

# PORTLAND DERMATOLOGY CLINIC, LLP

VOLUME 1, ISSUE 1

## The Importance of a Complete Skin Exam:

### Finding Melanoma

Dr. Michael J. Adler

Of the three most common forms of skin cancer, melanoma is the most deadly and most critical to detect at an early stage. Importantly, the number of new melanomas is rising faster than any other type of cancer, and there is some controversy about the reasons for this rapid increase.

One factor may be the long delay between ultraviolet light-induced damage to the DNA of skin cells (i.e. a severe sunburn) and the formation of melanoma. Some suggest that the social pressure of getting and maintaining a tan is now resulting in increased skin cancers today. Certainly, sunburns or even frequent tanning induced by either natural sun or tanning beds indicate damage to skin DNA and increase the risk of skin cancer, notably melanoma.

Another explanation for why melanoma diagnoses are increasing may simply be our ability to recognize the subtle features of melanoma at an earlier stage. This is the true goal of melanoma screening: diagnose melanoma at the earliest stage possible, before it has a chance to spread to other parts of the body and becomes more difficult to treat. There is evidence that this is happening. While the number of new melanomas diagnosed is increasing at a rapid pace, the expected number of deaths caused by melanoma (i.e. those melanomas which spread throughout the body and failed treatment) has not significantly changed. *See page 3 for full story*

## Sun Protection

Dr. Shobha N. Jetmalani

Sun protection is important at any age. It can help reduce the risk of skin cancer and protect against premature aging of the skin. Too much sun and long-term exposure to the sun's ultraviolet (UV) rays can cause wrinkles, age spots, freckles, cataracts and skin cancer. Learning some basic facts about sunlight and sunscreen options will help you pick the best product for your skin.

Remember that the sun's UV rays (UVA and UVB) are invisible. We have learned that both types of rays can cause damage to our skin and are each important to protect against. There is no "safe" UV light and unfortunately, there is no such thing as a "safe tan" from the sun or tanning booths.

There are sunscreens (chemicals that absorb UV light) and sun-blocks (inert agents that reflect UV light). Choose a product with a sun protection factor (SPF) of 15-30 or greater. It is important to know that the SPF primarily tells us the protection level against UVB rays. More recent studies have shown that UVA light is also damaging. Unfortunately, at this time there are no officially agreed upon ways to measure the level of UVA protection *See page 2 for full story*

## INSIDE THIS ISSUE:

<i>Botox Injections</i>	2
<i>Botox Evening Announcement</i>	2
<i>Dry Skin</i>	3

Visit us on the web at

[www.portlanddermclinic.com](http://www.portlanddermclinic.com)

## FDA Ruling: Elidel® & Protopic®

Dr. Barbara E. Resnick

In mid-March, the FDA issued "black box" warnings on two creams commonly prescribed by dermatologists, pimecrolimus (Elidel®) and tacrolimus (Protopic®). The warnings received a lot of media attention, and were understandably alarming to patients and physicians. The doctors at Portland Dermatology Clinic plan to follow the FDA's recommendations for prescribing these medications, but also feel that there may continue to be patients for whom the benefits of these creams outweigh the known risks.

The FDA advisory was issued to "inform healthcare providers and patients about a potential cancer risk" from the topical use of Elidel® and Protopic®. Although this is plausible given the mechanism of action of the drugs, there are no data from human studies that prove a link between the creams and cancer. Studies are needed to establish whether there is, indeed, a risk, but are likely to take many years to complete. Most products with black box warnings have proven, serious life-threatening side-effects. This is not the case with pimecrolimus and tacrolimus.

Eczema and other inflammatory skin conditions commonly treated with Elidel® and Protopic® have their own risks when left untreated. The decision to prescribe and use any medication involves weighing potential benefits against potential adverse effects. *See page 2 for full story*

**Sun Protection: continued from page 1**

Instead of using the advertised "Broad Spectrum" label, look for specific ingredients that we know are UVA blockers. In the chemical sunscreens, look for either avobenzone (Parsol 1789), oxybenzone or methyl anthranilate. Sunblocks which reflect both UVA and UVB rays include Zinc oxide or Titanium dioxide.

**Tips for Sunscreen/Sunblock Use:**

- Use the above SPF and ingredient recommendations to get the best coverage of both UVA and UVB rays.
- If you use a daily morning facial moisturizer or foundation make sure it has a sunscreen/block in it.
- If you have acne/or rosacea prone skin choose products labeled "oil free" or "noncomedogenic" to minimize clogging of the pores and skin flaring.
- If you do not like the "greasy" feel of sunscreens, try gels or pump spray products which tend to be more alcohol based and less "thick" feeling.
- Apply your products 20-30 minutes prior to sun exposure.
- Reapply every 2-4 hours, more often if swimming
- Do not apply sunscreen products to infants less than 6 months of age as their skin may absorb more chemical. Protect infants with clothing, umbrellas and sun avoidance.
- Don't forget your lips...there are many lip balms/sticks that include the same sunscreens/blocks.
- If you have a sensitivity/allergy to sunscreen agents or would prefer to keep as "chemical free" as possible, choose the Sunblocks.

Enjoy the outdoors, but protect yourself and your family with common sense and educated use of sunscreens and sunblocks.

**FDA Ruling: continued from page 1**

With chronic conditions, cumulative effects need to be considered. It is our goal to help inform you about the options, and make recommendations based on the most current available information.

The FDA advises that healthcare providers, patients and caregivers consider the following:

- Use Elidel® and Protopic® only as **second-line agents** for short-term and intermittent treatment of atopic dermatitis (eczema) in patients unresponsive to, or intolerant of other treatments.
- Avoid use of Elidel® and Protopic® in children younger than 2 years of age. The effect of Elidel® and Protopic® on the developing immune system in infants and children is not known. In clinical studies, infants and children younger than 2 years old treated with Elidel® had a higher rate of upper respiratory infections than did those treated with placebo cream.
- Use Elidel® and Protopic® only for short periods of time, not continuously. The long term safety of Elidel® and Protopic® are unknown.
- Children and adults with a weakened or compromised immune system should not use Elidel® and Protopic®.
- Use the minimum amount of Elidel® and Protopic® needed to control the patient's symptoms.

## BOTOX® Cosmetic: What to Expect



BOTOX® Cosmetic is an FDA approved injectable medicine that has been safely and successfully used for many years in the treatment of neck muscle spasms, strabismus (crossed eyes), blepharospasm (eye twitching) and vocal cord spasm. In April of 2002, the FDA approved BOTOX® Cosmetic as an injectable medicine to temporarily reduce wrinkle patterns in the forehead area (glabellum).

BOTOX® Cosmetic effectively relaxes muscles under the skin that are responsible for creating wrinkles. This treatment is different than most other treatments used for the cosmetic improvement of facial wrinkles because it works on the wrinkle source. Reducing the muscle activity by relaxing the muscle reduces the tension on the overlying skin allowing the skin to relax and maintain a smooth appearance, as well as, preventing the progression of the wrinkling process.

The BOTOX® Cosmetic treatment involves the injection of a small amount of diluted BOTOX® Cosmetic into the muscle via a tiny needle. Although rare, a slight bruising may occur at the injection site which can be masked with normal make-up.

Over the next 6 to 12 days, the muscle activity will diminish. This results in the inability of the muscles to contract, and a gradual smoothing or softening of the overlying skin. Occasionally, it may take two to three treatment sessions (3 to 4 months apart) to adjust the dosage to achieve the best possible results. Individual results may vary.

The effects of BOTOX® Cosmetic last approximately 3 to 5 months at which time an additional treatment will be necessary to maintain the improvement. It should be understood, that if the wrinkles are significant the result of the treatments may not be as dramatic. Complete and permanent elimination of wrinkles is not possible. Many options are available to improve wrinkle appearance.

Patients may return to their normal daily activities immediately. Contact sports activities should be avoided and THE TREATED AREA SHOULD NOT BE MASSAGED. You should "exercise" the treated muscles as often as possible for about an hour after treatment. Patients that have been previously exposed to botulinum toxin (food poisoning) may have developed antibodies to the medicine, making the treatments ineffective.

***If you are interested in learning more about Botox Cosmetic, attend our special event April 19th, 2005. Please call 503-223-3104 to R.S.V.P***

**Dry Skin****Dr. Walter G. Larsen**

Dry skin occurs at all ages but becomes more of a problem with advancing age. The legs and upper back are the most common sites but any body part may be affected.

**WHAT CAUSES DRY SKIN?** Anything that causes the skin to lose moisture results in a tendency to dryness and chapping. The dryer the air the more rapidly skin moisture is lost. Consequently, dry skin is a particular problem in cold winter months when warm indoor air is low in humidity. Because of this, dermatologists sometimes refer to the condition as “Winter Itch.” Soaps, detergents, very hot baths and showers contribute to the damage, which begins with scaling and chapping. These areas then become irritated and itchy. The dry skin rash sometimes forms round patches that resemble ringworm, and patients frequently aggravate them by vigorous scrubbing or by applying irritating remedies.

**TREATMENT: SKIN LUBRICATION** Skin is lubricated by moisture. Water will briefly moisturize your skin, but the moisture is soon lost by evaporation. Fragrance-free creams and lotions such as CUREL Brand (green label) provide a coating that prevents water loss and keeps moisture in your skin. Daily application, immediately after your bath or shower, can ward off symptoms of dry skin.

The simplest way to prevent skin moisture loss is to use DERM-BATH, a bath oil made from mineral oil and containing Surfactol, a substance that lets the oil mix with water. DERM-BATH is available for purchase at the clinic. See your physician for details and instructions.

**TREATING DRY SKIN RASH:** When dry skin has developed into a rash that itches, a cortisone cream or ointment usually provides quick relief. The cortisone is applied sparingly to the rash twice daily and massaged in well. As the rash improves, the medication is used less often.

**SOAP:** Soap is bad for dry skin. It removes oils needed to hold in moisture. Plain water is usually enough for a shower or bath. If you can't live without soap, it's all right to use a soapless cleanser, such as a Cetaphil Bar or DOVE, for your face, feet, armpits, and groin, and to use a shampoo in your scalp.

**BATHING:** Persons with dry skin may bathe or shower once daily—not more often. Remember 3 important things: (1) use warm or cool water, not hot; (2) use a soapless cleanser or no soap at all; (3) lubricate your skin.

**LONG TERM CONTROL** Dry skin is usually a long-term problem that recurs often in winter. A feeling of itchiness is often the first sign of dryness. When you notice your skin feeling dry, resume your lubricating routine. If the dry skin rash returns, use both the lubricating routine and the prescription cortisone cream or ointment.

***Finding Melanoma: Continued from page 1***

Patient awareness has helped improve melanoma detection, but there are significant subtleties, especially in early lesions. Public education campaigns have helped many become familiar with the ABCD characteristics of melanoma: A – asymmetry; B – border irregularity; C – color irregularity; D – diameter greater than 6 millimeters. Of these, asymmetry, whether it is the number or arrangement of colors or asymmetry of the borders, is the easiest and most useful single characteristic to remember. Diameter is probably the least useful. There are many benign moles or other lesions greater than 6 mm, and most melanomas will begin as lesions smaller than 6 mm, exactly the time to diagnose and remove them. Another feature, E – evolution, may also be valuable. In other words, if a lesion is growing or changing, particularly in an asymmetrical fashion, it deserves to be evaluated by a dermatologist.

There is also a misconception that to be suspicious, a lesion must be raised. In fact, melanomas are often flat, particularly in the early stages, and again, this is the desired time for detection. Additionally, over 95% of melanomas have no associated symptoms such as pain, bleeding, or itching. Therefore, visual inspection is the only method of diagnosing these largely silent skin cancers.

So, there are obvious melanomas that most people can easily detect: large, rapidly-growing, irregular nodules with multiple dark colors and uneven borders. Unfortunately, lesions like these often extend deeply (several millimeters) into the skin and carry a high risk of metastasis and death. Alternatively, the thin melanomas we most want to find are those most difficult to detect: generally small, flat brown or tan spots with only slight color or border asymmetry, and they may be growing at an imperceptible rate.

While vigilant and perceptive patients may occasionally recognize these early melanomas, they are most frequently diagnosed by a well-trained dermatologist during a complete skin examination.

This brings us back to the importance of a complete skin examination. I would estimate that roughly 60-70% of the melanomas I diagnose occur when a patient comes in for another skin concern. We at Portland Dermatology Clinic strongly encourage all new patients to have a complete skin examination for exactly this reason. Many patients with a localized skin problem such as a wart on a finger or a facial rash may be surprised when our staff asks them to completely disrobe, but once given the above reasoning, virtually everyone agrees it is a good idea. After the initial evaluation, our dermatologists and staff can counsel patients about the characteristics of suspicious pigmented lesions and also give people a sense of their personal risk factors. Some patients, for example those with a large number of moles, may need to be checked at least annually, while those with minimal sun exposure and few moles may only need to come in if something unusual arises. However, it is our goal that all patients understand the importance of detecting melanoma as early as possible, and this is best done through education, patient self-examination, and thorough skin evaluations by your dermatologist.

2250 NW Flinders, Suite 205  
Portland, OR 97210



## Welcome Back to PDC

Portland Dermatology Clinic, LLP, commonly referred to by familiar faces as PDC, was established in the 1960's. PDC is a full service facility for the medical and surgical management of diseases and cancer of the skin. Located in Northwest Portland, the clinic is home to four physicians certified by the American Board of Dermatology and a staff of sixteen clinical and administrative employees. If you haven't seen us in awhile, our newly remodeled facility include suites for office based surgical procedures, radiation therapy know as Grenz Ray Therapy, phototherapy (PUVA & UVA), allergy testing and cryotherapy. Other services offered include Botox, Restylane and Sclerotherapy injections, Glycolic Peels, and slush treatments.

Products available at the clinic for your sun protection include COTZ SPF 58, Total Sunblock SPF 65 and Lip Cotz lip balm, SPF 32. COTZ which stands for Contains Only Titanium & Zinc is free of dyes, fragrance and is water resistant. Tilley hats are also available in various colors and styles. Tilley Hats have been certified to block 98% of UVA/UVB radiation and deliver an Ultraviolet Protector Factor of 50+, the maximum rating given. For more details on the benefits and importance of using a sunscreen, see article on page 2.

*Please visit our website at [www.portlanddermclinic.com](http://www.portlanddermclinic.com) for more information on the clinic.*

**Special Event at Portland Dermatology Clinic!**  
**Botox Cosmetic Education Evening**  
**April 19th, 2005**  
**6:30pm**  
**RSVP Required, please call 503-223-3104**

