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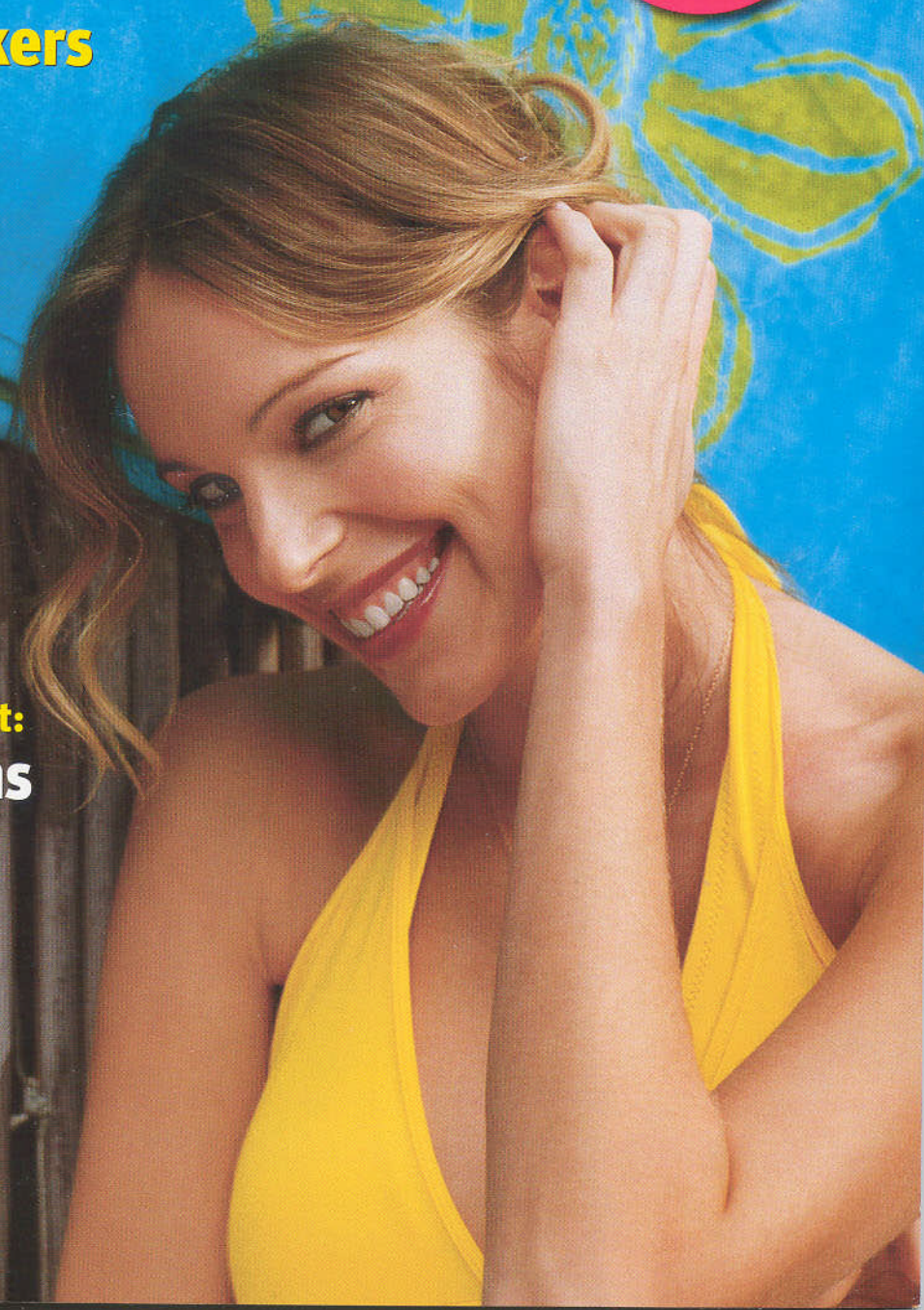
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Soak up safely: Few things in life feel as wonderful as a sunny day at the pool. To make sure your skin enjoys it as much you do, dermatologists urge you to take the right precautions.

Here comes the Sun

Odds are you need more protection. Take these 5 steps first.

By Susan T. Lennon

A few years ago, a plastic surgeon removed a mole from my neck. While getting the stitches out, I asked him about a little bump on my collarbone. He shrugged it off, pooh-poohing my request for a biopsy. But since I had battled skin cancer twice before, I pleaded with him to send it to a lab. Four days later, I almost dropped the phone when he gave me the results: It was a squamous cell carcinoma—a cancer that's easily treated if caught



early, but a real problem if ignored.

My dermatologist is still appalled that a plastic surgeon couldn't tell the difference between a harmless flap of skin and a cancer. But that's the thing about skin safety: It's just too easy to make a mistake. Cancer can look completely innocuous, like a freckle, pimple, or rash. As a result, oversights are routine—by both doctors and the average person looking in the mirror.

If more physicians and patients knew the warning signs, it might help contain a problem that both the environment and people's behavior are making worse. The incidence of melanoma is on the rise—up 4 percent in 2004, according to the American Academy of Dermatology (AAD). And basal cell and squamous cell cancers, both highly curable, are climbing about 5 percent a year, according to the American Cancer Society.

Most dermatologists blame tanning beds, the depletion of the ozone layer, and the failure to use sunscreen properly. But minimizing your risks requires more than just a dollop of sunblock. Here are five steps to take as beach season dawns:

1 Make friends with an expert

If you're high-risk, it's a good idea to find a dermatologist and make an appointment for a head-to-toe skin check (this isn't a bad idea for anyone). Here's why: Most first-line physicians don't have the expertise to diagnose or rule out melanoma. Plus, finding a skin expert who can fit you in is rarely a slam dunk. Right now there's a national shortage of dermatologists, and the average wait time for a routine appointment is 36 days. In some locales you won't be seen for a good 4 months—and that's too long to wait if you're suspicious about a spot.

There's no guideline on how often the average person should be checked, so ask your specialist. Visit www.aad

[.org/public/searchderm](http://www.aad.org/public/searchderm) to find one.

Your health insurance should cover the cost of the exam.

2 Use your mirror, and use it often

Studies show that patients are the first to discover most skin cancers. Once a month, examine your body from head to toe, between your toes, and where the sun never shines. Cancer can develop in spots that don't seem logical—far from where you got burned, for instance, and even in spots that never get tanned at all, like the soles of your feet or under your nails. Use handheld and full-length mirrors to scan your back and scalp, or ask your partner to check hard-to-see spots. Be on the lookout for new freckles, moles, or other marks (only 30 percent of melanomas develop from existing ones), and for changes in familiar birthmarks. Take pictures or note suspicious spots on a drawing so that you'll know what's old, what's new, and what's changed the next time you check yourself. If you're covered in freckles, use the "ugly-duckling" rule: If one looks far different from the rest, it could spell danger.

3 Learn your ABCs

Standard advice from experts is to follow the ABCD rules: You want a dermatologist to check any spot

that is Asymmetric, has an irregular Border, is a nonuniform Color, or has a Diameter bigger than that of a pencil eraser (6 mm). But that D rule is controversial, because nearly half of all melanomas are diagnosed when they're smaller than an eraser. And these lesions are the most likely to be curable. Also, because one aggressive form of melanoma often lacks the ABCD features, some experts say it's time to add E to the list—for Evolving. What to watch for: a change in size, shape, symptoms (like itching or tenderness), surface bleeding, or shades of color.

4 Tanning is like a drug

The ultraviolet rays in sunlight or tanning-bed light may be physically addictive, according to a recent study by researchers at Wake Forest University. Not only did the young adults in the study choose to bask in ultraviolet light over nonultraviolet light without knowing which was which, they reported being more relaxed after UV exposure. The study suggests you may find yourself sprawled in the sun more than you know is good for you. Think of tanning as a drug, and just say no.

5 Do shots (of sunscreen)

How much sunscreen do you need? The AAD recommends applying 1 ounce (a shot-glass full) on exposed areas 15 to 30 minutes before you hit the sand and reapplying that same amount every 2 hours—sooner if you swim or sweat. Odds are you don't use that much now.

Don't forget your lips: Like your skin, they need a balm with an SPF of 15 or higher. Experts recommend blocks with zinc oxide or titanium dioxide; those protect against both UVA and UVB rays. Read labels—not all sunscreens have zinc or titanium. ☞

Freelance writer Susan T. Lennon has also contributed to Newsweek and The Washington Post.

What's your risk?

Even if you've given up tanning, your skin-cancer risk is still high if you have:

- fair skin; blonde, red, or light brown hair; or blue or green eyes
- skin that burns and rarely or never tans
- a history of sunburns as a kid or teen
- more than 50 moles, or any large or unusual moles
- freckles
- a family or personal history of melanoma