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**PORTLAND
DERMATOLOGY
CLINIC**

L.L.P.
PHYSICIANS AND SURGEONS

**MAY IS SKIN CANCER
AWARENESS MONTH!**

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DERMATOLOGISTS SAY SPF NUMBERS MAY CONFUSE CONSUMERS

In the *New York Times* (5/14, E1) Skin Deep column on the front of the Thursday Styles section, Catherine Saint Louis writes about sun protection factor (SPF) "creep" in sunblocks, which "has hit the triple digits...leading some dermatologists to complain that this is merely a numbers game that confuses consumers." Dermatologist Barbara A. Gilchrest, MD, of the Boston University School of Medicine, called "the parade of stratospheric SPFs... 'crazy.'" While "sunscreens with sky-high SPFs offer slightly better protection against lobster-red burns than an SPF 30" when applied properly, "they don't necessarily offer stellar protection against the more deeply penetrating ultraviolet A radiation." Moreover, "both UVA and UVB radiation can lead to skin cancer, which is why dermatologists now advise using sunscreens with an SPF of at least 15 and UVA-fighting ingredients like an avobenzone that doesn't degrade in light or Mexoryl SX." David M. Pariser, president of the American Academy of Dermatology, reminded consumers, "As you get higher and higher, it's not really a practical difference." Instead, "consumers should worry more about wearing enough sunscreen... rather than how high their SPF is," dermatologists say.

Articles explain purpose, proper use of sunscreen. In a related piece, the *New York Times* (5/14, E3, Saint Louis) reports that sunblock "should be applied often and liberally to exposed skin," and

"should shield sunburning ultraviolet B rays and aging ultraviolet A rays," both which "can lead to skin cancer." Consumers should "look for ingredients like Mexoryl SX, titanium dioxide, and an avobenzone that doesn't degrade in light" to provide UVA protection. "For UVB, the American Academy of Dermatology recommends at least an SPF 15." Sunscreen should be applied "15 to 30 minutes before exposure, because some take time to become fully active," and needs to be reapplied "after swimming, toweling off, sweating, or every two hours." Because "a sunscreen's SPF doesn't correlate to how long it lasts," even sunblocks with high SPF numbers need to be reapplied often. Finally, people should "use a shot glass full of lotion (or an ounce)," or "two coats of spray."

California's Record Searchlight (5/14, Moore) reports that, according to the American Academy of Dermatology, "UVA rays pass deeper into the dermis, the thickest layer of the skin," and "can suppress the immune system...interfere with the body's ability to protect itself from skin cancer," and lead "to premature aging." UVB rays "are the burning rays and the primary source of sunburn." Therefore, the AAD "recommends that, regardless of skin type, a broad spectrum (protects against UVA and UVB rays) sunscreen with a sun protection factor (SPF) of at least 15 should be used year-round."

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Skin Health REPORT

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MAY IS SKIN CANCER AWARENESS MONTH! WHEN WAS YOUR LAST EXAM?

WHY SELF-EXAMS ARE SO IMPORTANT

Skin cancer is the most common of all cancers, afflicting more than a million Americans each year, a number that is rising rapidly. It is also the easiest to cure, if diagnosed and treated early. When allowed to progress, however, skin cancer can result in disfigurement and even death.

Who Should Do It

You should! And if you have children, begin teaching them how to at an early age so they can do it themselves by the time they are teens. Coupled with yearly skin exams by a doctor, self-exams are the best way to ensure that you don't become

a statistic in the battle against skin cancer.

When To Do It

Performed regularly, self-examination can alert you to changes in your skin and aid in the early detection of skin cancer. It should be done often enough to become a habit, but not so often as to feel like a bother. For most people, once a month is ideal, but ask your doctor if you should do more frequent checks.

You may find it helpful to have a doctor do a full body exam first, to assure you that any existing spots, freckles, or moles are normal or treat any that may not be. After the first few times, self-examination should take no more than 10 minutes – a

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NONMELANOMA SKIN CANCERS RAISE THE RISK FOR OTHER CANCERS

People who have had the nonmelanoma skin cancers (NMSCs) basal and squamous cell carcinoma (BCC and SCC) are approximately twice as likely as other people to develop non-skin cancers, according to a study in the *Journal of the National Cancer Institute*.

The findings are of particular concern because NMSC is the world's most common malignancy, with over a million cases diagnosed every year in the US alone. Currently, it's estimated that one in five Americans will develop NMSC at some point in their lives. About 90 percent of these cancers are associated with exposure to the sun's harmful ultraviolet (UV) radiation. While NMSCs have very high cure rates when caught early, they

should not be taken lightly, as this study shows.

Researchers led by Anthony J. Alberg, PhD, of the Medical University of South Carolina, Charleston, studied demographic and health information from 19,174 patients in the Maryland-based CLUE (Give us a Clue to Cancer and Heart Disease) II study, from 1989 through 2005. Some 769 patients in the study were diagnosed with NMSC, and by the end of 2005, 181 of these patients, or about 23 percent, had developed another form of (non-skin-related, or non-cutaneous) cancer. In contrast, only about 12 percent of people (2156 of 18,405) who did not have NMSC were subsequently diagnosed with a noncutaneous

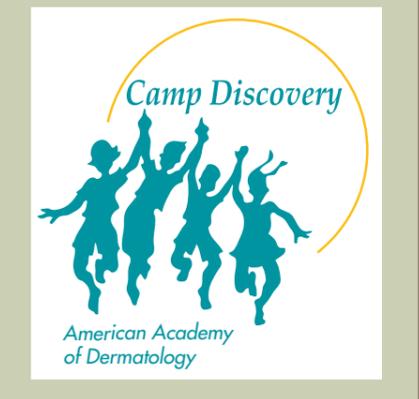
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CAMP DISCOVERY

Camp Discovery is for young people ages 10-16 with a serious skin condition and offers a summer camping experience unlike any they've had before. Every year, the American Academy of Dermatology (AAD) sponsors a week of fishing, boating, swimming, water skiing, arts and crafts, and just plain fun.

Under the expert care of dermatologists and nurses, Camp Discovery offers campers the opportunity to spend a week among other young people who have similar skin conditions. Many of the counselors have serious skin conditions as well, and can provide support and advice to campers.

There is no fee for camp. Full scholarships including transportation, are provided by the generous donations of dermatologists, and other organizations. Please visit their website at www.campdiscovery.org and consider supporting Camp Discovery.



SELF EXAM *continued*

small investment in what could be a life-saving procedure.

What to Look For

There are three main types of skin cancer: basal cell carcinoma, squamous cell carcinoma, and melanoma. Because each has many different appearances, it is important to know the early warning signs. Look especially for change of any kind. Do not ignore a suspicious spot simply because it does not hurt. Skin cancers may be painless, but dangerous all the same. If you notice one or more of the warning signs, see a doctor right away, preferably one who specializes in diseases of the skin.

The Warning Signs

A skin growth that increases in size and appears pearly, translucent, tan, brown, black, or multicolored

- A mole, birthmark, beauty mark, or any brown spot that:
 - changes color
 - increases in size or thickness
 - changes in texture
 - is irregular in outline
 - is bigger than 6mm or 1/4", the size of a pencil eraser
 - appears after age 21
- A spot or sore that continues to itch, hurt, crust, scab, erode, or bleed
- An open sore that does not heal within three weeks

If You Spot It...

Don't overlook it. Don't delay. See a physician, preferably one who specializes in diseases of the skin, if you note any change in an existing mole, freckle, or spot or if you find a new one with any of the warning signs of skin cancer.

skincancerfoundation.com

NEW SURVEY SHOWS IMPACT OF ROSACEA LEAVES SUFFERERS MORE THAN JUST 'REDFACED'

A new survey of 500 rosacea sufferers released by the National Rosacea Society (NRS) revealed that the impact of rosacea goes far deeper than physical effects: it impacts the emotional health of sufferers. 42% of respondents with rosacea felt sad or depressed about the appearance of their skin, and more than 55% said rosacea was one of their top three



physical concerns as they age, second only to weight gain (in a list that included wrinkles, high cholesterol and thinning hair). Rosacea patients also take steps to hide their condition.

"April is Rosacea Awareness Month, so our goal is to raise awareness of the condition and encourage those who may have rosacea to see a dermatologist for a diagnosis and ap-

SKIN CANCER *continued*

proprate therapy" said Samuel Huff, executive director of the National Rosacea Society.

cancer. Researchers took variables such as cigarette smoking and skin type (susceptibility to sunburn and blistering) into account. Nonetheless, those with NMSC had about twice the risk of developing noncutaneous cancers as those who did not have NMSC. Researchers also found that the earlier the age at diagnosis of NMSC, the more likely participants were to develop noncutaneous cancers.

The full implications of this research are not yet known, but while non-melanoma skin cancers are rarely

despite its prevalence, and only 14% were familiar or very familiar with its symptoms.

To read details of the rosacea survey, please visit: <http://www.medicalnewstoday.com/articles/146986.php>.

National Rosacea Society

life-threatening, they can be highly disfiguring if not caught early, and it is well known that having a history of NMSC means you are also at increased risk of developing melanoma, the deadliest form of skin cancer, which claims more than 8200 lives a year in the US. If you have had an NMSC, you are at higher risk of developing not only future NMSCs and melanomas, but also other, potentially dangerous cancers. Routine screening for both skin cancers and non-skin cancers is thus advisable.

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UNDERSTANDING YOUR INSURANCE BENEFITS

Your experience at Portland Dermatology Clinic is important to us. The details of insurance plans can be confusing even for those of us who deal with medical insurance plans daily. While patients have had to become more savvy about their insurance benefits, many patients are also often confused by the balance left behind after their insurance carrier has processed their claim.

Over the past several years, in what has been deemed as measures to keep healthcare policy premiums affordable, high deductible and catastrophic plans have been developed and are quite common. These plans effectively shift of the cost of your care from your insurance carrier to you, our patient. Historically, patients present to their physician with a chief complaint, the complaint is evaluated and treated appropriately and the insurance carrier reimburses the physician for such services. In today's environment, with deductibles and co-insurance limits on the rise, more and more of the balance is transferred to patients.

The nature of a dermatology practice is evaluation and

treatment of skin conditions, which include skin cancers and precancers. Most services provided by your dermatologist are "covered" by your insurance, but often pass through your deductible or co-pay, payable by you and not by your insurance carrier.

The physicians and staff at Portland Dermatology Clinic attempt to inform you of services that might be subject to deductible and co-pays and you are encouraged to check with your carrier about your benefits before your appointment.



Portland Dermatology Clinic

ASK THE DOCTOR: VASELINE VS. NEOSPORIN???

Dr. Larsen commented on an article from the *New York Times* about wound care.

Leave a wound open to air so it will heal more quickly—that was the mantra when I first went into practice. For the past many years, many studies have shown that it is better to leave a wound covered resulting in faster healing and less scarring. Bandages absorb the wounds fluid and maintain natural moisture balance, which allows skin cells to move more easily across the wound to generate new skin.



Simple application of Vaseline or petrolatum is sufficient for most wounds. However, if the wound is infected or there is a good possibility that it could be infected, an application of an antibiotic cream such as mupirocin can be used. Mupirocin is the generic term for either Bactroban or Centany. The newest antibiotic on the market is Altabax, also available by prescription and is highly effective. This antibiotic

requires a prescription, but eventually should become over the counter. Neosporin or triple antibiotic cream should not be used because it contains neomycin and bacitracin which are chemicals which frequently cause allergic contact dermatitis. We stopped using the Neosporin-type antibiotic in this office many years ago because of its allergy causing potential.

Many years ago, tincture of iodine, mercurochrome, or merthiolate were used, but these agents can be irritating and do not help healing.

In general most simple wounds can be cleaned with mild soap and water followed by a dressing. In contrast medical care should be sought if the wounds are deep puncture wounds or contain foreign materials such as dirt, glass, or metal, as well as any bites from animals or humans.

In a small percentage of wounds, a keloid will develop. A keloid is a thick red scar that can cause itching and discomfort. In many cases, the keloid will disappear with time. However, if it doesn't resolve, a low dose injection of a cortisone preparation can be injected into the keloid to hasten its flattening. In general, scabs should not be picked off, but removed by use of warm compresses.

Walter G. Larsen, M.D.