

## Skin Cancer: Signs, Symptoms and Therapy

Webcast

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### Introduction

#### **Andrew Schorr:**

Hello. This is Andrew Schorr broadcasting live on ihealth on nmh.org, the Northwestern Memorial Hospital website. Thank you so much for being with us. We do this every two weeks connecting you with leading Northwestern experts discussing very significant health topics, giving you authoritative information for you and your family and always introducing you to inspiring patients.

As we have summer, right, we have sunshine, hopefully, and you want to get out in it. And what comes up of course is skin cancer. The most common form of cancer, a million Americans every year being diagnosed with some form of skin cancer. If you follow the political news you know that one of our candidates, John McCain of course was treated for melanoma, one of the most serious forms of skin cancer. He seems to be doing just fine, but it is not a diagnosis you'd want to have. And as we discuss that in today's program you're going to learn that it's not just the sun but, guess what folks, those tanning booths, they have radiation for your skin too. You're going to hear a lot of warnings about that so that know the straight scoop about what is dangerous to your skin and how you can lower your risk of skin cancer for yourself or a loved one.

What about all those sunscreens, sun blocks? How much should you use? Which one? What number? What should it have in it? What ingredients to look for, we're going to cover all that in the next hour.

Now I want you to meet someone who was affected by this personally. I want to go up the road to Vernon Hills, Illinois, off I-94 near Highland Park, just to the west there. Annie Christy Patrick has just been married few months. I want to tell you her story for a second. So she's getting married, 42 years old. Shopping for a wedding dress in January. And there she is trying on new dresses. Her friend Amy is with her. And Amy says, Well, what's that on your back? That doesn't look good. And then her sister, meaning Annie's sister, older sister, Py, who has probably been telling her what to do her whole life. She's a nurse, she says, What's that? Get that checked. Well, Annie finally did and she's going to tell you about that circumstance about how that happened, but it turned out to be melanoma, this very serious form of skin cancer. Fortunately it was found pretty early. You're going to learn more about that, the stages of melanoma.

Annie, welcome to the program. So here you are when you were younger you'd go to tanning booths. We're going to talk about that. You get married. You went to Aruba even with this funny spot on your back. And I know you're pretty fair. You got pretty sunburned down on your honeymoon, too, didn't you?

**Annie:**

Oh, it was horrible. I was out scuba diving, and I got so sunburned I had to stay inside my hotel room for a few days.

**Andrew Schorr:**

I have that image of that Ben Stiller movie where he married the woman, but anyway on his honeymoon she got terribly sunburned, and that is no fun. But apparently you had some spots on you that were maybe suspicious anyway. That's what Amy pointed out to you and your sister Py. But you were back married, back with one of your children going to the doctor for not you but your kid. What happened then?

**Annie:**

Oh, with a history of melanoma in my family and my son showing me that he had a spot in the groin area of a large mole, I thought, well, it was so big maybe it needed to be checked. So I took him to my family doctor, and his name is Dr. Polland and he took one look at it and he said, Oh, no, no, no, no. This is okay. You need to see a dermatologist just to have it checked. I said, Well, you know, everyone has been giving me grief. Will you look at my back real quick? I didn't even have an appointment. And he took one look at it and sent me to see Dr. Lazar at Highland Park Hospital.

**Andrew Schorr:**

That's a dermatologist. He wanted you to go see a dermatologist.

**Annie:**

Immediately. As a matter of fact, they saw me within I think an hour, hour and a half.

**Andrew Schorr:**

And what did he say?

**Annie:**

He did a biopsy and said he'd be in touch in a couple days. And then he called me on Friday. I'd gone I think it was like Tuesday or Wednesday, and on Friday he called me and said I want to discuss this biopsy with you but I want to do it in person, so how about I meet you in my office on Saturday. Which kind of scared the heck out of me. But I did, and that's when he told me I had melanoma, and explained it to me and told me it was caught early, and he wanted me to see a surgeon and have it surgically removed and explained the process of that. Again,

you know, myself I thought, skin cancer. It's not a big deal. It's not like having leukemia or any of the other cancers. I mean, it's not really cancer is what I thought. Big surprise to me.

**Andrew Schorr:**

Right. But you had melanoma in your family.

**Annie:**

Oh, yeah. My dad had two different sites of melanoma. My sister had a spot on her shoulder that turned into such a large area that they had to remove her deltoid and do three or four skin grafts off her back to cover her shoulder.

**Andrew Schorr:**

Oh, my.

**Annie:**

But yet I continued to sun bathe and more scarily I loved the sun booth. I loved to go into, stand up and get ten minutes of pure zapping myself. It was relaxing. It felt good. I left with a beautiful, glowing tan. Little did I know what I was doing to myself.

**Andrew Schorr:**

Right. I'm a little older than you, and this man I'm going to mention was older than me, but folks my age or older will remember the dapper, handsome George Hamilton, the actor. He was always suntanned and looked like I just stepped--you know, Mr. Palm Beach or Riviera, Monaco, something like that. And we would equate that tanned look to health. Well, we're going to hear, folks, as we go on in this program that that is not necessarily all the case, and despite what the tanning booth industry has been saying about the health aspects and getting your vitamin D that you need for a variety of reasons, this is not the way to do it.

So the story goes on with Annie that, Annie, it was suggested to you by your dermatologist in Highland Park that you really ought to get down to Northwestern to a skin cancer specialist because you were at risk for other lesions, if you will, and you had this whole family history. So that brings you to what specialist at Northwestern?

**Annie:**

Dr. Martini.

**About Melanoma**

**Andrew Schorr:**

Dr. Mary Martini. Well guess what, she's a guest on our program too. Let me introduce her to the audience. That's Dr. Mary Martini, and she is a specialist in

skin cancer. She's actually chief of general dermatology at Northwestern Memorial. She's a member at the Robert H. Lurie Comprehensive Cancer Center at Northwestern University, and as you would expect she's an assistant professor of dermatology at Northwestern University's Feinberg School of Medicine. So she's a leading authority on this.

Dr. Martini, so here comes Annie. Family history, fair woman, spot that had been removed on her back, and it really required further investigation. Why is melanoma is scary, and why is so important to really look carefully at someone to catch it early or try to cut it out or treat it so that it doesn't spread? Tell us about melanoma and its severity.

**Dr. Martini:**

Well, melanoma is on the rise. Basically 1 in 58 people born today will get a melanoma. If melanoma is caught early, meaning it's less than a millimeter in thickness, it is treated by surgery and you have an excellent survival, basically 96 percent that you will basically live a long life and not have any kind of recurrence. If it is, however, thicker than a millimeter, melanoma can spread to the lymph nodes, and once it spreads to the lymph nodes it can spread throughout the body when it's a very thin growth. So once it spreads unfortunately our treatment options for melanoma are not highly successful. So all the emphasis on melanoma is early detection.

**Andrew Schorr:**

Of course we're going to talk about prevention a lot on this program too. So with Annie, so she comes to you. So you of course then are looking over her whole body. First the question was, and hopefully and I imagined this happened with the surgery it cut out and had a safe margin, so that was taken care of, but you're looking for other spots, right?

**Dr. Martini:**

Right. Once a patient has had a melanoma, they do have a higher risk of getting a second melanoma that's higher than the general population, and usually that happens within the first three to five years of the first melanoma. So we not only watch them very closely to make sure they have no recurrence of their first one, but we know that they're at higher risk for a second one so we do complete skin exams. We watch them every three to six months for a period of five years.

**Andrew Schorr:**

Wow. So, Annie, what was this like, going to Dr. Martini? What was this exam like?

**Annie:**

Well, truly I was quite intimidated about going. I dreaded it because I thought there I'm going to lay naked and somebody is going to be looking at every little

bump on my body, but she was wonderful. She truly went through--it was very technical. She had a nurse in there that was taking notes, speaking a whole different language that I did not understand about each one of the bumps on my body. She did find two other areas that she's going to have surgically removed to make sure are not melanoma. I wasn't rushed. I asked lots of questions. They really made me comfortable. I'm very glad that I did it. My next thing is to have my body photographed so at my next three-month checkup to tell me I'm healthy and nothing else has changed.

## **Other Skin Cancers**

### **Andrew Schorr:**

Well, good for you. And now that you know, whether it was Amy or sister Py or whatever happened, you seem to be very attentive to this, and it sounds like that is what's called for related to melanoma.

Put this into perspective for us, Dr. Martini. There are other skin cancers. I know my dad used to play golf, and he had things cut out. He was a bald guy like me so he had some things cut out, off his scalp. And anybody--he lived in Florida, but anybody who goes out in the sun, and my dad lived to be a ripe old age, that's not uncommon. What are the other skin cancers? Help us understand this. Give us a little skin lesson, if you will.

### **Dr. Martini:**

Okay. Well, there are over a million skin cancers a year in the United States. The most common skin cancer a basal cell skin cancer, and that's probably what your dad had. It is promoted by chronic sun damage, and it often occurs in sun exposed areas. It is very easily treated surgically. Basically, the tumor does not metastasize. It will grow larger and be tissue destructive where it grows, but it's not a cause of death.

Squamous cell carcinoma is responsible for about 250,000 incidents of cancer a year. That also is due to sun damage. And that often can occur as a warty looking growth that bleeds easily. And again in both of the first two cancers, basal cell, squamous cell, patients will often scratch them off or pick them off and they quickly grow back. They bleed easily, and they're a little tender. And all of those signs tell you that this is more than a little wart, that you shouldn't ignore it. And squamous cells again are treated surgically. They can metastasize often to a local lymph node, only though if they're neglected and they're quite large. So most squamous cells are caught very small, and they're easily excised, and patients do extremely well. It's only when someone sort of neglects a growth and it becomes large, maybe nickel size or bigger, and it's bleeding recurrently that one should worry about the tumor metastasizing to a lymph node.

The third skin cancer, the most serious, is melanoma.

**Andrew Schorr:**

Okay. We're going to get into that a lot more. We are going to learn about the ABCDs of recognizing skin cancer, looking at yourself, your partner, your friend, Amy did, saw something that didn't look right. Sister Pi was saying to Annie, that doesn't look right. Looking for changes. We're going to learn about that. We also invite your calls. Remember, you can give us a call. You're listening to Patient Power sponsored by Northwestern Memorial Hospital. We'll be right back.

**ABCDs of Skin Cancer**

**Andrew Schorr:**

Andrew Schorr here. Welcome back to our live Patient Power webcast sponsored by Northwestern Memorial Hospital. You know, our hats are off to Northwestern because there are not many webcasts like this but there's a whole library on the nmh.org website in the ihealth section. So if you're listening to our discussion about skin cancer today and say, I wish Susie heard that or uncle Frank, whomever, tell them, and they just go to nmh.org and go to the ihealth area. And there is a whole library of discussions. We'll have the replay of this up probably by tomorrow. Then we have the transcript. Discuss it with your doctor and really discuss it with your family. We'll going to learn along the way how to go ahead this summer. Sunscreen, sun block, these ABCDs we were talking about. Let's go there first.

Of course, we're visiting with Dr. Mary Martini, who is chief of general dermatology at Northwestern Memorial. She's assistant professor at the Feinberg School of Medicine, and she specializes in the treatment of skin cancer.

Dr. Martini, what do these letters mean? And how can that help us see whether maybe we need to go get checked?

**Dr. Martini:**

Several years ago we tried to devise a system that would be easy for patients to understand, when they look at their moles, to know the warning signs of when it's time to have something checked. And initially we had the ABCDs.

A stood for asymmetry, meaning if you took a lesion or a mole, and you cut it in half-- and one side of the mole is a different color or just looks different from the other side, that is not what good sign. That's what we call an A, something we want to note, asymmetry.

Two is border. A mole should have a very clearly defined margin. You should see where your normal skin begins and the mole starts. And if a mole has a smudged

border like someone took their thumb and smudged the pigment out where it dilutes out away from the mole, that's irregular, and that's also something that should be showed to your doctor.

C is color. We like moles to be all one color. It's totally normal for a mole to be pink or tan or brown or even dark chocolate brown, but it should be all that color. You shouldn't have a mole that's part pink, part tan, part black. That's actually a sign of melanoma to have something multicolored.

And the last one a diameter. And diameter actually has fallen by the wayside a little bit, but years ago we told people anything above six millimeters, which is about a quarter of an inch, should be checked, but the fact is that we now know melanomas can be two millimeters. They can be very small. So diameter has fallen away a little bit in terms of importance.

The new letter is E, and that sounds for evolution or change. And this is actually the most important letter because most melanomas, the one thing about them that's consistent is they change. So you may have a tiny dot of pigment and it may start as an a little tiny black dot, but over a six-month period, that dot is constantly changing. It may be getting bigger, then it may change color, then it may itch or bother you. So something that's evolving or constantly changing is one of the most important signs of melanoma. So that's the ABCDEs.

And I do want to say to patients, I see a lot of people who worry about moles that raise up and are sort of dome shaped, and many, many moles will do that normally. That's a natural thing, particularly moles on our face. So a mole that raises up in a uniform dome shape and is palpable, you can feel it, that's totally normal for many moles.

Now, if you have a mole that was flat and always flat and now one part of it is raising up and becoming lumpy, that's not normal. That's irregular contour. That's a change, and we want that checked. So what matters is if the lesion symmetrical. Is it all dome shaped? Then it's okay. If part of it is raised like a fried egg and part is flat, then that's something that should absolutely be checked.

## **The Role of Ethnicity**

### **Andrew Schorr:**

Dr. Martini, thanks for explaining that. Now, okay, in Chicago particularly we've got all kind of ethnic groups, skin colors, etc.--and family history we'll get to too. So Annie is fair. Tell us about different ethnic groups because some people may be listening and say, Well, if I'm African-American that doesn't affect me or if I'm darker skin or Hispanic that doesn't affect me. But it does, right? Tell us about where to look and where these can develop.

**Dr. Martini:**

Well, basically we do see the most skin cancer in the really fair skinned, the red-haired, blue-eyed individuals are the most affected by skin cancer. And that's because they frequently burn. They either don't tan or they freckle, which is the body trying to tan and the best it can do is set out a freckle. And those individuals have the greatest absorption of UV rays from the sun because they're not able to tan--the body tans as a response to the radiation from the sun. If your body can't tan effectively you're going to have a greater amount of radiation reach your DNA and do damage. So that's why we see that really fair-skinned individuals have higher rates of skin cancer.

But we're now starting to see skin cancer in all ethnic groups. We used to believe that individuals who were Hispanic or Indian or darker skinned Italians would be protected. But now, partly because of ozone depletion, partly because of just longer exposure times in the sun and tanning booths, we're seeing the onset of skin cancer in those ethnic groups too.

African-Americans and Asians have an unusual type of melanoma that occurs on the palms, soles, and mucous membranes. It's called acral lentiginous melanoma, and many times it is not detected until it is quite advanced. So in the elderly often do not examine the bottoms of their feet, and in African-Americans that is often where the melanoma may start, between the toes. They have to really inspect their feet at least once a month. And unfortunately for some elderly that's very difficult. So this type of melanoma is often at a more advanced stage when it is first detected.

**Tanning Booths**

**Andrew Schorr:**

We're going to get into inspecting your spouse, your elderly relative. We're going to talk about all of that as we continue. But I do want to ask you about this. I referred to it and you referred to it about tanning booths. So I have a teenage daughter and it's been in vogue, well, we're going to get tan. Especially if you're in Chicago, it's the winter, you want to look healthier, supposedly, so you go to the tanning booth. What do we know now, despite what the tanning industry is saying? Go for it, Dr. Martini. What do we know about damaging radiation from those lights?

**Dr. Martini:**

Well, tanning booths are UVA light, and for a long time when they first came out they were promoted to be milder than the sun, when in fact the most recent tanning booths that are coming out actually have bulbs that are even more potent than natural sunlight. So that is absolutely a falsehood .

Second of all, most patients unfortunately go into the tanning booths naked, and parts of their body that have never seen the sun are laying close to bulbs and being radiated. And I have seen skin cancers, particularly melanoma, occur in those protected areas of the body that normally never see the sun and all of a sudden we're seeing melanomas occur in those areas. We now know, since tanning booths have been out almost 30 years, that skin cancer rates are going up especially in people utilizing tanning booths. Their incidence of squamous cell carcinoma is two and a half times the rest of the population, and they're one and a half times the risk for basal cell cancer.

We also know if you use tanning booths before the age of 35 that you have 75 percent increased risk of melanoma in your lifetime. And this does not even mention the aging of the skin that occurs from tanning.

**Andrew Schorr:**

We're going to do that on another show, but you're right. We have a lot to talk about. And Annie, when you were in your 20s you were a regular at a tanning booth, weren't you?

**Annie:**

Oh, I'd go three times as week. I loved it. I thought it was the best thing in the world. It was relaxing. It was quiet. They put music on for you. And of course being so fair--I grew up in Florida so I wasn't a stranger to sun. But they told me, Here, this sunscreen, this will protect you in the tanning booth. So I was lapping on all the sunscreen. And like Dr. Martini was saying, I'd go in butt naked, and I would never have been out in the sun naked. And I loved it. I thought it was the thing. As a matter of fact, I had an appointment to start doing some tanning just before my wedding because I wanted to be tan before I went to Aruba, but time never allowed me, thank god time never allowed me to go.

**Andrew Schorr:**

Right. Amen to that. We're going to take a break. I'm sure so many people are filled with questions. I know I am. So you mentioned about sunscreen, sun block. How does it work? What should we get. When should we be in the sun at all. Should we wear a hat? I got one of those floppy hats, you know, with a little tail. Look like I'm in the French Foreign Legion or something like. I'm going to wear it this summer. And what about my kids? And, Annie, I know you have kids too. We all want to know.

We will continue our live broadcast discussing skin cancer. We're going to talk about prevention and protection as we continue our discussion with Dr. Mary Martini, who is an expert in all this from Northwestern Memorial Hospital. We'll be right back with much more Patient Power sponsored by Northwestern Memorial Hospital.

## **Vitamin D**

### **Andrew Schorr:**

Wow. We're halfway through our live webcast. We've got so much to talk about when it comes to skin cancer. Think about it. Skin is the body's largest organ. And then we were talking about these tanning booths and exposing some of your skin if you're in a tanning booth naked, or as Annie said buck naked. Areas that really have always been protected, and you're exposing it. So how do you protect your skin? And when should you go out in the sun? We're looking forward to a nice beautiful summer in Chicago. So going out, enjoying it. You want to get out. You want to really be out in the sun. And we've seen medical studies that say, well, you need vitamin D to head off certain illnesses. Let's talk about vitamin D for a second, Dr. Martini. What about vitamin D? There have been these studies that it has health benefits of course to protect against osteoporosis. Is laying out in the sun in the middle of the day the way to get it?

### **Dr. Martini:**

No. Actually what we recommend people do is take a supplement of vitamin D3, which does not require any sunlight. So you're taking the form of vitamin D that's ready for use by the body. Or you can get vitamin D naturally through orange juice and milk and salmon and certain foods which the body does need about 20 minutes, 15 to 20 minutes of sun a day for it to be converted to vitamin D3. So does a person have to go out in the sun like that? No. You can actually purchase at any store about 400 IU, international units of vitamin D3, and that's the daily FDA requirement, RDA requirement, and that will give you the needed vitamin D that you should have every day without laying out in the sun. Also your physician can check your Vitamin D levels through a blood test and prescribe stronger does of vitamin D if it is needed.

## **Sunscreen and Sunblock**

### **Andrew Schorr:**

Okay. So that was totally bogus about Got to get out in the sun, got to go to a tanning booth, get your vitamin D health benefits. Okay. That puts that one to rest.

Now let's talk about sunscreen and sunblock. First of all, what's the difference between sunscreen and sunblock? I grew up with the Coppertone kid, the little dog pulling the little girl's bathing suit down. That's what I remember. We'd lather on that sun oil. Where are we today with sunscreen, sunblock? What's the difference and what should we be looking for?

### **Dr. Martini:**

Well, the first sunscreens that were made were years ago and they blocked primarily UVB rays, which are responsible for skin cancer and giving you a sunburn.

But we now know that skin cancer is caused by both UVB and UVA rays which are part of sunlight, and we were not really addressing any kind of block for UVA rays. So the latest sunscreens, which are a lotion that contains usually a mixture of chemicals that actually absorb the photons of radiation from the sun so these rays do not reach the skin and cause DNA damage. The sunscreen absorbs the sun's rays, .So a sunscreen usually has a mixture of chemicals that block both UVA and UVB. And when you purchase a sunscreen it should say broad spectrum UVA and UVB. If you are not getting that UVA sunscreen in there you are getting a lot of the sun's rays through the sunscreen.

So a sunscreen is a mixture of UVA- and UVB-absorbing chemicals that over time does decay. And that's why you do have to reapply it every two to three hours, even if you're not swimming, because the sunscreen will weaken in time.

A sunblock is basically a mixture of chemicals that are usually titanium dioxide or zinc oxide that do not allow the sun's rays to penetrate through it. So they block the sun. So actually most sunscreens have a mixture of titanium dioxide and avobenzone for UVA and UVB screening and it may have some cinnamates, which is also a UVB block. So many, many sunscreens, peculiarly the ones that are higher SPF, will have not just one sun chemical in them, they will have a mixture to get you that higher SPF and UVA /UVB coverage--

**Andrew Schorr:**

Right. When I think of sunblock I think growing up with the kid who was the lifeguard with that white stuff on his nose.

**Dr. Martini:**

Right.

**Andrew Schorr:**

But let me carry it forward. You mentioned about these SPF numbers. So what do these numbers mean? Can we rely on them? Is higher always better, and how do you figure that out? And does it vary by what SPF number you should select based on your skin type?

**Dr. Martini:**

I'm seeing atypical mole and melanoma patients. I want them using an SPF 30 or higher. But in reality an SPF 15, it's a good cover for most people. Years ago we told people that an SPF 15 meant that they had 15 times longer in the sun than unprotected people.. Let's say you'd burn in ten minutes without sunscreen but now with a 15 SPF sunscreen you could stay out for 150 minutes before burning. But what we found is that as we made higher SPF sunscreens, people were staying out for eight, ten, 12 hours, with heavy sun, which actually defeated the whole

point of wearing a sunscreen. So when we talk about sun protection, it isn't that you can put on a sunscreen and be out for ten hours with total protection. That's not the idea of a sunscreen.

Sunscreen is part of an overall sun protection plan for your skin, and that means you're aware of the most harmful hours in the sun, which are between 11 and three. That's when the sun is at its most potent. You wear protective clothing. If you're going to hike or bike and you're playing tennis for hours at high noon, you're wearing some kind of protective clothing, and whatever is uncovered is then treated with a sunscreen and reapplied every two hours.

And the other thing patients do and mothers do is they get to the pool and then they slather the sunscreen on their child. Sunscreen takes 30 minutes to work. So putting a sunscreen on five minutes before you walk out the door is not going to work for 25 minutes. So you have to protect yourself. As you're getting dressed to go out, you put your sunscreen on and it's on 30 minutes before you step out that door.

**Andrew Schorr:**

Wow. I didn't know any of this. Annie, did you know any of this stuff? You're a mom. Are you hearing new things here?

**Annie:**

Definitely. I mean I've learned through Dr. Martini and other doctors about reapplying the sunscreen. I did not know that before seeing them. The scary thing for me is that especially with the suntanning, and you know I have kids that age that want to worship the sun, that you go into these sun booths and you put the sunscreen on before you get into the tanning bed, two seconds before you get on the bed, not 30 minutes. So that's not even--that sunscreen you're putting on before you get there doesn't really start working until after you're out of the sun bed.

**Andrew Schorr:**

We're learning so much. We're going to talk about treatments if somebody is diagnosed with skin cancers. But, Dr. Martini, I just want to touch on one thing. You mentioned about the hours, not to be out in the sun. And I personally love playing golf or tennis late on that summer evening. It's beautiful. It's quiet. Crazy is gone. And I love that, and I also feel it's safer probably too as far as the broiling sun as well. And I'd urge people to consider that, go in the late, late afternoon, early evening in the summer.

But I did want to ask you about clothing. So the idea about wearing a hat, good idea? And maybe clothes that, as you said, could be even treated. You can buy these clothing items now that are treated with some sort of sunblock as well.

**Dr. Martini:**

Right. Normal clothing, especially darker T-shirts, do absorb some of the sun's rays. A white T-shirt, though, is equal to an SPF of five. So wearing a white T-shirt on a sunny day gives you very little protection. There are many clothing companies now that make clothing that actually has sunscreen as part of the manufacturing of the clothing. And you can go online and put in "sunscreen clothing," and all the companies will come up. They have some great products. I actually do recommend the hats since they actually have a part that goes a little longer over the back of the neck. That's a huge area that men in particular get a lot of skin cancers at the back of their neck and their ears because they wear baseball caps thinking, well, that's going to protect me. But the baseball cap does not protect the neck, the ears, nor the sides of the face. The jaw line gets no protection. So a hat should really have a circular brim on it to do any good in terms of sun protection. Hats should have a brim all the way around.

**Andrew Schorr:**

All right. So my foreign legion hat is actually pretty practical.

**Dr. Martini:**

That's very practical.

**Andrew Schorr:**

There you go. We're going to take another break. And when we come back, Dr. Martini, we're going to talk about treatment. And Annie has talked about what she had and monitoring there. Talk more about that. And also in one of our breaks we referred to it with your resources at Northwestern how a whole team can come together to help people with more advanced skin cancer to get them the treatment they need and deserve. So we'll talk about that right after the break.

You're listening to Patient Power, our live webcast sponsored by Northwestern Memorial Hospital. We'll be right back.

**Topical Chemotherapy**

**Andrew Schorr:**

Back live. As we mentioned we do this every two weeks, and so we're talking about skin cancer now, very appropriate for this time of year. It affects a million people per year get that diagnosis, one form or another, with melanoma being the most serious type, but it's always a concern. And we're going to discuss on June 24th, in two weeks, another common condition, allergic rhinitis. You get the teary eyes and runny nose. We're going to have from Northwestern Dr. Baiju Malde, hopefully I said your name right, Dr. Malde. We're going to discuss that. So that's in two weeks, June 24th. I hope you can make it.

Let's get back to skin cancer and Dr. Mary Martini is a specialist in that, a dermatologist and a dermatology professor at Northwestern. Couple questions came in, Doctor, that maybe relate. Sarah from Long Island is listening on the internet said, "I heard about Efudex," if I'm saying it right, "as a treatment for precancerous lesions. Can you tell me more about this and what's it's appropriate for."

And then Jennifer wrote in from Little Rock, Arkansas, and she said, "My dermatologist wants me to start using Carac after having just one basal cell skin cancer removed." So what is Carac? What is Efudex? Where does it come in as a treatment? Either you've had a cancer removed or they're worried that you might be developing it.

**Dr. Martini:**

Both Carac and Efudex are a chemotherapeutic drugs put in a cream form, and it's basically topical 5-FU. --Carac is basically a low percent, I think it's one or two percent, of 5-FU, and Efudex is usually five percent. So Efudex is a stronger strength than Carac. So Carac can be used a little bit longer. Basically both of these creams can be changed be used in a variety of ways directed by the doctor. For instance I use Efudex twice a day for two weeks to a particular region that I want to treat precancers, and during that two weeks all the precancers become ulcerated and red. The redness and sore signify that the cancer cells are dying. The cream destroys the tissue that is precancerous, and then after stopping treatment, the skin heals up over a week or two.

With Carac, because it's a weaker percent it can be used over a longer period of time. So you may not have that marked redness and crusting, and it may remove some of the atypical cells in a little more gentle form. But they're both topical 5-FU. And topical 5-FU is used to treat precancers primarily. So I don't use Efudex to treat a full-blown cancer. A precancer is a tiny scaly pink patch. They often are in sun exposed areas, and they come up as a little pink patch that's tender and never quite leaves. It may peel off and come back and fade out and come back, but it's always there. And that's the earliest form of sun damage, and about 20 percent of those precancers will become a full-blown squamous cell carcinomas.

**Removing Skin Cancer**

**Andrew Schorr:**

Okay. Let's take it further now. Obviously what I've heard about is when you develop those cancer cells of all these different types you're going to cut it out typically.

**Dr. Martini:**

Right.

**Andrew Schorr:**

And I guess if it's a bigger area there might even be some reconstructive surgery. I think Senator McCain had some kind of reconstruction going on as well so that he looks terrific in his 70s. But tell me about what else you would do. What are other treatments beyond surgery? Or do you have to also investigate further? I know with melanoma sometimes you want to inject some dye into a lymph node to see have the cells spread. Tell us about further investigation and treatment.

**Dr. Martini:**

For most lesions, when a patient comes in and there's a suspicious lesion, it is always biopsied, and that tells the doctor what type of cancer it is. And if it's a basal cell or squamous cell, those are usually excised with a four millimeter margin down to fat, and that will treat it successfully. 96 to 98 percent of all cancers treated that way will be cured.

Melanoma is a little different--usually we take the entire mole off. We don't take a piece of it. And the reason is that a mole may not be uniform throughout. So if you take a mole off and you take a piece of it, you may not take the piece that was melanoma. So usually a mole is taken as one solid piece and sent and tested for melanoma. And if it is a melanoma, the pathologist will tell us if it is a very thin melanoma, less than a millimeter. If it is a thin melanoma, like Annie had, then those are taken off with usually a centimeter margin. Five millimeters are only taken if it's at what we call in situ or stage 0, which means that it's a very early stage in the very top layers of the skin. Most melanomas that are caught early are what we call stage I, which means that they're less than a millimeter but more than in situ, and those are taken with a one centimeter margin.

If a melanoma is biopsied and found to be thicker than a millimeter, then we do what's called a sentinel lymph node biopsy. The patient has a second surgery where we take one centimeter or more around the melanoma, and prior to that surgery, the skin around the melanoma is injected with a blue dye and technetium-99 radioisotope. An hour later the patient is taken to surgery and the doctor uses a scanner to pick up where the radioisotope went. And it goes to the lymph node draining the area of that skin. He then dissects and finds the node that's blue and that has the highest radioisotope detection. And he will take that node and test it to see if it has melanoma. And that's called a sentinel node biopsy.

And the purpose of that procedure is that if we can detect the first lymph node that drains the skin where the melanoma is growing, then we will document those individuals that have tumors that have spread to a distant site and begin systemic medication. They help us diagnose how far the tumor has spread. So it's more a diagnostic procedure than it is a therapy.

**Andrew Schorr:**

Right. And many women have heard about this related to breast cancer.

**Dr. Martini:**

Yes.

**Andrew Schorr:**

It's been done that way. Now, I want to talk about, I want to--I call these Patient Power moments, ladies, but I want to make a point and see if you agree, Dr. Martini, bet you do. So when somebody is diagnosed with, let's say, a melanoma and now you're checking and you're looking, what are you dealing with. There are a couple other players that come in, not just the dermatologist. You mentioned one along the way, the pathologist. So at the Robert H. Lurie Comprehensive Cancer Center at Northwestern University--I love that title. They always want me to say the whole thing, and it's an important title--you have pathologists there who specialize in this.

**Dr. Martini:**

Yes.

**Pathology**

**Andrew Schorr:**

Who looks at skin cancers, and there's a whole art to pathology. So what are you looking at? Are you looking at cancer? How many cells? Do you get clean margins? All that. That's really critical, and I think that's one of the real advantages your team at Northwestern offers.

**Dr. Martini:**

Yes. Actually in the department of dermatology we have two dermatopathologists who read all the skin biopsies, and they're very well versed in melanoma. They receive all the initial biopsies of melanomas throughout the medical center. If we are doing a sentinel node biopsy Dr. Jeff Wayne, who is a surgical oncologist, will do that procedure. There are also specifically trained pathologists at NMH who are very well trained and versed in melanoma and the lymph node pathology.

If the lymph node is positive and shows that the melanoma has spread, then we involve Dr. Tim Kuzel, who is an oncologist in the department of oncology. His specialty is melanoma, and he offers a wide array of therapies for the more advanced melanomas.

**Final Comments: Looking at the Future**

**Andrew Schorr:**

Okay, a whole team. Now, Annie, you've been listening to this, you're experiencing it. Hopefully you don't have to see this whole team, but you know it's there should you need it. What would you say to people in the Chicago area anyway if they're

listening and they're concerned about skin cancer and melanoma, maybe they've had this in their family as well, as far as seeing the team at Northwestern?

**Annie:**

What would I say? Well, I'd say don't go in the sun obviously. Wear hats. If you've concerned, make an appointment at Dr. Martini's clinic and have yourself looked at. If you can't get to Dr. Martini go to your dermatologist. My original dermatologist, Dr. Lazar, sent my--my pathology was done at Northwestern even though I was all the way up at Highland Park Hospital. So we used those resources to determine what was wrong with me and the surgery that I needed to make myself okay.

**Andrew Schorr:**

How do you feel about the future, Annie? So now you're under the care of Dr. Martini, who seems to be very detailed and vigilant. How do you feel about the future knowing that you've had this kind of brush with melanoma and it had been in your family too?

**Annie:**

I feel that she's going to find anything else that comes up and that we're going to treat it, and we're going to proactively deal with anything. And I'm going to have a long, healthy non-sun future and that hopefully somebody else that's listening out there is going to pay attention and wear hats, not let their kids go out running around without the appropriate sunblocks on.

**Andrew Schorr:**

I'll tell you, I'm thinking that. I have three kids, and getting ready for this I was talking to my daughter, and she's in that 14-year-old age group and tanning booth, and I said, You know, your friend Sabrina loves to go to the tanning booth, and you've gotten the habit. End of story. We're not doing that anymore. And she said, Talk to Sabrina. Talk to Sabrina. So we have a message for teenagers but not just teenagers, all of you us, any age, that we really have to approach this summer, and if you're going to a tanning booth in the winter, think twice about that. You've heard that loud and clear.

**Annie:**

I do have a question for you.

**Andrew Schorr:**

Yeah, go ahead.

**Annie:**

You have to be 18 to buy a pack of cigarettes if you choose to smoke knowing that you could get lung cancer. Shouldn't we have to be 18 before we let our kids go to these sun booths that can give them cancer?

**Andrew Schorr:**

Dr. Martini, does your dermatology group have any view on legislation? I know you're doing a lot of public education.

**Dr. Martini:**

Actually the American Academy of Dermatology has a huge educational program about tanning booths and the damage they do. We are working with congress to try to institute laws and legislation concerning the use of tanning booths and that they be regulated, but it's an uphill battle because this is a democracy, and it's very difficult to take something off the market that's been freely used for a long time. So we're working on it actively. There's a very strong campaign, but it is an uphill battle.

I just wanted to say Annie has a very healthy approach to life, and she has a very positive attitude. And I tell all my patients I don't want them to be a hermit and stay inside and be afraid to enjoy your life. Go enjoy your life, just know how to take care of your skin in the sun, including protective clothing and sunscreens. Enjoy your life, we just don't want you laying out like a baked potato or a piece of bacon in the sun for hours. That's the one behavior we really want to stop if we can.

**Andrew Schorr:**

Right. And I said we will have you back related to just aging of the skin. Now, certainly people who smoke and are in the sun you know and maybe have been at tanning booths, you can imagine. They end up looking like a prune. Nobody wants that. But we also want to protect the DNA of those cells as well. It's not just about wrinkles. It's about the actual health of the cells.

Now, one question we haven't covered, I just wanted to do it quickly with you, Dr. Martini. Now, Annie has shared that there's been melanoma in her family. How much is genetic? How much related to skin cancer is just our exposure to the sun or other radiation?

**Dr. Martini:**

There is a genetic form of melanoma where melanoma occurs in almost every generation throughout the family tree, but that only represents 10 percent of all melanomas. The majority of melanomas do result from DNA damage from the sun, and families can have a tendency toward cancer. A given family may have a number of cancers through it, and if an individual has enough DNA damage from the sun they will make a melanoma. So the majority of melanomas occur from environmental damage throughout your lifetime. A small percent may result from a gene that's called P-16 that we can actually test. If an individual comes in and states my mom, my sister, my uncle have melanoma, we need to look if that's a genetic tendency in the family.

**Andrew Schorr:**

Okay. Well, I love you, Dr. Martini, you explain things so well. I know Annie's been telling me off line as well how devoted you are to your patients.

**Dr. Martini:**

Well, thank you.

**Andrew Schorr:**

We've been visiting with Dr. Mary Martini, who is chief of general dermatology at Northwestern Memorial, a specialist in skin cancer. Part of a whole team and all those people at NMH and the Robert H. Lurie Comprehensive Cancer Center at Northwestern University. Dr. Martini, I want to thank you for being with us and helping us know how we approach this summer and year around for ourselves and our loved ones. And as I know you told me, check your spouse. Check your friend. Check your kids. Look for those little spots. On the elderly look on the palms and the soles of your feet, as well, no matter what your race is too. Thank you, Dr. Martini.

**Dr. Martini:**

Thank you.

**Andrew Schorr:**

And Annie, all the best in your new marriage. Nobody wants to start it with a diagnosis of a cancer, but it sounds like you're in good hands. You have a great outlook and you've got those boys. Your son didn't have anything to worry about. So thank you for sharing your perspective for us, and all the best to you.

**Annie:**

Thank you for having me.

**Andrew Schorr:**

Okay. Thank you. Well, this is what we do on Patient Power. I am so delighted that we have the wonderful support of Northwestern Memorial. We do these programs for you every two weeks. Tell your friends. Remember, the replay will be posted shortly. We will have the transcript. It's all in the ihealth section of nmh.org. And go have a great summer. Watch out for the sun. Enjoy it, but remember that you want to protect that skin. Knowledge can be the best medicine of all. We'll see you in two weeks. I'm Andrew Schorr. Have a great evening.

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