



# SAVE *your* SKIN

We know the drill – wear SPF, stay out of the sun and avoid tanning beds – we’re just not that great at practising it. Skin cancer rates continue to rise in Canada, accounting for one-third of all new cancers. That’s an alarming statistic – and a sad one, too, given that most cases are preventable. Maybe a first-hand account from a woman with melanoma will inspire change? *Sydney Loney* shares her story.



*“be vigilant*  
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## I always thought I had a pretty good handle on my ABCDs.

It was “E” that was the trouble. In December 2015, I was shaving my legs when I noticed a mole on the outside of my left knee. It had been there forever, but it suddenly looked darker than I remembered. And yet it was symmetrical, had an even border, was all one colour and had a small diameter, so I told myself it was fine. I figured I’d get it checked out when things slowed down and I had more time.

When I finally saw my family doctor three months later, she was reassuring. “It’s probably nothing to worry about,” she said. Still, she booked an appointment for me to see a dermatologist just to be safe. It turns out that the “E” I’d forgotten about stands for “evolving” and, when it comes to skin cancer detection, it’s the most important letter of all.

Dr. Lisa Kellett, a Toronto dermatologist, took one look at my mole and did a biopsy right then and there. The results were back within a week: It was stage one malignant melanoma. “You’re a good example of how skin cancer doesn’t always meet the ABCD criteria,” Dr. Kellett told me. “But change, including when a new mole appears, is an important factor to be aware of.”

Skin cancer rates have been rising in Canada for some time now and account for one-third of all new cancers. There are more new cases each year than the number of breast, prostate, lung and colon cancers combined – more than 80,000, to be exact.

The problem is that people aren’t protecting themselves, says Dr. Kellett. One of the biggest myths surrounding the disease is that it only happens to old people (her youngest patient with skin cancer is eight). “Those who are good at sun protection are the ones who already have skin cancer,” she says. “I tell 20-year-olds, ‘Look you have to be more careful or you’ll see the side effects [of photo-aging] in 20 years. However, many state that they won’t care in 20 years how they look. The kicker is that patients in their 40s and 60s say the exact same thing. I tell them all, ‘Trust me, you will care.’”

### YOU CAN GET IT WHERE?

After my biopsy, I needed a second procedure to remove a wider, deeper area of skin to ensure that there were no lingering cancer cells. When I arrived at the hospital for my appointment, all 80 seats in the skin cancer clinic were full, occupied by people of all ages and backgrounds. No one, it seems, is immune to skin cancer.

When you’re sitting in a waiting room for hours, you can only spend so much time looking at your phone. Eventually, people started sharing their stories. I met a man in his 50s who worked in construction and was having a third melanoma removed from his back and a nursing student in her 20s whose mother had died of melanoma – she was having a second mole removed from her chest.

While the two of us were talking, an elegant woman in her 60s told us that she was there to have her vaginal melanoma treated (vaginal melanomas are rare, accounting for no more than two percent of melanomas among women, but they’re one of the reasons why it’s so important to check everywhere).

Between 80 and 90 percent of skin cancers are caused by ultraviolet radiation, but melanoma originates from normal pigment cells called melanocytes and, like any other cell, they can become cancerous. Melanomas are most often found on the chest and back in men and on the legs in women, but they can also appear on the soles of the feet, the palms of the hands and the mouth.

When you talk to people who have been diagnosed with skin cancer, they can often pinpoint lapses in sun safety that may be to blame. I immediately thought about the summers I spent teaching sailing at a girls’ camp in northern Ontario. Wading into the lake to rig a Laser with a group of nine-year-olds meant that any sunscreen – hastily and, let’s face it, often sporadically applied – was washed away before I even set sail.

Linda Thiessen recalls sunny days spent on the slopes when she would get hot, take off her hat and badly burn her forehead. The 63-year-old from Coquitlam, BC, had her first skin cancer – basal cell carcinoma – removed with liquid nitrogen in 2003. “That diagnosis struck fear into my heart,” says Thiessen, “but I was lucky because it was superficial and easily treated.” She has had 12 basal cell cancers removed by excision and biopsy since then, and she knows what to look for. Still, when she noticed a spot on her temple in 2013, she put off dealing with it. Her husband had advanced Parkinson’s disease and his health was deteriorating. “I’d lie awake at 3 a.m. and think ‘I really should get this checked out,’ but then I’d get up and the day would start,” she said. “I was looking after my husband at home and we were trying to carry on as best we could. A little scabby thing on the side of my head was the least of my worries.”

Although melanoma is the most dangerous skin cancer diagnosis you can get, people often tend to be too dismissive when they develop other kinds, says Dr. Robert Nuttall, assistant director of health policy at the Canadian Cancer Society. “People will say, ‘Oh, I just had a spot removed as a precaution,’ and they don’t make the connection to cancer,” he says. “You have to think about your history of time spent in the sun and be vigilant about any sign of change on your skin.” Whether it’s a precancerous spot or a misshapen mole, the faster you act, the better the outcome. Report any changes on your skin to your doctor.

### WHEN IN DOUBT, CHECK IT OUT

Although a faster diagnosis does lead to faster treatment, most Canadians don’t realize that there are gaps in care

when it comes to skin cancer. In 2015, a year after her husband died, Thiessen finally saw a dermatologist and was diagnosed with her 14th basal cell carcinoma. Because it had gone unchecked for so long, removing the spot with liquid nitrogen was no longer an option. Thiessen needed Mohs surgery but learned that there are only 20 doctors who perform the procedure in Canada.

Mohs is used to identify and remove a tumour one layer at a time, without harming the healthy tissue surrounding it, and is used to treat basal and squamous cell cancers, as well as some melanomas. It’s considered an improvement over standard surgery, or excision, which involves removing the visible cancer and a small margin of surrounding healthy tissue all at once and waiting for the results. Mohs reduces the need for additional surgery and increases the chances that the cancer will be cured. The problem is getting it when you need it.

To avoid the nine-month waiting list in British Columbia, Thiessen booked a plane ticket to Edmonton, where Dr. Mariusz Sapijaszko, medical director of the Western Canada Dermatology Institute and Youthful Image Clinic, performed her surgery last fall. She is now waiting for the second of two revision surgeries to improve function around her eye. “Instead of four or five stitches, I had massive surgery,” she says. “I hadn’t even looked in the mirror that morning to say goodbye to my familiar face.” Dr. Sapijaszko explained that her cancer had grown like an octopus under the surface of her skin. It took six tissue removals, in ever-widening circles, until he was able to get clear tissue.

Thiessen says she’s just happy she was able to get the procedure, even if she had to go out of province. “I’m grateful that Dr. Sapijaszko was able to remove it all.

### GO UNDER COVER

The longer skin cancer goes undiagnosed, the more invasive the treatment, which is why diagnosis and prevention are so important. “Know your body,” says Dr. Sapijaszko. “If something is different and doesn’t go away in a month or two, ask your doctor ‘Is this normal?’” He adds that the majority of skin cancers are found by patients and family members. “We’re good at diagnosing cancer, but our patients are the ones who find it.”

Dr. Marcie Ulmer, a board-certified medical and cosmetic dermatologist at Pacific Dermaesthetics in Vancouver, recommends checking your birthday suit on every calendar day of your birthday. “Skin cancer is the most detectable because it occurs on an organ we can see, unlike other types of cancers, such as the liver, lungs and ovaries,” she says, “and it’s highly curable if caught early.”

But most important, she says, is prevention. Dr. Ulmer says people still frequent tanning salons to get vitamin D (you can get all you need from reasonable sun exposure during a short walk, food and supplements) or a base tan

ISTOCK



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before a vacation (a base tan gives you an SPF of 4 at most – and increases your risk of cancer in the process). “Skin cancer is one of the most preventable types of cancer, and it’s never too late, even for former sun worshippers,” she says. “Sun damage is cumulative, so you need to stop accumulating damage. You can’t change the past, but you can change your behaviour.”

In 2012, Sophie Belanger had what had looked like a pimple – but was actually basal cell cancer – removed from under her left eye. “I don’t remember my mom ever putting sunscreen on me,” says the 45-year-old businesswoman from Calgary. “We just didn’t know any better back then.” She has two teenage daughters for whom sun protection is now a habit. “They saw me with a bandage over my eye and it’s just part of their lifestyle now,” says Belanger. “When they play soccer, sunscreen is part of their equipment.”

Unfortunately, not all sunscreens are created equal, says Dr. Ken Alanen, a dermatologist, dermatopathologist and Mohs skin cancer surgeon in Calgary. Anything beyond SPF 30 (SPF – what we use to measure a product’s sun-protective powers) is a marketing tool, he says. “An SPF of 40 gives you 98 percent protection – anything higher doesn’t make a difference,” he adds. Also, SPF mostly protects against UVB filtration (five percent of UV rays), not UVA filtration (95 percent of UV rays). “UVB is what burns you,” he says. “Back when we thought a high SPF mattered, people would say ‘Hey, I’m not burning’ and stay out longer, basically roasting themselves and the DNA in their skin. Now, we know different: Tanning is not safe; there is no such thing as a healthy tan.”

Finally, don’t rely on moisturizer or makeup for sun protection. Dr. Alanen says that the U.S. Food and Drug Administration is proposing new guidelines that won’t allow sun protection claims on moisturizers and makeup in the United States. I pulled out my favourite foundation and ran the ingredients by Dr. Alanen: five percent titanium dioxide and five percent zinc oxide. “Titanium doesn’t block enough UVA, and neither concentration of five percent is enough,” he told me. “The product is likely



cosmetically agreeable but of dubious clinical benefit.” So much for my favourite “sunscreen.” What Dr. Alanen does recommend, though, is zinc.

“Zinc is natural – it’s basically ground-up rock – and blocks out the entire range of UV light. It’s the longest-lasting as well – chemical sunscreens can only absorb so much UV light before they start to break down.” He says the ideal sunscreen contains at least 20 percent zinc.

Investing in a new sunscreen is just one of the changes I’ve made since my diagnosis over a year ago. I still enjoy the outdoors, but now you’ll find me under a big hat or in a

shady spot if the UV index is high (that is, three or higher). I also get my skin checked professionally every six months and have just signed up for mole mapping so that doctors can compare photos of my moles onscreen at every visit. (A Mole Mapper app is currently being tested by Oregon Health & Science University, designed by a scientist to help his wife monitor her moles between dermatologist visits.) Above all, I check every inch of my skin on the 15th of every month. I hope I won’t see something different, but if I do, I won’t be too busy to do something about it.

## THE BIG 3

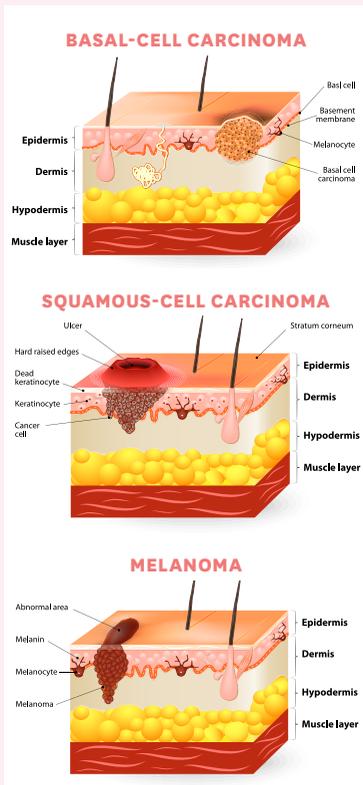
### Know the warning signs of skin cancer – it could save your life

#### THE CANADIAN CANCER SOCIETY

estimates that about 6,800 Canadians were diagnosed with melanoma in 2016, and 1,200 Canadians died from the disease. Melanoma can develop from a pre-existing mole or a new spot that doesn’t look quite right (this is where the ABCDEs come in).

Many types of spots are not cancer but are considered precancerous spots, including actinic keratoses. These scaly growths typically appear on sun-exposed areas, such as the face, shoulders, forearms and backs of the hands. They may initially be so small that they’re found by touch alone (it can feel as though you’re running your finger over sandpaper), but later they may become rough, raised areas of skin resembling warts. They might disappear and then reappear. If untreated, they can develop into non-melanoma skin cancer. Up to 10 percent of actinic keratoses develop into squamous cell carcinoma (SCC) and, occasionally, basal cell carcinoma (BCC) – the two most common types of skin cancer.

Because they rarely spread to other parts of the body, basal and squamous cell cancers are less concerning than melanoma, but they can be insidious the longer they’re left unaddressed, says Dr. Ken Alanen, a dermatologist, dermatopathologist and Mohs skin cancer surgeon in Calgary. These cancers can be locally destructive to tissue and cause significant damage, particularly when they are on the nose, lip or eye. While melanoma is cancer of the cells that make pigment in your skin, BCC is cancer of the cells in the pores and SCC is cancer of the cells on the



skin’s surface. “The difference between BCC and SCC is dolphin grey versus porpoise grey,” says Dr. Alanen. “They behave in almost the same way.”

Basal cell cancers look like firm, flesh-coloured or slightly reddish bumps; pimple-like growths that bleed, crust over and then reappear; or small, scaly red patches. Squamous cell cancers are usually red, scaly bumps or wart-like growths, but they can also look like open sores or crusted skin. About two to 10 percent of squamous cell carcinomas spread to the internal organs and are life threatening.

One problem with both types of cancer is that they’re easily missed because they don’t cause symptoms, says Dr. Alanen. But to a trained eye, they can be spotted, so a quick trip to a doctor could be life-saving. Once, while getting off a plane, he tapped a stranger on the shoulder and said, “Hey, you have a basal cell carcinoma on the back of your neck – you should get it checked out.” People frequently mistake skin cancer for eczema, psoriasis, acne, warts or other common skin irritations, he says. The problem is, doctors do, too.

Dr. Mariusz Sapijaszko, medical director of the Western Canada Dermatology Institute and Youthful Image Clinic, both in Edmonton, says he often sees patients who have had their skin treated repeatedly for benign conditions when the real culprit was cancer. “If a therapy doesn’t solve the problem, you shouldn’t just repeat that therapy,” he says. “It’s time to get a biopsy or a referral to a dermatologist.”

## PROMISING NEW TREATMENTS

There have been tremendous advances in skin cancer treatment over the past five years, says Dr. Mariusz Sapijaszko, medical director of the Western Canada Dermatology Institute, especially when it comes to helping patients with advanced melanoma. “In the past, we had limited – and not very successful – therapies,” he says. “Now, there are a range of options that can prolong survival. There’s finally a ray of hope for skin cancer treatment.” Here are three of the latest, most promising treatments.

**1. BIOLOGICS** Immune-based therapies called biologics are a broad class of medications that can have a significant impact on life expectancy – and even remission – for advanced melanoma. Unlike traditional therapies that target tumours directly, immunoncology uses drugs that work with the immune system to attack cancer cells. (Health Canada approved one of the most promising drugs, pembrolizumab, for the treatment of metastatic melanoma last May.)

**2. TARGETED TREATMENTS** “New drugs are being tested in clinical trials that work on a genetic level to correct or prevent molecular abnormalities,” says Dr. Sapijaszko. One such drug, an oral medication called vismodegib, has already been approved by Health Canada to target advanced basal cell carcinoma and prevent the growth and spread of the disease.

**3. PHOTODYNAMIC THERAPY** This treatment is widely used as an alternative to zapping precancerous spots with liquid nitrogen. “Photodynamic therapy takes advantage of the fact that precancerous cells are more metabolically active than normal cells,” says Dr. Ken Alanen, a dermatologist in Calgary. “The precancerous cells ‘pick up’ Levulan, a medication that is metabolized into a compound that makes these cells selectively sensitive to laser destruction – it’s like wiping a blackboard free of chalk and is ideal for preventing non-melanoma skin cancer.” *Dr.*



### Skin-saving advice from the front lines

*“Even when you realize something is wrong, the medical system doesn’t necessarily allow for instant resolution. What everyone needs is regular screening. Just as we have regular eye exams, we should have regular skin exams.”*

– Linda Thiessen

*“Today is the best time to start protecting yourself from the sun. It’s never too late to stop accumulating UV damage.”*

– Dr. Marcie Ulmer, a board-certified medical and cosmetic Dermatologist at Pacific Dermaesthetics in Vancouver

*“No tan is a safe tan – if you’ve tanned your skin, you’ve damaged it.”*

– Dr. Lisa Kellett, a dermatologist in Toronto

*“I never – ever – suspected that what I had was skin cancer. I learned that it really can happen to anybody, and no one is 100 percent protected.”*

– Sophie Belanger

## SCREEN SAVERS

### 3 ways to protect your hide

#### BIRTHDAY SUIT REVEAL

Do a top-to-toe check every year. It’s the best gift you can give yourself. Notice a change? Call your doc.



#### I ZINC, THEREFORE I AM

Zinc blocks out the entire range of UV light. Your ideal sunscreen should contain at least 20 percent zinc.



#### SEEK OUT THE SHADE

If the UV Index is greater than three, walk on the shady side of the street, wear a wide-brimmed hat and cover your skin.

