's reflection off the water.

Gaudio, Thomas. "Teaching an old drug new tricks." *NJBIZ*. 21:16 (April 2008) 2.

A drug used in the treatment of Lou Gehrig's disease, Rilutek, has been found to slow the progression of melanoma. Clinical trials are being performed.

Gelman, Lauren. "QUIZ: What's your melanoma risk?" *Prevention* 61:8 (August 2009) 18.

The article assesses the risk of melanoma if the patient has 1 or more of the five most significant risk factors, including:

1. Outdoor summer jobs for 3 or more years as a teen
2. Blistering sunburns as a teen
3. Red or blonde hair
4. Freckling of the upper back
5. Family history

"Genes not pigmentation provide ultimate guide to Skin Cancer risk." *New Scientist*. 198:2657 (May 2008) 18.

In addition to the fact that people with red hair and fair skin are at a higher risk of developing skin cancer, a gene that is linked to red hair and fair skin has also been found to be less dependent on sun exposure in its ability to cause skin cancer.

George, Rebekah. "Nature's umbrella." *Prevention*. 60:6 (June 2008) 104.

Extracts of broccoli sprouts have been found to contain a compound that when applied to skin can cause a protective effect against sun damage.

Gillete, Bill. "Skin Cancer combos." *Dermatology Times*. 29:2 (February 2008) 52.

This article discusses the benefits of combining treatment types to attain the best outcomes in treating skin cancers and also discusses what new treatment options might be useful in the future.

Grealy, Rebecca, and Lyn R. Griffiths. "Current status of pharmacogenomics testing for anti-tumor drug therapies: approaches to Non-melanoma Skin Cancer." *Molecular Diagnosis and Therapy*. 13:2 (April 2009) 65-72.

This technical article discusses how skin cancer treatment will be more effective if the genetic make up of the patient is considered. Genetic studies show that one's genetic make up can be a significant factor in getting skin cancer as well as finding an effective treatment. It is hoped that tests for defined genetic markers will assist medical practitioners in selecting the most effective treatment for each patient and reduce the effects of anti-tumor drugs. One chart and an extensive reference list are included.

Guttman, Cheryl. "Cancer management." *Dermatology Times*. 30:10 (October 2009) 72-75.

Neal Bhatia, M.D. of the University of Wisconsin Medical School discusses medical therapies for treating nonmelanoma skin cancers. Therapies include oral retinoids, systemic therapy and topical agents.

Guttman, Cheryl. "Ever vigilant." *Dermatology Times*. 29:9 (September 2008) 94.

This article discusses the findings of a study that monitored the rate of non-melanoma skin cancer in patients who have vitiligo. These patients are at higher risk.

Guttman, Cheryl. "Managing Skin Cancer." *Dermatology Times*. 29:10 (October 2008) 118.

In addition to surgery, doctors are using adjunct treatments for non-melanoma skin cancers such as oral medications, topical treatments, nanotechnology, DNA repair and RNA interference.

Hanc, John. "Overexposure." *Runner's World*. 44:8 (August 2009) 47-48.

According to a 2005 study, 85% of outdoor athletes do not use sunscreen. Although many runners are health conscious, too many do not practice sun protection. Hanc recommends sunscreen with an SPF of 30, sunprotective clothing with a UPF (ultraviolet protection fabric) rating, wearing a hat to protect the head, face and neck and taking a Vitamin D supplement.

Helwick, Carolyn. "Melanoma treatment." *Dermatology Times*. 30:8 (August 2009) 70.

A preliminary study of the novel compound, PLX4032 (Plexxikon), in patients with the V600E BRAF mutation showed high response rates and regression of metastatic lesions. The study, led by Dr. Keith Flaherty of the University of Pennsylvania Medical Center, also found that many patients claimed a reduction in pain, night sweats, difficulty swallowing and a need for narcotics.

Hilton, Lisette. "Antioxidants: truth or hype." *Dermatology Times*. 29:2 (February 2008) 19-26.

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Antioxidants such as green tea, resveratrol and genistein are useful in the prevention of sunburns, photo damage and skin cancer but their efficacy in treating cancer requires further research.

Hilton, Lisette. "Playing it safe." *Dermatology Times*. 29:6 (June 2008) 22.

Outreach by the Women's Dermatologic Society (WDS) is educating people about protection from the sun. Their program is called, "Play Safe in the Sun".

Hilton, Lisette. "Targeting Melanoma: researchers study tumor-specific protein as vaccine hopeful." *Dermatology Times*. 30:10 (October 2009) 1, 28.

Researchers in Texas are studying an antigen called recombinant human melanoma antigen A3 or MAGE A3 that they hope will be able to use the body's immune system to kill melanoma cells. Interested patients with Stage III melanoma are welcome to apply to participate in the immunization study.

Holick, Michael F. "Vitamin D: a D-lightful health perspective." *Nutrition Reviews*. 66 (October 2008) 182-194.

The author discusses the current vitamin D deficiency pandemic and ways that people can get the proper amount from various sources including safe sun exposure.

Howe, D.K. "Red light, green light." *American Fitness*. 26:3 (May/June 2008) 18.

The "UV Warning Signal" is a new device designed to detect the UV Index.

Jesitus, John. "Attacking Melanoma." *Dermatology Times*. (July 2010) 58-61.

This article offers information on newer technologies that may help improve early diagnosis and treatment of melanoma. It states that new technologies like total-body photography, digital dermoscopy, reflectance confocal microscopy and epidermal genetic information retrieval show promise in melanoma detection. It notes that dermatology professor Laura K. Ferris has said that early detection of disease could improve survival with lower treatment cost.

Jesitus, John. "Battling non-melanoma Skin Cancers." *Dermatology Times*. 29:9 (September 2008) 84-87.

This article explores the benefits of using radiotherapy instead of traditional surgery to treat non-melanoma skin cancers that occur on the head and neck.

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- Jesitus, John. "BCC transplantation." *Dermatology Times*. 29:3 (March 2008) 86-88.
Researchers are now able to transplant basal cell carcinoma to mice. Past attempts were unsuccessful. This advance will make it easier for researchers to study BCC and develop new treatments.
- Jesitus, John. "Ear wedges." *Dermatology Times*. 29:11 (November 2008) 80-84.
During ear surgery for skin cancer the surgeon must be sure all the cancerous tissue is removed without removing more tissue than is necessary. By cutting a wedge instead of a Mohs layer the technician is able to maintain proper orientation and this increases accuracy.
- Jesitus, John. "Evolution of Mohs." *Dermatology Times*. 30:7 (July 2009) 96, 100.
The history of Mohs micrographic surgery is discussed. Conditions where the surgery is most successful, such as certain facial non-melanomas, are addressed. Concerns exist that the surgery is overused, but others argue that there is a skin cancer epidemic and the treatment is necessary.
- Jesitus, John. "On the rise: aggressive Skin Cancers can be easily overlooked." *Dermatology Times*. 29:10 (October 2008) 114-117.
Instances of the aggressive skin cancers, Merkel cell carcinoma and lentigo maligna, are increasing and doctors should be educated about this so that they don't miss diagnosing these cancers.
- Jesitus, John. "Psoriasis and SCC." *Dermatology Times*. 29:12 (December 2008) 68-69.
People who have psoriasis along with squamous cell carcinoma showed a halting of cancer cell growth when treated with a combination of the drugs adolimumab and acitretin.
- Jesitus, John. "Recognizing DM." *Dermatology Times*. 30:11 (November 2009) 80-83.
Although less than 2% of melanoma cases are desmoplastic melanoma (DM), it is often misdiagnosed due to a lack of distinguishing clinical features.
- Johnson, Teddi Dineley. "Having fun should include protection from the sun." *Nations Health*. 38:4 (May 2008) 5.
This article warns of the dangers of unprotected sun exposure and educates people about "slip, slop, slap". Slip on a shirt, slop on some sunscreen and slap on a hat.
- Judar, Nina J. "Sun sense." *Town and Country*. 161:5538 (July 2008) 92-95.
This article discusses differences in sunscreen products and provides a chart with recommendations.

Kalish, Nancy. "Your medical tests explained." *Prevention*. 60:8 (August 2008) 138-143.
Among other tests discussed, this article describes what to expect when going through a Mohs micrographic surgery procedure.

Kapriske, Ron. "Burned to a crisp." *Golf Digest*. 59:7 (July 2008) 136-140.
This article discusses general facts about skin cancer and gives reasons why golfers should be concerned about skin cancer.

Kim, Charles MD, "Freezing out cancer: cryoablation could be a potential new treatment for a wider variety of cancers." *Health News*. (June 2010) 3.

Cryotherapy, a technique that uses cold gas to freeze cancer tumors, is commonly used in treating skin cancers. Two new studies presented at the Society for Interventional Radiology Annual Scientific Meeting suggests that it also may be an alternative to breast cancer surgery and surgery for skin cancers that have metastasized to soft tissues and bone. One advantage to this procedure is that it can be carried out under local anesthesia with minimal discomfort and a shorter recovery time. Continued study is needed to determine the optimum number, spacing and freeze times needed to produce thorough ice coverage of soft tissue tumors.

Kirn, Tim. "Basal Cell Carcinomas." *Dermatology Times*. 29:7 (July 2008) 98.
Findings suggest that nonsurgical topical medications are almost as successful as surgery in treating basal cell carcinoma. There is less pain and the cosmetic results are better. Another option that seems promising is photodynamic therapy.

Krant, Jessica. "What to expect with a skin biopsy." *Consumer Reports on Health*. 20:8 (August 2008) 11.

This article discusses the different types of skin cancer, diagnosis and the various treatment options.

Krug, Carly. "Sun smart." *Flare*. 30:6 (June 2008) 82-85.

This article is a personal account of one woman's experience with melanoma skin cancer and the need for a second opinion.

Langreth, Robert. "Treating Melanoma." *Forbes*. 181:2 (January 2008) 32.

The drug ipilimumab, produced by Medarex and Bristol-Myers Squibb, has shown poor results in tests done in December 2007 but the company claims other studies have shown positive results and they still plan to seek approval for this drug that is supposed to shrink advanced melanoma tumors. A gene targeting melanoma drug that is produced by Array BioPharma and AstraZeneca has also shown poor results in a study of 180 patients and is no better at delaying the progression of melanoma than standard chemotherapy alone.

Leachman, Sancy. "Hereditary Melanoma and genetic testing." *Dermatology Times*. 29:5 (May 2008) 2-8.

People who have a close relative with melanoma have a three times higher risk of developing the disease. This is due to a shared genetic risk factor that produces red hair and freckles. However mutations in this gene seem to be what causes an even greater risk of developing melanoma.

Leibson, Meredith and Avivia Patz. "Save your skin." *Natural Health*. 39:5 (May 2009) 66-73.

Strategies to prevent skin cancer are discussed. These include: check moles, prevent excessive sun exposure in children, wear sun protective clothing, eat foods with antioxidants, exercise regularly, avoid high blood sugar, get enough Vitamin D, and use a broad spectrum sunscreen. The article includes seven photos.

Leonard, Colleen. "A not-so-healthy glow." *Current Health*. 38:8 (April/May 2008) 20-23.

Discusses skin cancer occurrences in teenagers, its causes and the steps teens can take to avoid the disease.

Levine, Norman. "Heresy for dermatologists." *Dermatology Times*. 29:5 (May 2008) 6.
This editorial discusses the pros and cons of mass skin cancer screening events.

Levine, Norman. "Mohs overkill." *Dermatology Times*. 30:1 (January 2009) 4-5.
Author Norman Levine responds to a recent 300 percent increase in Mohs micrographic surgery for facial skin cancers. Levine contends that the Mohs surgery is more than necessary for many facial skin cancers. Other factors such as patient selection and alternative treatments should be considered first.

Levitan, Dave. "Addressing mixed messages about sunscreen, exposure and Melanoma." *Hem/Onc Today*. 10:14 (July 25, 2009) 1-11.

The article looks at the possible reasons for rising rates of melanoma and how public health campaigns can address behaviors that lead to excess exposure to the sun. Consideration is given to a lack of public awareness about the dangers of sun exposure, use of sunscreens, use of tanning salons and mixed messages about benefits of sun exposure to increase vitamin D.

Lin, Wei Hsuan. "Don't look away." *Psychology Today*. 41:5 (September/October 2008) 28.

Negative body image can lead to avoidance of skin self-exams and preventative cancer screenings. This was seen at a high rate in those suffering from depression.

"Living with Melanoma." *Dermatology Nursing*. 21:1 (January 2009) 43.

A 20 year old patron of the tanning salon describes how her life changed after her diagnosis with Stage II melanoma.

Loh, Andrea Y. "Are artificial tans the new cigarettes?" *Michigan Law Review*. 107:2 (November 2008) 365-390.

Even though scientific research has shown a strong link between skin cancer and exposure at indoor tanning facilities there are very few federal regulations on this industry. This article offers suggestions on ways to build a convincing case in court.

Lyons, Lindsay. "A risky pastime for the older set, too." *U.S. News and World Report*. 144:9 (March 2008) 66.

Seniors are among those utilizing indoor tanning facilities. This is worrisome to dermatologists because this population is already at a heightened risk for skin cancer.

Manthe, Andrew. "Indecent exposure." *Parks and Recreation*. 43:4 (April 2008) 56-59.

Parks and recreation staff should add skin cancer prevention to their other safety activities when dealing with the public. The article goes on to list the many ways people can protect themselves from the sun and the importance of park personnel conducting informational programs as well as how staff can obtain informational materials from the government.

Melanoma: the real risk factors." *Good Housekeeping*. 249:2 (August 2009) 52.

Researchers at Langone Medical Center at New York University compared 300 patients with melanoma and 300 controls. They identified six risk factors for developing melanoma and recommended sunblock and annual medical checkups for people at increased risk.

"Melanoma update." *Dermatology Nursing*. 21:6 (November/December 2009) 362-365.

This article features news about melanoma in two areas. The first is recommendations for women who develop melanoma during pregnancy or female melanoma survivors who plan to become pregnant. The second is a discussion about the treatment for melanoma based on the stage. And last discussion is about the prognosis for melanoma patients based on demographic and socioeconomic factors.

Melville, Nancy A. "Less cancer, higher mortality." *Dermatology Times*. 29:7 (July 2008) 62.

Discusses the unique issue related to skin cancer detection and treatment among black and Hispanic patients who have a lower incidence rate but a higher mortality rate. Skin cancer lesions may have different appearance in these populations and therefore are misdiagnosed.

"Myth of the month." *Shape*. 28:12 (August 2009) 79.

This brief article highlights the results of a new study. Researchers from the University of Pennsylvania found that 27 percent of people with dark hair have a gene, MC1R, that can double the risk of developing melanoma. People who tan easily were more likely to have the gene.

Narayan, Adi. "Teen tanning." *Time*. 74:14 (October 12, 2009) 53-55.

In July 2009 the cancer research section of the World Health Organization (WHO) declared tanning beds and sunlamps to be human carcinogenic agents. This article highlights a survey published in the *Archives of Dermatology* in September 2009 about teen access to tanning salons. Melanoma is linked to intermittent intense exposure to UV radiation, regardless of the source, in populations under the age of 18. Teenagers who use tanning salons are at an increased risk for melanoma.

Nash, Karen. "Challenging Mohs." *Dermatology Times*. 31:4 (April 2010) 14-16.

The Mohs surgery technique was developed more than seventy years ago and is considered to be the definitive surgery to remove skin cancers in their entirety. Doctors are now saying that some insurance companies are questioning use of this procedure and are refusing to pay the claims. Many companies are saying that this is a cosmetic procedure, or that it is not necessary in the elderly. Some insurance carriers are classifying it as lab work, which makes it a deductible issue. Often the doctors have to resort to sending pictures of the site to the insurance adjuster. The type of skin cancer and the location are the two most important factors as to whether or not to do this surgery. Doctors have seen fewer recurrences after the performing the Mohs procedure.

Nash, Karen. "Truth, justice and – sun protection." *Dermatology Times*. 29:2 (February 2008) 114-115.

"Dr. Cutaneous" is a dermatologist who dresses as a superhero and attends events where he gives a presentation about the dangers of skin cancer. His presentations are designed to appeal to young children. He has also authored comic books that contain the same character and message. His hope is to educate everyone at a young age about how to prevent skin cancer.

Nataloni, Rochelle. "Managing Dysplastic Nevi: early identification curtails Melanoma incidence." *Dermatology Times*. 30:5 (May 2009) 54-59.

The appearance of dysplastic nevi (DN) on the skin indicate a significantly greater risk for the development of malignant melanoma. Dr. Alfred W. Kopf, Clinical Professor of Dermatology at the New York University School of Medicine, shares his approach to identifying and treating DN to prevent melanoma deaths.

"New tools aid in diagnosing and detecting skin cancer in earliest stages." *Dermatology Nursing*. 21:4 (July-August 2009) 222-223.

Based on the guidelines from the American Academy of Dermatology, new skin cancer detection strategies are presented with an emphasis on patient involvement. New diagnostic technologies, including imaging, dermoscopy, and photography in conjunction with computer systems are discussed. New self exam tools are also highlighted.

"Off the beat." *Dermatology Times*. 29:5 (May 2008) 43.

Melanoma found on the scalp and neck is more deadly than those found elsewhere on patient's bodies.

"Patients immune system cures his cancer." *Current Science*. 94:4 (October 2008) 15.

A patient with metastasized melanoma was treated with injections of his own immune cells that scientists had cloned multiple times. Doctors found that the cloned cells removed the patient's cancer.

Pepper, Leslie. "12 new rules to save your skin." *Good Housekeeping*. 246:6 (June 2008) 47-56.

Presents twelve little known facts about skin cancer including that drinking coffee can reduce your chances of developing skin cancer and that skin cancer is less common but more deadly among dark skinned people.

Petrou, Ilya. "Actinic Keratoses." *Dermatology Times*. 29:7 (July 2008) 106.

Actinic keratoses lesions sometimes develop into squamous cell carcinoma and patients who have AK are at a higher risk of developing basal cell carcinoma and malignant melanoma. This article discusses proper treatment of AK lesions.

Petrou, Ilya. "And dermoscopy for all." *Dermatology Times*. 29:7 (July 2008) 104.

For doctors unfamiliar with the technique of dermoscopy, a three-point checklist is available that improves the rate of diagnostic accuracy for patients with melanoma and pigmented basal cell carcinoma.

- Petrou, Ilya. "The burden of AD." *Dermatology Times*. 29:2 (February 2008) 82-83. People who have Atopic Dermatitis are at an increased risk of developing malignancies including malignant melanoma. The physician in the study believes that chronic immune system stimulation by an antigen might promote cancer development. Further studies need to be done in this area but these findings suggest that patients with Atopic Dermatitis should be monitored closely for development of all cancers including malignant melanomas.
- Petrou, Ilya. "Choosing therapy." *Dermatology Times*. 29:9 (September 2008) 104-105. Patients with compromised immune systems are at increased risk of developing skin cancers and there are many factors that influence the best choices for treatment for this group of patients.
- Petrou, Ilya. "Confocal Microscopy." *Dermatology Times*. 29:3 (March 2008) 80-89. Currently doctors use clinical examination with the naked eye as well as a dermoscope to diagnose skin cancer. The Reflectance Confocal Microscope is a new diagnostic tool that dermatologists can use to distinguish a malignant skin lesion from a benign one. Confocal microscopy can be used in conjunction with Mohs surgery. The benefits of this new technology are increased resolution and the ability to visualize individual cells.
- Petrou, Ilya. "Depleting the ozone." *Dermatology Times*. 29:1 (January 2008) 102. A study recently found that the combination of rising ambient temperature and ozone depletion, which causes a rise in UVB radiation, might result in an increase in skin cancer cases.
- Petrou, Ilya. "Detecting Melanoma." *Dermatology Times*. 29:7 (July 2008) 102-103. By using certain diagnostic techniques such as dermoscopy, total body photography and digital dermoscopy doctors can improve their ability to discern malignant from nonmalignant skin lesions and so reduce the unnecessary removal of benign lesions.
- Petrou, Ilya. "Differential diagnosis." *Dermatology Times*. 30:7 (July 2009) 83. The focus of the article is amelanotic melanoma. Petrou discusses the symptoms, diagnosis and prognosis, as well as the importance of distinguishing it from nonmelanomas.
- Petrou, Ilya. "Healing light." *Dermatology Times*. 30:8 (August 2009) 68. The article describes the use of photodynamic therapy (PDT) as a non-surgical alternative treatment for basal cell carcinoma on burn scars.

Petrou, Ilya. "Managing care in the transplant population." *Dermatology Times*. 29:3 (March 2008) 83.

Transplant patients are at higher risk of developing skin cancer because they are taking immuno-suppression drugs. Although the risk varies amongst certain subpopulations, ethnicity and gender along with other factors can greatly affect risk. Doctors must evaluate each patients risk profile and develop individualized treatment plans.

Petrou, Ilya. "The many faces of Melanoma." *Dermatology Times*. 29:3 (March 2008) 84.

The appearance of a melanoma lesion under a dermoscope as well as its genetic expression can vary based on many factors including where it appears on the body, age of the patient and amount of accumulated sun exposure.

Petrou, Ilya. "Melanoma TX promising." *Dermatology Times*. 29:2 (February 2008) 54-55.

By combining two drugs, 5% imiquimod cream and intralesional interleukin-2 researchers found they could cause a regression in malignant melanoma lesions.

Petrou, Ilya, M.D. "Metastatic BCC." *Dermatology Times*. 31:4 (April 2010) 58-60.

Metastatic basal cell carcinoma probably occurs much more frequently than currently suspected and may be grossly underdiagnosed by specialists. A report recently released by Dr. Vincenzo Giannelli, M.D., clinical professor of dermatology at George Washington Hospital Center, Washington, D.C., states that cases of MBCC metastasize to the lungs most frequently and that success in treating these cases lays in the tumor markings.

Petrou, Ilya. " 'New age' sunscreen." *Dermatology Times*. 29:3 (March 2008) 82.

In the future there may be gene-base sunscreens that will protect against and prevent non-melanoma skin cancers. A chemical that is applied to the skin would bond to proteins that are produced by the tumor suppressor gene, p53. This protein protects against damage from UV radiation.

Petrou, Ilya. "Non-melanoma skin cancers." *Dermatology Times*. 29:7 (July 2008) 96.

Non-melanoma skin cancer rates are on the rise, the rate is underestimated and its cause is most likely due to exposure to ultraviolet light. Ultraviolet light induced skin cancers are high among people who work outdoors.

Petrou, Ilya. "PDT and Skin Cancer." *Dermatology Times*. 29:8 (August 2008) 72.

Photodynamic therapy (PDT) is a viable option for treating some skin cancers and precancerous lesions. Cosmetically, this is a good choice but it is useful in only certain types of lesions.

Petrou, Ilya. "Reducing the risk." *Dermatology Times*. 29:10 (October 2008) 124-125.
Low dose retinoid therapy has been shown to lower the occurrence of non-melanoma skin cancers.

Petrou, Ilya. "Skincare in the Outback." *Dermatology Times*. 29:6 (June 2008) 70-74.
Skin cancer is the most common form of cancer in Australia where it is treated by general practitioners. There is a new program that trains general practitioners to improve skills in treating these patients.

Petrou, Ilya. "A spice of life." *Cosmetic Surgery Times*. 11:10 (November/December 2008) 16-19.

The spice cumin, that contains the chemical curcumin, might play a role in the treatment of photo-damaged skin because the chemical has anti-inflammatory and healing properties. Curcumin has the ability to curb the formation of free radicals.

Petrou, Ilya. "Stimulating theory: combination of exercise, caffeine may prove useful in fighting skin cancers." *Dermatology Times*. 29:10 (October 2008) 120-121.

Low to moderate amounts of caffeine combined with exercise may prevent skin cancer. This combination is effective in killing pre-cancerous cells.

Petrou, Ilya. "UV and Melanoma." *Dermatology Times*. 29:2 (February 2008) 78.

There is a debate among researchers about UVA and UVB radiation and how much each wavelength plays a role in melanoma development.

Petrou, Ilya. "The Vitamin D debate." *Dermatology Times*. 29:2 (February 2008) 76.

Vitamin D has been proven to protect against malignant melanoma but people who have a mutation in their vitamin D receptors are at an increased risk of developing melanoma with sun exposure. Although sun exposure has been directly linked to squamous and basal cell carcinoma a new study suggests that sun exposure might actually have a protective effect against malignant melanoma. Scientists are not sure if it's the sun exposure itself or the increased production of vitamin D and the associated health benefits that are causing this. The debate is therefore between recommending increased sun exposure or increasing vitamin D supplementation.

Petrou, Ilya. "When Mohs surgery fails." *Dermatology Times*. 29:9 (September 2008) 91.

This article discusses the recommended next steps a doctor should take when Mohs surgery for the removal of skin cancer tissues has not been successful.

Pollar, Amy. "Q what's the best sunscreen for kids?" *Natural Health*. 39:7 (July 2009) 22. In a brief commentary Amy S. Pollar, a pediatric dermatologist, recommends sun protection practices as well as the best sunscreens for children.

"Promise for Skin Cancer." *Dermatology Times*. 29:1 (January 2008) 100.

A new drug that targets a mutant cancer cell protein has been found that can prevent and treat UV induced skin tumors by restoring the body's own tumor-suppressing ability.

"Protect yourself from the risk of Melanoma recurrence." *Focus On Healthy Aging*. (June 2010) 1-2.

This article reiterates the importance of skin protection while in the sun. It is especially important for anyone who has had a previous melanoma. Both exposures to ultraviolet radiation as well as genetics plays a part in the growth of these types of cancers. It is important to have full body checks by a dermatologist at least twice a year, as well as being vigilant about staying out of the sun and/or using sunscreen on a consistent basis. Individuals who have had an incidence of melanoma have anywhere from a 10 to 20 times greater risk of developing an additional one during their lifetime.

Pugliese, Peter. "Physiology of the skin: light energy and sunscreens." *Skin, Inc.* 21:4 (April 2009) 58-70.

The article is intended for professionals, but Pugliese skillfully illustrates technical information for the general reader. The author shows how light interacts with the skin and highlights the ultraviolet spectrum, both UVA and UVB, that causes damage to the skin. He continues with an explanation about sunscreens for both UVA and UVB and describes how to select and use them. Consideration should be given to the sun protection factor (SPF) and the Fitzpatrick Skin Type. The article includes, graphs, diagrams and references.

Radwan, Catherine. "Tanning & teens." *Dermatology Times*. 30:7 (July 2009) 23-30.

The article discusses the efforts of public health organizations, doctors and state governments to regulate tanning salons. The response of the Indoor Tanning Association (ITA) is included.

Ramineni, Maheshwari. "Tender growth on toe." *Journal of Family Practice*. 57:7 (July 2008) 473-475.

This article is a case study of a misdiagnosis by a primary care practitioner who thought a patient's lesion was an infection. One year later when antibiotic treatment failed a dermatologist was consulted and the diagnosis was melanoma. The article discusses various types of melanoma, causes, treatments and outcomes.

“Research Abstracts Stat.” *Dermatology Times*. 29:9 (September 2008) 26.

Four studies related to skin cancer are discussed in this monthly summary of research. Findings included increased self-exam when patients were given multiple methods, that there was an increase in melanoma cases in the younger white population ages 15-39, unnecessary antibiotic use in Mohs surgery and that thickness of squamous cell carcinoma can be a predictor of how likely it will metastasize or recur.

Rob-Nicholson, C. "By the way, Doctor." *Harvard Women's Health Watch*. 17:1 (September 2009) 8.

This brief article is a discussion about the dangers of tanning beds.

Roehr, Bob. “Melanoma stem cells.” *Dermatology Times*. 29:3 (March 2008) 36.

Certain melanoma cells have a molecule on their surface called ABCB5. This molecule plays a role in the cells growth and metastasis and can provide a target for new treatment such as the use of the anti-ABCB5 monoclonal antibody that inhibits tumor growth and formation.

Roehr, Bob. “Moisturizer hazard?” *Dermatology Times*. 29:9 (September 2008) 1-24.

Based on research findings some commonly occurring ingredients in popular skin moisturizers can actually increase a person’s chances of developing squamous cell and keratoacanthoma tumors. Two possible ingredients in these moisturizers, linked to this increase, were mineral oil and sodium lauryl sulfate.

Roehr, Bob. “Sniffing out cancer.” *Dermatology Times*. 29:10 (October 2008) 1-34.

Scientists found that there are two biomarkers, known as volatile organic compounds that were unique to basal cell carcinoma patients. They hope that this finding may someday be used to diagnose the early stages of basal cell carcinoma.

Roehr, Bob. “Sun exposure: do the benefits outweigh the risks?” *Dermatology Times*. 29:3 (March 2008) 20.

Survival rate and incidence rate of melanoma and nonmelanoma skin cancers seem to have a direct relation to wavelengths of ultraviolet rays in various latitudes around the world. Findings are discussed that link increased sun exposure to increased survival rates for melanoma patients.

“The right amount of sunscreen.” *Good Housekeeping*. 246:6 (June 2008) 72.

The Skin Cancer Foundation findings showed that the average person is applying .3 ounces of sunscreen instead of the recommended one ounce that they need to fully protect them from the sun.

Samalonis, Lisa B. "Detecting Skin Cancer." *Dermatology Times*. 29:2 (February 2008) 80.

Research has shown that the majority of melanoma tumors are asymptomatic in older men. This finding may change the way doctors instruct the public about ways to check for melanoma. Currently, people are instructed to look for bleeding and changes in the size of lesions.

Samalonis, Lisa B. "First line of therapy." *Dermatology Times*. 29:5 (May 2008) 58-59.

Photodynamic Therapy (PT) has been found to be a safe, effective and less invasive way to treat non-melanoma skin cancers in countries other than the U.S. Photodynamic Therapy is a treatment that uses special photosensitizing drugs along with light to kill cancer cells.

Samalonis, Lisa. "Immunizing against Skin Cancer." *Dermatology Times*. 30:1 (Jan 2009) 16-18.

Researchers from Australia discuss the possibility of developing a vaccine to prevent skin cancer caused by papillomavirus.

"Save your skin." *Bicycling*. 49:1 (January/February 2008) 106.

Scientists found that people who take antioxidant supplements were more likely to develop skin cancer than a control group that did not take those supplements. This includes supplements containing Vitamin C, Vitamin E, beta-carotene, selenium and zinc.

Schatton, Tobias., George F. Murphy, et al. "Identification of cells initiating human melanomas." *Nature*. 451:7176 (January 2008) 345-349.

The cells that are involved in melanoma tumor growth have been identified. They're known as human malignant melanoma initiating cells (MMIC). Scientists hope that it will be easier to target those cells when patients undergo treatment for skin cancer.

Scheinfield, Noah S. "Dermatologic look-alikes." *Cortland Forum*. 21:4 (April 2008) 29-32.

Presents two case studies with photographs and asks if the reader can tell the difference between a benign and malignant growth. The article goes on to discuss the diagnosis and treatment for these patients.

"Screening for Skin Cancer: U.S. Preventive Services Task Force Recommendation." *Annals of Internal Medicine*. 50:3 (February 3, 2009) I:40.

In a brief question and answer summary for patients, the U.S. Preventive Services Task Force explains its recommendations for whole-body skin examinations by either a primary care physician or by a patient. They found no direct evidence that whole body screening improves outcomes when the patient does not identify a change on the skin. Other

considerations for continued whole body examinations include patient risk and preferences.

Simon, Harvey and David Zieve. "Melanoma and other Skin Cancers." *Melanoma Annual Report*. (July 30, 2009) 1-15.

The article describes two types of skin cancer, melanoma and non-melanoma. Also included is information about risk factors, causes of skin cancer, precancerous skin conditions, skin types, screening, diagnosis, staging, treatment and prognosis. Prevention methods and guidelines for avoiding sun exposure and UV radiation are discussed. Recommended websites and references are included.

Smith, Mary C. "Taking a closer look for Skin Cancer." *Nursing*. 38:10 (October 2008) 58-60.

This article addresses the guidelines nurses can follow in order to know when to refer patients with skin lesions to a dermatologist.

Sommer, Andrei P. and Zhu, Dan and Scharnweber, Tim. "Extraordinary anticancer effect of green tea and red light." *Photomedicine and Laser Surgery*. 28:2 (2010) 429-430.

Increasing observational evidence suggests that epigallocatechin gallate, the major polyphenolic component of green tea, is instrumental in suppressing the growth of cancer cells. EGCG combined with moderately intense laser light irradiated the first continuous cancer cell line, called HeLa cells. This report receives clinical relevance from a recent study in which EGCG suppressed the growth of live melanoma cells. From the perspective of practical applicability, the combination of green tea and red light recommends itself for superficial treatments where green tea is injected, applied as a lotion or administered orally. This study opens a new avenue in cancer research, and specifically, treatment of melanoma.

Soule, Alexander. "Skin cream may induce cancer in mice." *Fairfield County Business Journal*. 47:34 (August 2008) 8.

Reports the findings of a Rutgers University study that showed that skin cancer was induced in mice when certain skin moisturizers were used in laboratory testing.

Spencer, James. "New ways to keep your skin healthy." *Cosmopolitan*. 244:5 (May 2008) 206-214.

This article presents recent breakthroughs on ways to protect your skin from skin cancer including: eating a low fat diet, being aware that certain acne medications increase your skin cancer risk and that HPV may be a risk factor for skin cancer.

Strayer, D.A., and J. Kornusky. "Melanoma: disease staging." *CINAHL Nursing Guide*. (October 2009).

The spread of melanoma is characterized by a TNM Staging System. This evidence-based care sheet presents Stages 0 - IV based on the tumor thickness and presence of ulceration (T), the presence or absence of cancer cells in the lymph nodes (N), and the presence or absence of a metastasis (M) in another part of the body.

Strayer, D.A., and T. Schub. "Melanoma: lifetime surveillance." *CINAHL Nursing Guide*. (August 2009).

Recommended practices for continued surveillance of melanoma survivors are presented to promptly detect any recurrence of the lethal skin cancer.

"Studies reveal substantial increases in Melanoma Skin Cancers." *Pediatrics Week*. (April 3, 2010) 56

Both new diagnoses and a history of non-melanoma skin cancer appear to have become increasingly common, according to two reports in the March issue of *Archives of Dermatology*. Survivors of one melanoma appear to be up to nine times as likely as the general population to develop a second one. Treating melanoma is estimated to cost upwards of \$249 million annually. To manage the future costs and quality of care, a revised health plan is needed that incorporates prevention strategies as well as management techniques.

"The sunshine d-lemma." *Harvard Health Letter*. 33:10 (August 2008) 6-7.

Discusses the fact that ultraviolet rays from sunlight have been proven to cause skin cancer but exposure to sun has been proven to cause a decrease in other types of cancer, especially colon cancer. This connection seems to be related to vitamin D production.

Talalay, Mary. "New blocks on the kids." *Kiwi*. (May/June 2008) 32.

Clothing such as hats, bathing suits, shoes as well as sunglasses that block UVA and UVB rays are available to protect children from sun damage.

"Targeting Melanoma." *Scientific American Special Edition*. 18:3 (June 2008) 74-75.

Studies have been conducted using a virus that can selectively kill melanoma cells and leave healthy cells unharmed.

"Three surprising skin cancer signs." *Shape*. 28:2 (October 2008) 102.

Checking your scalp and neck, watching for changes in moles that are 6mm or larger and watching your weight can all help to improve your chances of preventing or surviving melanoma.

“Tomato paste sun screen.” *Cosmetic Surgery Times*. 11 (June 2008) 4.

Consuming tomato paste and olive oil may provide protection against sunburn.

“Vitamin D update: new recommendations for Vitamin D.” *Dematology Nursing*. 21:6 (November/December 2009) 365-366.

One benefit of sun exposure is the production of Vitamin D by the body. This benefit also comes with an increased risk of skin cancer. For people who limit their sun exposure, the Skin Cancer Foundation has recommended an increase in daily Vitamin D consumption from 400 to 100 international units.

Wadyka, Sally. “5 reasons you should read another piece about Skin Cancer.” *Shape* 27:9 (May 2008) 105-114.

This article presents five stories about skin cancer patients and describes the valuable lessons that can be learned from their experiences.

Wadyka, Sally. "Fight Skin Cancer while you sleep." *Shape*. 28:10 (June 2009) 72-82.

This article discusses lifestyle changes that decrease the risk of skin cancer. Suggestions include: eat a healthy breakfast that includes anti-oxidants, take dietary supplements such as Vitamin D, exercise, use sunscreen, get plenty of rest, and do self exams for skin changes. The article mentions a number of commercial products.

Wechsler, Amy. “Personal consult with Dr. Amy Wechsler.” *Marie Claire*. 15:6 (June 2008) 182.

This article gives advice regarding common skin cancer questions. It includes information about sun safety for people with fair skin and freckles and discusses the myths surrounding the need to expose the skin to sun in order to get enough vitamin D and that dark-skinned people don't have to worry about melanoma.

Wheeland, Ronald G. “Referring patients.” *Dermatology Times*. 29:4 (April 2008) 3-4.

This article addresses the specific circumstances when a patient should be referred to a physician that specializes in Mohs surgery for treatment of non-melanoma skin cancer. The general recommendation is to refer large, complex and recurrent non-melanoma skin cancers. The author gives his opinion concerning the increasing use of Mohs surgery for all types of non-melanoma skin cancers and his concern over who is viewing the tissue samples produced by this procedure.

"Young men ignore Skin Cancer." *Practice Nurse*. 38:1 (July 10, 2009) 6.

This brief article reports on a survey by the British Association of Dermatologists that found that women use sun protection twice as often as

men. People in their teens and early 20s were least likely to protect their skin from the sun.

Newspaper

Anonymous. "Can coffee ward off Skin Cancer?" *Boston Globe*. (March 2, 2009) G3.
Studies show that caffeine helps to destroy cultured human cells damaged by ultra-violet rays, thereby preventing the development of potentially cancerous cells.

Bakalar, Nicholas. "Melanoma on the rise, or is it just diagnoses?" *The New York Times*. (September 29, 2009) D5.

Reported cases of melanoma increased 48% from 1991-2004 according to a study in *The British Journal of Dermatology*, but researchers think that dermatologists are finding cancers earlier, labeling them melanoma, and having greater success in treating them. Other researchers commented on the controversy.

Brody, Jane E. "Updating the rules for Skin Cancer checks." *New York Times*. (September 8, 2009) D7.

Brody comments on the routine skin cancer screening recommendations from the U.S. Preventive Services Task Force, identifies the signals that alert a patient should see a doctor, and recommends sunscreen and protective clothing to prevent skin cancer. As reported in *The Annals of Internal Medicine*, insufficient evidence has been found to justify annual check-ups, and in fact, there are possible risks associated with such screenings, such as misdiagnosis, over diagnosis, and the resultant harms from biopsies and overtreatment. Experts advise that the best way to avoid skin cancer is to be diligent about protecting yourself from the sun by wearing a hat and using sunscreen with an SPF of 30.

"Buzz over experimental cancer drug." *Newsday*. (June 6, 2010) A30.

Researchers at the American Society of Clinical Oncology's annual conference in Chicago yesterday announced that an experimental drug significantly improved survival in people with very advanced melanoma. The drug, ipilimumab, works by helping the immune system combat tumors. In the study average survival was 10 months with ipilimumab, versus just over six month without the drug. The FDA is expediting their review, and researchers hope the drug will be available by the end of the year.

SKIN CANCER

Cheng, Maria. "Tanning beds are as deadly as arsenic, Cancer Study says." *Boston Globe*. (July 29, 2009) A4.

International cancer experts have moved tanning beds and ultraviolet radiation into the top cancer risk category. Most lights used in tanning beds give off mainly ultraviolet radiation which has been shown to cause skin and eye cancer.

"Five skin cancer misconceptions." *AM New York (Newsday)*. (May 6, 2010) 18.

People often don't bother to get a growth on the skin checked, because they have misconceptions about how a skin cancer should look. It can be flat, tiny, not changing, and anywhere on the body. Any skin lesion that has not gone away in six to eight weeks should be checked.

Fountain, Henry. "Color of fabric matters when protecting skin from ultraviolet rays." *New York Times* (October 20, 2009).

Clothing can provide protection from ultraviolet radiation, but the fabric weave is not the only consideration. Researchers at the Polytechnic University in Catalonia found that darker colored woven cotton fabrics provided more sun protection than lighter colored fabrics.

Harmon, Amy. "After long fight, drug gives sudden reprieve." *New York Times*. (February 23, 2010) A1.

Describes the Phase 1 clinical trial of PLX4032 and the desperate melanoma patients seeking a reprieve from their terminal illness. After testing many other potential drugs that failed, the initial results for PLX4032 looked very promising to oncologist Dr. Keith Flaherty at the University of Pennsylvania, and his collaborators at five other major cancer centers.

Harmon, Amy. "Cycle of a drug trial: recovery and relapse, then reinvention." *New York Times*. (February 24, 2010) A1.

At the annual oncologists' convention in June 2009, Dr. Keith Flaherty reported that PLX4032 appeared to stop melanoma for an average of six months. This targeted therapy works by blocking a particular protein that causes cancer cells to multiply. The search is on to discover mutations in the tumor samples of patients who had relapsed, in order to find out why PLX4032 had stopped working. Many oncologists believe that targeted drugs will need to be combined in order to stop cancer growth long term.

Harmon, Amy. "Urgent chase for a cure." *New York Times*. (February 22, 2010) A1.

Healthy cells turn cancerous when certain genes that control their growth are mutated, either randomly or by exposure to toxins. Researchers and pharmaceutical companies are focusing on "targeted" drugs, such as PLX4032, which is being tested against melanoma by Dr Keith Flaherty.

Landro, Laura. "Health & wellness: how to check for melanoma as risk rises." *Wall Street Journal*. (April 27, 2010) D2.

The incidence of melanoma is rising. The American Academy of Dermatology recommends checking moles according to ABCDE:

A – Asymmetry – one half different than the other

B – Border – irregular, scalloped or poorly defined

C – Color – variable from one part to another: different shades of tan, brown or black or sometimes red, white or blue

D – Diameter – equal to or bigger than the size of the eraser on the end of a pencil

E – Evolving – changing size, shape or color.

Landro, Laura. "A shade-seeker finds new ways to block UV rays." *Wall Street Journal*. (April 27, 2010) Online.

Fair skin is not the only risk factor for skin cancer from the sun. A medically induced sensitivity to the sun can be caused by certain medical conditions and some common medications. Dr. Deborah Sarnoff, a dermatologist and senior vice president of the non-profit Skin Cancer foundation recommends that all skin types use at least SPF 30. People with a higher risk of sun sensitivity should be extra vigilant to use a high-SPF liberally and often, use hats, sunglasses and protective clothing, don't go out in the sun between 10 a.m. and 4 p.m., and never use an indoor tanning bed. Clothing made from tighter weave fabrics block out the sun's rays, and manufacturers have developed lighter fabrics rated by UPF (ultraviolet protection factor), that block out UVA and UVB rays. These fabrics usually have special weaves and are treated with ultraviolet absorbing chemicals such as titanium dioxide. Regular clothes can also be washed with a laundry additive such as SunGuard, by Phoenix Brands LLC, which states that it blocks out 96% of UV rays.

Langreth, Robert. "Targeting Melanoma." *Saturday Evening Post*. 280:3 (May/June 2008) 73-91.

New drugs for the treatment of melanoma, such as tremelimumab, ipilimumab and anti-CTLA-4 drugs, have been showing positive results.

Louis, Catherine Saint. "Pale and hearty." *New York Times*. (May 14, 2009) 3.

This article provides recommendations for using sunscreens to provide protection from cancer causing ultraviolet radiation, UVA and UVB.

Miller, Zeke. "Schumer: speed up sunscreen analysis." *Newsday*. (June 14, 2010) A3.

Senator Charles Schumer criticized the Food and Drug Administration yesterday, saying that they are not acting quickly enough to analyze the chemical retinyl palmitate for potentially harmful side effects. Recent studies have shown that the chemical, found in many sunscreens, may speed the development of melanoma in lab mice. The FDA responded that

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their review procedure is “standard procedure,” and a draft report on retinyl palmitate should be released in December.

O’Connor, Anahad. “The claim: sunscreens can increase the risk of melanoma.” *The New York Times*. (July 7, 2009) 5.

Several studies have suggested that zinc oxide and other compounds in some sunscreens may have harmful effects. In other studies, however, no such risks were found.

O’Connor, Anahad. “The claim: tattoos can increase the risk of Skin Cancer.” *The New York Times*. (May 5, 2009) D5.

There is no evidence that tattoos lead to skin cancer, however there have been cases in which a tattoo was placed on an existing mole, making any changes in the mole (and detection of possible skin cancer) more difficult to notice.

Ortega, J.R. "Protecting self from ultraviolet rays cuts down on chances of getting skin cancer." *Victoria Advocate*. (August 17, 2009).

The article is a synopsis of a HealthWISE skin cancer presentation in Texas. Golfer Randy Pilsner describes what he has learned after his melanoma diagnosis. Information about the various types of skin cancer is presented. Sun protection recommendations are listed.

Painter, Kim. “Burned by a vacation: your day in the sun could raise your skin cancer risk.” *USA Today*. (January 26, 2009) D3.

Intense intermittent sun exposure may be more dangerous in terms of melanoma risk, than daily (even intense) sun exposure.

Painter, Kim. “Skin cancer is universal; people of color also have reason to respect the sun.” *USA Today*. (July 12, 2010) D5.

The American Medical Association passed a resolution in June calling for greater skin cancer prevention efforts for “communities of color”. While the risk for skin cancer is lower the darker your skin is, lower does not mean zero. Hispanics and blacks are much less likely than whites to get melanoma, but research shows that when they do they are more likely to be diagnosed at a later stage and die from it.

Painter, Kim. “Where skin color matters: for Black Americans the sun is part of a revolving debate.” *USA Today*. (April 20, 2009) D6.

Although dark skinned people are less likely to get skin cancer, sun exposure increases their risk of both skin cancer and wrinkling.

Protein that fuels cancer, and a drug to fight it. *New York Times*. (February 22, 2010) A13.

Melanoma has a high cure rate if removed early, but an average survival time of only nine months once it spreads to lymph nodes or other organs. Chemotherapy rarely cures cancer in its advanced stages. With melanoma, a mutation in the gene B-RAF produces a protein that is continually switched on, leading to the rapid cell growth of cancer. According to information from the Melanoma Research Foundation and National Cancer Institute, the drug PLX4032 is a targeted therapy that binds to the defective protein and can deactivate it.

Quenqua, Douglas. “Rub on, spray on, or no tan at all?” *The New York Times*. (August 13, 2009) E3.

The International Agency for Research on Cancer, part of the World Health Organization, reclassified tanning beds from “probably carcinogenic” to “carcinogenic”, saying that the risk of melanoma increases by 75% in people who begin using tanning beds before the age of 30.

Rabin, Roni Caryn. “Hazards: indoor tanning is linked to skin cancer.” *New York Times*. (June 1, 2010) D6.

A study published May 26 online in *Cancer Epidemiology, Biomarkers & Prevention* showed that indoor tanning almost doubles the risk of melanoma. There was a dose response correlation, with a greater risk with more hours spent tanning. The Food and Drug Administration is looking into revising requirements for tanning beds and posting stronger warning labels.

Rabin, Roni Caryn. “Patterns: for some, delays in skin cancer diagnosis.” *New York Times*. (December 29, 2009) D6.

Blacks and Hispanics have a lower risk of melanoma than whites. However, in a Florida study of 1990-2004 data from the statewide cancer registry system, Robert S. Kirsner found that blacks and Hispanics with melanoma were often diagnosed with melanoma at a more advanced stage than Caucasians making treatments less effective, according to Dr. Robert S. Kirsner.

Rabin, Roni Caryn. “Patterns: Non-melanoma skin cancer cases soar.” *New York Times*. (March 23, 2010) D6.

Non-melanoma skin cancer is the most common cancer in the U.S. The exact number of cases is not usually tracked, but a new study of fee-for-service Medicare beneficiaries shows that the number of skin cancer related procedures almost doubled in 14 years. Many patients develop another skin cancer within a year.

“Research front.” *Saturday Evening Post*. 280:1 (January/February 2008) 26.

This short article discusses two melanoma research findings. The first finding is that patients with melanoma who have a genetic mutation known as c-kit are showing positive results when being treated with the drug Gleevec. The second finding is that tests are now being done involving drug therapies that target a protein that shields melanoma cells. The article also mentions that a new, better diagnostic tool that detects melanoma may soon be available.

Saint Louis, Catherine. “Confused by SPF? take a number.” *The New York Times*. (May 14, 2009) E1.

SPF numbers on sunscreen can be misleading. Dermatologists advise re-application of sunscreen (with at least an SPF of 15 but with 30 being sufficient) every 2 hours after swimming or sweating. As the SPF number gets higher there is not a practical difference in terms of protection. Re-application every 2 hours and using a shot glass amount each time is the best preventive measure against exposure to the sun’s rays.

Szabo, Liz. “Dialing in on truth about sunscreen; know how much protection you need and what to look for.” *USA Today*. (August 5, 2010) D7.

SPF, or the sunburn protection factor, measures how much protection a product gives against ultraviolet radiation B, but does not measure protection against UVA, which causes aging of the skin. Sunscreen users can actually get more UV radiation and increase their risk of melanoma, because they stay out in the sun longer. Covering up with a hat and long sleeves offers more protection. SPF ratings are only averages; protection varies among people. A person who is more prone to sunburn will not get as much protection from a product as someone less sensitive. According to the Skin Cancer Foundation, you should choose a sunscreen that offers “broad spectrum” protection against both UVA and UVB. To block UVA choose a sunscreen with “some combination” of avobenzone (Parsol 1789), ecamsule (Mexoryl), titanium dioxide and zinc oxide. Some concerns have been raised because animal studies have shown that retinyl palmitate and oxybenzone could be harmful, but scientists are still debating whether they cause harm in people.

“Sunscreen: don’t stop slathering, but beware.” *Newsday* (June 8, 2010) B9.

The Environmental Working Group, a nonprofit public health and environmental research and advocacy organization, studied almost 1,000 sunscreens, and found that three in five either did not offer enough protection or contained harmful ingredients. Recent research has shown that the chemical oxybenzone, which can be absorbed through the skin, is linked to allergies, hormone disruption and cell damage that can lead to skin cancer. It is also believed to be harmful to the environment, when it gets into water and contributes to the feminizing of certain species of male

fish. The Environmental Working Group recommends using broad-spectrum products that offer protection from both UVA and UVB rays, such as sunscreens with zinc oxide or titanium oxide.

Whitehouse, Beth. "Parental guidance: use sunscreen! spray or lotion doesn't matter." *Newsday*. (July 14, 2010) B17.

Spray or lotion sunscreen are both effective, but be sure to use a liberal amount before going out in the sun, and reapply every two hours and after swimming. Use a broad spectrum sunscreen that blocks both UVA and UVB rays, and is at least SPF 30. Dr. Pamela Basuk, a dermatologist in Bay Shore, prefers the ingredients titanium dioxide or zinc oxide for the best UVA protection. UVA rays cause wrinkling and leatherying of the skin. UVB rays cause basal and squamous cell carcinomas and melanoma.

Winslow, Ron. "Skin cancer drug uses genetics." *Wall Street Journal*. (June 3, 2009) D3. Results of a small clinical early-stage trial suggest that the burgeoning strategy of attacking tumors based on their genetic characteristics could soon yield effective drugs against advanced melanoma.

DVDs

Understanding Melanoma. Length: Unknown. Boca Raton, FL: Information Television Network, 2006. B000H8RZW6. \$24.95.

Part of the award winning public television series Healthy Body/Healthy Mind, this film contains information on one of the most common forms of cancer, affecting more than 53,600 Americans each year. Research has shown that people with certain risk factors are more likely to develop melanoma and should talk with their doctors.

Suntan now, skin cancer later. Length: 20 minutes. Huntsville, TX: Educational Video Network, 2004. 693940206238 \$29.99.

Suntanning is a game of sunburn roulette in which the booby prize is skin cancer in later life. Victims recall their mistakes and experts offer advice.

Teens & tanning: sun safety update. Length: Unknown. Owatonna, MN: Learning ZoneXpress, 2005. 1571751009. \$49.95.

Dermatologist Carolyn Jacob explains the dangers of overexposure to the sun and gives insight on what will keep us safe and happy in the sun.

The sun show: ages 6 - 8. Length: 15 minutes. Burbank, CA : Sun Safety for Kids, 2005. \$39.95.

Information on skin, skin cancer and prevention for children aged 6 – 8.

The sun show: ages 9 -11. (2005) Length: 15 minutes. Burbank, CA : Sun Safety for Kids. \$39.95.

Information on skin, skin cancer and prevention for children aged 9 – 11.

Discussion Groups

Discussion Groups:

American Cancer Society

<http://csn.cancer.org/forum>

Posts questions, answers and comments of skin cancer survivors, diagnosis, treatment and the care of a patient.

Skin Cancer Guide

http://www.ontopofcancer.org/skin_cancer.php

A discussion group for skin cancer patients that offers support and information.

Skin Cancer Support Group-Inspire

<http://www.inspire.com/groups/skin-cancer/>

Helps connect patients, families, friends and caregivers for support and inspiration.

Listserve

Melanoma Resources-Information Guide

http://www.cancer.med.umich.edu/cancer/treat/skin_cancer/resources.shtml

Refers to a listserve, MEL-L, for melanoma patients and families.

Association of Cancer Online Resources

Melanoma@listserv.acor.org

Free online lifeline for those with skin cancer. It has a collection of online communities to provide information.

Forums

Cancer Treatment Centers of America

<http://www.cancercompass.com/message-board/cancers/skin-cancer/1,0,110,4.htm>

Forum for those affected with skin cancer. Discusses diagnosis, treatment, nutrition, caregiver stories.

DermatologyChannel

<http://www.dermatologychannel.net/skincancer/tcell.shtml>

Forum monitored by physicians that will answer questions, share medical advice and discuss other items with skin cancer patients.

Blogs

About.com:Skin Cancer

<http://skincancer.about.com>

Blog that addresses skin cancer symptoms, diagnosis, treatment and coping.

The Cancer Blog

<http://www.thecancerblog.com/category/skin-cancer>

Comments on skin cancer with information about treatments and products.

Melanoma International Foundation

<http://www.melanomaintl.org>

Skin Cancer Treatment Blog

<http://www.skincancertreatmentblog.com>

Wikis

Wellsphere-Cancer Wiki

<http://www.wellsphere.com/wellpage/cancer-wiki>

WikiCancer-Skin Cancer

[http://www.wikicancer.org/page/skin+cancer+\(non-melanoma\)](http://www.wikicancer.org/page/skin+cancer+(non-melanoma))

Support Agencies

Colette Coyne Melanoma Memorial Foundation

P.O. Box 1179

New Hyde Park, NY 11040

(516) 352-4227

cmbc1@optonline.net

www.ccmac.org

Contact: Colette Coyne, Executive Director

All ages

Third Wednesday of each month, 7:00pm.

Please call for location

No cost

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The organization raises awareness of the dangers of unprotected sun exposure and early detection. Programs, speakers and support groups aimed at all ages. Note: the myth that "only fair-skinned people get skin cancer." They said that people of color and especially African Americans are all at risk (while African American stats are lower, their mortality rate is higher - Bob Marley died of melanoma).

Eastern Long Island Hospital

201 Manor Place

Greenport, NY 11944

(631) 477-5164

www.elih.org

All ages

Third Wednesday of each month, 4pm - 5:30pm

Call (631) 477-5425 or (631) 752-8500 to register

First Presbyterian Church Manse, Southold

No cost

The cancer support group provides support, education and an opportunity to connect with individuals surviving a cancer diagnosis.

Agencies and Associations

American Academy of Dermatology

P.O. Box 4014

Schaumburg, IL 60168

(866) 503-SKIN (7546)

Fax: (847) 240-1859

www.aad.org

The American Academy of Dermatology aims to promote leadership in dermatology and excellence in patient care through education, research and advocacy. The website provides information on detecting skin cancer, prevention tips, local UV Index Ratings, glossary, news and more.

American Cancer Society

Suffolk Regional Office

75 Davids Drive

Hauppauge, NY 11788

(631) 436-7070

1-800-227-2345

Fax: (631)436-5380

E-mail: online form

www.cancer.org

The American Cancer Society is a nationwide, community-based voluntary health organization committed to providing information to people about cancer. The comprehensive website provides specific

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information about melanoma and basal and squamous cell cancers including overview and detailed guides. The website also includes prevention strategies, local support groups and resources, treatment options and guide to cancer drugs, complementary and alternative medicine, interactive tools and calculators, research findings and statistics, advocacy and volunteer opportunities and more.

Cancer Information Service
c/o National Cancer Institute
6116 Executive Boulevard, Room 3036A
Bethesda, MD 20892
1-800-422-6237 (800-4-CANCER)
E-mail: online form
www.cancer.gov

The Cancer Information Service is a federally funded program designed to complement the National Cancer Institute's cancer education and information efforts. The organization provides authoritative information about all aspects of cancer including cancer prevention and early detection, treatment, cancer research and clinical trials, lifestyle management, etc. Information specialists are available during designated hours to answer cancer related questions by telephone, LiveHelp instant messaging, e-mail and telecommunications relay service (TRS). Booklets, fact sheets, and other materials can be viewed, printed and/or ordered from the website.

Environmental Protection Agency: SunWise Program
1200 Pennsylvania Avenue, NW (6205J)
Washington, DC 20460
(212) 637-3660 (Region 2)
sunwise@epa.gov
www.epa.gov/sunwise

The SunWise Program is an environmental and health education program that strives to educate children about ways to protect themselves from overexposure to the sun. The website includes activities for educators to use in the classroom setting, interactive educational tools for children, and resources for the community to raise awareness about skin cancer prevention. In partnership with the SHADE Foundation of America, the two organizations promote the SunWise sun-safety curriculum for schools and sponsor the "SunWise with SHADE" national poster contest for children and teens.

Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)

E-mail: online form

www.fda.gov

Among its many responsibilities, the Food and Drug Administration oversees the safety and security of cosmetics (e.g. self tanners and bronzers) and products that emit radiation (e.g. tanning beds and booths). The website includes information on skin tanning, Ultraviolet (UV) exposure, UV emitting products, and skin protection.

New York State Department of Health

Corning Tower

Empire State Plaza

Albany, NY 12237

(518) 474-7950 (Chronic Disease Epidemiology and Surveillance)

dohweb@health.state.ny.us

www.nyhealth.gov/diseases/cancer/skin

The New York State Department of Health provides the public with general health-related information and access to resources. Search the website for an overview of skin cancer information, cancer statistics and reports, cancer initiatives, etc. They also sponsor the state level "SunWise with SHADE" poster competition, a partnership with the Environmental Protection Agency and SHADE Foundation of America, for children and teens.

SHADE Foundation of America

North Valley Medical Plaza

3811 East Bell Road, Suite 106

Phoenix, AZ 85032

(866) 41-SHADE

(602) 424-7190

Fax: (602) 424-7194

www.shadefoundation.org

The mission of the SHADE Foundation of America is to eradicate skin cancer by educating children and communities about the harmful effects of ultra violet radiation and promoting sun safety. Among the many programs and events sponsored by the SHADE Foundation of America include the annual "SunWise with SHADE" poster contest for children and teens, a national program jointly sponsored with the Environmental Protection Agency.

Skin Cancer Foundation Inc.

149 Madison Avenue

New York, NY 10016

(212) 725-5176

Fax: (212) 725-5751

info@skincancer.org

www.skincancer.org

The Skin Cancer Foundation Inc. is dedicated to reducing the incidence of skin cancer through a combination of research, public education and awareness. The Foundation aims to educate the public and health professionals on all forms of skin cancer, sun protection strategies, skin cancer prevention, and self-examination.

Sun Safety Alliance

1856 Old Reston Avenue

Reston, VA 20190

(703) 481-1414

info@sunsafetyalliance.org

www.sunsafetyalliance.org

The mission of Sun Safety Alliance is to reduce the incidence of skin cancer by creating national awareness of sun safety and skin cancer as important health issues. The website includes information about skin cancer, UV index tools, early childcare projects, parent and educator resources, and interactive education games for children.

Websites

American Academy of Dermatology

http://www.aad.org/public/publications/pamphlets/sun_skin.html

This pamphlet that describes the different types of cancer, warning signs, risk factors, the importance of skin exams and protecting oneself.

American Cancer Society Skin Cancer - Basal and Squamous Cell

<http://www.cancer.org/cancer/skincancer-basalandsquamouscell/index>

Covers information on Basal and Squamous Cell cancer.

Drugs.com – Skin Cancer

<http://www.drugs.com/cancerskin>

Discusses the different types of skin cancer, causes, risk factors, symptoms, detection, how-to-do a self-exam, diagnosis, treatment, and drugs.

Emedicinehealth – Skin Cancer

http://www.emedicinehealth.com/skin_cancer/article_em.htm

Includes the following information on skin cancer: an overview, causes, symptoms, when to seek medical care, exams and tests, treatment, surgery, next steps, follow-up, prevention, outlook, support groups...

Mayo Clinic – Skin Cancer

<http://www.mayoclinic.com/health/skin-cancer/DS00190>

Contains information on symptoms, causes, risk factors, tests and diagnosis, treatments and drugs and prevention.

Medline Plus – Skin Cancer

<http://www.nlm.nih.gov/medlineplus/skincancer.html>

Medline Plus presents extensive information from various authoritative sites. Covers overviews, latest news, diagnosis and symptoms, treatment, prevention/screening, pictures and photographs, research...

National Cancer Institute

<http://www.cancer.gov/cancertopics/types/skin>

Provides accurate, up-to-date, comprehensive skin cancer information from the U.S. government's principal agency for cancer research.

Skin Cancer Foundation

<http://www.skincancer.org/>

The Skin Cancer Foundation has set the standard for educating the public and the medical profession about skin cancer, its prevention by means of sun protection, the need for early detection, and prompt, effective treatment.

University of Maryland – Skin Cancer Health Guide

<http://www.umm.edu/skincancer/index.htm>

Provides a guide on the different types of skin cancer, causes, prevention and treatment.

WebMd - Melanoma/Skin Cancer Health Center

<http://www.webmd.com/melanoma-skin-cancer/default.htm>

Includes a melanoma skin cancer guide, a non-melanoma skin cancer guide, melanoma skin cancer news, videos, questions and answers, a glossary...