

Dr. Sandra I. Read

DISCLOSURE OF CONFLICTS OF INTEREST

GLOBAL EDUCATION GROUP (GLOBAL) REQUIRES INSTRUCTORS, PLANNERS, MANAGERS AND OTHER INDIVIDUALS AND THEIR SPOUSE/LIFE PARTNER WHO ARE IN A POSITION TO CONTROL THE CONTENT OF THIS ACTIVITY TO DISCLOSE ANY REAL OR APPARENT CONFLICT OF INTEREST THEY MAY HAVE AS RELATED TO THE CONTENT OF THIS ACTIVITY. ALL IDENTIFIED CONFLICTS OF INTEREST ARE THOROUGHLY VETTED BY GLOBAL FOR FAIR BALANCE, SCIENTIFIC OBJECTIVITY OF STUDIES MENTIONED IN THE MATERIALS OR USED AS THE BASIS FOR CONTENT, AND APPROPRIATENESS OF PATIENT CARE RECOMMENDATIONS.

THE FACULTY REPORTED THE FOLLOWING FINANCIAL RELATIONSHIPS OR RELATIONSHIPS TO PRODUCTS OR DEVICES THEY OR THEIR SPOUSE/LIFE PARTNER HAVE WITH COMMERCIAL INTERESTS RELATED TO THE CONTENT OF THIS CME ACTIVITY:

DR. SANDRA READ HAS INDICATED SHE HAD NO RELEVANT FINANCIAL RELATIONSHIPS WITHIN THE PAST 12 MONTHS.

Skin Cancer Risk and Prevention Strategies

Best Practices and Evidence Bases for
Effective Cancer Screening and
Prevention Program

Sandra Read, MD

2021 K St., NW, Washington DC

- * Board Certified Dermatologist
- * Co-Chair- National Council for Skin Cancer Prevention
- * Founder of Women's Dermatology Society, “ Families Play Safe in the Sun”
- * Avid Skin Cancer Screener- LPGA, AAD, WDC

Reduce Skin Cancer morbidity, mortality



Awareness

Prevention

Early detection

Research

advocacy

Risky Behavior!



More Risky behavior !



SKIN CANCER FACTS

IT COULD HAPPEN TO YOU

- * 3.5 MILLION SKIN CANCERS AMERICAN / YR
- * 1 IN 5 WILL GET GET SKIN CANCER IN LIFETIME
- * ALL RACIAL AND ETHNIC GROUPS ARE AT RISK
- * MELANOMA MOST COMMON FORM OF CANCER FOR YOUNG ADULTS 25-29 YRS OF AGE

Risk Factors

- * A lighter natural skin color.
- * [Family history of skin cancer.](#)
- * A personal history of skin cancer.
- * Exposure to the sun through work/ play.
- * A history of sunburns early in life.
- * A history of indoor tanning.
- * Skin that burns, freckles, reddens easily, or becomes painful in the sun.
- * Blue or green eyes.
- * Blond or red hair.
- * Certain types and a large number of moles.



Skin cancer

- * Skin cancer is the uncontrolled growth of abnormal skin cells. It occurs when unrepaired DNA damage to skin cells (most often caused by ultraviolet radiation from sunshine or tanning beds) triggers mutations, or genetic defects, that lead the skin cells to multiply rapidly and form malignant tumors.

Basal Cell Carcinoma

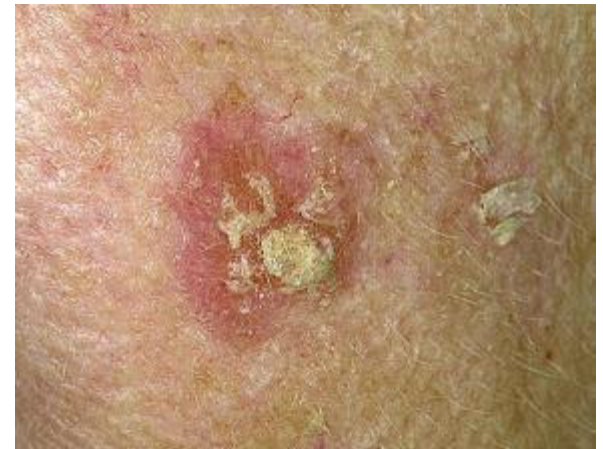
- * Most common 2.8 million
- * Least dangerous
- * Very low METASTASTIC



Skin Cancer

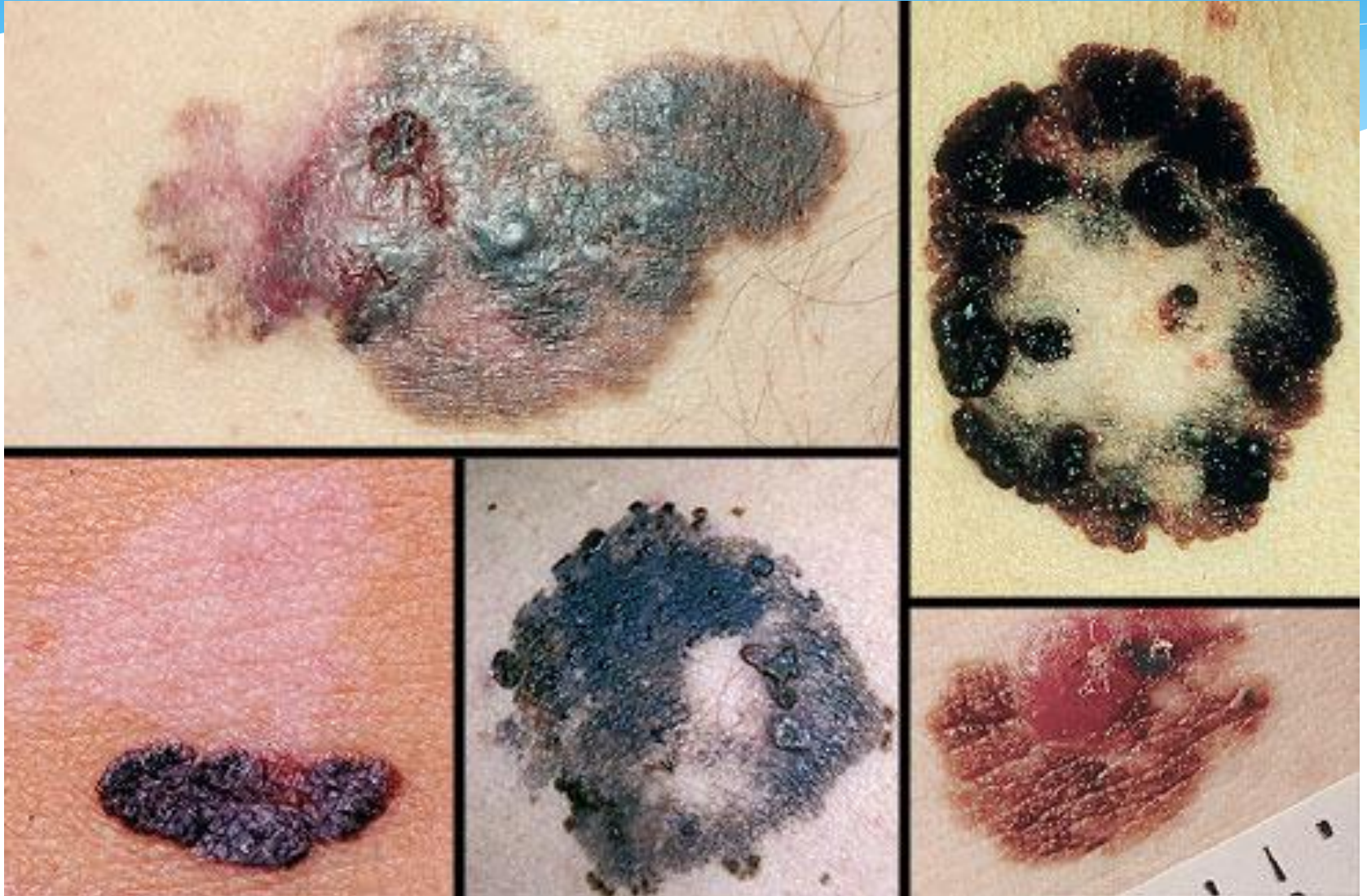
Squamous Cell Carcinoma

- * Second most common skin cancer
- * open sore, warty growth, elevated,
- * depressed, bleeding
- * Can metastasize
- * Has a precursor lesion,
Actinic Keratosis
that is treatable



Skin Cancer

Melanoma



Melanoma

- * **More people getting melanoma**
- * Fewer people are getting most types of cancer. Melanoma is different. More people are getting melanoma. Many are white men who are 50 years or older. More young people also are getting melanoma. Melanoma is now the most common cancer among people 25-29 years old. Even teenagers are getting melanoma

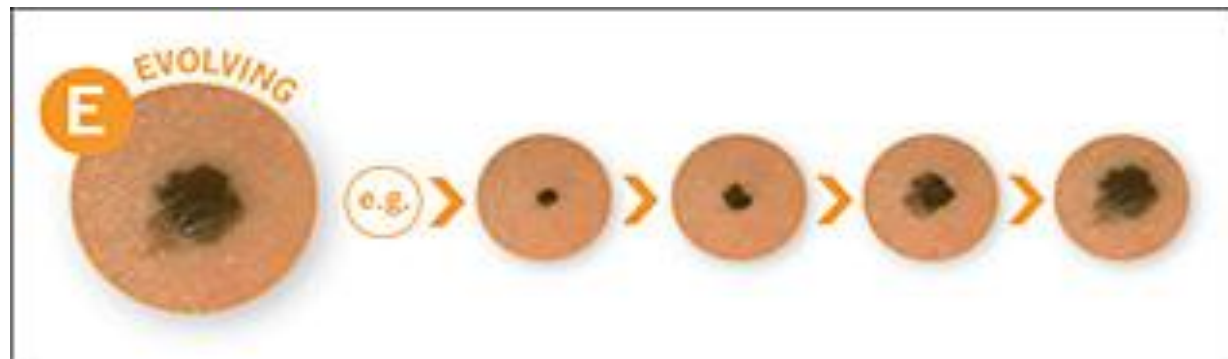
Moles



Who is at risk for melanoma?



ABCDE's of Melanoma



Ugly duckling

Grob JJ, Bonerandi JJ. The 'ugly duckling' sign: identification of the common characteristics of nevi in an individual as a basis for melanoma screening. *Arch Dermatol* 1998;134(1):103-104.

8

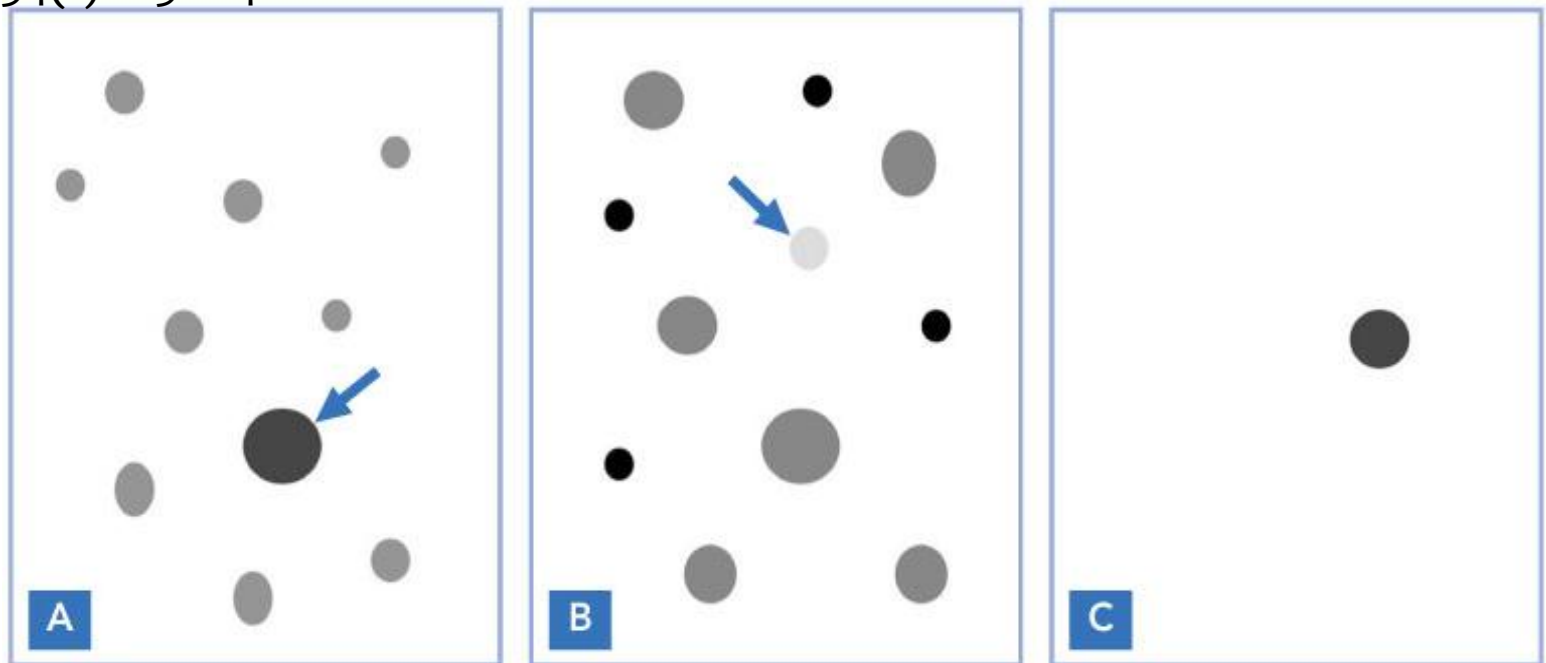


Figure 1. Three Examples of an Ugly Duckling

Melanoma and UV light

About 65%–90% of melanomas are caused by exposure to ultraviolet (UV) light.¹

¹Armstrong BK, Kricger A. [How much melanoma caused by sun exposure? *Melanoma Research* 1993;3\(6\):395–401](#)



Ultraviolet Radiation

UVA and UVB

- * UVB – Burning rays, 290-320 nm
- * UVA – Aging rays, 320-200 nm
- * 95% radiation reaching earth is UVA and goes deep)
- * Don't burn, silent killers, no warning of radiation accumulation

Ultraviolet light

Natural and artificial are carcinogenic

- * 10th Report on Carcinogens, the NIH states, “Exposure to sun beds and sunlamp is known to be a human carcinogen based on sufficient evidence of carcinogenic studies in humans, which indicate a causal relationship between exposure to sun beds and sunlamps and cancer”

Artificial Tanning UVA



Indoor Tanning

- * has been linked with skin cancers
- * including melanoma (the deadliest type of skin cancer),
- * squamous cell carcinoma,
- * and cancers of the eye (ocular melanoma).

International Agency for Research on Cancer Working Group on Artificial Ultraviolet (UV) Light and Skin Cancer. [The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review. *International Journal of Cancer* 2007;120\(5\):1116–1122.](#)

Tanning Salon – artificial light

- * Tanning salon use by adolescents very disturbing
- * 5 billion \$ industry
- * 30 million users annually
- * 2.3 million of which are teens
- * 1 million people tan in tanning salons an average day
- * Teen use – 10 % use / yr.

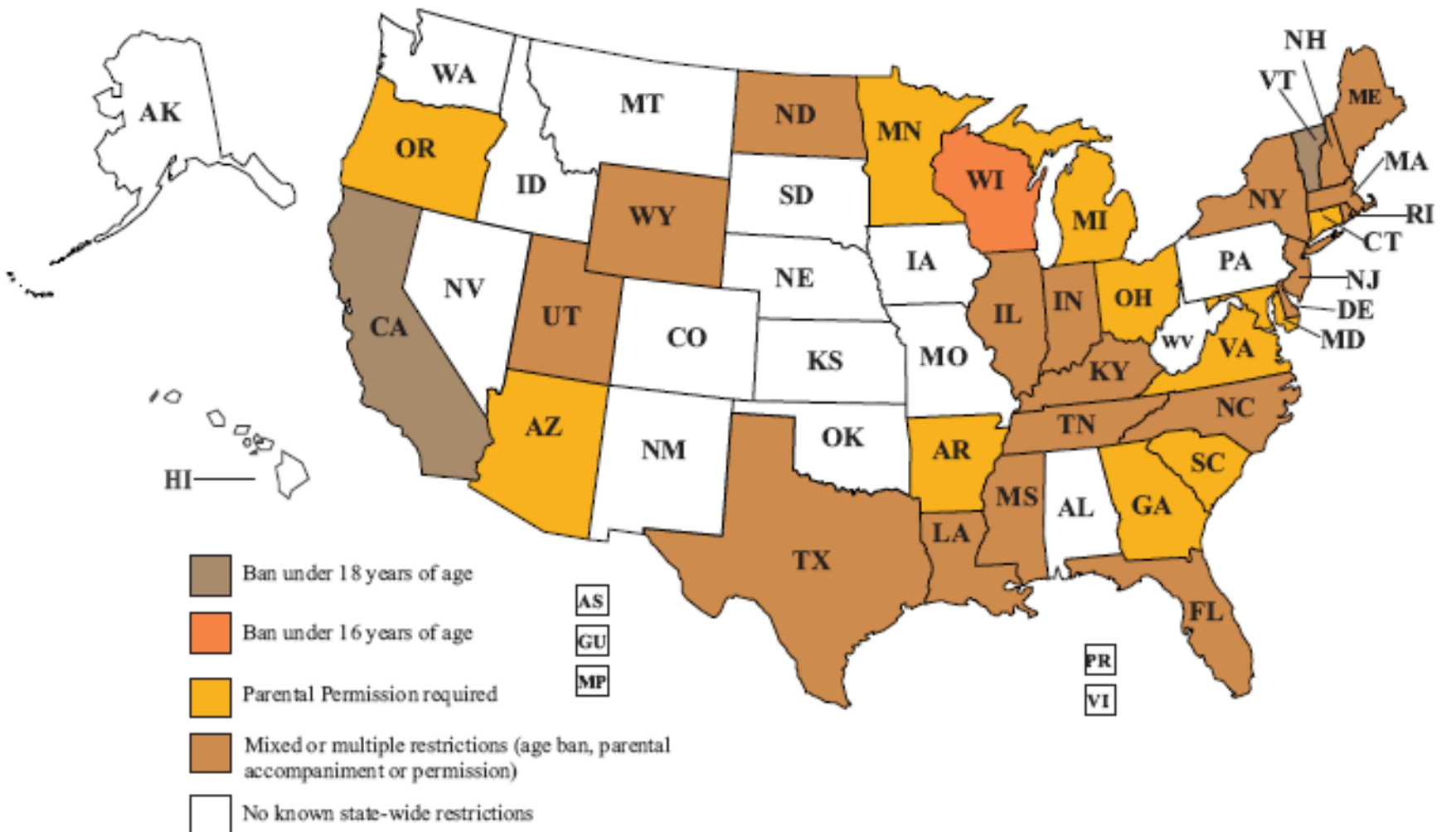
Myths about Indoor Tanning

- * “Tanning indoors is safer than tanning in the sun.”
- * I can use a tanning bed to get a base tan, which will protect me from getting a sunburn.”
- * “Indoor tanning is a safe way to get vitamin D, which prevents many health problems.”

Youth Risk Behavior Surveillance System (YRBSS)

- * Tanning Behavior
 - * 13% of all high school students.
 - * 21% of high school girls.
 - * 32% of girls in the 12th grade.
 - * 29% of white high school girls.

State Indoor Tanning Laws for Minors



Tanning Policies

- * California and Vermont have banned the use of tanning beds by minors, under age 18.
- * Some local jurisdictions also have banned the use of tanning beds by minors.

Maryland Legislation

Maryland 2013-2014

- * SB 488 Would prohibit minors under age 18 from using an indoor UV tanning facility without a signed parental permission form. (Introduced 1/31/13)

*

- * **Maryland 2010 -DID NOT PASS**

*

HB 1039/ SB 718

- * **Maryland 2011-2012 – DID NOT PASS**

- * HB 207 (identical to SB 213)

- * SB 213

*

Primary prevention messages

- * Avoid sun – during peak hrs. of day, 10-4, seek shade
- * Cover up – clothes, hats, sunglasses, specially woven fabrics and colors reflect UVA and UVB
- * Use Sunscreen properly –
 - * before you go out, golf ball size,
 - * reapply 2 hrs., after water
 - * sweating



FAILURE OF PRIMARY PREVENTION



SECONDARY PREVENTION Screening

- * Can detect early melanomas
- * Patients –Self detection
- * Physicians – total body skin screening
- * Inexpensive, non-invasive, low risk – compared to other screening for breast, colon, lung

Secondary Prevention Screening

Evidence for Feasibility and Effectiveness of Skin Cancer Screening

SCREENING

The U.S. Preventive Services Task Force (USPSTF) has concluded there is not enough evidence to recommend

for or against routine screening (total body examination) by a primary care clinician or patient skin self-examination for the early detection of cutaneous malignancy in the adult general population.

Self Examination Screen yourself !



Self Screening

- * Greater than $\frac{1}{2}$ melanomas detected by patient
- * Women more likely than men to detect melanoma than men in themselves and their spouses

Screening High Risk patients

- * OLDER PATIENTS ARE LESS LIKELY TO DETECT THEIR OWN melanoma's by self examination.

* .



WHO TO SCREEN ELDERLY PATIENTS HIGH RISK

- * 2004-2006
- * INCIDENCE OF MELANOMA – age 65+
- * 10 times greater than age 15-34
- * 2.7 times greater than age 35-65
- * MORTALITY OF MELANOMA
- * Age 65+ - 12.69 Deaths/100,000 patients
- * Age 35-64 - 2.66 deaths/100,000 patients

Skin Cancer Screening



Screening in Dermatologist Office

- * General population, 14,000 office
- * 47 patients screened to detect 1 skin cancer
- * 400 screened to detect 1 melanoma
- * **Many melanomas occur in Non High Risk patients**

Screening in Dermatologist office Elderly

- * 14,000 patients
- * Age 60-69
 - * Screen 25 to detect any skin cancer
 - * Screen 170 to detect melanoma
- * Age 69+
 - * Screen 18 to detect any skin cancer
 - * Screen 295 to detect melanoma

AGE 65+ Melanoma Facts

Mortality

Men:Women- 2:1

- * Detected later in men, more aggressive tumors
- * Married men with melanoma survive longer than divorced or never married men

Screening-Germany General Population

- * Schleswig Holstein 2003-04
- * SCREEN project
- * 1.88 million eligible, 360,288 screened
by GP and Dermatologists, +20 years

SCREEN Germany

2003-2004

- * Total of 52% of all melanomas diagnosed
- * 3103 malignant skin tumors detected
- * Invasive melanoma incidence increased-
- by 34%
- * 5years after screen – a substantial
decrease in melanoma mortality

SCREEN Germany

*** Screening has potential to reduce skin cancer burden and mortality**

**2008—Germany instituted national skin cancer screening for patients age +35
Every other year**

Skin Cancer Screening

American Academy Dermatology

- * Our program's mission is to reduce the number of deaths from skin cancer in the United States by educating the public about skin cancer risk and providing free screenings to catch skin cancer in its earliest, most treatable stages. We've conducted more than 2.1 million screenings since 1985! Our member volunteers have detected suspicious lesions and nearly 24,000 suspected melanomas. The American Academy of Dermatology invites you to find a [free skin cancer screening at one of our upcoming screening lo](#)

American Academy of Dermatology Skin Cancer



Skin Cancer Screening



Healthy People 2020 Goals for Indoor Tanning

- * Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 has 20 cancer objectives, including—
- * Reduce the proportion of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning to 14.0%.
- * Reduce the proportion of adults aged 18 years and older who report using artificial sources of ultraviolet light for tanning to 13.7%.

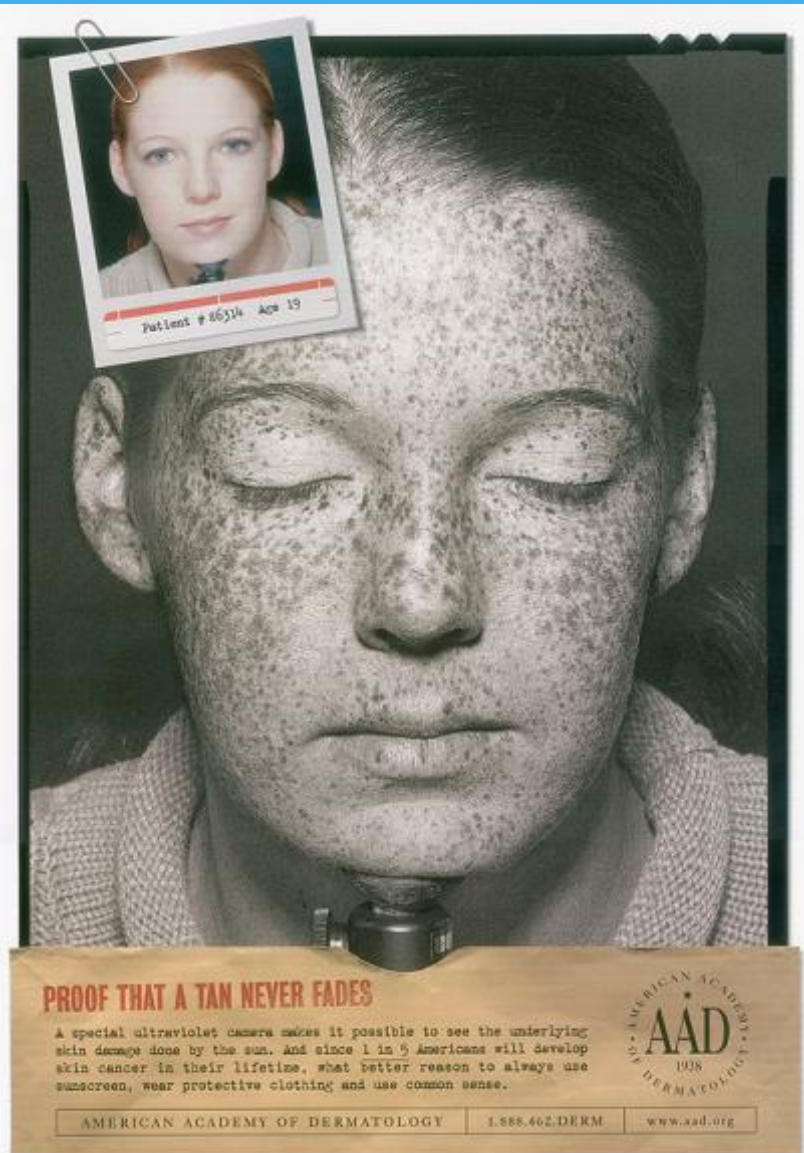
Educate, Advocate, Protect



Fear Messaging



Realities of Tanning



Play Safe in the Sun It could save your life



THANK YOU

www.DrSandraRead.com

SReadMD@aol.com