

NEWS

Identify melanoma early



What's the best treatment for the potentially deadly skin cancer called melanoma? Finding it as soon as possible, because catching it at the early stages can lead to a nearly 100 percent cure rate. According to the Skin Cancer Foundation, approximately 68,720 new cases of melanoma will be diagnosed this year, making it the fifth most common cancer in men, and the sixth most common in women. But the good news is that while melanoma rates are rising, so are the number of cancers caught at the least invasive stages as well as more successful, high-tech treatments for those with more advanced disease.

Self check for early**detection**

"Look for the mole that is the 'ugly duckling,' the one that is changing or looks different from all the others," says Jennifer Linder, MD, a dermatologist and Mohs skin cancer surgeon in Scottsdale, AZ and spokesperson for the Skin Cancer Foundation. Studies have shown that a mole that is changing—getting bigger, changing shape, color, bleeding, or scabbing—is the one most likely to be problematic. Do a complete, head-to-toe self check once a month, and bring anything suspicious to the attention of your dermatologist. "When a patient has a screening done, they are 50 percent more likely to catch a melanoma at an early stage," says Linder. "And that translates to a 20 percent decrease in mortality."

Catch it early, cure it**quickly**

There are five stages of melanoma, and the first three are all considered non-invasive. When the cancer is at Stage 0 (also known as melanoma in situ), the melanoma is superficial, confined to just the outer layer of skin cells. At Stages I and II, the tumor still has not spread beyond the skin. The difference is measured by the thickness of the tumor—Stage I melanomas are less than one millimeter thick, and Stage II melanomas are thicker than one millimeter but still confined to the immediate skin tissue. "In general, before it spreads beyond the skin, the survival rate after surgery is over 90 percent," says Joshua Zeichner, MD, director of cosmetic and clinical research, dermatology department, Mount Sinai Medical Center, and a spokesperson for the Skin Cancer Foundation.

New hope for advanced cancers

Once the melanoma has spread beyond the skin tissue and affected any of the local or regional lymph nodes, it is considered to be at Stage III. While cancers at this stage will require more aggressive treatment—including surgery and other adjuvant therapy such as chemotherapy or radiation—survival rates are improving. And even for cancers that have reached Stage IV, the most advanced disease in which it has spread to lymph nodes distant from the primary tumor or to internal organs, experimental, high-tech treatments are providing more options for successful outcomes.

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The secret is in the therapy

■ **Question:** What is the best way to increase the survival rates for all types of skin cancers?

■ **Answer:** Seeking out doctors who have the know-how and the technology to perform the most cutting-edge treatments gives you the greatest chance to beat skin cancer.

Mohs surgery

One of the biggest breakthroughs in the treatment of non-melanoma skin cancers (basal cell and squamous cell carcinomas) is a procedure named after its creator Dr. Frederic E. Mohs. Although it was first pioneered more than 70 years ago, continual refinements of technique and improvements

in technology and pathology have made it the most advanced and effective way to treat basal cell and squamous cell carcinomas. The procedure has up to a 99 percent cure rate for those types of skin cancers, and is sometimes also used for early stage melanomas. Traditional excision involves removing the tumor as well as wide margins of tissue surrounding it, but Mohs surgery allows for more precise excisions that preserve more tissue. "That's why it is most often used for tumors on the face, close to the nose, near the eye—any area that is cosmetically sensitive," explains Joel Cohen, MD, Mohs surgeon and assistant clinical professor of dermatology at University of Colorado. A specially trained Mohs surgeon removes

sections of tissues, layer by layer, and then analyzes them microscopically—continuing until there is no more evidence of malignancy.

Melanoma treatment

For Stage I and II melanomas, surgical excision—with wide margins—is the standard of treatment. "And if the tumor is more than one millimeter in depth, the doctor will also perform a sentinel node biopsy to determine if any of the melanoma cells have gone from the tumor to the regional lymph nodes," explains Lynn E. Spittler, MD, director of the Northern California Melanoma Center. For later stage cancers, dozens of promising clinical trials are testing a variety of new

drugs—including several that are designed to boost the body's own immune response to target and fight off cancerous cells.

Non-surgical options

Photo dynamic therapy can be used to treat primarily superficial skin cancers. But it is most often used only on those patients who—for other medical reasons—would not be good candidates for surgery. Topical treatments, such as Aldera, are also mainly used for non-melanoma skin cancers caught at very early stages. "It works by educating the immune system to recognize the sun damage antigens and fight them off," says Cohen.

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