

No.2/May 2010

**MEDIA
PLANET**

SKIN SAFETY

SUMMER EDITION

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3

TIPS

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Risk Factors
What puts
people in
danger



Self-tanners
Looking tan
without the risk



Screenings
Checking your
skin thoroughly
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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.

SALLY WADYKA

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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. Spitler, 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.

SARI HARRAR

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CHALLENGES

A recent study in the *Archives of Dermatology* revealed that **more than two million people in the US** develop over 3.5 million nonmelanoma skin cancers every year.

Skin cancer: it's serious!

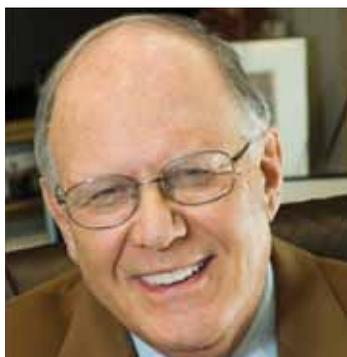
This constitutes a more than 300 percent increase in skin cancer incidence since 1994, when rates were last estimated.

One person dies almost every hour from melanoma. These figures confirm that skin cancer is truly an epidemic.

A survey conducted on behalf of the Foundation by an independent market research organization showed that the messages we've been disseminating for more than 30 years—that the harmful ultraviolet (UV) radiation emitted by the sun can cause skin cancer which can kill or disfigure—have reached many Americans. Fifty-eight percent of people surveyed said they are concerned about skin cancer, so the message, for the most part, has been heard. The message is not, however, being heeded. According to our survey, only 11

percent of people use an SPF 15 or higher sunscreen daily and 43 percent admit they know the sun is not good for them but say they look better with a tan. In short, the appeal of vanity—or “looking better”—wins over the appeal of healthy skin.

We know that 90 percent of skin cancers are associated with ultraviolet (UV) radiation from the sun, and recently the evidence supporting the link between UV-emitting tanning beds and skin cancer has increased significantly. In 2009, the International Agency for Research on Cancer (IARC), affiliated with the World Health Organization (WHO), moved tanning beds to its highest cancer risk category and labeled them “carcinogenic to humans.” This ranking puts tanning beds alongside other cancer-causing agents, such as asbestos, arsenic and cigarettes. This announcement was made after substantial data concluded



Perry Robins, MD
President and Founder
The Skin Cancer Foundation

“...90 percent of skin cancers are associated with ultraviolet (UV) radiation from the sun...”

that first exposure to tanning beds in youth increases the risk of developing melanoma by 75 percent.

The mounting scientific evidence about the dangers of indoor tanning has also reached the attention of the US Food and Drug Administration (FDA), prompting a recent hearing by the FDA's Medical Devices Advisory Panel to discuss increasing tanning bed regulations. After four hours of testimony from the public and other advocacy organizations, the 16-member panel unanimously recommended that the FDA upgrade its classification of tanning devices to better reflect the dangers they pose. This could result in a ban on use for minors.

I urge you to continue to read on to learn more about the prevention, detection and treatment of skin cancer. Have a happy, healthy and sun-safe summer.



WE RECOMMEND



Clinical Trials
Helping to find a solution for yourself and others.

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“...trials are an especially important option for those with melanomas...”

Panel of experts p. 11
Practical advice from leading skin care specialists

MEDIA
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We make our readers succeed!

SKIN SAFETY
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NEWS AND INSIGHTS

What is skin cancer?

With more than 1,000,000 Americans diagnosed with skin cancer each year, chances are good that everyone knows someone affected by the disease. But “skin cancer” is a broad term, encompassing three primary types of disease that form in skin tissues: basal cell carcinoma, squamous cell carcinoma and melanoma. Fortunately, almost all skin cancers are treated successfully, even though incidence rates are on the rise.

“Most skin cancers are rarely lethal, particularly in their earliest stages,” says James Goydos, MD, associate professor of surgery at the Cancer Institute of New Jersey. “But sun exposure is the primary cause of the disease, and we are seeing a rising number of cases

in California, Texas, Florida and even the Eastern Seaboard.”

Basal and Squamous Cell Carcinoma

Basal and squamous cell carcinomas are extremely common, accounting for nearly half of all cancer diagnoses in the United States each year. Basal cell carcinomas, which account for eight of 10 skin cancers, form in the lowest layer of the epidermis, which is the outermost layer of the skin. It is a slow-growing disease that rarely spreads, though commonly recurs following treatment.

Squamous cell carcinomas account for two of 10 skin cancers, and form in the outermost layer of the epidermis. They are slightly

more prone to spreading than basal cell carcinomas, though metastasis is uncommon.

Both basal and squamous cell skin cancers tend to form on areas such as the head and neck that are regularly exposed to the sun. Both of these cancer-types are typically found and treated early, and very few of those diagnosed will die.

Melanoma

Melanoma is rare, accounting for less than five percent of all skin cancers. Still, more than 68,000 Americans were diagnosed with the disease in 2009. It forms in melanocytes, the very cells that produce melanin, a natural sun block that normally protects skin from the harmful rays of the sun.

Unlike basal and squamous cell skin cancers, melanoma is an aggressive and dangerous skin cancer if not found and treated in its earliest stages. However, it tends to be darkly pigmented on the outside of the skin and visible to the naked eye even in its early stages, which Goydos says is good news for successful treatment.

“Because we are becoming more cognizant of melanoma lesions, almost 90 percent of all cases can effectively be treated by surgical removal.”

JILL COODY-SMITS

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Sanjiv S. Agarwala, MD, chief of oncology and hematology at St. Luke's Cancer Center in Bethlehem, PA, is a skin cancer researcher and a physician who treats melanoma—the deadly skin cancer that's increasing by about three percent a year in the United States. He's passionate about cancer prevention and about advancing research to help doctors better identify and treat this disease that kills an estimated 8,650 people annually.

Interview: Sanjiv S. Agarwala, MD

Q & A

Q: Exposure to too much UV radiation from sunlight is a major risk factor for skin cancer. Beyond putting on sunscreen, how else can we protect ourselves?

A: Do everything you can to prevent sunburn—and be sure your children do, too. Sun avoidance is important, so try to stay out of the sun between about 11 a.m. and 3 p.m. Wear a hat with a wide brim and loose clothing. The other important step is checking your skin for moles that change in shape, size, color or that begin to itch or bleed. Sixty to 70 percent of melanomas are discovered by the people who have them, so self-

exams are very important.

Q: Can you describe the lasting effects of sunburn that can lead to skin cancer?

A: We think part of the mechanism is the mutation of the P-53 pathway in cells by ultraviolet rays. Normally P-53 protects against cancer, but sun damage seems to take these checkpoints away—allowing cancer to develop not only in places exposed to the sun but also, we believe, in other areas of skin that don't receive sun exposure.

Q: You're medical director of the annual International Symposium on Melanoma and Other Cutaneous Malignancies. At your recent

meeting, what new developments in the detection and treatment of melanoma stood out as especially promising?

A: One of the big challenges



SANJIV S. AGARWALA, MD
Chief of Oncology and Hematology
St. Luke's Cancer Center

for physicians is knowing which moles to remove and check. New experimental techniques combine computer modeling and total-body photography so that clinicians can compare images of the same mole at different times and see changes that might indicate a problem. That's very exciting.

In the area of treatment, new drugs that target a cellular pathway called B-RAF look very promising for advanced, metastatic melanoma. B-RAF is an important target for melanoma and in early clinical trials, experimental drugs targeting it have shrunk tumors in many patients.

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NEWS

How to examine your skin: tips for you and your doctor

BACKGROUND

“Catching skin cancers early makes all the difference,” says Jennifer Stein, MD, PhD, associate director of the Pigmented Lesion Section at New York University’s Langone Medical Center in New York City.

“Melanoma, the type of skin cancer that can be deadly, is usually completely curable when caught in its earliest stages,” she says. “But once it grows deeper into the skin, it’s more likely to spread to other parts of the body. The prognosis for survival is not very good.”

The biggest factor in finding these cancers early? You—and your ability to do a simple, body-wide skin check in the privacy of your bathroom or bedroom. “We recommend people check their skin once a month,” Stein says. “It’s worthwhile seeing a dermatologist as well for a skin check.

Depending on the results and your cancer risk, he or she may recommend rechecks every year, or more or less often.”

Following these doctor-approved steps can help you do a thorough skin self-exam with confidence:

■ Get naked, grab a mirror—and a friend. “You need to look everywhere, even the soles of your feet, your back, and your scalp,” says David Polsky, MD, PhD director of the Pigmented Lesion Clinic at NYU. A spouse or partner can help check tough-to-see areas, or use a hand mirror and a full-length mirror.

■ Use the A-B-C-D-E method. Check your moles for any of these: A—assymetry (one side looks different than the other); B—border (edges should be smooth); C—color (should be one even color); D—diameter (should be smaller than a circumference of a pencil eraser); E—evolv-

ing (look for any change, such as bleeding or itching)

■ Report changes to your doctor. “Your dermatologist should try to see you quickly if anything turns up on a self-exam,” Stein says.

■ Learn from your clinical skin exam. “Go home and do a self-exam after your clinical skin exam,” Polsky suggests. “Look at moles your doctor said were OK, so you can compare them in a month.”

■ Map it or snap a picture. Keep track of your moles by mapping them (blank maps are available that the American Academy of Dermatology website, www.aad.org). “Or photograph moles you want to watch,” Stein suggests.

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USEFUL ACRONYMS

SPF

1 Sun Protection Factor. Used to measure lotions’ ability to protect against UVB radiation.

UPF

2 Ultraviolet Protection Factor. Used to measure clothing’s protection against UVB radiation.

UVA Rays

3 Ultraviolet A rays. Does not cause sunburn, but can cause melanoma.

UVB Rays

4 Ultraviolet B rays. Causes sunburn, which in turn increases chances of skin cancer.

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NEWS

FUN IN THE SUN

Risks and Risk factors

■ **Question:** How can you prevent skin cancer?

■ **Answer:** For most people, the answer is simple and easy: protect yourself from the sun's harmful rays.

In fact, according to the American Academy of Dermatology (AAD), exposure to both ultraviolet A (UVA) and ultraviolet B (UVB) radiation is the most preventable risk factor for all skin cancers. Each type of ray has its own effect on skin, with UVA rays responsible for tanning your skin and causing premature aging and wrinkling, and UVB rays causing sunburn. UVA rays are capable of penetrating glass. The good news is there are many easy, affordable ways

to protect your skin from the sun without avoiding the outdoors altogether. The ADA recommends the following steps for all people:

Every day, cover all exposed skin with a water-resistant sunscreen containing a sun protection factor (SPF) of at least 30.

Cover your body with protective clothing, hats, sunglasses, etc., whenever possible.

Opt for the shade when available, particularly between 10 am and 4 pm when the sun's rays are most potent.

Remember to apply these recommendations to children.

In addition to these preventive measures, the ADA warns against tanning beds and sunlamps and suggests being extra

cautious in environments such as lakes, snowy mountains and sandy beaches because they reflect the sun's rays. While no one is immune to skin cancer, some people are more susceptible than others, so it's important to know your personal risk when you plan fun in the sun. Fair skinned people are much more susceptible to melanoma, and Whites have a risk 10 times greater than African Americans. Family history of melanoma is also a risk factor, and individuals with a large number of moles should have regular and thorough skin exams by a dermatologist.

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QUESTIONNAIRE

What does sunblock contain that protects people?

Sunblock contains physical agents that block the sun's rays. Examples are titanium dioxide and zinc oxide. Look for broad spectrum sunscreens, as they protect against UVA and UVB rays. They protect against UVA and UVB rays. Avobenzone absorbs UVA rays and renders them inactive. UVA rays penetrate deeper, killing immune cells and damaging collagen. UVB rays cause sunburn, blisters, and cancer because of damage to the DNA.

What should people do to protect themselves?

Wear sunscreen everyday all year-long, even during the winter. Studies show people using sunscreen on a daily basis had a lower rate of skin cancer and looked younger than those who did not.



Robin Ashinoff, MD
Chief of Mohs and Laser surgery at Hackensack University Medical Center; Clinical Associate Professor of Dermatology at NYU Medical Center.

Youth and the sun

Children have highly sensitive skin and this must be accounted for.

For babies less than six months old, exposure to the sun should be avoided entirely. Once older than six months, children should use sunscreen year round. Children tend to spend more time outside

and thus are subjected to more UV radiation. Protective clothing and hats are also essential to maintain healthy skin.

It must be remembered that sunburnt skin is more likely to develop skin cancer later in life due to damage to cellular DNA, so sunburns should be avoided at all costs, at any age.



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NEWS

Get the most from your sunscreen

“Lotions and gels, sprays and sticks—whatever form you choose, the right sunscreen, used the right way, helps protect against sun damage that raises skin cancer risk,” says Murad Alam, MD, a dermatologist and skin cancer surgeon at Northwestern Memorial Hospital in Chicago. With dozens to choose from, here’s what you need to know about selecting and using sunscreen for maximum protection:

■ #1: Go for an SPF-30 or higher.

The “Sun Protection Factor” (SPF) is a sunscreen’s ability to deflect the sun’s damaging rays. The higher the number, the longer you can stay outdoors without burning—provided you use as directed. The catch? Protection increases only incrementally with higher numbers. An SPF-15 shields you from 93 percent of rays; an SPF-30 shields you from 97 percent. “An SPF higher than 30

may be a good idea if you burn easily, but no sunscreen offers 100 percent protection,” says William D. James, MD, president of the American Academy of Dermatology. “It’s still important to limit time in the sun and to cover up with a hat and clothing.”

■ #2: Guard against UVB and UVA rays.

Until recently, most sunscreens were formulated to filter only sunburn-causing ultraviolet-B (UVB) rays. Now, experts know that screening out UVA rays is also crucial; these penetrate deeper into the skin causing wrinkles, age spots and boosting skin cancer risk. An effective sunscreen contains one or more UVA-deflecting ingredients such as avobenzone (Parsol 1789), ecamsule (Mexoryl SX), oxybenzone, titanium dioxide, or zinc oxide. “It’s easier to look for the words ‘broad spectrum’ on the label,” notes Dr. James. “That means it protects against UVA and UVB.”

■ #3: Look for “water-resistant” on the label.

Sweat and water reduce sunscreen effectiveness. “Water-

resistant” products work for up to 40 minutes in the water; “very water resistant” types last up to 80 minutes. “No sunscreen is truly water-proof, but water-resistant varieties extend protection a little,” James says.

■ #4: Apply early and generously.

Putting on sunscreen 15 to 30 minutes before you head outdoors lets ingredients adhere to your skin. Use a full ounce—that’s two tablespoons’ worth. Slather everywhere, including ears, back, back of legs, back of hands and—if you have one—on bald spots or areas of thinning hair. “Re-apply every two hours, sooner if you’ve been swimming or sweating,” recommends Dr. Alam.



Sunless self-tanners: the sun-safe alternative

For a golden glow that won’t expose your skin to the sun’s harmful ultraviolet rays, grab a “tan in a can.”

Sunless self-tanning products, available as sprays, creams, and lotions from the drugstore and in the spray booths of sunless tanning salons, most often

contain dihydroxyacetone (DHA). In

the four to six hours after it’s applied, this FDA-approved additive reacts with amino acids on your skin to gradually darken it. Unlike tinted bronzers

that wash off, the sun-kissed color of a sunless tanner lasts several days—fading as the top layer of skin sloughs off.

For best results, shave your legs and clean skin first to remove dead cells. Apply tanner lightly and evenly. Go easy on thick dry skin, such as elbows and knees; these may soak up extra tanner and turn darker. Get help with tough to reach areas.

“Sun-bathing and tanning booths increase your risk for skin cancer and wrinkles,” says Nader Sadeghi, MD, associate professor of surgery at the George Washington University School of Medicine. “It’s better to use a sunless self-tanning product. But remember to continue using sunscreen!”

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GlaxoSmithKline is conducting clinical trials to examine a candidate immunotherapy in melanoma

The DERMA Trial

Investigational immunotherapy in patients following surgical removal of lymph nodes containing melanoma. Phase III World Wide Study. More than 80 U.S. centers participating.

The PREDICT Trial

Investigational immunotherapy in some patients with melanoma not treatable by surgery. Phase II European and U.S. Study. More than 20 U.S. centers participating.

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For more information go to www.gsk-asci.com or www.clinicaltrials.gov



NEWS

■ **Question:** Are you worried that conventional cancer therapies aren't going to be appropriate for your condition?

■ **Answer:** Then it is time to look at the myriad of clinical trials available to melanoma patients at all stages of the disease.

Harness the power of a clinical trial

"This is a really exciting time in cancer treatment," says Howard Kaufman, MD, director of the Cancer Program, Rush University Medical Center. "We're making tremendous progress, and thanks to clinical trials, a large number of new drugs are being tested and receiving FDA approval."

Finding The Right Trial

It can be difficult to try to navigate the confusing world of clinical trials on your own. "That's why I always recommend to patients that they have a coordinating physician—whether it's their oncologist or even their primary care physician—look at all of the options with them," says Kaufman. The best place to start your research is to log onto to www.clinicaltrials.gov, which is the National Cancer Institute's database of all the registered trials currently taking place.

The Best Clinical Trial Candidates

While there are trials that enroll patients at every stage of the disease, trials are an especially important option for those with melanomas that have reached Stage III or Stage IV. "Current treatments are limited in their ability to cure later stages of melanoma," says Joshua Zeichner, MD, director of cosmetic and clinical research, dermatology department, Mount Sinai Medical Center, and a spokesperson for the Skin Cancer Foundation. "But a clinical trial will provide access to the newest medicines and combinations of treatments to offer hope for potential cures."

Treatments Being Studied

One of the most promising areas of research at the moment involves immunotherapy drugs. These drugs are targeted to help boost patients' immune responses to

help their bodies recognize the foreign cancer cells and fight them off. A vaccine that helps the body target a specific antigen found in melanoma cells is currently undergoing a Phase III clinical trial. And while the results won't be available for awhile, the results of earlier phases of trials with the drug showed great promise. Another type of immunotherapy treatment, known as adoptive T-cell therapy, is showing an 80 percent success rate in early studies of patients with Stage IV melanoma, according to Kaufman. In the near future, expect to see stem cells playing a role in melanoma treatment. "Stem cells can survive traditional therapies and cause the cancer to come back," says Kaufman, "so identifying them as targets and getting rid of them is an important step."

In addition to new drugs, other therapies—and combinations of

therapies—are under investigation. Radiation treatment has improved in its ability to deliver high doses directly to the tumor with better results. Chemotherapy agents are getting better, and various trials are testing them, used in concert with other therapies. Even surgical removal of tumors has improved—and when used in combination with other therapies it can help get patients to a state of minimal disease.

"The survival curve for melanoma is improving every year," says Kaufman. "Thanks to the advances made in clinical trials, it is becoming a controllable disease."

SALLY WADYKA

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Indoor sun protection

Sunshine streams through the windows of your home, office, and car. And so can ultraviolet rays that damage cells deep in your skin, increasing your chances for wrinkles, age spots, and even skin cancer.

The result? In a 2007 study, St. Louis University School of Medicine dermatologists reported that the more time people spent driving their cars, the higher their risk for skin cancers—especially on the left side of the face and body, closest to a car's windows.

Experts say anyone who spends a lot of time near windows at home

or at work may face similar risks—but that doesn't mean pulling the curtains shut. While window glass blocks most of the sun's ultraviolet-B—the ones responsible for sunburns—most glass allows ultraviolet-A rays to pass through. "You can get a significant amount of UVA exposure through window glass, particularly if you drive a lot or sit in front of large windows for long periods of time on a regular basis," notes William D. James, MD, president of the American Academy of Dermatology.

Your best indoor defense?

"It's smart to wear sunscreen every day, even if you won't be out-

doors for very long," Dr. James says. "A broad-spectrum sunscreen may be all the protection you need. Get in the habit of putting it on in the morning."

There's more you can do.

In your home (and even at work), window shades made from UVA-blocking film could help. These allow the visible spectrum of sunlight to shine in, but keep out an estimated 98 percent of UV, according to manufacturers.

Another option is to add a UVA-blocking tint or film. Available for the windows of cars and buildings, they're applied to windows to filter out harmful rays. In one

Australian study, tinting car windows reduced UVA exposure inside vehicles nearly fourfold. According to the Skin Cancer Foundation, transparent UVA-protective window film filters out nearly 100 percent of UVA in cars.

Tints and films for home and office windows get similar results. You can buy new windows already equipped to block UVA, or add film to existing windows. Your options? Many companies manufacture and will install UVA-protective window films for you. You can also install the film yourself.

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■ **When it comes to sun safety, the right fashion accessories make a big difference.**

While many brands suggest sun protection is provided, not all brands are created equal. Companies such as Florida-based Physician Endorsed pride themselves in offering maximum sun protection without sacrificing style. With on-trend designs, using special sunglass lenses and a collection of fashion-forward hats, all products are rated equal to SPF 30. Co-founder and designer for Physician Endorsed, Elissa Margulies suggests evaluating brands closer before trusting them for protection. "It is important to know your accessories will deliver what they claim," said Margulies. "While some sunglasses and hats from the local retail store might provide shade, they most likely do not pack the punch of maximum UV protection." Additionally, Margulies suggests examining a brand's website, such as www.PhysicianEndorsed.com, for information on what protection its products truly offer.



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