The Skin Cancer Foundation Journal

We care about you and your family.

Your Skin Health? It's Personal!

2025

THE COMPLETE APPROACH TO SUNCARE

Formulated with ceramides 1, 3, & 6-II, CeraVe is clinically tested to help protect against UV-induced skin barrier damage.[1]

Explore the importance of a ceramide-containing suncare regimen in our 2-minute highlights video

#1 DERMATOLOGIST RECOMMENDED SKINCARE BRAND†

†IQVIA, ProVoice Survey: Latest 12 months rolling, ending Feb 2025.

REFERENCE: 1. Dumbuya H, Yan X, Chen Y, et al. Efficacy of ceramide-containing formulations on UV-induced skin surface barrier alterations. *J Drugs Dermatol.* 2021;20(4):s29-s35.

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DEVELOPED WITH DERMATOLOGISTS

SUN hero

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In collaboration with ***Dr Amy Brodsky***

THE SUN HERO PROGRAM

We want to raise awareness of the importance of adequate sun protection in early childhood, increase adoption of sun-protective clothing and regular sunscreen application, and motivate change to reduce the amount of skin cancer in our lifetime.

The Sun Hero Program equips healthcare professionals with a curriculum and resources to teach sun-safe behaviors to kids across the country.

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BETTER SCREEN™ UV SERUM

*Based on a consumer perception study.
**Based on expert grading in a clinical study.

results that defy UV damage?

HERE YOU GLOW

CLINICALLY DEMONSTRATED RESULTS

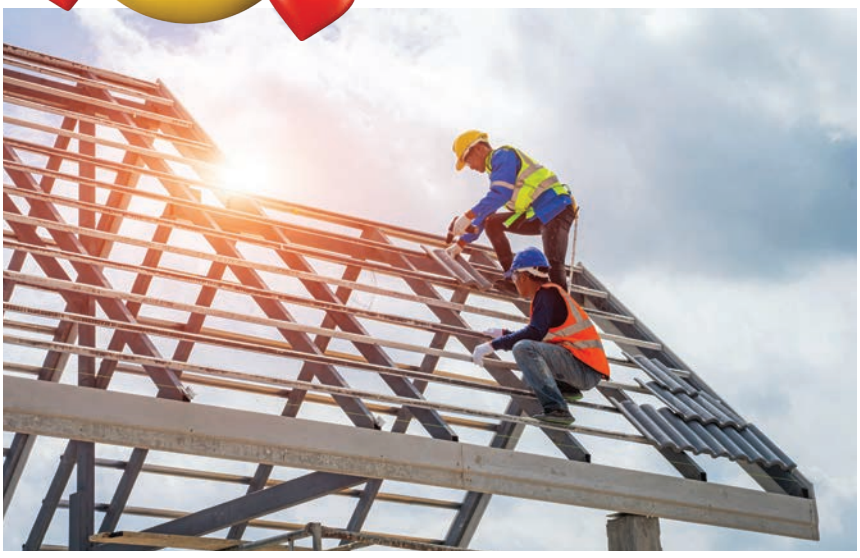
94.7%	87%	91%
AGREE SKIN FEELS SMOOTHER**	AGREE SKIN LOOKS MORE EVEN**	AGREE SKIN LOOKS MORE RADIANT**

*Based on expert grading in a clinical study.
**Results based on consumer perception study after 4 weeks of use.

The Skin Cancer Foundation Journal

FEATURES

Six-year-old Lotus agreed to pose for her photographer mom to help an Albinism Awareness Day campaign. See page 50.



The U.S. Bureau of Labor Statistics says that 99.5 percent of roofers and construction workers are exposed to the sun on the job. See page 32.

FROM TOP: STEPHANIE SINCLAIR; ADOBE STOCK; VISOOT UTHAIRAM/MOMENT/GETTY IMAGES

2025

ASK THE EXPERTS

ADOBE STOCK

GUIDES

WHO WE ARE

Our 2025 cover continues the distinctive illlustration style started by award-winning artist Ben Wiseman in 2016. Now, artist Anna Parini (based in Barcelona) brings her unique visual style (seen on the cover of *The New Yorker* and many other publications) to our annual magazine. We're proud to have her on our skin-health team and, yes, it's personal!

JOIN US IN OUR MISSION TO STOP SKIN CANCER!

If you'd like to make a donation, scan the QR code below or visit **SkinCancer.org/getinvolved.**

The Skin Cancer Foundation Journal is published by
The Skin Cancer Foundation, Inc.
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New York, NY 10016
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SKIN CANCER FOUNDATION

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-72% Dryness[3]

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#1 Dermatologist
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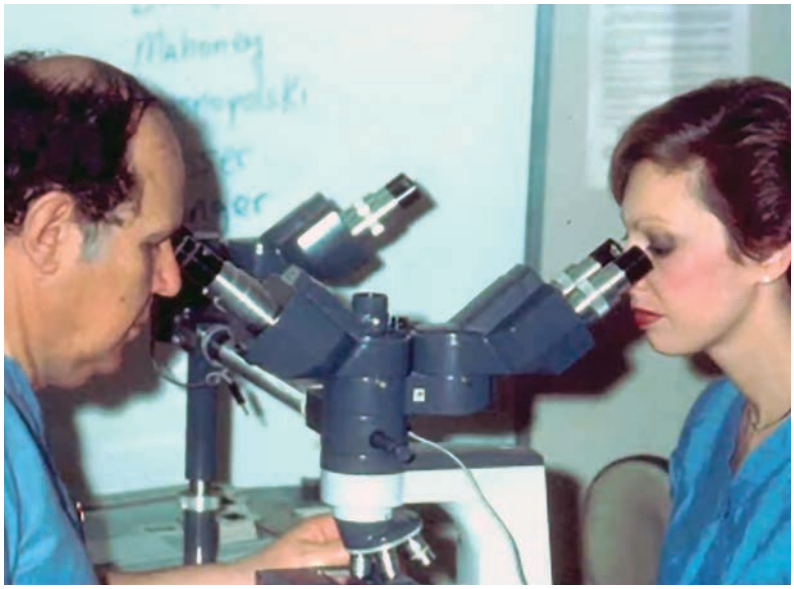
[1]Post non-ablative laser, refers to visible redness reduction
[2]12-week study, performed on 45 female subjects, all skin type complexions and sensitive skin
[3]12-week study, performed on 45 female subjects, all skin type complexions and sensitive skin, based on Dermatologist assessment

COMFORTABLE IN OUR SKIN



IS THERE ANYTHING more personal than the skin we're in? Every day, our skin displays who we are for the world to see: We smile, wink, blush, frown, wrinkle our brow, and people can tell what we're thinking. We sweat, glow, itch, turn green when we're nauseous and blue when we're low on oxygen. When we're embarrassed or insulted, people say we should develop a thicker skin. And when we get sun damage, we can develop skin cancer.

When I made the decision to become a dermatologist and was doing my residency at NYU, I didn't want to just treat the skin. I wanted to do skin surgery. In my medical school class of 150 at George Washington University in D.C., only 30 of us were women. And they did everything they could, in my opinion, to discourage women from going into surgery. I took that very personally!

But I was determined. I'd heard about a procedure called Mohs surgery. People said it was good for removing skin cancers, especially cancers on critical areas of the face, that it spared tissue and minimized the amount of skin you have to sacrifice. I was intrigued and went to observe the famous Perry Robins, MD (also founder of The Skin Cancer Foundation) in action, and it was love at first sight.

Dr. Robins was supportive of women being surgeons, which was a breath of fresh air. Still, it wasn't easy to score a year-long fellowship with him, but once I got in, it was the best thing I ever did. You can see us in the top photo looking at tumor tissue under a double-headed microscope at NYU in 1985 and below it, in my Long Island office in 2024. Over the past four decades, we have cured a lot of skin cancers. We're still great friends, and we haven't changed a bit!

We chose "It's Personal!" for the theme of our *Journal* this year because our industry has evolved since its early "one-size-fits-all" messages for prevention, detection and treatment of skin cancer. Now we have so many ways to find the right product, method or therapy that will work for the unique skin you're in. Keep reading, and you'll see what we mean. ■

⬆

Patient Care Is Personal, Too

—

Dr. Sarnoff says that she also learned from Dr. Robins how to treat the patient and not just the disease: "He was a genius at that."

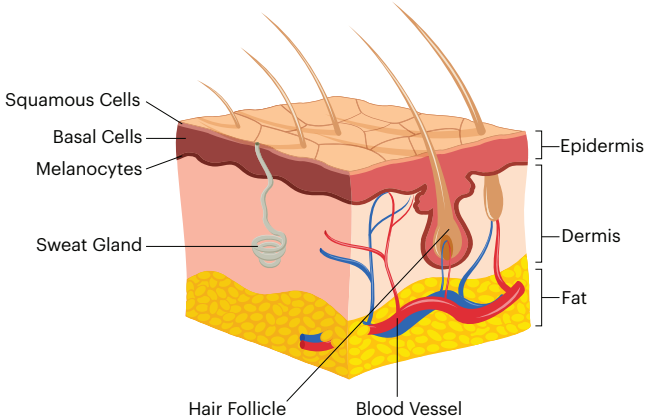
DEBORAH S. SARNOFF, MD
President, The Skin Cancer Foundation

Skin Cancer 101

ONE IN FIVE AMERICANS will develop skin cancer by the age of 70. Knowledge is your greatest weapon in fighting it. This primer gives you an overview of the major types of skin cancers and precancers. If you see anything new, changing or unusual on your skin, see a dermatologist.

SKIN: YOUR LARGEST ORGAN

The skin is the largest organ in the human body. It forms a waterproof, protective wrap over your entire body, serving as a barrier to infection and helping to control your body temperature.



Skin Facts

The average adult human has 2,800 square inches of skin — that's about 22 square feet of skin!

—

In just a square inch of skin, there are approximately:

- 60,000 melanocytes, which give skin its color
- 1,000 nerve endings
- 650 sweat glands
- 20 blood vessels

WHAT IS SKIN CANCER?

Skin cancer is the out-of-control growth of abnormal cells in the epidermis, the outermost skin layer, caused by unrepaired DNA damage that triggers mutations. These mutations lead the skin cells to multiply rapidly and form malignant tumors.

The two main causes of skin cancer are the sun's harmful ultraviolet (UV) rays and the use of UV tanning beds. The good news is that if skin cancer is caught early, your dermatologist can treat it with little or no scarring and high odds of eliminating it entirely. Often, the doctor may even detect the growth at a precancerous stage, before it has become a full-blown skin cancer or penetrated below the surface of the skin.

Basal Cell Carcinoma

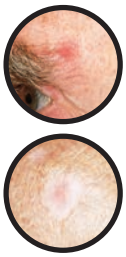
This is the **most common** form of skin cancer, with an estimated 3.6 million cases in the U.S. diagnosed each year. Basal cell carcinomas (BCCs) are abnormal, uncontrolled growths that arise from the skin's basal cells in the epidermis. These cancers most often develop on skin areas typically exposed to the sun, especially the face, ears, neck, scalp, shoulders and back. Most BCCs are caused by the combination of intermittent, intense exposure and cumulative, long-term exposure to UV radiation from the sun or from tanning beds. BCCs can be locally destructive if not detected and treated early. Occasionally these cancers metastasize (spread), and in very rare instances can be fatal.

⬇

Basal Cell Carcinomas

A shiny bump, or nodule, that is pearly or translucent and is often pink, red, white or clear. The bump can also be brown, especially in skin of color.

An open sore that bleeds, oozes or crusts and doesn't heal for three or more weeks may be a sign of a BCC. It might also have a slightly elevated, rolled border and a crusted central indentation.



A reddish, irritated or crusty patch that may itch or hurt. Other BCCs may look like white, yellow or waxy scars.

Prevention and Early Detection Reminders!

While precancers and skin cancers are usually curable when detected and treated early, the safest line of defense is to prevent them in the first place. See "Your Daily Sun Protection Guide" on page 56 for tips on how to protect your skin every day, all year long. Also, don't forget to look for anything new, changing or unusual on your skin — and see your dermatologist regularly!

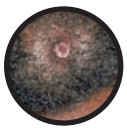
Visit TheBigSee.org

Squamous Cell Carcinoma

This is the **second most common** form of skin cancer. Squamous cell carcinoma (SCC) is an uncontrolled growth of abnormal cells arising from the squamous cells in the epidermis. An estimated 1.8 million cases of SCC are diagnosed each year in the U.S. Cumulative, long-term exposure to UV radiation from the sun and indoor tanning causes most SCCs. They are common on sun-exposed areas such as the ears, face, scalp, neck and hands, where the skin often reveals signs of sun damage, such as brown spots. SCCs can grow rapidly and even metastasize if not detected and treated early. The number of deaths from SCC of the skin each year in the U.S. is unknown but may be as high as several thousand.

Squamous Cell Carcinomas

A wart-like growth that crusts and occasionally bleeds.



A persistent scaly patch that sometimes crusts or bleeds.

An elevated growth with a central depression that occasionally bleeds. It may rapidly increase in size.

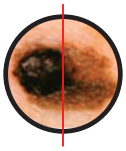
Actinic Keratosis

The most common type of precancerous skin lesion, actinic keratoses (AKs), typically appear on skin that has been frequently exposed to the sun or to artificial UV light from tanning beds. AKs often occur on the face, lips, ears, scalp, back of the hands and forearms. They typically feel rough to the touch and look like pink, white or tan scaly or crusty patches, red bumps, protruding sores or cracks with dried blood. Left untreated, 10 percent or more may turn into squamous cell carcinomas, so treatment by a dermatologist is recommended.

Melanoma

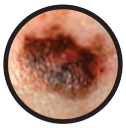
Melanoma is a cancer that develops from melanocytes, the skin cells that produce melanin pigment, which gives skin its color. The **most dangerous** of the three most common forms of skin cancer, melanoma is often triggered by the kind of intense, intermittent sun exposure that leads to sunburn. Tanning bed use also increases risk for melanoma. Melanomas often resemble moles and sometimes may arise from them. The disease has a very high chance of being cured if found and removed early. About 212,000 cases of melanoma are estimated to be diagnosed in the U.S. in 2025, about 105,000 of them invasive. When melanoma progresses, it can spread to vital organs, and it is estimated to cause 8,400 deaths this year.

The ABCDEs of Melanoma



A is for Asymmetry
Most melanomas are asymmetrical: a line through the middle would not create matching halves. Common moles are usually round and symmetrical.

B is for Border
Melanoma borders tend to be uneven and may have scalloped or notched edges. Common moles tend to have smoother, more even borders.



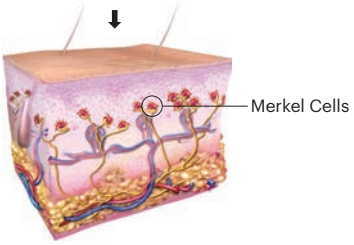
C is for Color
Multiple colors are a warning sign. While benign moles are usually a single shade of brown, a melanoma may have different shades of brown, tan or black. As it grows, the colors red, white or blue may also appear.

D is for Diameter or Dark
It is a warning sign if a lesion is the size of a pencil eraser (about 6 mm, or ¼ inch, in diameter) or larger. It is also important to look for any lesion, no matter what size, that is darker than others.

E is for Evolving
Any change in size, shape, color or elevation of a spot on your skin, or any new symptom in it, such as bleeding, itching or crusting, is a warning sign to see your doctor.

Merkel Cell Carcinoma

Merkel cell carcinoma (MCC) is a **rare, aggressive cancer** that grows in the outer layer of skin and looks like Merkel cells; however, it is unlikely it originates from those specific cells. It has a high risk of recurring and spreading (metastasizing), often within two to three years after diagnosis. There are about 3,000 new cases of MCC in the U.S. each year, and they are rarely found at an early stage. However, immunotherapy drugs are improving survival. About 80 percent are associated with a virus called the Merkel cell polyomavirus; 20 percent are caused by UV radiation. These tumors often appear on sun-exposed areas of the body as a pearly, pimple-like lump, sometimes skin-colored, red, purple or bluish-red, and are rarely tender to the touch. They can advance rapidly, which is often what causes patients and doctors to take notice. It is important to take a diagnosis seriously and act quickly to find multidisciplinary care to form a treatment plan.



Merkel Cell Carcinomas

A recurrence of Merkel cell carcinoma on the forehead.

Merkel cell carcinoma on the lower leg.

More Resources

- Visit **SkinCancer.org** for comprehensive information on all aspects of skin cancer prevention, detection and treatment.
- Read our ***Sun & Skin News* blog** at **SkinCancer.org/blog.**
- Order our **Skin Cancer 101 poster** and other materials at **Store.SkinCancer.org.**

Atypical Moles

(*also known as* DYSPLASTIC NEVI)

Atypical moles are pigmented lesions that appear different from common moles and often resemble melanomas. Though the vast majority will never become malignant, they are more likely than ordinary moles to develop into melanomas. For this reason, a dermatologist should check them regularly, especially if they grow larger, change in color or shape, or take on any new traits such as itching, flaking or oozing. People with atypical moles have an increased risk of developing melanoma, whether in the mole itself or elsewhere on the body. Those with 10 or more have 12 times the risk of developing melanoma compared with the general population.

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ACTIVE

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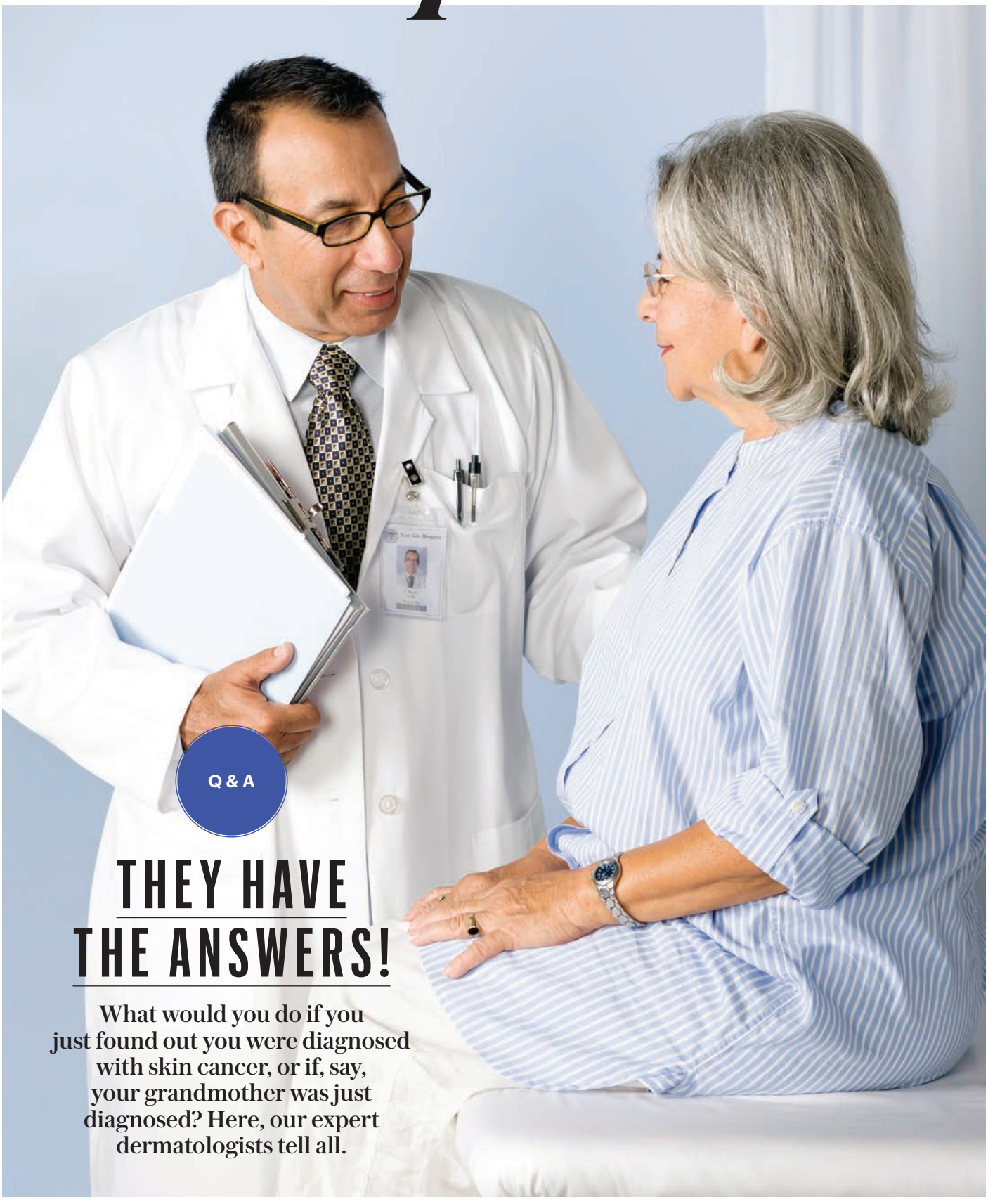
ASK THE

Experts



Q&A

THEY HAVE THE ANSWERS!

What would you do if you just found out you were diagnosed with skin cancer, or if, say, your grandmother was just diagnosed? Here, our expert dermatologists tell all.

TERRY VINE/GETTY IMAGES

I

Advice for a first-time skin cancer diagnosis

Q: I'm in shock. At my last skin check, my dermatologist took a tissue sample from my nose. I didn't think much of it, but I got a call from the doctor's office, and they said I have skin cancer. All I heard were the words "nonmelanoma" and "basil," which made me think, absurdly, of pizza. That's how rattled I was. Only after I hung up did I realize the word was "basal" and that I should have asked questions. I never imagined I'd have skin cancer, let alone one that could leave a scar in the middle of my face. I can't speak to my doctor for a few days. What should I do now?

Julie K. Karen, MD

ABRAHAM GONZALEZ FERNANDEZ/GETTY IMAGES

FIRST, DO NOT PANIC. You're not alone, and you're going to be OK. Skin cancer is very common — more common than all other forms of cancer combined. At least one in five American adults is now expected to get skin cancer. And while you're understandably upset and confused and don't have much information yet, you do know that your skin cancer is *not* a melanoma and is almost certainly a basal cell carcinoma (the most common type of skin cancer, often abbreviated to BCC), which, along with squamous cell carcinoma (or SCC, the second most common type), make up the overwhelming majority of all skin cancer diagnoses. Yes, it is unfortunate that this skin cancer will require a procedure to keep it from becoming more serious. However, it is a skin-deep problem that, when caught early, is completely treatable and likely curable.

Between now and your appointment with your dermatologist, I would urge you to refrain from consulting Dr. Google. It's a natural tendency to want to acquire all the information that you can, and the internet has loads of it — but quantity does not mean quality. There is so much misinformation out there, and the difference between a reputable, curated source and an unreliable one is not always evident. If you want to dive in, I recommend The Skin Cancer Foundation's helpful "Newly Diagnosed" page on their site at **SkinCancer.org/diagnosed**. Beyond that, the information you need most is what your physician provides because it will be tailored specifically to your diagnosis. And it will determine the treatment plan you follow.

Consulting with your dermatologist as soon as you get the

Wait, What?!

Nobody ever wants to hear that they have any form of cancer. When it comes to skin cancer, there is no reason to panic — or to make light of it. There's good help for the newly diagnosed available on SkinCancer.org and from your dermatologist.

diagnosis, as you are doing, is absolutely the right next step. Before you see your doctor, write down questions or put notes in your phone as you think of them. And because of your anxiety and shock at this unexpected diagnosis, you might want to ask a friend or relative to accompany you to that consultation to take notes and make sure your questions are answered. Do not hesitate to share all your concerns and fears, even the cosmetic ones (such as the possibility of scarring), with your doctor.

In our practice, I often find that patients are so anxious that they want to act immediately to remove the lesion. They'll ask, "Can you get me in tomorrow?" In fact, it's better to wait a couple of weeks to do surgery, because right after a biopsy, the skin can be red, raw and inflamed. That can make the lesion appear larger than it is. If you have surgery immediately, there's a risk that the surgeon will have to remove more tissue than necessary. Letting the biopsy heal for a couple of weeks usually means a smaller repair. But I want to add an important caveat to this advice: After a biopsy heals, very often the area may look as if there is no lesion left. So a patient may think, "Oh, I don't need surgery after all." But a BCC can run deep under the skin, and even when nothing appears to be left, something usually is. It is imperative that you pursue whatever treatment your physician is recommending.

That treatment will almost certainly be Mohs micrographic surgery, because your carcinoma is on your nose (one of the most common spots for a BCC, since it is an area that receives a disproportionate amount of sun over a person's lifetime). Mohs is designed to achieve optimal cure rates, preserve as much normal tissue as possible and minimize scarring. As your physician will explain, during Mohs surgery the surgeon removes a small piece of tissue around and underneath the biopsy site, examines it under a microscope, and then repeats the process until all the tissue margins (the peripheral edges and the depth) are completely clear of any cancer cells.

With cure rates of nearly 99 percent, Mohs is the gold standard for treating BCC and SCC in areas that are highly visible and/or where the sparing of healthy tissue to preserve function is critical. (A carcinoma on your back or forearm, for example, might be treated with an excision instead.) If, as is the case with some dermatologists, including me, yours is also a board-certified Mohs surgeon, your doctor can perform the surgery; if not, you will be referred to one. The surgery is an essentially painless, outpatient procedure performed under local anesthesia in a medical office. Depending on your tumor size, location on the body and the number of stages required to achieve negative margins, you should be prepared for your procedure to take anywhere from a couple of hours to most of the day.

> "Mohs surgery is the **GOLD STANDARD** for treating BCC and SCC in areas that are highly visible and where function is critical. The painless procedure is performed under **LOCAL ANESTHESIA** in a medical office."

Once the cancer has been completely removed, the next step is to repair the resultant defect. Sometimes, if the cancer is small or superficial, no repair is necessary, and the lesion will be left to heal on its own. In most cases, however, the Mohs surgeon will do the repair, unless you've

arranged for a plastic surgeon to be on hand to do it. What you should *not* do is have a plastic surgeon remove your BCC, as patients are sometimes tempted to do. Plastic surgeons are wonderful, and you are right to have cosmetic concerns about something as prominent as the nose on your face. However, Mohs surgeons are uniquely trained to perform this type of skin cancer surgery. They are well-trained to do repair and reconstruction as well. But if you prefer that a plastic surgeon handle the repair, by all means speak up. I have never heard of a Mohs surgeon who refused to work with a plastic surgeon.

You should expect to heal quickly from your surgery, but there are a few things you will need to know going forward. Having had UV-related skin cancer, you will need to be extra-vigilant about sun protection for the rest of your life. Make wearing a broad-spectrum SPF 30+ sunscreen every single day as habitual as brushing your teeth in the morning. (The Skin Cancer Foundation recommends SPF 50+ for extended outdoor activity.) For my patients with a lot of sun damage, I recommend applying an antioxidant, such as a vitamin C serum, under their sunscreen; various studies show that it provides additional protection. Your dermatologist may have other suggestions for amping up your sunscreen regimen. You'll also need a tightly woven hat with a wide brim that shields the sides and back of your head as well as the front. And, whenever possible, you should wear UV-protecting fabrics that cover as much of your skin as possible when you're outdoors.

It's also a good idea to let all your medical providers know about your history with BCC, even the ones who might seem extraneous, such as your dentist or pharmacist. Most importantly, you now need to schedule semi-annual skin checks with your dermatologist to make sure you detect any new suspicious lesions as early as possible, when they are easiest to treat.

— Interview by Lorraine Glennon

Julie K. Karen, MD, *a board-certified dermatologist and Mohs surgeon, is a cofounder of CompleteSkinMD in New York City. She is a clinical assistant professor of dermatology at NYU Grossman School of Medicine and teaches surgery to the dermatology residents.*

2

What is that small device my dermatologist uses?

Q: What's the purpose of that little thingie with the eyepiece that my dermatologist puts on different spots during my skin exam?

Maria Wei, MD, PhD

GREAT QUESTION! That device is a specialized handheld magnifier called a dermatoscope. ("Dermoscopy" refers to the procedure of using a dermatoscope.) This wonderful tool magnifies the skin 10 times larger than what you can see with the naked eye. A dermatoscope uses polarization, which decreases scattered and reflected light. This, essentially, acts as a filter, allowing your doctor to see past the surface of your skin and into the two layers called the epidermis and dermis. Before your physician uses the dermatoscope, they'll generally first give your skin a thorough head-to-toe visual inspection.

If they see any spots that appear unusual or concerning, they'll have you remove your makeup or tinted sunscreen and proceed with the dermoscopy exam. Sometimes, your dermatologist will hover the device just over the surface of your skin (often to look at vascular skin changes), but usually they'll place the scope directly on your skin (or nails) to examine skin changes like warts, moles, fungus and, of course, potentially dangerous conditions like melanoma, squamous cell carcinoma (SCC) and basal cell carcinoma (BCC).

But just because your doctor uses the scope, that does not mean there's something to worry about. In fact, the vast majority of lesions we look at with the dermatoscope are benign. Because

➡ **More Correct Diagnoses**

Dr. Wei's study showed that experienced dermatologists were signficantly more accurate in identifying melanoma while using a dermatoscope versus inspecting the skin visually.

RUIZLUQUEPAZ/GETTY IMAGES

the dermatoscope is so good at helping to definitively identify benign growths, we can avoid many unnecessary biopsies — and the accompanying risk of scarring, bleeding, pain and infection. Plus, fewer needless biopsies means we can also eliminate the uncertainty and anxiety that goes hand-in-hand with waiting to hear if you've got skin cancer.

The dermatoscope's greatest value, though, is in skin cancer detection. I was part of a study published in *JAMA Dermatology* in 2024 that showed experienced dermatologists (those with over two years of practice) were nearly six times better at identifying melanoma when using dermoscopy compared with visual examination alone. Even more striking, when using dermoscopic imaging, dermatologists were more than 13 times more likely to accurately diagnose melanoma than primary care physicians.

The benefits extend beyond melanoma detection, too: Dermatologists were 2.5 times better at diagnosing nonmelanoma skin cancers — specifically BCCs and SCCs — when using dermoscopy versus standard inspection methods. All of this improved accuracy in skin cancer screening likely leads to earlier detection and better outcomes overall.

While a visual exam without a dermatoscope remains the current standard of care, dermoscopy training is now part of dermatology residency programs nationwide, meaning more physicians will be using this technology. If you're someone with several melanoma risk factors, like red hair, a family history of the disease, a high mole count or blistering sunburns in your past, you would likely benefit from seeing a specialist who can assess your risk level and determine if you need more frequent monitoring with a dermatoscope. Having your skin examined with a dermatoscope may provide both you and your doctor with greater confidence in your skin health.

— Interview by Holly Pevzner

Maria Wei, MD, PhD, *is a professor of dermatology at the University of California, San Francisco (UCSF) Helen Diller Family Comprehensive Cancer Center. She's also a staff physician at the San Francisco VA Health Care System. At UCSF, she leads a laboratory studying skin cancer prevention, melanoma outcomes and the effects of air pollution on the skin.*

3

Is skin cancer surgery dangerous for older people?

Q: I've heard that surgery can be risky in the elderly. My father was diagnosed with a nonmelanoma skin cancer. How do I know if he should or shouldn't have surgery?

Désirée Ratner, MD

THERE'S NO one-size-fits-all answer. Each person, whether in their 70s, 80s or 90s, needs individual consideration. Age alone should never determine skin cancer treatment. The real concern is whether your father is healthy enough to handle the procedure and recover well.

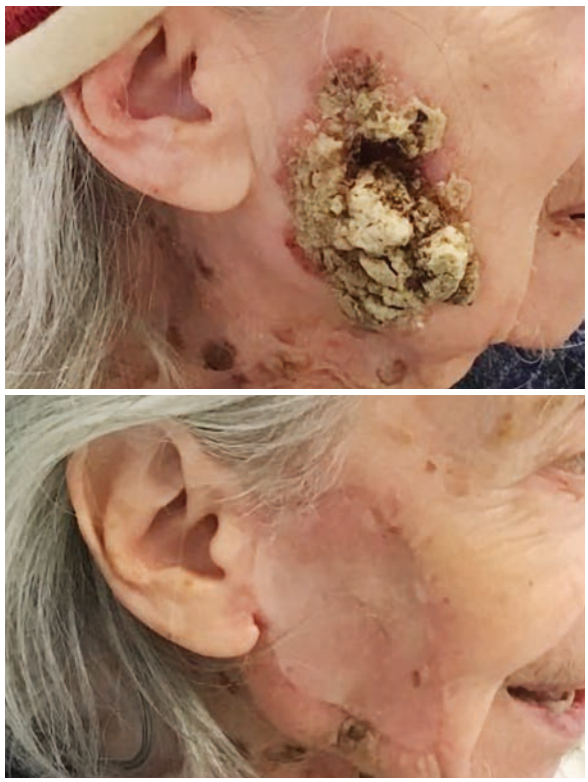
Let me share a story of one such patient that illustrates why age alone shouldn't determine care. Recently, I treated a woman in her early 90s with a large squamous cell carcinoma (SCC) on her cheek. Like many older adults, she likely developed skin cancer

after decades of sun exposure. The risk does increase as our bodies become less efficient at repairing cellular damage with age. My patient saw several doctors before she got to me, and each one told her not to bother treating her cancer. It was too big. It wasn't worth it. She was in a wheelchair, and they likely assumed she was too frail for surgery.

Those doctors' assumptions were misguided. While frailty — a condition that makes it harder to bounce back from health setbacks — can be a serious concern for older patients, skin cancer surgery is different from major operations. The vast majority of skin cancer procedures require local anesthetic to numb the treatment area, making these far less taxing on the body than those that require general anesthesia.

Not only was my patient not too frail for surgery, her skin cancer was quite large and on her face, which is a high-risk anatomic location where surgery is recommended and curative. And while most skin cancers grow slowly, hers had the potential not only to break down, ulcerate and become infected, but also to spread to the lymph nodes and other organs since it had been neglected.

Factoring all of this in, together we decided on Mohs surgery, which is considered the gold standard for treating high-risk nonmelanoma skin cancers. Research has shown that Mohs is indeed safe for older patients who are generally healthy and functioning well, which she was. The process is fairly intensive, but straightforward: We numb the area, remove the cancer and examine it under a microscope while the patient waits. If needed, we take more tissue until the cancer is completely cleared. With this patient, I did two stages of surgery, and we were able to clear the cancer. Her reconstruction did require a skin graft, but it healed well. She could not have been happier.



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Don't Assume —

Doctors said the SCC tumor on this woman, in her early 90s, was too large to treat. They assumed she was too frail. She was not. Dr. Ratner was able to remove the tumor and get clean margins, and the patient was happy with how it healed.

Her success, however, does not mean that every physically capable senior should automatically undergo surgery, nor does it mean Mohs is always the right option. In fact, the majority of nonmelanoma skin cancers are low-risk and may be easily treated with standard excision (also surgery), where the cancer is removed and closed in a single procedure and then sent to a lab for analysis.

Moreover, for certain slow-growing and asymptomatic basal cell carcinomas, active surveillance may be an appropriate approach. And importantly, surgery might not be appropriate for some patients due to factors like a compromised immune system, severe movement disorders that make it difficult to remain still, advanced dementia or very limited life expectancy where risks might outweigh benefits.

Even when surgery is medically called for, some perfectly healthy patients may simply decide they don't want to undergo the procedure — and that's their prerogative. As long as they understand all the implications of their decision, this personal choice should be respected. For those who choose not to have surgery or aren't surgical candidates, alternative treatment options are available, like radiation therapy, though this requires daily treatments for several weeks, or cryotherapy (freezing with liquid nitrogen), which carries a higher risk of recurrence and needs closer monitoring.

What's particularly encouraging is that senior patients generally heal remarkably well after skin cancer surgery. Though their thinner, more fragile skin may require special care, the results can be excellent. My patient from earlier was thrilled when her sutures came out after 10 days. The incision line was barely visible, restoring her normal appearance — something she hadn't thought possible.

In the end, age alone shouldn't determine whether you or a loved one has surgery. The key is to have an honest discussion with your doctor about your overall health, goals and concerns. Together, you can determine whether surgery, or another option, is right for you. ■

— Interview by Holly Pevzner

Désirée Ratner, MD, *is in private practice in New York City and serves as a clinical professor of dermatology at the NYU Grossman School of Medicine. Dr. Ratner specializes in the management of patients with high-risk skin cancers. She's also the co-editor of* Dermatologic Surgery *and associate editor of the* Journal of the American Academy of Dermatology.

DÉSIRÉE RATNER, MD

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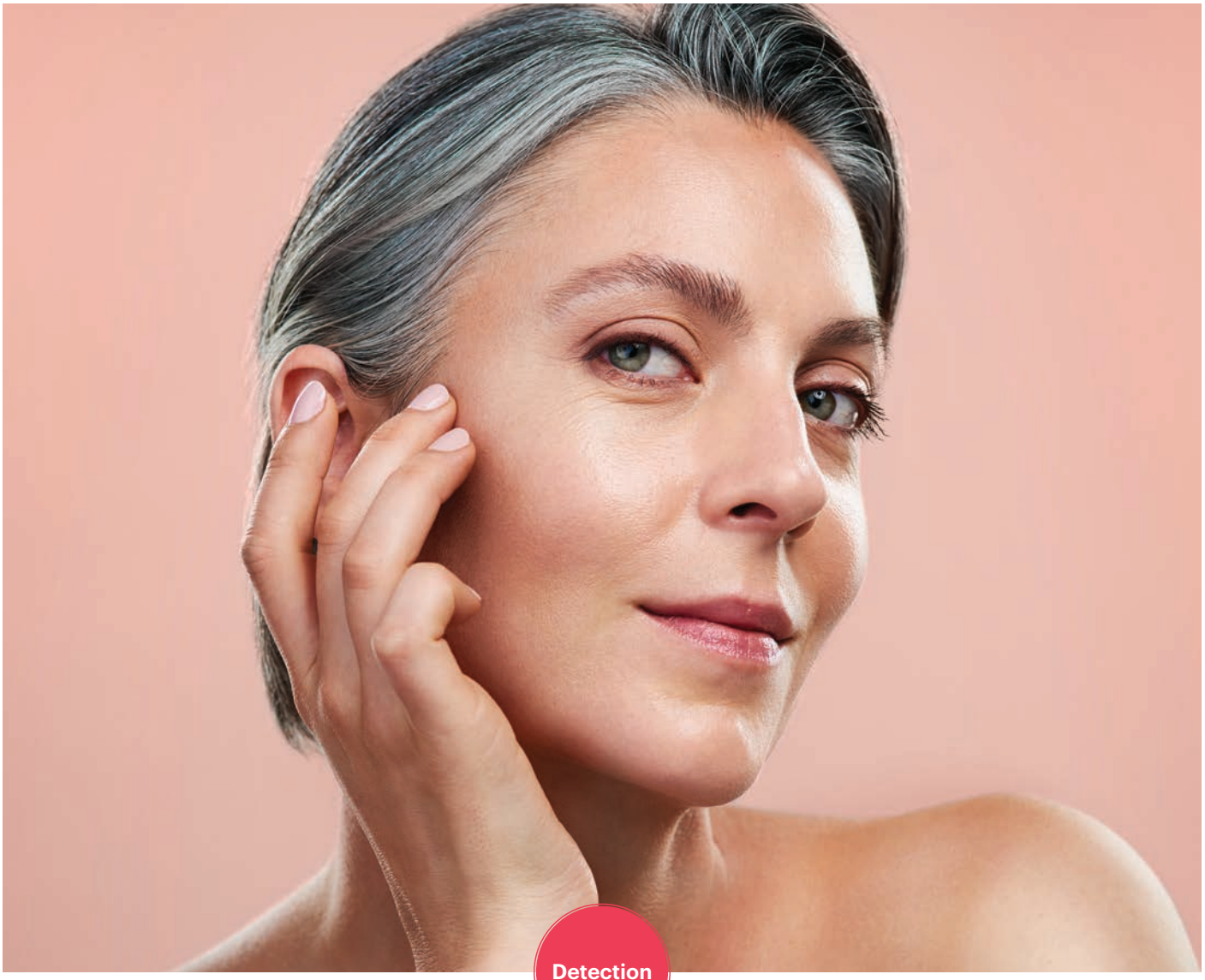

Detection

ACTINIC KERATOSES: PUT YOUR FINGER ON THE PROBLEM!

Rough, scaly patches on the skin (which sometimes may be precancerous) are one of the most common reasons people visit a dermatologist, says Deborah S. Sarnoff, MD, president of The Skin Cancer Foundation. She explains how to look — and *feel* — for these problem spots so they can be diagnosed and treated early. Knowing your personal risk is key.

By Julie Bain

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YES, "PRECANCEROUS" IS a scary word, but not as scary as the "c" word. If you heard it from your doctor, you'd want to make sure it was diagnosed and treated before it could develop further, right? As a dermatologist and Mohs surgeon, Deborah S. Sarnoff, MD, is an expert on precancerous lesions called actinic keratoses (AKs). In her 35-plus years of practice in New York City and Long Island, she has probably seen tens of thousands of these problematic patches on the skin of her patients.

What Does "Precancerous" Mean, Exactly?

IT MEANS THAT a very small percentage of AKs develop over time into squamous cell carcinoma (SCC), the second most common type of skin cancer. A very small subset of those may spread or metastasize and become dangerous or even deadly. However, Dr. Sarnoff is quick to reassure her patients about the odds. "You can argue about what is the statistic on a particular AK turning into an SCC," she says. "I try to explain to them that, honestly, nobody knows for sure."

A 2021 study in *JAMA Dermatology* found that at about four years of follow-up, just under 9 percent of patients with AKs developed SCC. At 10 years of follow-up, the incidence of SCC in patients diagnosed with AKs was about 17 percent. The risk does increase over time, but despite the statistics, she explains, "The point is, it's rare to have invasive SCC. And we have very good treatment options."

Who's Most at Risk?

"AKS ARISE FROM exposure to ultraviolet (UV) radiation from the sun or from tanning beds, which causes mutations in the DNA of skin cells," says Dr. Sarnoff. "They are very common in Caucasian people. I don't see them often in people of color. I see fewer AKs in younger people and more in people 50-plus. And men tend to get them more than women. Those who are immunocompromised or who have had an organ transplant are at especially high risk."

She knows her demographics. A 2022 study in *JAMA Dermatology* of a large group of Medicare patients 65 and older found that nearly 30 percent were diagnosed with one or more AKs. This included more men than women, and the vast majority were non-Hispanic white patients. A 2005 report on the burden of skin disease in the U.S. estimated about 58 million AKs a year, and it's probably more than that by now. For many patients, Dr. Sarnoff explains, AKs are not a one-and-done problem but become chronic, from sun damage over a lifetime. They are often grouped in an area, such as the scalp, also known as a "field."

When a patient has multiple AKs, they are likely more at risk for skin cancer, and not just SCCs. Another study in *JAMA Dermatology* in 2023 found that older adults with AKs have a higher risk for *all* skin cancers, including SCC, basal cell carcinoma (BCC) and melanoma, and the study authors concluded that these patients should be monitored closely. "For many of my high-risk patients," Dr. Sarnoff says, "getting checked regularly becomes a way of life.

> "When AKs don't look like much of anything at all, that's where **FEEL COMES IN.** They often have a **ROUGH TEXTURE**, similar to sandpaper."

"A dermatologist can see the cumulative damage from the sun," she explains. "That helps us to encourage those who are more at risk to be using sunscreen, UPF clothing and all the sun protection methods that The Skin Cancer Foundation stands for." Regular use of sun protection can help prevent future AKs and SCCs. But it is hard to know who will develop skin cancer. A precancer doesn't light up like a neon sign. In fact, she says, "There are people who go on to get lots and lots of AKs and never get a skin cancer. So that's possible, too."

But ... You Need to Stay on Top of It

DR. SARNOFF RECOMMENDS that you get to know your skin and look for anything new, changing or unusual. The size of an AK can range from a tiny spot to the size of a coin — or sometimes a whole field of spots. When you're at your dermatologist's office, the lighting may be better than what you have at home. Doctors also can see parts of you that you can't, and they often use some kind of magnification to help see things on the skin more clearly. If an AK is a bit tan, pink, red or irritated, the doctor likely can see it.

But when AKs don't look like much of anything at all, that's where *feel* comes in. AKs are known for having a different texture than surrounding skin. "Since dermatologists wear gloves nowadays," Dr. Sarnoff says, "it can be more difficult to feel the skin texture through a glove. So your dermatologist may ask you

if you have anything on your skin that feels a little different." How can you prepare for your next visit with this in mind and be a partner in early detection?

To Find an AK, *Feel* Your Way

AKS ARE COMMON on the face, the edges of the ears and the scalp, especially in bald areas or in areas where hair is thinning or always parted. The decolletage, or V-neck area, and the backs of your hands, where most people neglect to apply sunscreen regularly, are also a breeding ground. So are the shins.

AKs are often described as feeling like sandpaper. But yours may not feel like the industrial kind you have in the garage for removing old paint or rust. It may feel more like your nail file, sometimes even more like the subtle "smoothing" side than the "shaping" side.

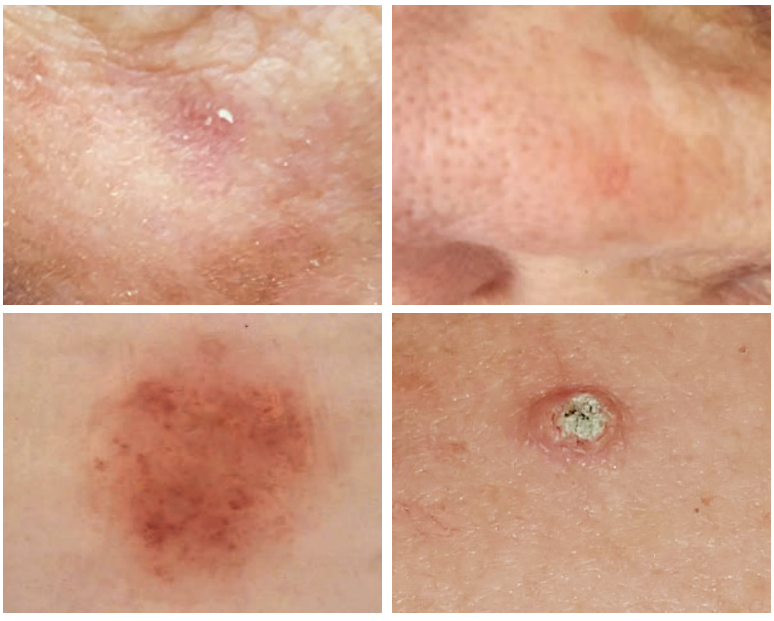
A tip from Dr. Sarnoff, for those of you who pat on foundation, tinted sunscreen or concealer, is to notice if it doesn't go on smoothly like it does elsewhere. If it gets kind of flaky or cakey in an area, especially around the eyes, or even feels like it's making little skin "crumbs," that could be an AK. What you're feeling, Dr. Sarnoff says, are "tiny micro mutations in the DNA."

"If you use a retinol serum or cream, or a product that has vitamin C, glycolic acid or other alpha hydroxy acids," she says, "these increase cell turnover and can make an AK slightly red or inflamed. It might sting or burn more than it does on surrounding skin and might feel itchy." She says products that physically exfoliate, such as scrubs or textured sponges, can also cause an AK to look or feel inflamed.

You don't have to be a bald man for AKs to develop on your scalp. "Your hair doesn't protect that well from the sun, so you might check your scalp for anything that feels rough when you're shampooing your hair," she suggests. And sometimes an AK may grow outward into a little point, like a tiny devil horn. These, in fact, are called cutaneous horns.

Also, she says, don't forget your ears. "Sometimes I ask patients, 'Do you feel anything that's like a little Rice Krispy? Yes, the cereal! If you run your finger along, say, the outer rim of your ear, does it feel like one of those crispy little bits? Write it down or put a note in your phone with a date of when you first noticed it. Point it out to your dermatologist."

The Many Ways of AKs
—
They may look tan, red, pink, crusty or inflamed, but sometimes AKs look like nothing. They often feel dry and rough, though, similar to sandpaper.
⬇



Other Types of AKs You Might Feel

Hypertrophic AK: This type has a slightly different feel, Dr. Sarnoff explains, as the dead skin cell layer on the top piles up and gets very thick. So when you rub your hand over it, it feels raised and more like a wart. "We call that a hypertrophic AK," she says, "but it doesn't mean it's more dangerous. It is still very high up in the top layer of the skin."

Pigmented AK: AKs can also occasionally have a tan or brown color to them. Dr. Sarnoff says, "They can be confused with an age spot or a common benign growth known as a seborrheic keratosis. A trained eye can usually tell the difference, but sometimes you need a biopsy to be 100 percent sure."

What Comes Next?

MOST DERMATOLOGISTS CAN diagnose AKs by look and feel. Sometimes, as when it is pigmented, they may need to remove a small tissue sample and send it to a lab for examination under a microscope to confirm it before treatment. If a suspected AK is inflamed, tender, bleeding, growing rapidly or persistent after another treatment, it may be on its way to early (in situ) SCC, so a biopsy is usually necessary to confirm that before treatment. It's better to know for sure and get it treated early, she says.

Whether you have one AK, several AKs or a distinct field of AKs, there is a diverse range of good treatments available. Many are reimbursed by insurance. Some come with antiaging benefits.

Sometimes patients need more than one treatment, or a combination of treatments. You and your dermatologist can discuss these treatment options and determine what is right for you. For more information, visit **SkinCancer.org/AK.** ■

Julie Bain *is senior director of science & education at The Skin Cancer Foundation (where Dr. Sarnoff is president), and has felt a few AKs on her own face.*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Prevention

ADVOCATING FOR YOUR KIDS' SKIN HEALTH

You may not know that a huge effort has been underway for years to allow students to have and use sunscreen at school. Progress is slow, state by state, but here's what you (and your kids) can do to make a difference.

By Elaine D'Farley

MANY PARENTS with school-age children are surprised to learn that because the FDA considers sunscreen an over-the-counter drug, some states still prohibit students from carrying and applying sunscreen in school. Seems shocking, right? As parents and guardians, we play a crucial role in advocating for our children's health and well-being, including their skin health. While the risk of skin cancer may seem distant for young people, it's crucial to establish sun-safe habits early.

The American Society for Dermatologic Surgery Association — or ASDSA, a 501(c)(6) advocacy group of the American Society for Dermatologic Surgery — has been working for more than a decade to address this issue. In 2013, they assembled a national coalition of more than 50 stakeholders and crafted legislation they cleverly named SUNucate to create a specific exception to the broader medication bans and allow sunscreen use in schools.

The Skin Cancer Foundation is a member of the SUNucate Coalition, as well as the PASS (Public Access to Sunscreens) Coalition, which has also joined the SUNucate effort. PASS is a group of public health organizations, dermatologists, scientists and suscreen manufacturers whose mission is to ensure that Americans have access to safe and effective sunscreens.

Navigating the System

WITH BIPARTISAN SUPPORT, the SUNucate measure has been adopted in 29 states and the District of Columbia. But the continuing ban in 21 states makes sun protection more difficult for kids and parents, requiring many students who want to use sunscreen at school to obtain a note from a physician and apply it in front of a school nurse. Those who think that makes no sense wonder what the holdup is.

"In order to pass any legislation, you need a sponsor willing to build a strong coalition," says Kristin Hellquist, chief advocacy officer for the ASDSA. "We encourage all local members of a state's SUNucate Coalition to work together to get this common-sense law enacted. But it's not easy, as every state is different. New Jersey and Massachusetts are currently running legislation. We think New Jersey has great support and a chance of passage soon — maybe even by the time you read this. *[Note: The New Jersey bill passed in March 2025.]* Massachusetts, on the other hand, has run the bill at least four times so far but not crossed the finish line." So, what can be done?

> "We have to **KEEP PUSHING** on this crucial public health issue, and make sure we don't turn our backs on schoolchildren who are **AT RISK**."

The Need for Sun Protection in Childhood

SAMI NAIM, head of government affairs, North America, for Kenvue and a parent of two school-age children, hopes "to close the gap and get those other

KLAUS VEDFELT/DIGITALVISION/GETTY IMAGES

21 states signed onto the bill." Naim says, "Kids are going to be kids, and they're going to be outside. We should be doing everything we can to protect their skin and put them on a path to live a full, healthy life."

M. Laurin Council, MD, a professor of dermatology at the Washington University School of Medicine in St. Louis, warns that "just one blistering sunburn in childhood or adolescence more than doubles a person's chances of developing melanoma later in life." As she is also president of ASDS and ASDSA, she knows her stats, adding, "Children in schools are at an increased risk of sun exposure and skin cancer. Kids get about 25 percent of their lifetime sun exposure by age 18. Plus, melanoma is the third most common type of cancer diagnosed in people between the ages of 20 and 29." Additionally, unfortunately, at least one in five Americans will develop skin cancer by the age of 70.

Good Influence

Kids are curious and want to learn. Many influencers on social media are playing a key role in educating young people about the beauty and health benefits of sun protection.

"Over the past few years, there has been a lot of hard work to get political alignment behind this issue of sunscreen in schools," Naim says, "and it is bipartisan. No matter what the political climate is, we have to keep pushing on this issue, and make sure we don't turn our backs on schoolchildren who are at risk. This is a crucial public health issue for millions of little ones across the country."

What Can Help to Inspire Kids?

REGARDLESS OF YOUR state's sun protection legislation, it's essential to understand how to help your kids practice sun safety. Studies have consistently shown

that using sunscreen at an early age reduces the risk of skin cancer — especially in tandem with other sun protection practices. Going back as far as 1986, a study published in *JAMA Dermatology* found that regular use of a broad-spectrum sunscreen with a high SPF during the first 18 years of life reduced the incidence of nonmelanoma skin cancer by 78 percent.

It's important to teach young people to take ownership of their skin health. As with many daily habits we want our kids to embrace, like brushing their teeth, we can model good behavior. We can make sure they see us applying sunscreen every day ourselves and show that we care about protecting our skin by wearing sun-protective clothing, hats and sunglasses, too. By making sure they notice, we encourage kids to do the same.

Influencers (beyond the parental type), particularly in the beauty industry and across social platforms, have also recognized the importance of sun protection and are playing a significant role in educating young people about it. They've highlighted sunscreen's skin cancer prevention and antiaging benefits along with emphasizing how it can help maintain youthful, radiant skin. By making sun protection trendy and desirable, influencers are inspiring a new generation to prioritize sun safety.

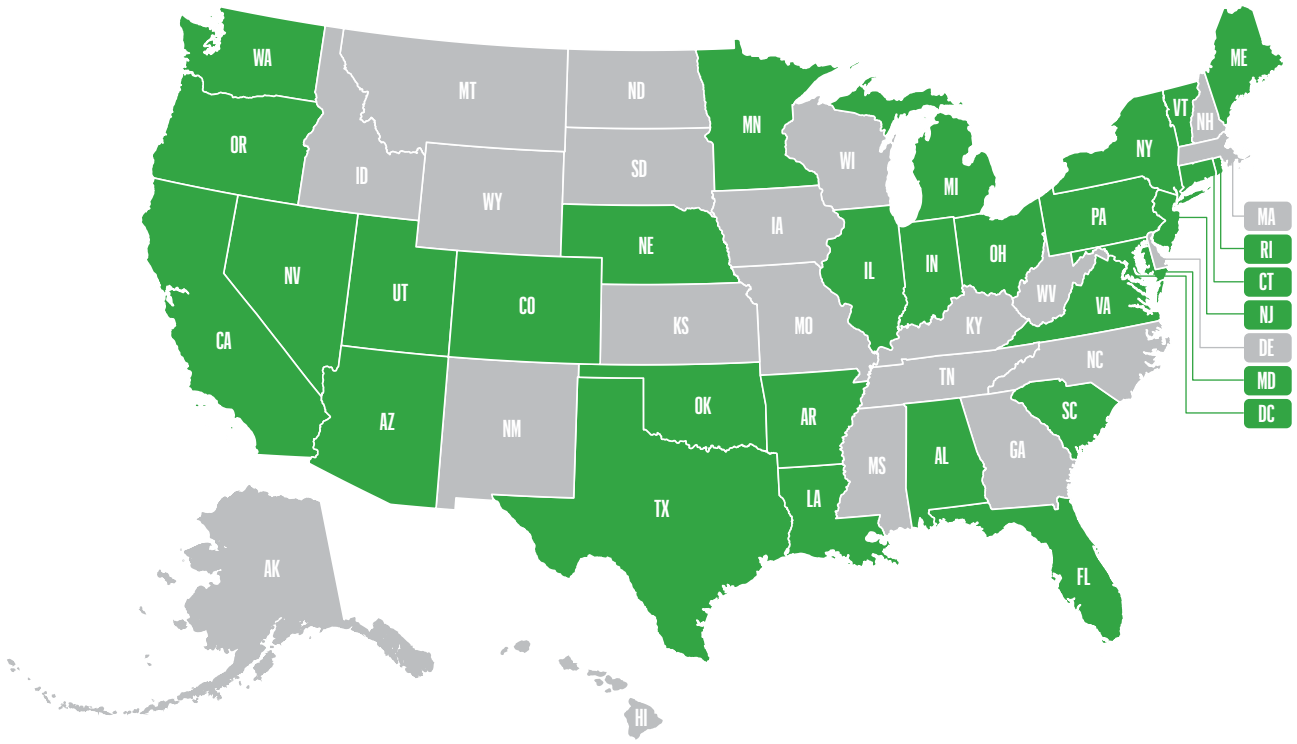
> "It's important to teach kids to **TAKE OWNERSHIP** of their skin health. As parents, we can make sure **THEY SEE US** applying sunscreen every day."

How Can Parents Nudge for Change?

PARENTS AND SCHOOL faculty can partner with students to advocate for their states to pass SUNucate legislation regulations and spread awareness of guidelines developed by the CDC to promote

States That Have Given the Green Light to Sunscreen in Schools

So far, 29 states and the District of Columbia have adopted the SUNucate legislation to allow sunscreen use in schools. A growing coalition of advocates would like to see the other 21 follow suit soon!



COURTESY OF ASDSA

skin cancer prevention on school property and elsewhere. These guidelines emphasize the importance of helping students to understand their skin type and personalize how to choose the right sunscreen and reapply it regularly. Sunscreen alone isn't enough, though, so helping kids find sun-protective gear and behavior that works to protect their skin type is key. They want kids to understand that tanning is dangerous, whether outside or in a tanning bed.

It's also essential to emphasize that skin cancer can affect anyone, regardless of skin color. Even without a burn, sun exposure raises skin cancer risk. Many people and especially kids don't realize even if you have a dark skin tone that doesn't redden, the sun can cause cellular damage, leading to skin cancer.

While people of color are less likely to be at risk for skin cancer, when it does occur, it is often diagnosed at a later stage and can be more challenging to treat. Dr. Council recommends, "Regardless of skin tone, everyone should generously apply broad-spectrum sunscreen with an SPF of 30 or higher to all exposed skin, including the face, ears, neck and the tops of the feet. Reapplying every two hours, or more often if swimming or sweating, is crucial." (The Skin Cancer Foundation now recommends SPF 50 or higher for any extended outdoor activity.)

How Can Your Kids' School Assist?

DR. COUNCIL CALLS out additional ways schools can play a vital role in promoting sun safety by implementing sun-safe policies, incorporating education into the curriculum and creating environments to help protect young people from the harmful effects of the sun. For example:

- Design outdoor spaces with shade.
- Schedule outdoor activities during times when the sun is not at its peak intensity.
- Encourage students to wear sun-protective clothing, hats and sunglasses during outdoor activities.
- Allow kids to carry and use a sunscreen they like, especially when they need to reapply on exposed skin.

Schools and PTA groups can also take advantage of proven skin cancer prevention interventions and educational programs that are available for child-care centers and schools. Dr. Council points out that many dermatologists are willing to come to schools to provide educational materials and sunscreen samples and to let students and faculty know if any free skin cancer screenings will take place in the area.

KALIQ/E+/GETTY IMAGES

↑ **Promoting Sun Safety**

Many dermatologists would be happy to visit a local school and share why it's cool to protect skin from a young age and keep it healthy and glowing. Why not ask?

How Can the ASDSA Help?

THE ASSOCIATION CAN help coordinate these efforts and link schools with local dermatologic surgeon members. [Visit asds.net/sunucate.] With these measures, parents can feel reassured that their children are in good hands regarding sun safety.

Their model legislation allows students to possess and use sunscreen at school and day camps without a prescription or physician's note; including optional enabling clauses that permit the use of sun-safe clothing (long-sleeved shirts and hats) and incorporating sun-safe behavior into school curriculum.

By embracing these practices, young people can enjoy the benefits of outdoor activities while protecting their skin for years to come. Let's work together to prioritize sun safety and ensure a bright, glowing future for our children's skin! ■

Elaine D'Farley, *former beauty director of* Self *magazine, is a mom, writer and content creator who loves spending time outside in sunny locales directing shoots and practicing sun safety.*

Cancer Warrior

FROM TANNING BEDS TO SKIN CANCER

As a kid, Cassidy just wanted to have fun with her friends and get tan. She never thought it would lead to 30 skin cancers! Her Mohs surgeon and his trainee want to tell her story as a cautionary tale.

By Mustufa Jafry, MD, and C. William Hanke, MD

CASSIDY WARD

CASSIDY WARD LOOKS back on her childhood in rural Indiana with a blend of nostalgia and regret. "I spent most of the summers outside. I loved playing basketball, riding my bike and three-wheeler and helping my dad and brothers on our farm."

The sun was a constant companion. She didn't know it then, but so was the sun's skin-damaging ultraviolet (UV) radiation. "Honestly, nobody really made a big deal about the sun and protecting your skin back then. My mom tried, but you know how it is when you're a kid. You think you're invincible!"

When Cassidy hit her teen years, cultivating a tan became part of the plan. There's always pressure on teenage girls to look a certain way, and Cassidy had a light skin tone at a time when the cool girls had a golden tan — and the boys noticed them. "OK, I admit that I didn't like my skin tone," she recalls. "I thought having a tan just looked better than my pale skin, and I wanted to feel better about how I looked. Forget the sunscreen — we used baby oil!"

While Cassidy aspired to a tan, her skin didn't like it. "It took me a while to get tan," she explains. "I would say to my friends that I've got to work up to it, because I would burn. Yes, I would get red, then that would go away. I thought that was how you build a tan. I didn't realize how much I was damaging my skin."

Even More Dangerous Tanning

WHEN SHE TURNED 15, Cassidy discovered the "instant gratification" of tanning beds, which were rising in popularity with teens across the U.S. "It was the mid-'90s, and while it's easy to say we knew better then, no one talked about skin cancer." Now we know that tanning beds expose your skin to 10 to 15 times more UV radiation than what you get from the sun. And hundreds of thousands of cases of skin cancer in the U.S. each year are linked to indoor tanning.

But in high school, Cassidy was focused more on basketball, softball and hanging out with her friends. "I tanned an average of three times a week for about five years," she says. The tanning salon became a social hub. "All my friends tanned, too," she says. "We would go together a lot of the time." It was about fitting in and embracing the beauty standards of the time. "Tanning ages you and can lead to skin cancer, but you just don't think about that when you're young. You're like, 'Ah, that's not going to happen to me.'"

The Unseen Damage

AT AGE 35, Cassidy noticed a spot on her chest that seemed like a minor skin irritation — at first. But

it didn't go away. "It was rough and would bleed from time to time and never seemed to heal," she says. Trusting her instincts, Cassidy decided to see dermatologist Karl W. Siebe, MD. "When I found out that the spot was a basal cell carcinoma, I remember being scared and wondering if that would lead to something worse. I never expected to hear the word 'cancer.' It was a life-changing moment."

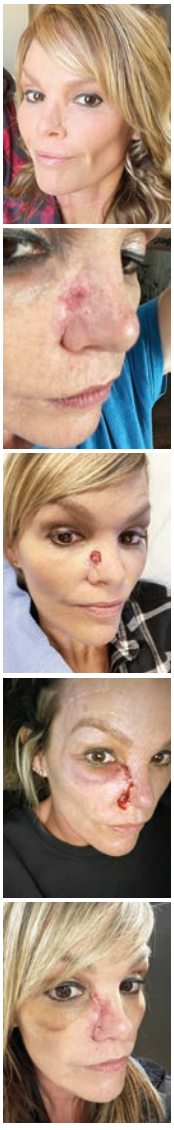
Learning that basal cell carcinoma (or BCC) is the most common form of skin cancer was little comfort. Especially since Dr. Siebe started finding more suspicious spots on her skin that needed removal and biopsy. Many more. In fact, over the next 12 years, Cassidy had more than 30 diagnosed BCCs, and many small scars.

More recently, Dr. Hanke performed three Mohs surgeries for BCCs on her face — one on her forehead and two on her face near her right eye and nose. While the procedures went well, there was a physical and emotional toll. "The ones on my face caused quite a bit of discomfort and swelling for a few days," she explains. The aftermath of surgery included bruising, swelling and the visible reminder of scars. "After the first few days, the bruising and swelling started to go away. At my one-week appointment, I got my stitches out, and they said it looked good and was healing well." The scars healed but serve as visible reminders of the consequences of tanning.

Changing Her Ways

CASSIDY'S EXPERIENCES profoundly changed how she approaches sun exposure and skin health. "I have become very aware of my skin and body, noticing any changes in a mole or a spot I didn't have before or a spot that doesn't heal," she says. She does regular self-exams of her skin, and she doesn't hesitate to consult her dermatologist if she notices anything new, changing or unusual.

While her days of tanning are long over, Cassidy sometimes still likes the idea of looking tan. "That's when I go get a spray tan," she says. But she knows that a faux glow does not provide sun protection. She affirms, "I never go out without my sunscreen. I wear makeup that has sunscreen in it, for extra layering of sun protection. Typically, I wear a hat and sunglasses, too. Throughout her journey, Cassidy credits her family and health-care providers for their unwavering support. "I have a wonderful family that has been there for me throughout all of this," she says gratefully (with her husband, Travis, and grandkids, left, and with Travis, above right). And her medical team "has been so caring throughout this experience."



Mohs Surgery

October 2024: Cassidy's progress from before surgery to biopsy, tumor removal before closure, her nose the next morning, and one week after the stitches were removed.

Spreading the Word

CASSIDY HAS TAKEN proactive steps to educate herself about skin cancer and its prevention, including the articles in the journal you're reading now. She encourages others to seek information and not hesitate to ask questions. See **SkinCancer.org** for trusted, medically reviewed content.

Cassidy's experiences have also fueled her desire to reach out to teenagers and young adults. "There are some risks that just aren't worth it!" she says. She understands the mindset of youth, where immediate desires often overshadow long-term consequences. "Naively, as a teenager, I wanted to be cool and to have a tan," she says, "which, let's face it, was me being vain because I thought I looked better. Then years later, it caused me to start having cancer spots removed from my body." She hopes her story will motivate those who might be on that same path to think differently about their skin and not try to change it but protect it. ■

Mustufa Jafry, MD, *is a Mohs micrographic surgery and dermatologic oncology fellow at Ascension St. Vincent Hospital in Indianapolis.*

C. William Hanke, MD, *is the program director for the Micrographic Surgery and Dermatologic Oncology Fellowship Training Program at Ascension St. Vincent Hospital in Indianapolis. He also serves as a senior vice president of The Skin Cancer Foundation and is a former president of the American Academy of Dermatology.*

Treatment

PROGRESS REPORT!

If you're looking for some good news, you can find it in the fight against advanced skin cancers — and melanoma has led the way. Over the past 15 years, metastatic melanoma has gone from a likely death sentence to an often curable disease.

By Kenneth Miller

JULIE BAIN

IN JUNE 2024, outgoing president of the American Society of Clinical Oncology (ASCO), Lynn M. Schuchter, MD, delivered a heartfelt message at the group's meeting in Chicago: "For more than 35 years, I've specialized in melanoma, a cancer once considered hopeless. In fact, when I began my fellowship, people often asked why I chose melanoma. There were no treatments beyond surgery. Outcomes were bleak. In the early days, I was essentially a hospice doctor.

"But even then," continued Dr. Schuchter, director of the Tara Miller Medicine Center at Penn Medicine, "clues from the emerging science suggested the potential power of immunotherapy and targeted therapy. And indeed, gradually, over decades, laboratory and clinical researchers translated this promising science into new, powerful therapies, turning what was once a treatment desert into a tropical rainforest of options for our patients with melanoma."

She then showed a slide of two dozen of her patients, all of whom once had stage IV melanoma, some even with brain metastases. They were now all melanoma-free and off therapy, some even a decade later. That's progress!

Of course, there's plenty of work left to be done. Though melanoma can usually be eradicated surgically if it's caught in situ (that is, before it spreads), it's still the most dangerous of the three most common types of skin cancer, leading to more than 8,000 deaths each year in the U.S. That's because about half of the 100,000 cases diagnosed annually in this country are already at the invasive stage, meaning that they've penetrated beyond the very top layer of skin. Treatment for these melanomas is more complex, and less likely to be successful. But to understand how far we still have to go in the fight against this too-often lethal disease, it helps to know how we got where we are today.

An Unfolding Revolution

THE TAMING OF melanoma began in 2011, when the FDA approved ipilimumab — the first of a new class of drugs known as checkpoint inhibitors. These immunotherapies work by blocking molecular "off" switches on T cells, the immune system's robocops, enabling them to morph into relentless killers of tumor cells.

Ipilimumab accomplished something no previous medication had done: It significantly expanded median survival rates in patients with advanced melanoma, from six months to 11. What's more, nearly a quarter of patients survived for three years or longer — most of them for over a decade. The drug's side effects, though sometimes serious, were generally tolerable. And as two more checkpoint inhibitors were approved for the disease, pembrolizumab and nivolumab, the numbers continued to improve.

"If you were diagnosed with stage IV melanoma in January 2000, odds were high that you would not live to see 2001," says Vernon Sondak, MD, chair of the

Department of Cutaneous Oncology at the H. Lee Moffitt Cancer Center and Research Institute in Tampa. "As recently as 2010, your likelihood of surviving five years was just 5 percent. Today, if you're on checkpoint inhibitors, you've got a 50 percent chance of living that long. That's what 'transformative' looks like."

Another illustration: ex-President Jimmy Carter's death at age 100 last December, nine years after pembro (as it's nicknamed) saved his life.

Yet the transformation in melanoma treatment didn't stop with those drugs. The same year ipilimumab arrived, the FDA approved vemurafenib, the first "targeted" medication for advanced melanoma. Targeted therapies block the growth of cancers that are driven by a specific mutation — for vemurafenib, in a gene called BRAF; for its successors, in genes including MEK and c-KIT. This mode of action limits the scope of their utility: They only work for those cancers, and they often stop working as the cancer adapts to the drug. However, they bolster the weapons against melanoma in a couple of important ways.

First, targeted drugs sometimes cure melanoma outright when given after surgery, and they can extend life at least modestly for a subset of patients who (for assorted reasons) are ineligible for checkpoint inhibitors. Second, they can be combined with other treatments to the benefit of both. Pairing two targeted therapies — say, a BRAF inhibitor with a MEK inhibitor — often improves efficacy while reducing side effects in people whose cancers have the relevant mutations. And among patients who received checkpoint inhibitors and BRAF inhibitors, a recent study published in the *New England Journal of Medicine* found, 60 percent remained alive at the five-year mark.

Melanoma Pioneers
—
In her speech at the 2024 ASCO Annual Meeting, Lynne M. Schuchter, MD, honored "all those we have lost to cancer. We will continue to fight."

In 2015, the FDA approved another precision-guided weapon against advanced melanoma: talimogene laherparepvec (T-VEC), the first-ever oncolytic immunotherapy. For this approach, a virus is genetically modified to infect and destroy cancer cells and is then injected into a solid tumor. As the tumor shrinks, it releases chemicals that stimulate the patient's immune system to attack metastases throughout the body. Although T-VEC is less effective than checkpoint inhibitors on its own, it can enhance the effects of those drugs when used alongside them.

Building on Past Breakthroughs

STILL, MANY PATIENTS who receive immunotherapies don't respond or may stop responding over time. Nor are targeted drugs yet available for several of the mutations that commonly drive melanomas. To move the needle further, researchers are developing new medications in those areas, while testing both novel and older drugs in numerous combinations. "We're asking, how do we use these drugs best?" says Dr. Sondak. "What's the right combination and the right sequence?"

Some of these investigations are aimed at broadening the patient pool for such therapies; others are meant to boost their performance; and still others to improve their user-friendliness or versatility. Early in 2025, for example, the FDA approved injectable versions of the checkpoint inhibitors nivolumab and atezolizumab, which were previously available only via intravenous infusion. The shots are far quicker to administer (around five minutes versus 30 to 60) and don't require patients to travel to specialized clinics.

Then there's RP1, an experimental oncolytic immunotherapy being developed. Like its predecessor, T-VEC, it uses a modified herpes virus to attack cancer cells. But unlike the older drug, which can be used only for tumors or lymph nodes easily accessible through the skin, RP1 can be injected into internal organs such as the liver or lung — common tumor sites for metastatic melanoma.

Preliminary results from clinical trials suggest that RP1, combined with nivolumab, can significantly extend survival for many patients for whom standard therapies alone have failed. The FDA awarded the

drug a coveted Breakthrough Therapy designation in November 2024.

Unlocking the Promise of Personalized Medicine

ALONG WITH SUCH tweaks of established remedies, more radical transformations in melanoma treatment are also underway. If the trend since 2011 has been toward increasingly personalized approaches, these techniques represent a quantum leap.

Last year, for example, the FDA approved the first tumor infiltrating lymphocyte (TIL) therapy for melanoma — lifileucel, a "living drug" developed by researchers at the National Cancer Institute. For this type of immunotherapy, doctors collect a patient's tumor tissue and isolate T cells that have managed to penetrate it. Billions of those TILs are then grown in a lab. After chemotherapy is administered to deplete the patient's other immune cells (which might suppress response), the TILs are infused back into the bloodstream, where they start hunting down cancer.

TIL therapy leverages the immune memory of T cells that know how to bypass a particular tumor's defenses and can identify molecular targets unique to the patient's malignancy. And because TILs come from that person's body, the risk of off-target effects is low. The treatment can help many patients who haven't responded to standard therapies, with efficacy comparable or even superior to that of checkpoint inhibitors.

> "Researchers are also working on **PERSONALIZED TESTS** designed to predict which patients will respond best to which therapeutic approach."

Another potentially transformative technique is a personalized revamp of an old immunotherapy: vaccines. Scientists have long struggled to adapt that weapon to the war on cancer, with limited success. But in 2023, researchers at NYU Langone's Perlmutter Cancer Center reported a groundbreaking finding: an mRNA vaccine targeting proteins expressed by an individual's cancer, in combination with pembrolizumab, was nearly twice as effective as pembro alone at preventing recurrence in over 100 melanoma patients who'd previously had surgery. Since then, this and other vaccine/checkpoint-inhibitor combos have entered later-phase clinical trials, and one or more could be approved in the next few years.

Researchers are also working on personalized tests designed to predict which patients will respond best to which therapeutic approach — and when. One key question for many two-stage therapies, for example, is which part of the combo should be used first. Depending on the circumstances, for example, a drug may be more effective when given as either neoadjuvant or adjuvant therapy (that is, before or after surgical removal of the primary tumor). However, different patients may respond better to different approaches at different stages of their treatment.

"We've always made decisions about surgery based on tiny differences in physiology, like a 0.1 mm variance in a melanoma's thickness," Dr. Sondak notes. "The next step is basing decisions on genetics and molecular features of both the patient and their cancer." Commercially available gene panels can already provide data on the risk of melanoma spreading or recurring and are expected to be capable of suggesting treatment pathways beyond the use of targeted drugs within the next few years.

Marveling at Today's Miracles

WHATEVER THE FUTURE brings to the treatment of melanoma, the distance we've come in just a decade and a half is head-spinning. Recently, Dr. Sondak treated a patient who was found to have melanoma cells in a sentinel lymph node after his skin lesion was surgically removed. When the patient's melanoma recurred in a nearby lymph node, the team started him on a checkpoint inhibitor. Then they monitored that node and its neighbors via CT scans (to detect swelling that could indicate tumor growth) and PET scans (to detect abnormal cellular activity).

"After a few doses, the treatment didn't seem to be working," Dr. Sondak recalls. "One node was a little bigger. There were hot spots on the PET scan, too." When he removed the suspect lymph nodes, their swollen and blackened appearance made him certain they were cancerous. Yet a pathologist determined that the tumors they contained were 95 percent dead. To everyone's astonishment, the patient's prospects for long-term survival had flipped from dismal to excellent.

"Today, thanks to these therapies, I see cases like that several times a week," Dr. Sondak says. "I marvel every time." ■

Kenneth Miller *is a journalist based in Upstate New York. To read his article about similar breakthroughs for patients with advanced nonmelanoma skin cancers, visit SkinCancer.org/blog.*

CASTLE BIOSCIENCES

Empowering people, informing care decisions

We provide more than just a test result - our gene expression profile tests provide accurate, objective, and personalized answers that can help guide informed decisions and improve care for patients with melanoma or squamous cell carcinoma.

DecisionDx-Melanoma® | DecisionDx-SCC® | MyPath Melanoma®

250,000+
test reports delivered

16,600+
ordering physicians

100+
supporting publications

Coverage
Medicare and commercial insurance coverage

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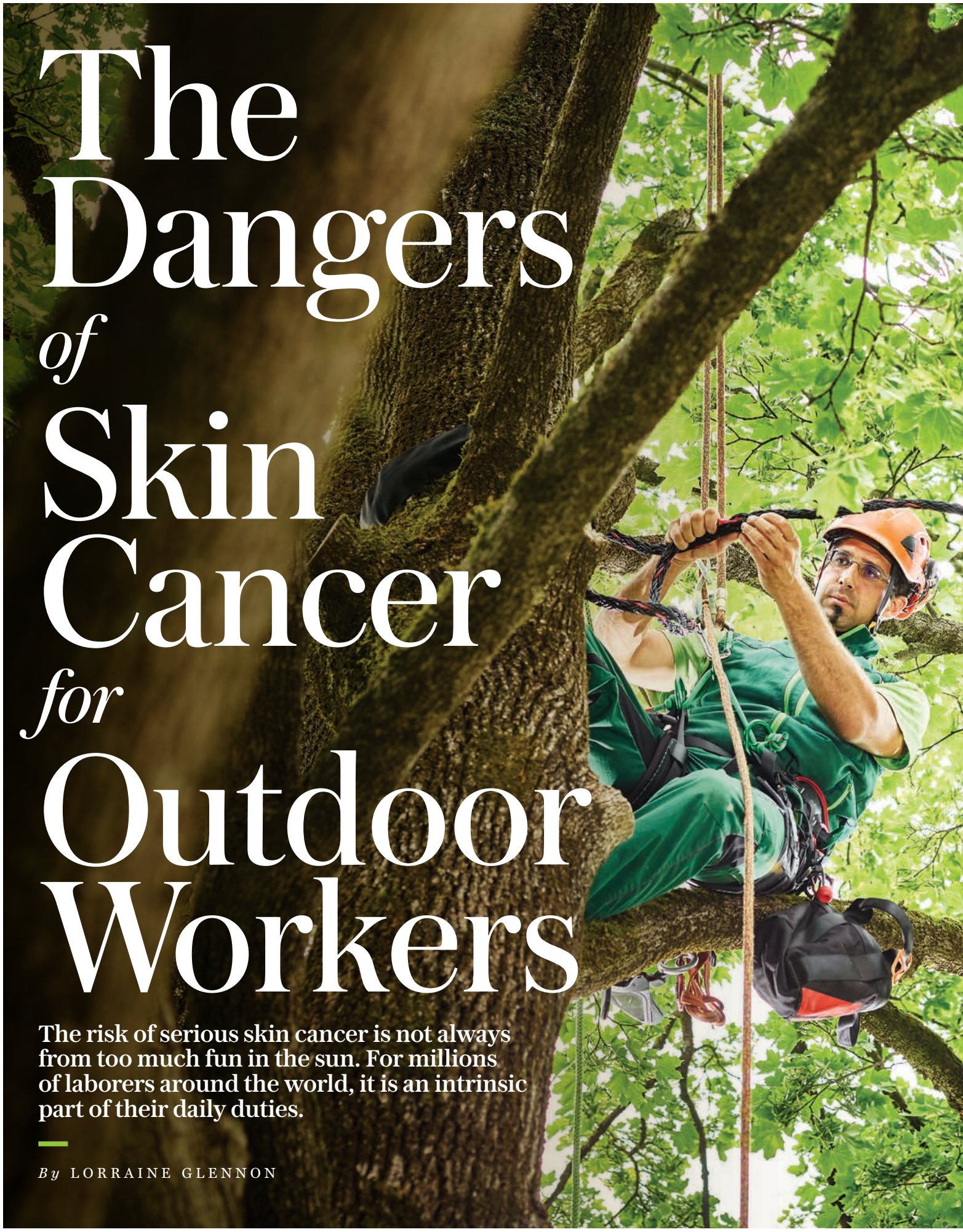
*Data presented above is combined totals for DecisionDx-Melanoma, DecisionDx-SCC, MyPath Melanoma, and DiffDx-Melanoma as of December 2024.

The Dangers *of* Skin Cancer *for* Outdoor Workers



The risk of serious skin cancer is not always from too much fun in the sun. For millions of laborers around the world, it is an intrinsic part of their daily duties.

By LORRAINE GLENNON

For most of us, skin cancer risk retains its association with leisure. We envision soaking up rays on a beach, on the ski slopes or while boating on a brilliant summer afternoon — and not always remembering to apply or reapply sunscreen. The true picture, though, is more often related to work than pleasure.

For people whose livelihoods require them to work outdoors, repeated sun exposure, and the heightened risk of skin cancer that results, has nothing to do with recreation. It is an inescapable, and sometimes even grueling, feature of their daily jobs. Yet outdoor workers, their employers and their governments have been slow to recognize this ubiquitous on-the-job hazard for the dangerous, even deadly, health threat that it is. As rates of skin cancer among this vulnerable population have soared, the global medical community is finally sounding the alarm. Here, The Skin Cancer Foundation takes a look at the scope of this largely overlooked problem and how it can be managed.

WHO'S AT RISK?

THINK FARMERS, construction workers, boat crews, groundskeepers, postal workers, ski instructors, highway maintenance workers, pro athletes and their coaches, firefighters, roofers, lifeguards, police officers, park rangers and members of the military, to name just a few. Basically, anyone who earns their living outside in daylight, whether on land, on water or in the air, is included in the massive number of workers in this risk group.

How massive? In the United States alone, about one-third of all workers, or nearly 45 million Americans, were exposed to the outdoors as a major part of their jobs, according to 2024 data from the U.S. Bureau of Labor Statistics. In certain professions, nearly 100 percent of the workers are subject to outdoor exposure.

The global numbers are almost as staggering. Worldwide, 1.6 billion people of working age (15 years or older) are exposed to solar UV radiation while working outdoors. That's roughly 28 percent of all working-age people, according to 2023 estimates based on data gathered during a seven-year, 183-country research project from the World Health Organization (WHO) and the International Labor Organization (ILO).

THE DEADLY COST OF MAKING A LIVING

LUCKILY, MORTALITY RATES for skin cancer, the world's most common cancer, are starting to decline, thanks to greater public awareness and new, more effective treatments and therapies. But the statistics for outdoor workers are sobering (and in all likelihood underreported): Occupational skin cancer accounts for one in three deaths globally from nonmelanoma skin cancer (NMSC).

According to the WHO/ILO research, on-the-job exposure to UV radiation raises by 60 percent a worker's risk of NMSC (the two most common types are basal cell carcinoma, or BCC, and squamous cell carcinoma, or SCC). Research suggests that SCC now outpaces melanoma in the annual number of deaths it causes. It also raises the risk of SCC's frequent precursor, actinic keratoses (AKs), lesions on the skin that can become cancerous. "SCC is the skin cancer that is most linearly associated with sun exposure, and we want to raise awareness of the risk," explains Henry W. Lim, MD, a dermatologist at the Henry Ford Medical Center in Detroit and current president of the International League of Dermatological Societies (ILDS). "Melanoma and BCC are also related to sun exposure, and working outdoors in the sun raises the risk there as well. But the relationship is less direct than with SCC."

The WHO/ILO research survey revealed that, among work-related risk factors, UV exposure has the third-highest burden of cancer deaths in the world. In other words, these stunning data mean that working outdoors in the sun is, as CNN noted in its reporting on the survey, "the third largest occupational carcinogen, behind only asbestos and silica dust."

↑ **Facing Danger** — In certain professions, like construction work, nearly 100 percent of workers are subject to outdoor UV exposure. Many don't have access to sunscreens.

OPENER: WESTEND61/GETTY IMAGES

FATCAMERA/E+/GETTY IMAGES

BAN THE BURN! BAN THE TAN!

ROUGHLY HALF OF America's outdoor workers unwittingly raised their already substantial skin cancer risk in 2023. How? They got a sunburn — one that in 10 percent of cases was severe to the point of blistering (ouch!). Those numbers outpace the 36 percent of the general population who got sunburned (only 5 percent of whom blistered), according to a recent American Academy of Dermatology (AAD) survey.

Then, for 80 percent of outdoor workers, all that exposure to UVB radiation (the rays responsible for sunburns) turned into a suntan. That's compared to 67 percent of all Americans whose skin became tan or visibly darker (up 13 percent since 2020). Most dismaying, 31 percent of outdoor workers believe the myth that a "base tan" prevents sunburns (23 percent of all Americans believe this) and that tanning poses no health threat if the tan builds up slowly, without sunburn (20 percent of all Americans cling to this discredited notion).

These numbers are disturbingly high across the board (suntans persist as a coveted, highly Instagrammable prize of summer), but they underscore the additional vulnerability of the nation's outdoor workers and the need for greater health literacy among all Americans.

The best way to lower these numbers — and to counteract misinformation and change behavior — is to provide the public with information and lots of it. **[See "Your Daily Sun Protection Guide on page 56, or visit SkinCancer.org/prevention.]**

A Global Problem, A Global Call to Action

PUBLISHED IN THE journal *Environment International* at the end of 2023, the WHO/ILO report was a collaborative effort by dermatologists, epidemiologists, health scientists, researchers and medical professionals around the world. They collected and analyzed almost two decades worth of data to document the relationship between outdoor work and nonmelanoma skin cancers. The verdict was unequivocal, as plainly stated by Tedros Adhanom Ghebreyesus, PhD, director-general of the WHO, when the agencies released the dramatic findings: "Unprotected exposure to solar ultraviolet radiation at work is a major cause of occupational skin cancer."

No Shade
—
Long sleeves, vests and work gloves provide good sun protection. Hard hats help but still leave neck, ears and face exposed.
⬇

But Dr. Ghebreyesus followed up this announcement with a note of cautious optimism. "There are effective solutions to protect workers from the sun's harmful rays and prevent their deadly effects," he said, before issuing an urgent call to action to governments around the world to come together in a global effort to tackle the problem. Some of the recommendations that emerged from the WHO/ILO survey include legislative and policy efforts to officially recognize NMSC as an occupational disease caused by solar UV radiation; to insure accessibility to early screenings and therefore early treatment; to improve coordination among countries in the collection and analysis of data around NMSCs; to conduct

VISOOT UTHAIRAM/MOMENT/GETTY IMAGES

public-service media campaigns to inform the public about sun protection; and to encourage employers to provide more, and better, on-the-job protections to workers to minimize their UV exposure.

A WORKER'S FUNDAMENTAL RIGHT TO SAFETY

ALONG WITH THE near-universal recognition that UV radiation causes skin cancer in outdoor workers, there is a growing international commitment to the idea that "a safe and healthy working environment is a fundamental right," as Gilbert F. Houngbo, director-general of the ILO, puts it. "It is urgent that governments, employers, workers and their representatives work together in a framework of well-defined rights, responsibilities and duties to reduce the occupational risk of UV exposure. This can save thousands of lives every year."

Houngbo might have added that it could save a lot of money as well: In the United States, approximately $100 million a year in worker productivity is lost as a result of absence from work or restricted activity at work because of skin cancer, according to data from the Centers from Disease Control and Prevention (CDC). And the medical costs of treating approximately 5 million Americans with skin cancer each year are an estimated $8.1 billion.

Of course, governments and employers around the world vary widely in the rights they extend to workers, particularly outdoor workers. Many of them, as Houngbo notes, are "informal" members of the labor force who work temporary, episodic jobs — doing itinerant farm work, for instance, or collecting recyclable materials, often without employee benefits.

Building coalitions between workers and employers can be more difficult in some countries than in others. In the U.S., the Occupational Safety and Health Administration (OSHA) is the federal agency responsible for regulating workplace safety for most public and private employees. But many outdoor workers may not fall under OSHA's umbrella of protection, such as those who are independent contractors, self-employed or working for an employer with fewer than 10 employees; a government employee whose job may come under the aegis of a different agency; or a family member working on a family-run farm.

And while OSHA regulations recognize sun exposure as a work hazard, the federal agency has largely left the specifics up to the state OSHAs to administer. But whether mandated and government-enforced or voluntary, basic protective measures need to be in place at outdoor work sites. Because skin cancer develops over decades of sun exposure, these protections should be there for workers from a young age.

IN AN IDEAL WORLD: OUR WISH LIST FOR EMPLOYERS OF OUTDOOR WORKERS

1. Equip the workplace with cooling areas that provide shade, such as tents, awnings, trees or indoor spaces. Provide flexibility in work schedules and tasks so that workers can minimize exposure during the sun's most intense hours, between 10 AM and 4 PM.

2. Provide regular breaks that allow workers to remove themselves from direct sunlight.

3. Provide easy, unlimited access to clean drinking water.

4. Provide free access to broad-spectrum sunscreen with a minimum SPF of 50. Train workers in how to apply it, then reapply after two hours, to be most effective.

5. Provide workers with sun-protective clothing, such as broad-brimmed hats with a neck shield, tightly woven long-sleeved work shirts, long pants, work gloves and polarized sunglasses with UV-protective lenses.

6. Monitor and post each day's UV index in a visible spot. If the UV index exceeds 3, remind workers to use sun protection measures.

7. Provide information and training to educate workers about the hazards of excessive UV exposure.

8. Provide information and on-site first-aid treatment to relieve sunburn if it occurs. Stock products such as aspirin and ibuprofen, aloe vera gels or lotions and hydrocortisone cream.

CHECK THE UV INDEX

THE UV INDEX is a rating that measures the intensity of ultraviolet (UV) solar radiation present at a particular location. An accommodating workplace may post the day's number in a prominent spot where workers can easily see it, but it's even better for them to know the UV index before leaving the house in the morning. It can be a useful tool not only for managing potential sun damage but also for taking a proactive role in overall health.

The index is calculated using the latitude and altitude of your location, time of day, time of year, ground conditions, cloud cover and state of the ozone layer in the atmosphere. It is reported as a whole number between 0 and 11(+), with 0 indicating no sunlight (which occurs only at night) and 11 indicating extreme radiation, when you can burn in less than 10 minutes.

"Basically, the UV index gives people a way to easily quantify and understand their risk," says Elizabeth Buzney, MD, vice chair for clinical affairs in the department of dermatology at Brigham and Women's Hospital and assistant professor of dermatology at Harvard Medical School. But, she adds, "it's important to remember that no matter the UV Index, you need sun protection every day." Depending on how high that risk is, workers with the flexibility to do so may choose to organize the activities of their day accordingly.

The Small Price of Protection

AN OUTDOOR WORKER'S sunscreen is just one tool in what Dr. Lim calls "the whole package of skin protection." But it is a fundamental tool — and in an ideal world, your employer bears the cost by supplying sunscreen at your workplace, gratis. In the real world, that is rarely the case. And if, like many outdoor workers, your paycheck is already stretched thin, you may balk at this additional expense.

Fortunately, the requirements for a reliable sunscreen are few: its label needs to indicate that it provides broad-spectrum protection (against both UVA and UVB rays), is water resistant (no sunscreen is waterproof) and has a Sun Protection Factor (SPF) of 50 or above. Those considerations should be your guidepost. A less-expensive broad-spectrum product with sufficient SPF will work as well as the more costly one (although it may not be as cosmetically elegant). To keep your sunscreen at its most effective, store it in a dark, cool place and make sure the expiration date on the box or bottle gives you plenty of time to use it all. What matters most is that you apply the sunscreen liberally to every part of your body that is exposed and reapply it every two hours, or even more often if you have been sweating.

In short, even in the absence of such employee perks as free sunscreen, and whether you work outdoors or in, you should regard sunscreen use as a necessary daily habit. This essential product more than justifies its relatively modest cost. And remember, the IRS includes broad-spectrum, 15+ SPF sunscreens and other sunscreen products (such as lip balm with SPF) on its "FSA Eligible" list, which means you can use your untaxed flexible savings account (FSA) or other health-care savings accounts to pay for it. For those without such accounts who itemize their medical expenses on their tax returns, sunscreen used as part of health protection at work is tax-deductible (save your receipts). Additionally, sunscreens meeting the above standards are exempt from sales tax in several states, including New York and Texas.

Feeling the Heat

Beyond the NMSC risks, studies have shown that firefighters have a higher rate of melanoma than the general population and are diagnosed at a younger age.

THERE'S AN APP FOR THAT!

AS WITH SO MUCH ELSE IN MODERN LIFE, HIGH TECH HAS STEPPED IN WITH A MULTITUDE OF WAYS TO HELP CONSUMERS NAVIGATE HEALTH DECISIONS. HERE ARE THREE MOBILE UV APPS THAT MAKE THE JOB EASIER.

SunSmart Global UV was jointly launched in 2022 by the international agencies WHO, ILO, the World Meteorological Organization (WMO) and the United Nations Environmental Program (UNEP). Available in several languages, the app offers five-day weather forecasts and UV ratings at searchable locations around the world, with sun protection advice and other information personalized for the user. Free on the App Store and Google Play.

EPA's SunWise UV Index mobile app, from the Environmental Protection Agency (EPA), is a no-frills, user-friendly app that predicts the daily and hourly UV index for your location (you simply enter your ZIP code) and gives corresponding safety advice on how to protect your skin. Its color-coded maps of the U.S. showing UV levels throughout the country do not include Alaska and Hawaii and can't zoom in or out on particular regions. Free from the App Store and Google Play.

UVIMate tracks and forecasts UV (as well as ozone level) in any location worldwide, with optional adjustments for atmospheric conditions and sun-reflection factors — and then advises on what minimum SPF level of sunscreen you need that day based on both the readings and on your skin type. The personalized sun-safety coaching can help you prevent sunburn. Free from the App Store and Google Play; one-time fees for upgrades.

STEVECOLEIMAGES/E+/GETTY IMAGES

Heat and Fire Alarm!

ALTHOUGH PEOPLE BICKER about the underlying causes, it is a fact that our planet is growing steadily hotter. The year 2024 was the hottest since record-keeping began in 1850. Apart from all the other effects of a warming planet, more heat, and the pollution and ozone depletion that accompany it, also magnify the damaging effects of UV radiation on the skin.

Just for starters, consistently warmer weather, in most regions, adds up to more days a year that outdoor workers can work outdoors. That alone means more exposure to UV radiation. (In other words, a farmer, construction worker or postal worker today is at greater risk than their grandparent doing the same job 70 years ago.) But even on the cellular level, scientists have discovered, damaged skin cells (which can develop into cancer) may react to heat stress by surviving longer, rather than "self-destructing" naturally as they would under normal temperatures.

And as if the horror of fighting out-of-control wildfires weren't bad enough, the firefighters who do it are almost certainly raising their risk of skin cancer. The incidence of wildfires has increased in tandem with global temperatures; the evidence is there on our television screens during what now often seems to be a 12-month fire season in certain areas. The data confirm these impressions: According to the EPA, the area burned each year from 1983 to 2020 increased from about a million acres to 10 million. And the fire season has indeed lengthened, particularly in the Western U.S. The blazes produce "very sticky" particulate matter containing carcinogenic substances that can get absorbed through the skin, according to Eva Parker, MD, assistant professor of dermatology at Vanderbilt University. "That is not to say that rising rates of skin cancer are solely due to climate change," she says. "But we know heat can accelerate carcinogenesis in the skin."

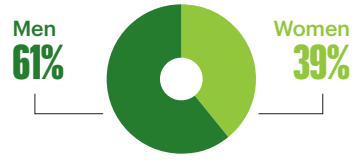
CLOSING THE SKIN CANCER GENDER GAP

A MAJORITY (65 percent) of outdoor workers who die of occupational skin cancer are males — a stat that is partly explained by the fact that men are overrepresented relative to women in jobs that are performed outdoors, particularly from a historical perspective. (This is especially relevant for outdoor workers, because skin cancer develops over many years of UV exposure). And even so, there has long been a gender gap in sun protection. Men, it seems, have a bit of a block (and not in a good way!) when it comes to the sun. Not only do most of them consistently fail to wear sun-protective clothing or hats (even on balding heads), but they also use sunscreen much less frequently than women. Some stats from recent national surveys:

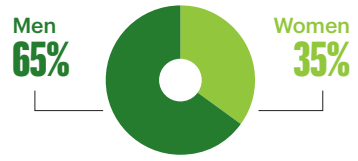
- About 39 percent of men in the U.S. say they rarely or never use sunscreen, versus 28 percent of women who say that.
- Only 18 percent of men use sunscreen on the face, versus about 43 percent of women.
- Among regular users of sunscreen, 48 percent of the men say they try to limit their time in the sun, while 57 percent of the women say they do.

The gender divide is even more dramatic when it comes to actual diagnoses of NMSCs, the most common skin cancers among outdoor workers:

GENDER RATIO IN BCC CASES IN THE U.S.



GENDER RATIO IN SCC CASES IN THE U.S.



ALTITUDE ISSUES

IT'S NOT JUST just rising temperatures that an outdoor worker needs to worry about. If that worker's job takes place at a high altitude, the amount of UV radiation they absorb goes up by an extra 3 to 5 percent for every 1,000 feet above sea level. At an altitude of 10,000 feet, the time it takes someone to get sunburned can be as little as six minutes. A park ranger working high in the Rocky Mountains, for instance, at one of the mountain range's many 14,000-feet-high peaks is being exposed to UV radiation that is twice as powerful as it is at sea level.

MEDS CAN MAKE IT WORSE

OUTDOOR WORKERS WHO take prescription or over-the-counter medications may also have to contend with a common side effect: photosensitivity. This sensitivity to sunlight can cause sunburns, rashes or other unpleasant symptoms that may require another prescription to counteract. Anyone who works outdoors should ask their prescriber if a particular medication is likely to cause photosensitivity — and if so, take extra careful precautions to avoid the sun while on that drug. **[For a list of prescription drugs that can cause photosensitivity, see fda.gov/drugs/special-features/sun-and-your-medicine.]**

BRANDYTAYLOR/ISTOCK/GETTY IMAGES PLUS

Long Days

A demanding schedule and dedicated work ethic sometimes result in outdoor workers putting their occupation ahead of their skin health.

The Yellowstone Syndrome

JONATHAN BINGHAM, MD, is a dermatologist and Mohs surgeon in Great Falls, Montana, whose patients include a great many outdoor workers in the area. Here, Dr. Bingham discusses some of the biggest challenges in treating them.

OUR PRACTICE SERVES a rural area here in central Montana, so we see a lot of farmers, ranchers, linemen, ski instructors, park service workers and forest service workers. We recognize that these outdoor workers are at a significantly greater risk of developing both melanoma and NMSCs. But most of these workers haven't gotten the education they need about the risks of sun exposure or the importance of sun protection, and they don't take skin cancer as seriously as they should. They'll think, "Yeah, I have skin cancer. That's nothing." This is a problem across the board. People tend not to see skin cancer as the serious disease that it is.

Many of these workers have been at their jobs for 40, 50 years, and we may do an occupational UV ray exposure history on them. We ask them, for example, how many hours a day, in a typical week over the course of their career, they've worked outdoors; whether they've used sunscreen, or protective clothing, or a wide-brimmed hat; if the equipment they've operated offers some sort of protection. So many of them report that they used no protection at all. Or they'll say, "Absolutely, Doc, I always wear a hat," and then pull out a baseball cap that only covers the top of their head and a little bit of their forehead but does nothing to protect their neck or the sides of their face.

But perhaps the biggest stumbling block is what I call the "Yellowstone syndrome." Like the characters on that TV show, many of the outdoor workers we see in our practice have this independent, rugged individualist mindset where being tough is more of a priority for them than health care. And part of that syndrome is that their livelihoods become the biggest priority of all.

I had one patient who kept putting off a biopsy for what I was pretty sure was melanoma. When he finally came in, and the biopsy confirmed a melanoma, he would constantly cancel his treatment appointments. It was, "Hey, Doc, it's calving season — I need to take care of my cows." Or farmers diagnosed with SCC will say, "I can't make my next treatment. I'm in the middle of a harvest." And they delay getting seen by one, two or three months, which of course can be crucial with any cancer.

With the melanoma patient, it got to the point where I said, "Sir, this is a life-threatening condition. You need to get in here, or you might not live to see another calving season." That finally convinced him, and his treatment was ultimately successful. But this tendency I see among these workers to ignore their skin health because they perceive their jobs as more important is shortsighted and a cycle we must break. ■

Lorraine Glennon *is a writer and editor who lives in Brooklyn, New York. She deeply regrets that today's highly effective sunscreens and UPF clothing were not available during her rural Midwestern youth, when her summer job of "walking beans" involved using a long-handled sickle to cut away weeds in the perpetually sun-soaked soybean fields of local farmers.*

The Influenc

Our digital experts have done their due diligence and surveillance of the social media world of dermatology to uncover the good 😊, the bad 😳, sometimes the ugly — and, ultimately, the truth 😎.

By VICTORIA KOPEC *and* SABRINA GABER HOLLAND

# of Influenc

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It's a digital-first world,

where social content is consumed by more than 5 billion users — and influencers are in the driver's seat. With the press of a button, their posts reach millions with lightning speed, shaping opinions and behaviors in powerful ways.

Sometimes their influence is beneficial, encouraging people to protect their skin daily, check it monthly and see a dermatologist at least once a year. Other times, it is downright dangerous, promoting falsehoods and actions that can result in sun damage and increased skin cancer risk.

Monitoring viral trends and amplifying fact-based social posts around skin health, while taking control of harmful narratives, has never been more crucial.

The Good News: Influencing Complete Sun Protection

SKINFLUENCERS — social content creators who focus on skin care — have become instrumental in educating the public about sun protection. With their broad reach and relatable messaging, skinfluencers are changing the public's perception of sunscreen, extolling its antiaging properties and declaring it a non-negotiable part of their daily routine. Their viral "SPF is my BFF" messages (and hashtags) are now embraced by millions of skin-care enthusiasts worldwide.

Sunscreen is just part of their stories. As sun-care brand ambassadors, they promote sun safety on a large scale, with authentic lifestyle content featuring their favorite sunscreens (naturally), along with UPF clothing, hats and UV-blocking sunglasses. They collaborate with dermatologists on TikTok duets and Instagram reels to promote skin cancer awareness and prevention for all.

For physicians and educational organizations like The Skin Cancer Foundation, who recommend a complete approach to sun protection, this type of influence is a good thing!

Survivors Influencing Detection & Prevention

SKIN CANCER SURVIVORS, particularly women who have battled melanoma, have built a name for themselves in the cancer survivorship, sun protection and skin health spaces. Their content is especially crucial for shaping the beliefs of young people, who can be more vulnerable to tanning trends and less concerned about skin cancer.

SURVIVOR SPOTLIGHT:

@theleahalexis

MELANOMA SURVIVOR Leah Alexis Adams is a rising social media star and skin cancer advocate who uses her platforms to dispel myths and educate followers about skin cancer prevention, early detection and the dangers of indoor tanning. She uses trending music and sound bites to create factual, shareable videos and stories.

SKINFLUENCER SPOTLIGHT:

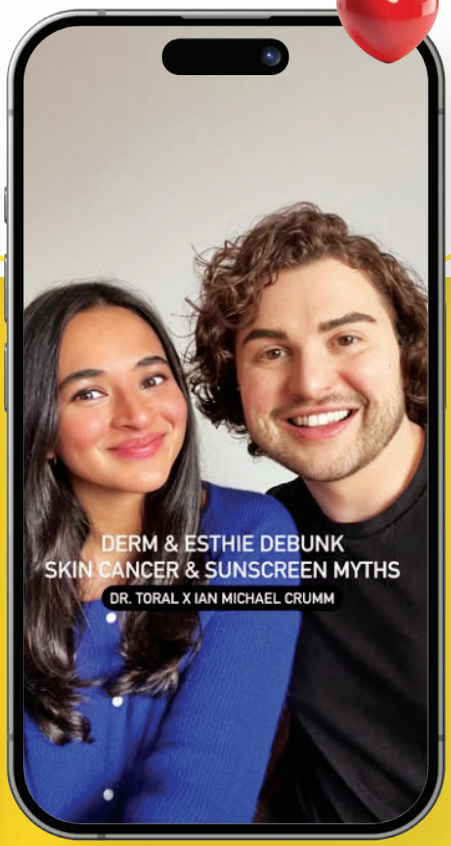
@ianmcrumm

"PROTECTED SKIN WINS!" You'll hear this buzzy catchphrase from aesthetician **Ian Michael Crumm,** well-known on Instagram and TikTok for his engaging videos and personal commitment to skin health. Ian's popular solo reels and collaborations with dermatologists hammer home the facts about the risks of unprotected UV exposure in a relatable way, supported by tips on how to properly apply and reapply sunscreen."I'm dedicated to using my knowledge as an aesthetician and my platform to create change," he explains. "Promoting the benefits of year-round sun safety and skin cancer prevention is my passion."

In addition to collaborations with dermatologists, Ian shares and engages with The Skin Cancer Foundation's Instagram content (@SkinCancerOrg) and has served on the fundraising committee for the Foundation's Champions for Change Gala since 2023.

"By sharing my personal journey, facts and practical tips, I hope to create a ripple effect of awareness that promotes healthier habits," Leah says. "Skin cancer is serious but also preventable; yet myths about tanning and sunscreen continue to put people at risk."

Leah is an active supporter of the Foundation, volunteers for its Destination Healthy Skin free screening and education program and shares collaborative posts with @SkinCancerOrg on Instagram. "Every post is a chance to spark a conversation that could save a life," she explains.



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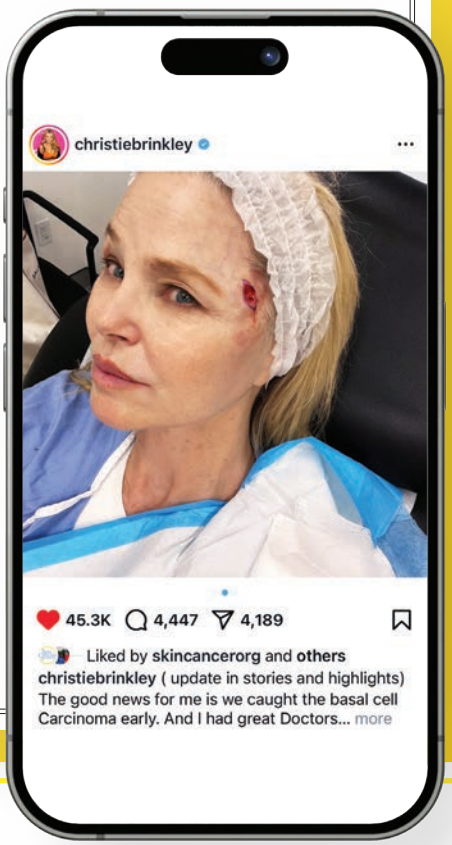
Celebrities Influencing Awareness

WHEN actors, recording artists and television personalities share their skin cancer stories, the whole world listens. Kevin Jonas, Christie Brinkley and Sam Champion are just a few of the many public figures who openly discussed their diagnoses on social media in 2024, imploring fans and followers to take skin cancer seriously and make professional skin exams a priority.

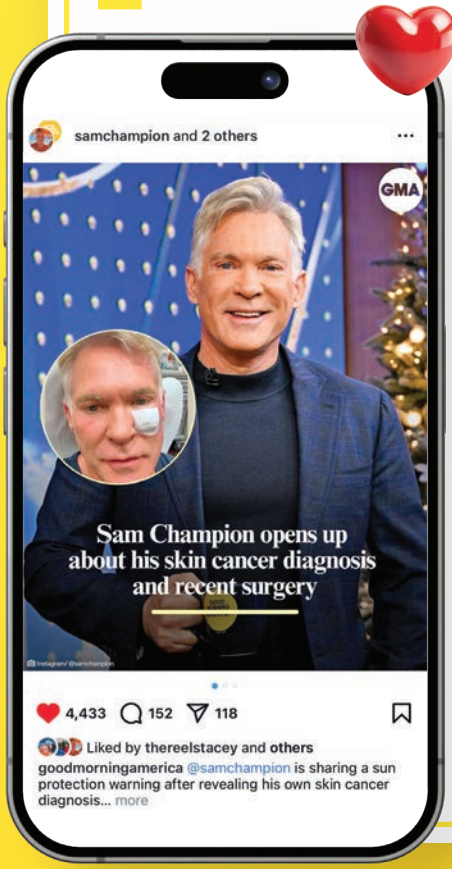


A Dermatologist's Top Trends to Like or Dislike

AS A DERMATOLOGIST who specializes in the diagnosis and treatment of sun damage and skin cancer, Elizabeth K. Hale, MD (@dermdrhale), knows what's trending. "Social media has become a huge part of dermatology and dermatologic culture," Dr. Hale explains. "Because influencers seem to have such authority, it can be hard to separate fact from fiction, especially for the younger, more impressionable population. When I see something trending, I know my patients will ask about it, and I'm ready

CELEBRITY SPOTLIGHT:

@samchampion

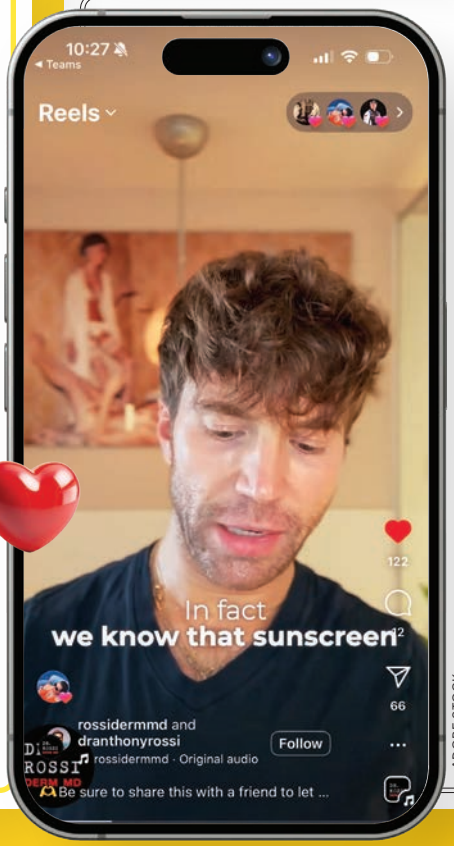


On October 1, 2024, *Good Morning America* (GMA) host and weather anchor **Sam Champion** took to Instagram, X and network television in a series of posts, live videos and broadcast segments to share his nodular basal cell carcinoma diagnosis and treatment journey. "I've battled it [skin cancer] most of my life, and this experience was very different for me," he told ABC7 News, a station for which he also serves as an anchor. He explained that while he noticed the small spot under his eye, he wasn't expecting that getting it removed would leave him with such a sizeable wound.

Sam had Mohs surgery in New York City on October 2, documenting the stages of his procedure. "This tiny spot looked like nothing," he posted in an Instagram reel with photos of his BCC before and after treatment. "Be aware of your skin and any changes."

When Sam returned to work, he hosted a GMA segment to raise public awareness about skin cancer, how to spot it, how to prevent it and when to seek treatment. In the broadcast, he shared, "These days, I wouldn't think about going outside without sunscreen. No matter how old you are, no matter your age, your skin type, your skin color, skin cancer is a problem for all of us who have skin."

Sam shares @SkinCancerOrg's social content and has hosted the Foundation's Champions for Change Gala more than once.



ADOBE STOCK

to educate them." Here, Dr. Hale gives a thumbs-up or thumbs-down to some popular influencer-fueled trends.

👍

- **Healthy Skin Is In**
  "One very positive trend is that people are recognizing the importance of taking better care of their skin," she says. "Social media influencers have played a significant role in that education. I think it's great to see patients of all ages familiarizing themselves with their skin, checking it regularly and coming in for skin cancer screenings. In essence, skin health is 'having a moment.' It's a trend that I hope will continue."

👍

- **Sunscreen Is Skin Care**
  "For generations, people did not understand the importance of daily sunscreen use," says Dr. Hale. "But now, thanks to influencers, more people are hearing the message that dermatologists have been driving home for years and using sunscreen to prevent skin damage caused by sun exposure. Sunscreen has become an essential component of a daily skin-care routine.

  "As a sunscreen enthusiast, it's satisfying to see people of all ages, including teenagers and preteens, using sunscreen not only for protecting against skin cancer, but also for maintaining youthful-looking skin."

👎

- **DIY Danger: At-Home Mole Removal**
  "I've treated patients who have tried at-home methods to remove what they thought were skin tags or warts but turned out to be squamous cell carcinomas," Dr. Hale explains. "That's the danger with removing a skin growth on your own; there's no way to know if it's benign or malignant.

  "At-home mole removal is even more risky. Maybe there's a little bit left on the skin. Maybe it's atypical or evolving. No one is monitoring it, so it continues to grow. Eventually, it could become a serious, potentially deadly problem. The bottom line is, don't try this at home," says Dr. Hale. "Go see your dermatologist."

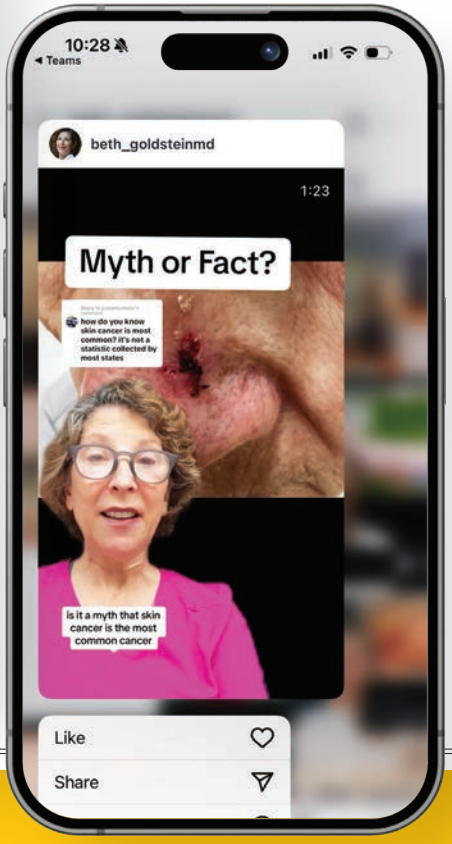
👎

- **TikTok Don't: Sunscreen Contouring**
  According to Dr. Hale, sunscreen contouring is another harmful trend, fueled by viral TikTok videos explaining how to selectively apply sunscreen to specific areas of the face. The goal is a tanned, contoured look on the unprotected skin accented by a highlighted look on the protected skin.

  "The truth is that your face and your entire body need sunscreen every day to safeguard against sun damage and skin cancer," she says. "My advice is to skip this unsafe trend and use makeup for contouring.

  "A similar trend involves applying sunscreen only to tattoos, to protect them from fading," says Dr. Hale. "When patients ask me about this, I tell them, 'Yes, you should protect your tattoos, but you also need to apply sunscreen on all exposed areas of your skin. Think about it: If the sun can degrade tattoo pigment embedded deep in your skin, imagine what it's doing to the rest of the skin on your body.'"

Elizabeth K. Hale, MD, *is a board-certified dermatologist, cofounder of CompleteSkinMD and a clinical associate professor of dermatology at NYU Grossman School of Medicine. She specializes in Mohs surgery, cosmetic dermatology and laser surgery and teaches dermatologic surgery to dermatology residents. She also serves as senior vice president of The Skin Cancer Foundation.*



Dermfluencers: Changing the Landscape of Patient Education

A GROWING NUMBER of trusted dermatologists have gained authority on social media, enabling them to reach an audience far beyond their clinical practices. Today's dermfluencers leverage their professional expertise and social savvy to educate users, answer questions and counter misinformation.

The timing could not be more critical. Young people spend a vast amount of time on social platforms, and it is vital for dermatologists to meet them where they are, with reliable, fact-based information and advice. At the heart of it all lies the principle of beneficence, or the duty to act in the best interests of patients.

The Bad News: Misinformation Spreads Rapidly

WHILE INFLUENCERS LIKE Ian and Leah do their best to share evidence-based skin cancer prevention strategies, some influencers do the opposite. Health falsehoods run rampant online, spread by Instagram and TikTok "stars" whose legions of devoted fans have transformed them into vectors of misinformation.

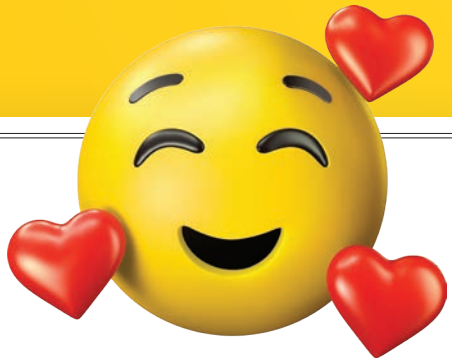
"It's astonishing to see how fast misinformation spreads, and it can be alarming when the trends involve skin health," explains Ian.

Like gossip, people either recognize misinformation as false or become a victim of it. Individuals who turn to social media for health information are particularly vulnerable. A recent survey by the American Academy of Dermatology found that 59 percent of Gen Z respondents believe myths around tanning, such as "Tanning is healthy" and "A base tan will prevent sunburn." Not true!

A Sunscreen "Misinfodemic"

ANTI-SUNSCREEN INFLUENCERS sparked 2024's most controversial social media trend by promoting the false claim that sunscreen causes skin cancer. The baseless theory swiftly gained traction worldwide, fueled by high-profile social personalities and one television reality star.

This trending topic put dermatologists on high alert, because misinformation that triggers emotions like fear or anger often trends widely. "If there is any sort of fear instilled in the message, it is going to spread," explains Dr. Hale. And spread it did, while dermatologists, skin health influencers and medical organizations worked to control the damage. At the time, a survey by the Orlando Health Cancer Institute found that 1 in 7 Americans under age 35 considered daily sunscreen use more harmful than unprotected sun exposure — especially troubling news, since melanoma is one of the most common cancers in young adults.



@SkinCancerOrg Sets the Record Straight

WHEN DANGEROUS TRENDS take hold, The Skin Cancer Foundation's communications team snaps into action with no-nonsense, evidence-based educational content and social campaigns to counter the narrative. The first step was to publish a "Sunscreen Does Not Cause Skin Cancer" blog post, featuring an interview with our Photobiology Committee member Elizabeth Buzney, MD. A corresponding social post designed with attention-grabbing, bold text sets the record straight: The sun causes skin cancer. Sunscreen helps prevents skin cancer. End of story.

This was followed by an Instagram reel featuring the Foundation's president, Deborah S. Sarnoff, MD, who clearly states the facts:

FACT: Unprotected exposure to UV radiation causes about 90 percent of nonmelanoma skin cancers and 86 percent of melanomas. Further, UV radiation is a proven human carcinogen.

FACT: Sunscreen, as part of a complete sun protection strategy, helps to ***prevent*** skin cancer. Two studies showed that in people who used sunscreen every day, melanoma was reduced by 50 percent and squamous cell carcinoma by 40 percent.

"There is absolutely no evidence that sunscreen causes skin cancer," Dr. Sarnoff explains. "This claim is false, it has no scientific basis and worse yet, it endangers public health."

The effort proved successful; the Foundation's content had significant reach and amplification by dermfluencers and other credible social accounts in the skin health space.

The 2024 launch of AI-generated answers on Google makes strategies like this even more imperative, because AI search amplifies popular social narratives (even if they are false) at the top of search engine results pages, enabling harmful misinformation to become even more persuasive

ADOBE STOCK

and far-reaching. Because The Skin Cancer Foundation has such strong organic search authority, its blog posts and social content gained enough traction to attain the No. 1 position in AI search results. A big win all around.

In the future, the team plans to adopt a proactive strategy known as "prebunking" or preemptive debunking. By sharing facts that counter misinformation before it takes hold, the Foundation aims to protect people from falling for it in the first place.

The Psychology of Misinformation

WHAT EXPLAINS the failure to distinguish between true and false information online? Quite often, misinformation is believed and spread by well-meaning individuals who unwittingly share catchy posts without validating them. And as more people view and share misinformation, doctors are seeing an increase in a phenomenon known as the **illusory truth effect**. "The repetition of false claims increases belief in those claims," states an article by the American Psychological Association (APA).

Curating Skin Health Information: Follow the Science and Arrive at the Truth

👩 🔬 💯

"I urge you: Don't believe everything you see on social media. If you have questions about your skin, please talk to a dermatologist."
— Deborah S. Sarnoff, MD

So, how can we work together to ensure that what you see and share online is backed by truth?

✅🤔 **Check Credentials:** First, always verify claims from influencers by checking reputable sources like The Skin Cancer Foundation, dermatologists and other medical professionals. Credible sources usually cite peer-reviewed research to back their statements.

👩💻 👨💻 **Share Facts:** Debunking is most successful when it includes solid facts that refute incorrect claims or trends.

😟😡 **Understand Emotions:** Recognizing and ignoring emotional manipulation can help limit the spread of false information. A decade ago, using sunscreen was not considered cool or glamorous, but thanks in part to the influence of influencers, sun protection is (mostly) trending positive.

The Skin Cancer Foundation will continue its work to empower people with educational information, collaborate with dermatologists and credible influencers to share the facts about skin cancer, fight misinformation, reach more people and save more lives. ■

Victoria Kopec *is senior director of digital strategy for The Skin Cancer Foundation. She works closely with digital communications strategist,* **Sabrina Gaber Holland** *to produce engaging educational content that resonates with the Foundation's online audience of 11 million people each year. After years of sharing, monitoring, moderating, debunking and pre-bunking, they've seen the good, the bad and the ugly impact of social trends. Their best advice? "Don't believe everything you read online, unless, of course, it's coming from The Skin Cancer Foundation!"*

THE MOST *Vulnerable* SKIN

Children born with albinism have a serious risk of skin cancer. In some countries, that is far from the only danger they face. A photojournalist who adopted two children with albinism and a determined do-gooder dermatologist have made it their mission to raise awareness and help this population.

BY KENNETH MILLER

PHOTOGRAPHS BY STEPHANIE SINCLAIR

Stephanie Sinclair photographed her children, Forest, left, then 9, and Lotus, then 6, in 2019 for a Times Square campaign for Albinism Awareness Day.

Stephanie Sinclair knew little about albinism before 2015, when *National Geographic* asked her to illustrate a story on people living with the condition in Tanzania and elsewhere. She learned that this rare genetic anomaly affects the pigment melanin, resulting in very light-colored skin, hair and eyes. It greatly increases vulnerability to all types of skin cancer. Melanin also plays a role in how the retina develops, so people with albinism often have serious vision problems. But when Sinclair found out about additional risks they face, it changed her life.

John Strasswimmer, MD, PhD, a dermatologist and Mohs surgeon based in Delray Beach, Florida, experienced a similar call to action two decades ago, when he listened to a radio report on the plight of those with the condition in East Africa. He heard that people with albinism there may be hacked with machetes by "healers" who use their body parts for "magical potions." Discrimination forces them into low-paying outdoor jobs that further increase their exposure to the dangerous ultraviolet (UV) radiation from the sun that causes damage in skin cells that can lead to skin cancer. Passersby sometimes even spit on these people, believing it will safeguard them from having albino children.

• • •

Raising Kids with Albinism

SINCLAIR, A NEW YORK-BASED photojournalist, had reported from war zones around the world, but this assignment awakened her to a different kind of struggle, just as that radio show did for Dr. Strasswimmer. "I've always been interested in human rights issues," Sinclair says, "and the children with albinism I met in Africa really touched my heart. I thought what they were going through — the attacks, the discrimination, the shortened life expectancy due to preventable skin cancers — should be getting more attention."

At the time, Sinclair and her husband, Bryan, were in the process of seeking an international adoption. On the questionnaire that asked what kind of special needs the couple would be willing to accommodate, they decided to write "albinism." And in 2017, they became parents to two pale-skinned, white-haired children who'd previously lived in Chinese orphanages. "The workers at both centers were very loving, for which I'm deeply grateful," Sinclair says.

The boy, Forest, was 7 years old; the girl, Lotus, was 3. As is common, both of them had severe vision impairments, and it was these, rather than their UV-sensitive skin, that initially demanded their parents' most intense attention. In school, both kids required one-on-one aides, special laptops and other accommodations. Early on, their disabilities set them apart from their classmates. The family compensated by forging close friendships with others in the albinism and visually impaired communities, locally and online. They also adopted a pair of dogs with white fur and low eyesight, who added to the domestic fun.

Smart, strong-willed and resilient, Forest and Lotus have thrived. Now 15 and 11, they enjoy busy social lives, and both excel at math and science. ("We love all the stuff that our parents struggled on," Forest says with a laugh.) As they've grown

more independent, however, the issue of sun protection has come to the fore. "I've always told the children, 'Sunscreen is your friend,'" Sinclair says. "They carry it in their bags. We tell them to reapply it every 45 minutes, in case it sweats off. But when they go to overnight camp, it doesn't always get put on." Last summer, Lotus developed a burn on her neck that stayed red and sore for three months. Aware of the potential consequences, her mother plans to phone the counselors daily about compliance this summer, and says she'll watch that sunburn site carefully for years to come.

Similar challenges have arisen over clothing. "We make sure they have hats, and that their arms and legs are covered whenever possible, but we wouldn't force them to wear swimsuits with long pants, even if those existed," Sinclair explains. "There are ways in which they just want to be normal. We're trying to balance that, particularly now that they're at an age when it's really important to feel accepted by their peers."

Even more important, Sinclair and her husband have tried to make sure their kids accept themselves. "They've met people with albinism of all ages, all over the world," she says. "As long as they take some precautions, they know they're going to be fine."

"Our children have met people with albinism all over the world," says Sinclair. "As long as they take precautions, they know they're going to be fine. I've told them, 'Suncreen is your friend.' They carry it with them and know to reapply."

Consistency Is Key
—
Children with albinism at a school in Tanzania carefully apply sunscreen provided to protect their skin — a vital safeguard.
⬇

Why Are People with Albinism So at Risk?

MOST OF US TAKE our greatest natural protection against skin cancer for granted. We're talking about melanin — the pigment responsible for the brownish tones in our skin, hair and eyes. It absorbs some of the ultraviolet (UV) radiation from sunlight, reducing the harm it can do to the DNA in our skin cells.

Melanin is made in cells called melanocytes, found in many parts of the body. Normally, UV exposure spurs melanocytes in the skin to ramp up production of the pigment, generating a tan (or a deeper shade in dark-skinned individuals) and at least temporarily preventing sunburn. Although

STEPHANIE SINCLAIR

prolonged or repeated exposure can lead to skin cancer, melanin offers a layer of defense.

For folks with albinism, however, that shield is depleted or nonexistent, undone by dysfunctional melanocytes. This group of conditions comes in two main varieties: ocular albinism, which affects only the eyes, and the more common oculocutaneous albinism (OCA), which involves both the eyes and skin. OCA, in turn, has seven variants, classified by their genetic cause and their characteristic color changes. Type 1 is distinguished by white hair, extremely pale skin and light irises. Types 2 and beyond are typically less severe, with hair that may have a tinge of red, brown or yellow, and somewhat darker irises.

Ironically, albinism seems to occur most frequently among darker-skinned ethnic groups, whose complexions evolved to withstand the equatorial sun. Estimates of the prevalence of OCA around the world are sketchy, but they range from 1 in 12,000 to 15,000 people in North America and Europe; 1 in 4,000 to 7,000 in Africa; and 1 in 22 to 210 among certain indigenous communities in Brazil and Panama. This also means albinism is most prevalent in countries with widespread poverty and limited medical infrastructure — places where sunscreen tends to be unaffordable or unavailable, and even protective clothing may be tough to obtain.

As in other populations, basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs) are more common than melanomas in people with OCA. And though BCCs and SCCs are typically considered less dangerous than melanomas, people with albinism in low-income countries often die young from malignancies that might have been nipped in the bud if they lived in areas where there was more access to health care.

A Doctor Determined to Make a Difference

"SKIN CANCERS ARE very easy to detect, provided the local doctors know how to recognize them," says Dr. Strasswimmer. "But skin cancer will kill people if it's not treated." The son of an Air Force pilot who was shot down over Vietnam, Dr. Strasswimmer had always been driven by what he describes as an "inner compulsion" to relieve human suffering. He wanted to help. Having previously studied virology at the Pasteur Institute in Paris and done volunteer medical work in the Amazon jungle, he drew on his international connections to find ways to serve people with albinism in resource-limited parts of the world.

In 2008, he began bringing teams of dermatologists and fellow Mohs surgeons to Tanzania, where they treated skin cancers, trained local doctors and did education and outreach work among the general population. He also collaborated with a Spanish pharmacologist, the Tanzanian Albino Association and several chemical companies on a project enabling people with albinism to produce and distribute their own sunscreen product. "They asked potential users, 'Would you rather have a sunscreen that you only apply once a day, but it's pastier, or do you want one that's a little more cosmetically elegant, but you have to apply three times a day?' It's been a tremendous success story."

Soon, Dr. Strasswimmer was leading medical teams to Uganda and Malawi as well, in partnership

Sharing Skills
—
Dr. Strasswimer teaches local dermatologists how to treat skin cancers of Africans with albinism (top). He met with musician Salif Keita (above) about bringing this program to Mali, but increasing violence there stopped them for now.

JOHN STRASSWIMMER, MD

with local albinism societies. However, those efforts had to be abandoned after an Ebola outbreak and a rash of kidnappings struck the region. By then, he had founded a nonprofit, Dermatology Medical Missions (DMM), to pursue his quest. He and his colleagues began traveling throughout Latin America and the Caribbean, excising tumors, preaching the importance of sun protection, teaching healthcare providers how to recognize melanomas in skin that lacks melanin (hint: they're usually pink or red rather than black or brown) and searching for partners with whom the organization could form a lasting relationship.

They found one in Grenada, an island nation that had just a single dermatologist serving a population of 120,000. Working with that specialist and the country's ministry of health, DMM launched a program for people with albinism in 2013. Dr. Strasswimmer led teams there three or four times a year until 2020, when the COVID-19 pandemic hit. To his frustration, the program has been in suspension ever since.

More recently, DMM has expanded its mission to treating skin diseases of all kinds among needy populations, including those in the U.S. Meanwhile, people with albinism around the world have continued pushing back against stigma and organizing to get their countries' health systems to address their urgent needs. The United Nations has declared its support for the cause. Perhaps the most prominent advocate is the Malian singer-songwriter Salif Keita, a world-renowned Afro-pop artist who has OCA himself — and who fled discrimination in his homeland to pursue a musical career. His song "*La Différence*" celebrates the paradox of his appearance: "I am black/My skin is white… It is a difference that is beautiful."

Yet the difference is still too often deadly. That's why Dr. Strasswimmer is working to revive his global albinism project — and why he hopes other qualified clinicians will launch their own. His argument for action has two parts. The first is practical: Focusing on people with OCA offers a cost-effective way to reduce cancer deaths in resource-challenged places. "Albinism is one of the few conditions that enable you to identify someone at high risk of cancer without expensive tests," he notes. "And you can cure an early-stage skin cancer in Africa using about $100 worth of materials, compared to malignancies that require chemotherapy and IVs and hospitals and all that stuff."

The second half of Dr. Strasswimmer's argument, however, comes straight from the heart. "This kind of work," he says, "is very difficult logistically and financially. It's tiring. It requires you to be away from your office and your family for a long time. But saving a patient's life by removing a cancer that would otherwise have gone untreated is a unique privilege. There's nothing like it." ■

"Many other organizations want to do education and outreach in developing countries," says Dr. Strasswimmer, "but most don't have people to do hands-on treatment abroad. The logisitics of bringing a team to a foreign country are a challenge, but ultimately incredibly fulfilling. We have saved many lives over the years."

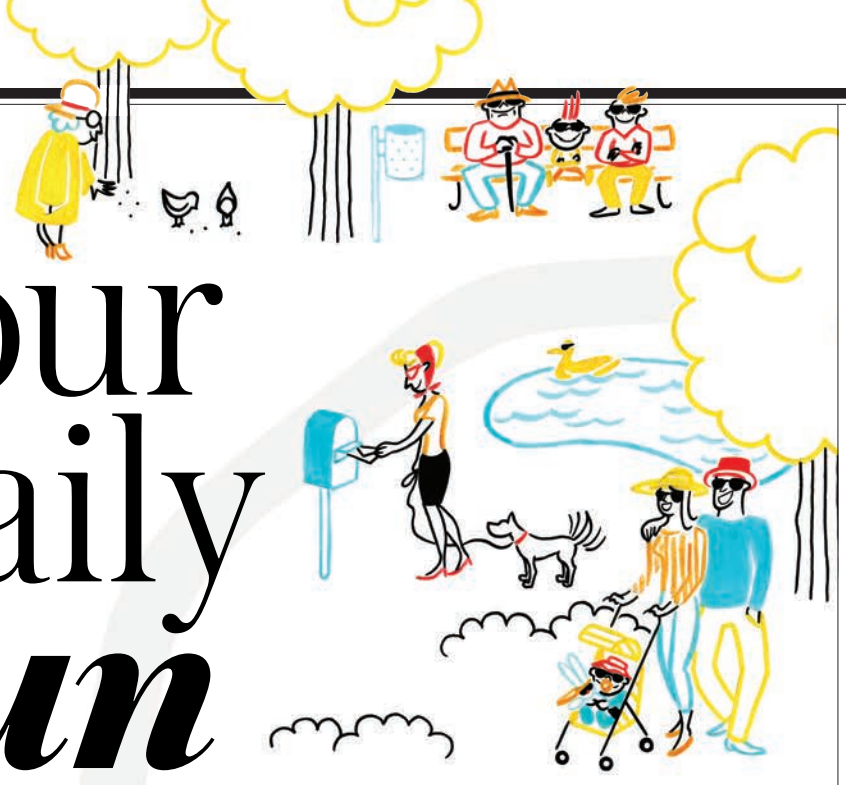
How You Can Help

A handful of nonprofits around the world focus on the health needs of people with albinism in resource-limited countries. Here are some to consider supporting, whether through donations or volunteer work.

- **Dermatology Medical Missions**
  https://www.dermatologymissions.org
  Directed by John Strasswimmer, MD, PhD, DMM has a long track record in Africa, Latin America, the Caribbean and the U.S.
- **Under the Same Sun**
  https://www.underthesamesun.com
  Founded by Peter Ash, a Canadian entrepreneur with albinism, this Tanzania-based organization works to ensure equal opportunity for people with the condition through health care, advocacy, education and career placement.
- **Sierra Leone Association of Persons with Albinism**
  https://albinismsierraleone.org
  SLAPWA offers free sunscreen through global partnerships, ensuring distribution throughout the country.
- **Africa Albinism Network**
  https://africaalbinismnetwork.org
  A consortium of 61 NGOs working to support "the dignity, rights and welfare of persons with albinism in Africa and their family members."
- **National Organization for Albinism and Hypopigmentation**
  https://albinism.org/#
  NOAH's stated mission is to act as "a conduit for accurate and authoritative information about all aspects of living with albinism" in the U.S., and to provide "a place where people with albinism and their families can find acceptance, support and fellowship."
- **Global Albinism Alliance**
  https://www.albinismalliance.org
  Based in France, this umbrella group brings together more than 150 albinism organizations in over 80 countries to support advocacy, education and research initiatives aimed at improving knowledge about albinism and the lives of people affected by the condition.

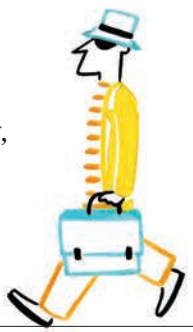
Kenneth Miller *is an award-winning journalist in Upstate New York with expertise in health and medicine, whose work has appeared in* Time, Life, Discover *and many other publications. His book* Mapping the Darkness: The Visionary Scientists Who Unlocked the Mysteries of Sleep *was published in 2023.*

Your Daily *Sun* Protection Guide



The sun sustains life and feels good, but it can be your skin's worst enemy. While every sunburn can increase your risk of skin cancer, it's not just those big days at the beach or ballgame that cause trouble. Each time you run out to get the mail, walk the dog or commute to work without sun protection also adds to the damage that can lead to skin cancer (as well as leathery skin, dark spots and wrinkles).

No single method of **SUN DEFENSE** can protect you perfectly, though. That's why we created this roundup of advice for you. The best path to **BEAUTIFUL, HEALTHY SKIN** is to adopt as many of these steps as possible into your lifestyle and make them daily habits everywhere you go, all year long.



HOW THE SUN'S RAYS HARM YOU

- The sun produces two main types of ultraviolet (UV) rays that can hurt your skin. The ones called **UVB** cause sunburn, while those known as **UVA** can also lead to sunburn, as well as tanning, wrinkles and skin aging.
- When either type of UV light reaches your unprotected skin, **damage to the DNA** in your skin cells starts within minutes. Your immune system will repair some of this damage, but not all of it.
- Over time, the remaining DNA damage can cause **mutations that lead to skin cancer**.

1

Cover It Up

Clothing can provide a great barrier against the sun's UV rays. Its protection is consistent over time and doesn't wear off like sunscreen does. Many new fabrics offer high-tech protection and breathability, too. The more skin you cover (high neck, long sleeves, pants), the better, and a hat with a wide brim all the way around (three inches or more) is best because it helps shade your eyes, face, ears and neck. Also wear UV-blocking sunglasses to protect your eyes and the skin around them.

What Does UPF Mean?
Look for UPF, which stands for ultraviolet protection factor, on labels for clothing, hats and fabrics. The number indicates what fraction of the sun's UV rays can penetrate the fabric. A shirt labeled UPF 50, for example, allows just 1/50th of the UV radiation to reach your skin.

The pitfall: Any clothing leaves some skin exposed, so you need sunscreen, too. Don't forget to apply it to your hands, especially after washing them.

2

Play in the Shade

When you are outside, think of shade as your refuge, especially between 10 AM and 4 PM, the peak hours of sun intensity. Walk on the shady side of the street, sit under an awning or sun-protective umbrella, duck onto the covered porch at a pool party or even under a tree.

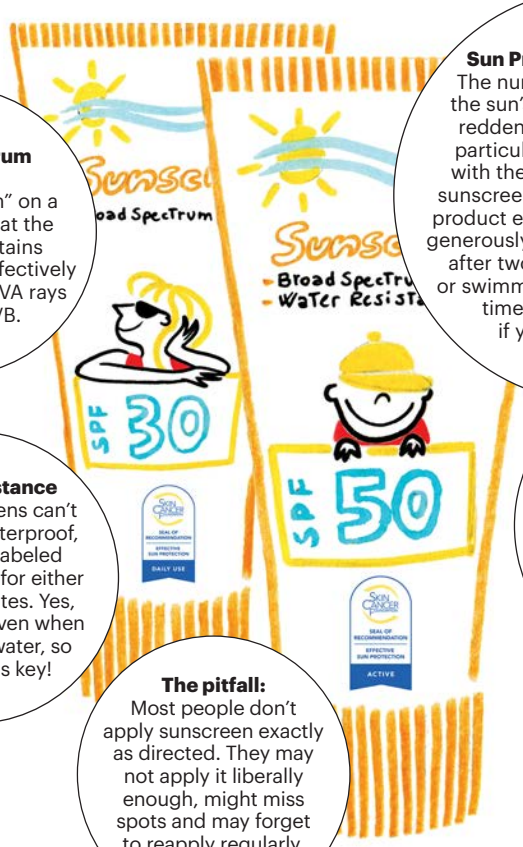
The pitfall: Shade isn't a perfect shield. Some UV rays can still reach your skin. They can pass through leaves and branches, hit your skin from the side and reflect off water, sand, glass and concrete.

Illustrations by FEDERICA DEL PROPOSTO

3

Know Your Sunscreen

Sunscreens come in many formulations and delivery methods, and it can take trial and error to find the one you like best. Whether it's a sport spray, an easy-to-use stick or a rich moisturizer with antiaging ingredients, the best sunscreen is the one you will use every day.



Broad Spectrum
The words "broad spectrum" on a label indicate that the sunscreen contains ingredients that effectively protect against UVA rays as well as UVB.

Sun Protection Factor (SPF)
The number tells you how long the sun's UVB rays would take to redden your skin when using a particular sunscreen compared with the amount of time without sunscreen. So if you use an SPF 30 product exactly as directed (applied generously and evenly, and reapplied after two hours or after sweating or swimming), it would take you 30 times longer to burn than if you weren't wearing sunscreen.

Water Resistance
While sunscreens can't claim to be waterproof, they can be labeled water resistant for either 40 or 80 minutes. Yes, you can burn even when you're in the water, so reapplying is key!

Sensitive Skin
Products containing zinc oxide and titanium dioxide, sometimes referred to as mineral or physical formulas, may be less likely to cause skin irritation in people who have sensitive skin.

The pitfall:
Most people don't apply sunscreen exactly as directed. They may not apply it liberally enough, might miss spots and may forget to reapply regularly. Slather it on!

The Skin Cancer Foundation advises everyone to use a broad-spectrum sunscreen with an SPF of 30 or higher every day. For extended outdoor activity, use a water-resistant, broad-spectrum sunscreen with an SPF of 50 or higher. Reapply every two hours or after swimming or sweating.

4

Shield the Wee Ones

Infants: It's best in the first 6 months to keep infants out of the sun rather than use sunscreen on their sensitive skin. Clothing should cover baby's vulnerable arms and legs, and don't forget to use hats, sunglasses and stroller sunshades.
Toddlers: In addition to providing a protective hat and clothing, you can apply sunscreen to children starting at 6 months.

The pitfall: Unexpected exposure can happen, for example, with a babysitter. Be prepared; talk to caregivers in advance about sun protection.

5

LOOK OUT FOR WINDOWS

- While glass blocks UVB rays pretty well, it **allows UVA rays** to pass through. This is true of your windows at home as well as on the road.
- Car windshields are treated to shield drivers from most UVA, **but side, back and sunroof windows** usually aren't. When you're in your car, protect yourself and your family with hats, clothing, sunglasses and sunscreen. Another option is to have UV-protective **window film** applied to windows, in your car or at home. Local laws may apply.
- The windows on **airplanes, trains and buses** also allow UVA rays to pass through. That's why airline pilots, crew members and even frequent travelers may get more skin cancers than other people do.

The pitfall: You need to plan ahead before traveling and make sure you have sunscreen on and protective clothing with you.

6

Say No to Tanning Beds

It's simple: Don't use a tanning bed — ever. Indoor tanning (even one time) raises the risk of all kinds of skin cancer, including melanoma. In fact, using a tanning bed before age 35 increases your risk of melanoma by 75 percent.

The pitfall: We applaud the 20 states (and the District of Columbia) that currently prohibit people younger than 18 from using indoor tanning devices. Other states, however, have not taken this important action that can save lives. Peer pressure to be tan can affect your better judgment at any age. Say no!

7

Seek the Seal

SKIN CANCER FOUNDATION
SEAL OF RECOMMENDATION
EFFECTIVE SUN PROTECTION

You can find our Seal of Recommendation on the types of sun protection in this guide. Our volunteer Photobiology Committee ensures that every product that earns the Seal of Recommendation meets or exceeds our scientific criteria. When you see it on clothing, hats, eyewear, awnings, umbrellas, window film and tint, laminated glass and sunscreen, you can trust these will protect against harmful UV rays and damage that can lead to skin cancer.

PROTECT. PREVENT.

DERMATOLOGIST
FOUNDED BRAND

Daily Shield Tinted SPF 50 Sunscreen
Multitasking one-shade mineral formula blends flawlessly to even out skin tone and provides broad-spectrum protection to help prevent skin aging and skin cancer caused by the sun.

Discover your healthiest skin yet at **epionce.com**

Antioxidant Formula | PABA and Paraben-Free
(866) 374 6623 | info@epionce.com | epionce.com

epionce®
We Deliver the Beauty *of* Healthy Skin™

Your Skin Is Uniquely *You!*

No matter what state your skin is in, we can help you protect it. Our mission at The Skin Cancer Foundation is to empower people to take a proactive approach to daily sun protection and the early detection and treatment of skin cancer. Everyone is different, which is why we constantly create new content and materials to inspire and motivate you to find your solutions. Your skin will be better for it!

INSIDE

IT WAS A VERY GOOD YEAR

THE YEAR 2009 was pivotal for me and, yes, very personal. I was 78 and having the time of my life with the love of my life, Marcia Robbins-Wilf, EdD. What a thrill it was for the two of us to welcome 2009 at the world-famous New Year's Eve Ball at the Hofburg Imperial Palace in Vienna. It was one of the grandest events we'd ever seen, with flowers everywhere, elegantly costumed dancers, orchestras playing. Marcia and I took to the dance floor and waltzed like we were in *The Sound of Music*. It was a once-in-a-lifetime experience. I wanted more of those.

I had already made the decision to retire from NYU Medical Center in New York City, where I had been affiliated since 1964 and chief of Mohs surgery since 1972. But I was still seeing patients in my private practice, where demand was high. My hands were still steady, and I loved my work. But after that trip to Vienna, I started to feel fed up with the long hours and said, "I love my patients, but I think I've had enough." I had performed about 47,000 skin cancer surgeries. I had taught in nearly 50 countries. I thought, "Why don't I just slow down and enjoy my life?" My decision to sell my practice was a little impulsive, and I hoped I wouldn't regret it.

In March of 2009, Marcia and I flew to San Francisco for the American Academy of Dermatology annual conference, as well as a "Toast and Roast" to celebrate the 30th anniversary of my founding of The Skin Cancer Foundation. At the event, my friends and family were funny, and I was overwhelmed with gratitude. At the end, I said, "Life is not a dress rehearsal, so enjoy it!" I realized at that moment that the decision to retire was right. I knew I would miss those personal daily connections with my patients, but I hoped I would continue to run into them everywhere I traveled (and yes, that still happens to this day)!

At The Skin Cancer Foundation's 2009 Gala at the Pierre Hotel in New York City that October, I realized I had never felt so relaxed. When I addressed the crowd, above, I said, "Little did I realize, 30 years ago, that so few people were aware of skin cancer and what caused it — until we told them about the importance of protecting themselves from the sun. I'm excited about what we have achieved, and even more about the leaders who will carry our message for the next 30 years."

Starry Night
—
Our 2009 Gala was my first after selling my medical practice. I was enchanted when Broadway star Bernadette Peters walked through the crowd to serenade me with "When You Wish Upon a Star." It was magical!

Today, 16 years later, Deborah Sarnoff is doing a great job as this Foundation's president. I'm still here, too, and will turn 95 this June. Our message has never been more powerful — or personal. ■

PERRY ROBINS, MD
Founder, The Skin Cancer Foundation

Stay beautifully protected and keep your skin looking its best—no matter the season.

Prevention and proper care go hand in hand when it comes to your skin.

By choosing the right sun protection and skin care actives, you're not only helping to prevent dangerous UV damage, you're also addressing common concerns like hyperpigmentation, premature aging, and dryness.

dsm-firmenich has you covered

A full range of powerful solutions:

- **Anti-aging:** SYN®-PEPTIDES and Bioactives
- **Dryness:** Hyaluronic acids
- **Hyperpigmentation:** Niacinamide PC and Alpha Arbutin

dsm-firmenich is the only manufacturer working to bring you the 1st UV filter to be approved in the US in over 25 years: **PARSOL® Shield.**

Contact Us

Learn More

beautycare.na-info@dsm-firmenich.com

dsm-firmenich

The skin cancer patients I speak with remind me of who we are here to help and that everyone deserves to feel heard. It's an honor to listen to their stories.

MAKING A PERSONAL CONNECTION

From our Executive Director, Becky Kamowitz

THERE'S SOMETHING YOU may not know about The Skin Cancer Foundation: If you call us up and leave a voicemail explaining that you are a skin cancer patient looking for help, chances are I'm the one who is going to get back to you. I'm aware that it's a little unusual to have an executive director returning these calls. But with only 15 people on our staff, I expect everyone to pitch in with duties outside their roles, and that includes me.

There was a time when the Foundation fielded hundreds of calls each year via a toll-free number, and we mailed out brochures and pamphlets to anyone who requested them. These days most people get the information they need from SkinCancer.org, our website. But we still receive a few dozen calls annually, and I'm glad that we do. The personal connections I make with patients help inform the hundreds of conversations I have throughout the year with our board members, donors, advocacy allies and corporate partners, as we all work together in the fight against skin cancer.

When we talk about incidence, we make a lot of sweeping statements, like one in five Americans will develop skin cancer. But a skin cancer diagnosis can mean a lot of different things (something readers of this magazine know well). Maybe it means an excisional surgery and a bandage. Maybe it's a day-long Mohs surgery or a flap procedure with a lengthy recovery. Maybe it's a lymph node biopsy and immunotherapy. The people who call up the Foundation have experienced all of this and more. I've spoken to people diagnosed with dozens of nonmelanoma skin cancers who are at their wit's end trying to stem the tide of new cancers; people looking for alternatives because their late-stage melanoma is not responding to treatment; people who have been told that their nose or ear would need to be rebuilt.

The people who call us want to express their fears and concerns, and I do my best to listen and validate their feelings. We don't have a physician on staff, and of course we can't provide medical recommendations. But we can mail them educational information and point them to other organizations that may be able to provide additional support.

I carry these phone calls with me as I work with our staff to develop the programs, campaigns and content that we hope will save and improve lives. Your stories are top of mind, as we balance providing information that pertains to everyone while remaining relevant to your own skin cancer experience. So, please keep the phone calls coming. We'd love to hear from you. ■

For a list of The Skin Cancer Foundation's Physician Members, visit page 94.

PAUL MELIA

WE'RE CELEBRATING
260,000+
AIRINGS
OF THE BIG SEE TV SPOT.

Tell us if you've seen it: info@skincancer.org.

SKIN CANCER FOUNDATION

Many people think skin cancer's no big deal. The reality is, more than 2 people die from skin cancer every hour. See something new, changing or unusual? It could be skin cancer. Check yourself for The Big See today.

TheBigSee.org

THE 2024 SKIN CANCER FOUNDATION CHAMPIONS FOR CHANGE GALA

THE ZIEGFELD BALLROOM
NEW YORK CITY | MAY 15, 2024

OUR SIGNATURE ANNUAL EVENT RAISED $770,000 FOR THE FOUNDATION'S LIFESAVING PROGRAMS.

1 President of The Skin Cancer Foundation, **Deborah S. Sarnoff, MD,** welcomed guests, "We are so grateful for your investment and the trust you bestow upon us to use those funds wisely as we help people prevent, detect and seek treatment for the world's most common cancer."

3 Skin Cancer Foundation Founder **Perry Robins, MD,** thanked attendees for believing in the Foundation's mission to save and improve the lives of those affected by skin cancer. 4 Guests of Shiseido Americas gathered on the "blue carpet" (with President and CEO **Ron Gee,** center) to celebrate the company being honored for three decades of partnership with The Skin Cancer Foundation.

❺ Skin Cancer Foundation Senior Vice President and Gala Physician Co-Chair **Elizabeth K. Hale, MD,** and Gala Physician Co-Chair **Julie K. Karen, MD,** presented the Champions for Change Award.

❷ From left to right: Gala Committee member **Alexis Holder,** Gala Physician Co-Chair **Julie K. Karen, MD,** Senior Vice President and Gala Physician Co-Chair **Elizabeth K. Hale, MD,** Gala Physician Co-Chair **Jesse M. Lewin, MD,** Gala Co-Chair **April Franzino,** Gala Committee members **Susan Small, Jane Y. Yoo, MD, Blair Murphy-Rose, MD,** Honorary Chair **Marcia Robbins-Wilf, EdD,** Gala Committee members **Maral K. Skelsey, MD, Jennifer Dussich, Joseph Dussich, Ana Prodanovich, Ian Michael Crumm, Kimberly Campbell, Steve Alperin,** Gala Physician Co-Chair **Ariel Ostad, MD,** Gala Committee member **Tyler Steele.**

❻ Champions for Change Gala Physician Co-Chairs **Ariel Ostad, MD,** and **Jesse M. Lewin, MD,** addressed the crowd to discuss the impact of The Skin Cancer Foundation Destination Healthy Skin program. ❼ EvolveMKD CEO and Founder **Megan Driscoll** with guests, left to right: **Megan Gerard, Deanne Mraz, MD, Carie Cambria, Sorah Seo, Amanda Doyle, MD, Adeena Fried.** ❽ President and CEO of Shiseido Americas **Ron Gee** accepted the Champions for Change Award on behalf of the company's innovations in sun protection.

9 Guests of Regeneron Pharmaceuticals, Inc., left to right: **Rebecca Forrestal, Sandra Graham-Mason, Katrina Long, Khary Burke, Rob Caruano, Sarah Nia, Matthew Fury, MD, Amanda Seeff-Charny, Annabel Nau, Don Creighton.** 10 President of The Skin Cancer Foundation **Deborah S. Sarnoff, MD,** and **Robert H. Gotkin, MD.**

11 Gala Co-Chair **April Franzino** with **Carli Whitwell,** senior director of editorial at Refinery29, recipient of the 2024 Media Impact Award for advocacy on the dangers of tanning beds. 12 From left to right: Skin Cancer Foundation Senior Vice President **C. William Hanke, MD,** Gala Honorary Chair **Marcia Robbins-Wilf, EdD,** Skin Cancer Foundation Founder **Perry Robins, MD,** Skin Cancer Foundation Vice President **Leonard H. Goldberg, MD.**

⓭ Guests of MDSolarSciences, **Renee Plato** and **Nicole Stryker.** ⓮ Guests ended the night on the dance floor, celebrating the evening's success by grooving to the sound of today's pop hits.

⓯ Gala Committee Member **Alexis Holder** and guests **Yvonne Holder** and **Kimberly Brown.** ⓰ 2019 Champions for Change Gala honoree and longtime supporter **Sandy Klein** with his son **Brandon Klein.** ⓱ Guests of EltaMD Skin Care, left to right: **Annie Diaz,** Gala Committee Member **Ian Michael Crumm, Madhu McArdle, Gregory Poullet, Echo Sandburg, Constantin Sklavenitis, Jessica Cruel, Julee Wilson, Prince Adotama, MD.**

THANK YOU!

We are grateful to the individuals and sponsors who came together to support our important work.

2024 CHAMPIONS FOR CHANGE GALA SPONSORS

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EvolveMKD
Procter & Gamble

Skin Saviors
Publicis Health
Steven Sladkus
SurvivorNet
Bridgitte Young

Shade Seekers
Anonymous
Bubble Skin Care
Eau Thermale Avène
EZDerm
Dove
Vaseline

Wherever You Are, *We're There for You*

WITH SKIN CANCER INFORMATION YOU CAN TRUST

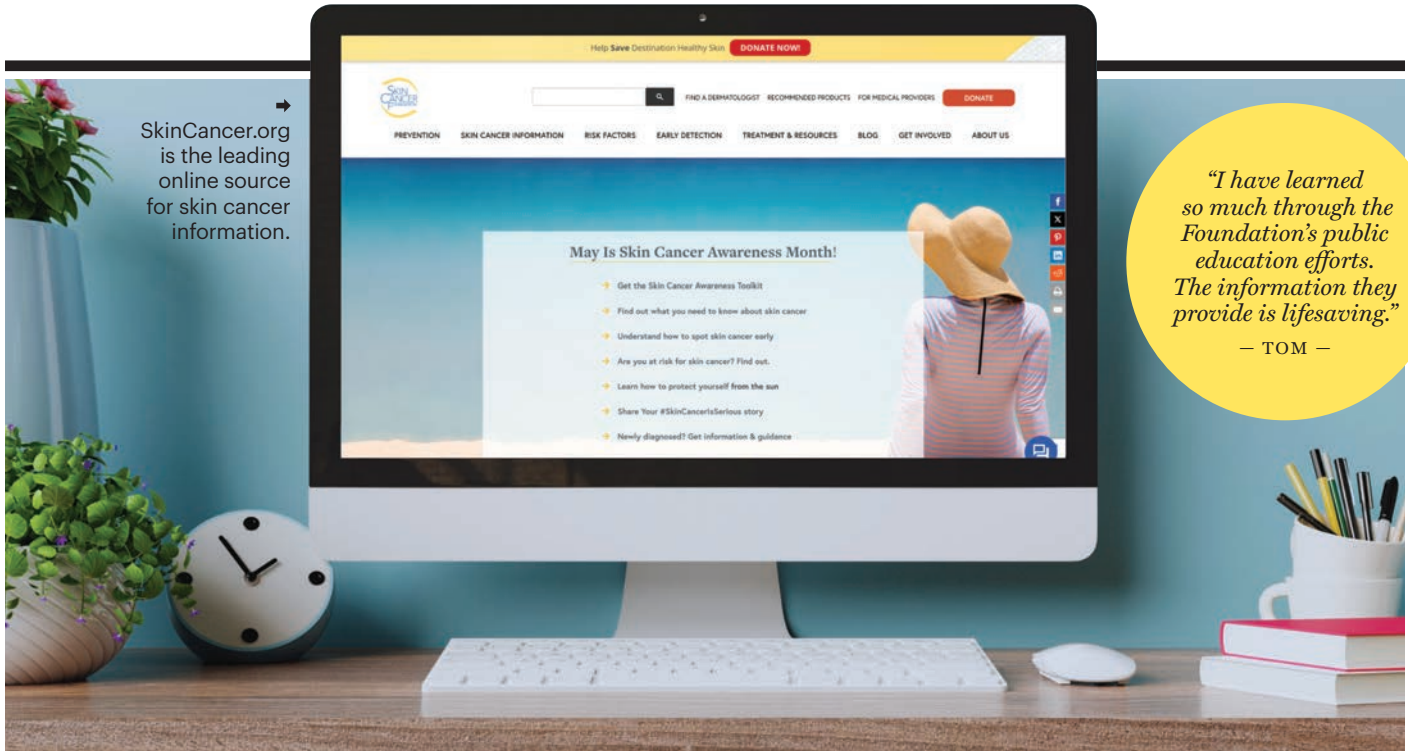
"The Skin Cancer Foundation has played an integral role in my personal growth, transforming me into a dedicated advocate for myself, defeating melanoma four times in my life. Their impact is truly awe-inspiring, as they tirelessly educate and bring free skin checks to people in areas where financial barriers might otherwise deter."

— AMY —

LECHATNOIR/GETTY IMAGES

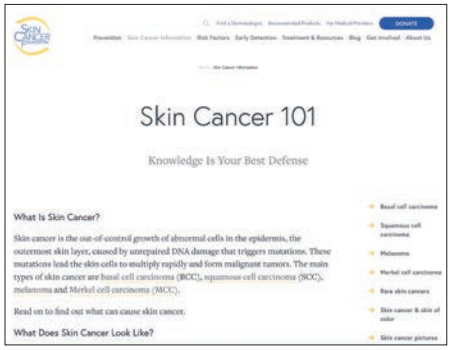
Imagine this: You're on your way home from work when your dermatologist calls to tell you that you have a skin cancer called basal cell carcinoma and need to schedule surgery to remove it. Once the news sinks in, you immediately open your web browser and search: "What is basal cell carcinoma?" "Is basal cell carcinoma dangerous?" "Does it spread?" "What happens during skin cancer surgery?" You want answers, and you want them fast.

That's where we come in. No matter where you are — on your phone searching for answers, in your dermatologist's office reading educational brochures or at home looking for support on social media — The Skin Cancer Foundation is **there for you.** For more than 45 years, we've worked to empower you with the facts and resources you need to take a proactive approach to skin cancer prevention, early detection and treatment.



SkinCancer.org: Your First Stop for Skin Cancer Information

11 million people visit SkinCancer.org each year. That's about 30,000 web users a day! People go to our website for trustworthy, accurate skin cancer information, presented in a clear, easy-to-understand way. It is often the first stop for those newly diagnosed with skin cancer.



140+ Web Pages

SkinCancer.org shines a spotlight on all aspects of the world's most common cancer, with comprehensive clinical content written and medically reviewed by experts. Whether you're looking for warning signs and details about specific skin cancer types, or photos of skin cancer; guidance on risk factors, early detection, sun protection and recommended products; or treatment information — we've got you covered.

330+ Blog Posts and a Monthly Newsletter

Our monthly newsletters and ***Sun & Skin News*** blog (part of SkinCancer.org) deliver the latest skin cancer news and updates, including everything you need to know about prevention, early detection, warning signs and treatment. Posts focus on trending topics and include recent and relevant news, tips and shareable content.

"I rely on The Skin Cancer Foundation to keep me up to date on how to protect myself from melanoma and other deadly skin cancers."
— HILA REYNOLDS —

Available in 14 Languages

Whether you speak English, Bengali, Chinese, French, German, Greek, Hindi, Indonesian, Italian, Japanese, Korean, Portuguese, Russian or Spanish, the website is available in the language that serves you best.

Optimized for Accessibility

Our website uses the principles of inclusive design to provide accessible content for people who have vision or hearing loss, and those who use voice control for navigation.

Wherever You Are, *We're There for You*

"I was diagnosed with melanoma at age 27 and went to social media for support. The Skin Cancer Foundation was one of the first options I found. They have been so supportive of me throughout my journey. I hope people continue to support the wonderful work they do for the skin cancer community, survivors, warriors and angels."

— BRITTANNY —

"The Skin Cancer Foundation is the most helpful medical nonprofit I have found. The quality of information is excellent."

— LIZ —

Social Media: Creating Community for You

Beyond the education we offer, people follow us on social media because they want to connect with other skin cancer warriors, caregivers and healthy skin champions. Our active, engaged communities share the Foundation's posts, graphics, images, videos and survivor stories to help us reach more people and save more lives. Our community thrives on skin cancer education, and followers from all over the world support one another, participate in polls and provide feedback on topics ranging from sun protection to survivorship.

Connect with Us:

- *@SkinCancerFoundation*
- *@SkinCancerOrg*
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- *@SkinCancerOrg*
- *@TheSkinCancerFoundation*
- */SkinCancerOrg*
- */SkinCancerFoundation*
- *@SkinCancerOrg*
- *@SkinCancerOrg.bsky.social*

The Media ♥ Us!

From *The New York Times* to *Buzzfeed* to *Newsweek* to *Women's Health*, the media turn to The Skin Cancer Foundation when they need to report on the world's most common cancer. Last year alone, The Foundation reached billions of people through our coverage. We also worked closely with our media partners *HealthCentral* and *Refinery29* to help amplify important campaigns like "Skin Cancer in Skin of Color" and our advocacy work to educate the public about the dangers of tanning beds.

The New York Times
BuzzFeed
Newsweek
Women's Health
HealthCentral
REFINERY29

Our Early Detection Campaign

NEW
CHANGING
UNUSUAL

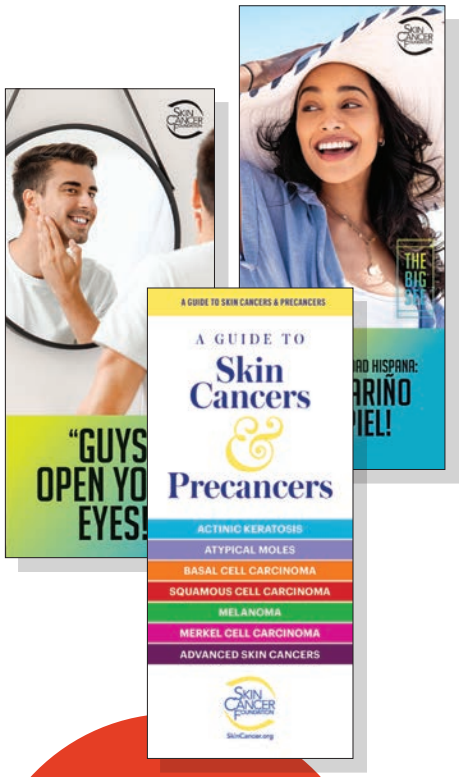
The Big See is The Skin Cancer Foundation's public service campaign to promote the early detection of skin cancer. The campaign provides clear, easy guidance to look for anything **NEW, CHANGING,** or **UNUSUAL** on your skin and offers advice on what to do next. To date, The Big See has received $70 million in donated advertising since its launch in 2019.

"As a health-care professional in the cancer space, I know the importance of screening for diseases like skin cancer. The Skin Cancer Foundation's free screenings and accurate, medically reviewed skin cancer information are vital public health services. The information that The Skin Cancer Foundation offers is informative, easy to digest and important!"

— JULIA —

Patient Education Brochures: Easy-to-Understand Print Materials

The Foundation's print education materials are shipped to medical offices, health clinics, schools and community centers across the country — and to our Destination Healthy Skin traveling RV. Doctors rely on our brochures and posters to help explain the basics of skin cancer prevention, early detection and treatment to the general public. We work closely with member dermatologists to break down confusing medical terminology so we can provide you with helpful, digestible information.



"The Skin Cancer Foundation offers the most comprehensive brochures available for patients on this subject. A Guide to Skin Cancers & Precancers helps patients with all the basic information they need to know."

— CAROL TRAKIMAS, DO —

The Skin Cancer Foundation Journal: An Annual Magazine Focused on You

THE SKIN CANCER FOUNDATION JOURNAL features our award-winning design and ahead-of-the-curve content for patients (and doctors) who care deeply about skin health. The magazine highlights the Foundation's programs and events, as well as our members and donors who support us in the fight against the world's most common cancer. Published in May, the Journal goes to every dermatologist in the U.S., plus extras for our member physicians to distribute directly to their patients who need them most.

Our theme this year is: "It's Personal," which highlights how deeply skin cancer impacts all of us in different ways as individuals. We each have a different skin type, lifestyle and preferences that inform our skin health. But despite what's unique about us, we are all at risk for having skin cancer. This is why we recommend regular skin checks and a daily sun protection strategy for everyone! We want you to know your risk for skin cancer. We want you to be proactive about prevention and early detection. We want you to remember that prompt treatment can save your life. We want you to feel good in your skin no matter what. And we're here to help!

Winding Down
—
Balmy late-October breezes blew through the palm trees in Miami as our RV prepared to finish out its final season of screenings in 2024.

Driving Detection to Save More Lives in 2025 and Beyond

Year after year, mile after mile, The Skin Cancer Foundation's mobile free screening and education program, Destination Healthy Skin (DHS), has built a lifesaving legacy of bringing dermatologists to people in communities around the country, touching countless lives along the way. This year, DHS hits the road in style with a fresh, state-of-the-art RV and big plans to expand its reach — ushering in a new era of hope and progress in the fight against skin cancer.

By Victoria Kopec

DETECTING SKIN CANCERS in their earliest stages, when they are easier to treat and cure, is at the heart of the Destination Healthy Skin program. Each year on average, our physician volunteers perform about 2,000 free full-body skin cancer screenings aboard an RV equipped with two private exam rooms. But our impact goes far beyond skin exams.

Every touchpoint at a DHS event aims to educate, leaving people better informed about the dangers of skin cancer and more motivated than ever to protect their skin from the sun. The Big See early detection public service ad plays in the waiting room; the RV walls are adorned with informative posters; dermatologists counsel each person they screen; and afterward, participants take away educational brochures and sun protection products. "What we're doing is educating and empowering people to be proactive about their skin health," says Becky Kamowitz, executive director of The Skin Cancer Foundation.

Our Impact Over the Years

32,000 free full-body skin cancer screenings provided.

13,000 potential skin cancers and precancers detected, including:

615 suspected melanomas.

100,000 + people reached with educational material and sun protection products.

Teamwork Makes the Dream Work

FROM PLANNING ROUTES, recruiting physician volunteers and stocking the RV to managing and publicizing events, Destination Healthy Skin is fueled by engaged physician volunteers, dedicated program staff, generous sponsors and individual donors who help us reach more people and save more lives.

Bringing Dermatologists to Patients

IT'S A FACT: In many U.S. communities, skin cancer screenings can be hard to come by. This access gap happens for several reasons: People may lack health insurance coverage, there could be months-long wait times for appointments or they may live in an area with few or no practicing dermatologists. That's where DHS comes in — a program designed to reach people where they are.

"About 65 percent of participants receive their very first skin cancer screening onboard the Destination Healthy Skin RV," explains Kamowitz. "In essence, it's about bringing dermatologists to people and trying our best to provide this public service to communities that need it most. We want to be there for them."

The Ultimate Outreach Tool

ONCE THE DHS schedule is in place, our communications team coordinates with local television, newspaper and digital reporters to publicize nearby events.

But the ultimate outreach tool could very well be the RV itself. When DHS arrives in town, it's hard to miss. The RV's big, bold exterior messaging: **WHAT'S THAT? It Could Be Skin Cancer.** makes you stop and think. Best of all, it's convenient. You can get a free skin cancer screening right here, right now, no insurance needed. How can you turn that down?

"It's incredible to see how many people walk in off the street, not having skin cancer on their radar but getting a screening because they see the RV. And we find something," explains Jesse M. Lewin, MD, a DHS volunteer dermatologist. "We find a melanoma that's in its early stages, potentially deadly in the later stages, and get to intervene and save lives." For physician volunteers, DHS is a deeply rewarding experience. For participants, it can be life-changing.

A Lifesaving Early Diagnosis

In May 2022, when Peter Graylin arrived at his New York City office, he noticed the RV parked on the street. "It was Skin Cancer Awareness Month, and right there was the mobile unit of The Skin Cancer Foundation," Peter explains. "I said, 'Oh, blow me down, I might go get checked. This is really convenient.'"

During the screening, Peter pointed out a mole on his right leg. Jane Yoo, MD, a DHS volunteer dermatologist, examined the mole and strongly suspected that it was melanoma. "It followed the classic ABCDE criteria in terms of what we look for in melanomas," says Dr. Yoo. A biopsy performed the next day confirmed that Peter's lesion was melanoma in situ. "Melanoma in situ is known as a thin melanoma, meaning that the cancer cells are contained in the top layer of the skin," Dr. Yoo says. "They have not started to grow deeper." Soon thereafter, Dr. Yoo performed excisional surgery to successfully remove the cancer.

Peter's entire experience, from seeing the RV outside his office to his melanoma diagnosis and treatment, transformed his perspective about skin cancer and quite possibly saved his life. "I was a perfect example of somebody who said, 'Nah, I've never had an issue. Skin cancer will never happen to me,'" he says. "And then, blow me down, it did."

Mary J. Hall, MD, was interviewed by the local NBC affiliate in Morgantown, West Virginia.

Our friends from EltaMD Skin Care stopped by to show their support in New York City.

Jesse M. Lewin, MD, and Dendy Engelman, MD, volunteered in New York City in September 2024.

Kids learned about the importance of sun protection during an event in Panama City Beach, Florida.

Early Detection Saves Lives

For dangerous skin cancers like melanoma, there's a dramatic decline in survival rates once the cancer progresses. The estimated five-year survival rate for U.S. patients whose melanoma is detected early is about 99 percent. The survival rate falls to 75 percent when the disease reaches the lymph nodes and 35 percent when the cancer spreads to distant organs.

An event manager in Louisville, Kentucky, helped a woman fill out her screening form.

Volunteer Leah posed with our event managers and Susan Massick, MD, above, in Columbus, Ohio.

What People Are Saying

"I'm currently in between insurance and worried about a spot on my skin, so when I saw the RV, I squealed with relief! This is such an important service. Thank you!"
— Encinitas, California —

"I've been concerned about a spot for over a year but have no insurance. This service allows me to have peace of mind."
— San Diego —

"With your help, my husband had two suspicious spots identified that were later biopsied and diagnosed as melanomas. This will save his life."
— New York City —

"Dermatology appointments are difficult to book, so it's great that you offer this service. I appreciate how this is able to raise awareness about skin cancer."
— Seattle —

"As a self-employed father of five, I am very thankful for this opportunity, since skin screenings are not available to me. I really appreciate it."
— Tampa —

"The peace of mind was worth the drive."
— Tempe, Arizona —

Doing More in '24: A Record-Breaking Finale

THANKS TO 68 Destination Healthy Skin physician volunteers, 2024 was a year for the record books — a fitting farewell season for the program's now-retired RV. In mid-April, the RV hit the road for the spring leg of the program, hosting events around the western half of the U.S. In July and August, the RV took a scheduled maintenance break, before heading out again from September to November with events along the East Coast and southern states.

In total, volunteer dermatologists screened **2,439 people** — a single-season DHS milestone — identifying **1,009 potential skin cancers** and precancers, including **86 suspected melanomas.** That's a big deal!

2024 by the Numbers

2,439 people screened by physician volunteers.

1,009 potential skin cancers and precancers identified.

56 events held around the country.

12,000 miles driven during the RV's final season.

This remarkable success was made possible by our 2024 program sponsors: **EltaMD Skin Care; Jergens Natural Glow; L'Oréal Paris; Castle Biosciences; dsm-firmenich; Sun Bum; Genentech, A Member of the Roche Group; Merck & Co., Inc.; The Lynne Waxman Foundation** and **The Sunshine Foundation.**

How the Foundation (and Our Wonderful Supporters) Saved DHS

Katie O. volunteered at a DHS event in Phoenix.

AMID A VERY BUSY 2024 season, the Foundation's top priority was finding a way to keep DHS on the road for years to come. This meant replacing its 14-year-old RV, which had reached the end of its life, with a new, fully customized model that could serve the public for a decade or more.

The campaign was introduced at the Foundation's 2024 Champions for Change Gala on May 15 in New York City, where an in-room pledge drive raised nearly $100,000. In June, Massage Envy became the lead sponsor of the campaign, with a $25,000 donation match challenge gift that drove public fundraising efforts. The company followed up with an additional $25,000 contribution earlier this year.

With the Foundation's development team leading the charge, the Save Destination Healthy Skin battle cry was "Every dollar counts!" The Foundation's entire community of physicians, donors, partners and advocates rallied around Save DHS, with donor appeals featuring a melanoma survivor and DHS advocate, individual fundraising campaigns, corporate donations and social media videos and challenges. The Natural SKN Company made a significant contribution [read more about the company founders on page 96]. Elizabeth K. Hale, MD, and Julie K. Karen, MD, made a meaningful donation in honor of Skin Cancer Foundation Founder Perry Robins, MD. It was a tremendous journey with a truly inspiring end result — saving a program that saves lives.

After the new RV was purchased, the Foundation's team got busy with customizations, which were completed during early spring, a perfect time of year for a fresh start. To every donor who helped us Save Destination Healthy Skin, we extend a big, heartfelt "Thank you!"

"Early detection can be the difference between life and death. That is why I am passionate about saving Destination Healthy Skin."

— KATIE O., STAGE IV MELANOMA SURVIVOR, DHS ADVOCATE —

Our Save Destination Healthy Skin Funding

We thank our donors, sponsors and partners who helped Save Destination Healthy Skin. Their generous contributions enabled us to purchase a new RV and keep our lifesaving program on the road.

$100,000+
The Natural SKN Company

$50,000+
Massage Envy

$25,000+
Elizabeth K. Hale, MD
Julie K. Karen, MD

$20,000+
Spencer Gibson

$5,000+
Joseph Dussich
C. William Hanke, MD
Robert and Marcia Hildebrand
John and Judy Rice
Marcia Robbins-Wilf, EdD and Perry Robins, MD

$2,500+
Steve and Sandy Bolger
Michelle Henry, MD
Shari Marchbein, MD
Kim Nichols, MD

$1,000+
Belal Ayoub
Anthony Barrett
Christiana Bartoul
Lance Brown, MD
Mark A. Corrado, CPA
Michael Cowan
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Leonard Rampulla
Elizabeth Robins, Esq.
Caroline Shaffer Siex
Steven Sladkus
Craig and Debra Stickley

In-Kind Donors
Avery Dennison
Chicago Wrap
Sunbrella
Publicis Health

Thank You to Our Destination Healthy Skin 2024 Physician Volunteers

The Skin Cancer Foundation gratefully acknowledges our 2024 physician volunteers who provided free skin cancer screenings in communities around the U.S.

Maria Al-Basha, MD
Stetson Albertson, DO
Martha Arroyo, MD
Kay Bishop, MD
Jenna Borok, MD
Kate Braunlich, DO
Beth Brogan, MD
Terrance Brogan, MD
Michelle A. Bussmann, MD
Jessica Clark, MD
Elizabeth Cooper, MD
Lilia Correa, MD
Bari B. Cunningham, MD
Julie de la Cruz, MD
Annette Dineen, MD
Jessica M. Donigan, MD
Marcus Elias, MD
Dendy Engelman, MD
Halden H. Ford, MD
Amy L. Gagon, MD
Sergio Gaitan, MD
Eloise Galligan, MD
Grigory Gelikman, MD
Steven Greene, MD
Nicholas Gulati, MD
Elizabeth K. Hale, MD
Mary J. Hall, MD
Carsten R. Hamann, MD
Dathan Hamann, MD
Ramiz Hamid, MD
C. William Hanke, MD
Michelle Henry, MD
Arvin Jadoo, MD
Mustafa A. Jafry, MD
Evelyn Jones, MD
Julie K. Karen, MD
Katelyn Kim, MD
Brenda LaTowsky, MD
Sancy Leachman, MD
Jesse M. Lewin, MD
Eric Loesch, MD
Lauren M. Madigan, MD
Susan Massick, MD
Michael McBride, DO
Brandon L. Miner, DO
David J. Myers, MD
Aderonke Obayomi, MD
Chris Obeime, MD
David Polsky, MD, PhD
Leeor Porges, DO
Désirée Ratner, MD
Patrick Retterbush, MD
Laura Scott, MD
Lindsay D. Sewell, MD
Nahid Shahrooz, MD
Sidney B. Smith, MD
Karen Stolman, MD
Jeffrey Stricker, DO
Sarah Sung, MD
Jennifer C. Tang, MD
Mohiba Tareen, MD
Carol Trakimas, DO
Payam Tristiana-Firouzi, MD
Isabel Valencia, MD
Rachel Ward, MD
Alghalith Yazan, MD
Jane Y. Yoo, MD

Our still undressed new-and-improved RV waiting to hit the road in '25!

What's That? It's Our New RV!

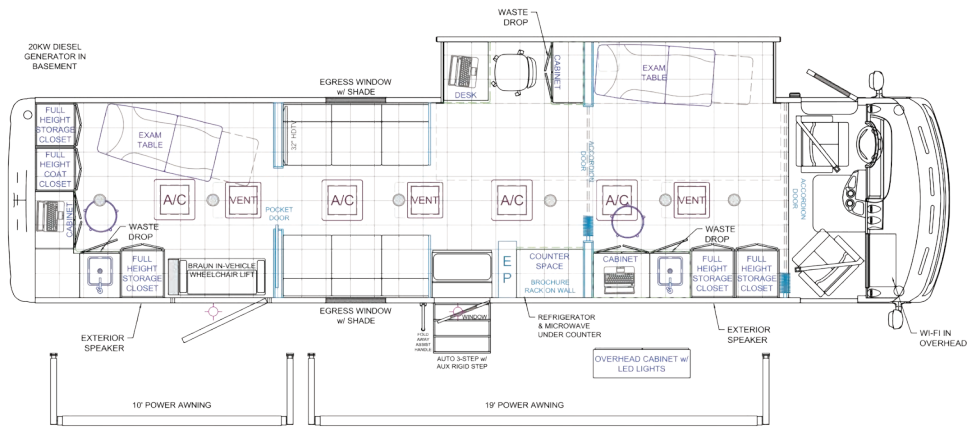
AS OF PRESS TIME for this 2025 *Journal*, our brand-new, fully customized Destination Healthy Skin RV was scheduled to make its debut in late April in Ohio and to be nearby the venue of our 2025 Champions for Change Gala on May 14, with dozens more events scheduled throughout the season. Visit DestinationHealthySkin.org to view the schedule, which the Foundation updates regularly.

While the RV's exterior looks similar, the entire DHS experience is significantly enhanced and thoughtfully tailored to meet the needs of the people who step inside. "There's something to be said for customizing an RV from scratch, taking into account how participants, volunteer dermatologists and our event team use the space," Kamowitz explains. "For example, we've added a wheelchair lift for greater accessibility, bigger shade structures to protect people in line, touch-free trash cans for the health and safety of all, better lighting throughout the vehicle, built-in speakers — and even more space for storing our educational materials."

The RV is not just new. It's roomier, more comfortable and well-lit. It's reliable. It's sustainable. It's fuel efficient. Best of all, it will serve the public for more than a decade, and help the program reach countless more people across the country with free screenings, education and peace of mind.

A Plan for Lasting Impact

ABOUT 60 PHYSICIANS donate their time to DHS each year, and their generosity is vital to its success. With a new, more durable RV on the road in 2025, the Foundation has laid out a strategic plan to accomplish more than ever before. This involves strengthening partnerships with dermatologists, connecting with large group practices and planning more events, with a special focus on underserved areas. "We're working to build relationships with dermatologists who are willing to collaborate more deeply to reach more people who need screening," Kamowitz says. "This will be a game-changer." ■



Features and Enhancements:

- ADA-accessible wheelchair lift
- Larger private exam rooms
- Expansive, UV-protective awning
- New audiovisual system
- More storage space
- Super comfy waiting room

SUN RESPONSIBLY

1 IN 5 AMERICANS WILL DEVELOP SKIN CANCER BY THE AGE OF 70

Everyone needs sunscreen every day, sunny or cloudy.

Source: The Skin Cancer Foundation (SkinCancer.org)

Behind the Lab Coat: Our 2024 Research Grant Awardees

For more than 40 years, The Skin Cancer Foundation has bestowed grants to early career investigators whose work shows promise in the prevention, detection or treatment of skin cancer. Previous recipients have become top experts in their fields and continue to make strides in helping our mission. Allow us to introduce you to our donors and our three most recent awardees, who share what they're working on in the lab and what they do when they're off the clock.

By Krista Bennett DeMaio

Dr. Marcia Robbins-Wilf Research Grant Award

$25,000

DONOR: Marcia Robbins-Wilf, EdD, is a longtime champion of philanthropy and education. She supports the SCF Research Grants because "it has been a rewarding path to seeing researchers' big ideas come to life and make a difference." Dr. Robbins-Wilf divides her time between Verona, New Jersey, and the Palm Beach area of Florida.

AWARDEE:

Gabriela Andrea Pizzurro, PhD

Associate Research Scientist,
Yale University, New Haven, Connecticut

TITLE OF PROJECT:

Modeling Metastatic Squamous Cell Carcinoma for Immunotherapeutic Studies

Dr. Pizzurro, an immunologist who began her training in Argentina and is now a post-doctoral associate researcher at Yale, created a method to grow squamous cell carcinoma (SCC) tumors in mice. "This allows me to see how fast the tumors are growing, and how they are able to colonize lymph nodes," she says. By forcing the tumors to develop into different levels of aggressiveness, Dr. Pizzurro can study what's changing inside the tumor and in the environment around it; specifically, "immune cells, stromal cells [a type of cell found in certain types of

connective tissue] such as fibroblasts and everything else that comes with the tumor."

The project stems from work she did with her late mentor on melanoma and immunology. "It's studying the role of how the immune system or specific immune cells help the tumor progress, or how to manipulate or harness the immune cells to stop or reduce the tumor progression or target and kill those tumor cells," she says. "By establishing this mouse model, we can start testing different therapeutic approaches, such as drugs that might work on these tumors." The grant, she says, will help generate pilot data that may lead to more significant grants to further fund the project.

TEAMWORK MAKES THE DREAM WORK: When she's not managing this research project, Dr. Pizzurro manages a household with her husband and two children — a daughter, 11, and a son, 5 (celebrating his birthday together, opposite page). "We're a team," Dr. Pizzurro says of her husband. "We balance well with our internal clocks. I'm a night owl, and he's a morning person," which means he gets up early with the kids before school, while she handles the PM prep work like lunches and activity pickups. They also rely on the proverbial "village," including faculty (her husband also works at Yale) and friends for help with carpooling. "Many of us are in the same boat without family nearby, so we've built this community."

To de-stress, Dr. Pizzurro (above, with sunglasses) enjoys hiking with her family in New England. She also loves cooking and baking. Following a recipe is similar to following protocols for research projects, she says. "In the same way that I standardize my research and find the best protocol for my experiments, I optimize my recipes, tweaking them and making them repeatable. I don't have to think about it too much; it comes naturally to me."

Todd Nagel Memorial Research Grant Award

$50,000

DONOR: Linda Nagel lost her husband, Todd, to melanoma when their son, Ryan, was only 3. She raises funds for skin cancer research through the annual Todd Nagel Golf Open in Minnesota. Ryan, graduating this year from the University of Iowa, carries on his father's legacy while working in a research lab studying melanoma and other cancers.

AWARDEE:

Andrew Ji, MD ▸

Assistant Professor of Dermatology, Icahn School of Medicine at Mount Sinai, New York City

TITLE OF PROJECT:

Immunosuppression and Macrophage Interactions in Squamous Cell Carcinoma Development

Dr. Ji took an interest in SCC for this project because it's the second most common type of skin cancer. Also, he explains, patients who have undergone solid organ transplants (kidney, lung, heart and liver) are at extremely high risk of developing SCCs because of the immunosuppression required to prevent their bodies from rejecting their new organs. "With immunosuppression, there's an increased risk of all skin cancers," he says, "but SCC stands out as a huge risk, with some literature reporting up to 100 times increased risk compared with the general population." Dr. Ji's research seeks to understand the molecular mechanisms behind the risk.

The focus is on macrophages, cells that prevent the formation of skin cancer. "They can help fight infection and clear out debris to allow tissue repair," explains Dr. Ji. "But in the immunosuppressed setting, these macrophages are less likely to fight against a tumor and help the tumor grow, promoting the migration of cells and blood vessels. This grant will allow us to apply novel, cutting-edge tools to our experience that we think will help us understand the question of how macrophages might be contributing to the increased risk of tumors." The long-term goal: "to manipulate or modulate the behavior of the macrophages so they are more anti-tumor — or at least prevent the pro-tumorigenic behavior."

NAVIGATING A NEW FIELD: When he's not focused in the lab at Mount Sinai, Dr. Ji is working on a different experiment: parenthood. He and his wife, Bronwyn, have a 2-year-old daughter (perfectly posed, above). That means weekends that used to be spent doing personal hobbies — such as pickleball, basketball, golf or playing the guitar — have taken a back seat to zoo trips, birthday parties and toddler soccer practices, the latter of which Dr. Ji proudly watches with a researcher's eye. "It's really interesting to see a 2-year-old work through how to kick a ball or run after it, or even just follow instructions," he says. "She seems to learn quickly — she's like a sponge."

Dr. Ji does his best to stay active despite having less time for his favorite sports. He and his wife recently joined a gym with a room for kids, so his daughter can play nearby while they take fitness classes. "Having an established routine with her is making it a little easier for us," he explains, "but we're still working on finding a balance."

Ashley Trenner Research Grant Award

$50,000

DONORS: Karen and Bob Trenner lost their beloved daughter, Ashley, to melanoma in 2013. By supporting these grants, they say, "We honor Ashley and continue her fight to educate people about skin cancer." When they're not traveling the world, the Trenners are based in Bellevue, Washington.

AWARDEE:

Nicholas Collins, PhD

Assistant Professor, Weill Cornell Medicine, New York City

TITLE OF PROJECT:

Nutritional Enhancement of Anti-Melanoma Immunity

Dr. Collins' project is based on research showing that caloric restriction boosts the immune system to fight against bacterial infections. "We're now extending that to the context of cancer — specifically, melanoma." Dr. Collins says they've found that calorie restriction strongly enhances the immune system against melanoma. For many people, though, it's hard to eat less. The nutritional aspect is for the *prevention* of melanoma, not treatment, which may make a strict diet even more challenging for people, he says.

His research looks at specific macronutrients involved in caloric restriction that may enhance the T cells against melanoma. "For example, we think that it could be that caloric restriction is reducing protein or amino acids in the blood, and that's what's causing the enhancing effects," he says. "The long-term goal is to design diets that only reduce the protein level, for example, without actually reducing the number of calories, so it's easier to adhere to."

MAKING MOVES: Before his current position in New York City (with his mom on a visit, left), Dr. Collins got his PhD in Melbourne, Australia, where his work focused on immune response, immunological memory

and infectious diseases. He then relocated to Washington, D.C., where he continued to work on immune memory and how environmental factors influence it. Dr. Collins always had a natural interest in skin, as our barrier to the outside world, so skin cancer was a natural extension. After five years in D.C., he moved to New York City, where he started his own lab. "It had always been a dream, and New York is an ideal place," he says. (So is a getaway from it, he's learned, with his lab colleagues on a retreat in Upstate New York, right.)

Dr. Collins often hosts friends and family in the Big Apple during his off time. "There's always a friend or family member passing through to stay with my wife and me," he says. "We'll watch a game. Like any Australian, I'll watch sports all day, every day." ■

THE 2024 SKIN CANCER FOUNDATION RESEARCH GRANTS COMMITTEE

"We received a promising batch of grant applications in 2024, many looking at novel approaches to treatment using new combinations of therapies, alternative delivery methods or a different sequence or stage than the current standard of care," says Dr. Polsky. "The three that rose to the top with our committee members focus on melanoma and squamous cell carcinoma, and we're excited to see what these investigators will learn and put into practice through the results of this research."

—DAVID POLSKY, MD, PHD
COMMITTEE CHAIR

David Polsky, MD, PhD
Committee Chair
Alfred W. Kopf, MD, Professor of Dermatologic Oncology
Ronald O. Perelman Department of Dermatology
NYU Grossman School of Medicine, New York City

Markus Schober, PhD
Associate Professor, Ronald O. Perelman
Department of Dermatology
NYU Grossman School of Medicine, New York City

Vijayasaradhi Setaluri, PhD
Evan P. & Marion Helfaer Professor,
Department of Dermatology,
University of Wisconsin — Madison

Kenneth Tsai, MD, PhD
Vice Chair of Research, Department of Pathology,
Moffit Cancer Center, Tampa

Our Next Research Grants Application Period Opens

MAY 2025

Recipients will be awarded in October 2025.

For more information, criteria and to apply online, go to: SkinCancer.org/research.

Dear Dermatologist, Do you know where your patients go when they leave your office?

We do.

They come to The Skin Cancer Foundation. Every day, 30,000 people visit our website to learn more about skin cancer. We work closely with our member dermatologists to deliver programs that help your patients and ultimately save lives.

Join us on our mission.

SkinCancer.org/membership

Become a member and extend your reach beyond your office.

Questions?

◀ Visit SkinCancer.org/membership
Or email membership@skincancer.org

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SKIN CANCER FOUNDATION

SETTING STANDARDS IN SUN PROTECTION — AGAIN!

While the FDA continues to consider its regulations on sunscreen ingredients and labeling requirements, The Skin Cancer Foundation is moving ahead with important new criteria for our Seal of Recommendation. Based on the latest science, these changes raise the bar for the highest standard of skin protection.

By Ali Venosa

IN ITS 44-YEAR HISTORY, the Seal of Recommendation has grown into a widely recognized and trusted symbol of safe and effective sun protection that has helped millions worldwide make educated decisions about their skin health. From major department stores to boutique sunglass shops, today you can spot The Skin Cancer Foundation Seal of Recommendation anywhere sun protection products are sold.

Seek the Seal!

OUR SEAL OF RECOMMENDATION is not just for sunscreen. You can find it on all categories of sun protection products, including UV-protective fabric, window film for home and window tint for cars, outdoor shade, hats, lenses and, of course, sunscreen. For your best defense against skin cancer, the Foundation recommends that you protect yourself using a variety of sun protection options that work best for your risk level and lifestyle. It's personal!

How a Product Earns the Seal of Recommendation

APPLYING FOR THE SEAL of Recommendation is a benefit reserved for the Foundation's Corporate Council members, a group of global companies that align with our mission [see list of members on page 93]. Companies must submit an application and laboratory testing data for each product they wish to earn the Seal of Recommendation.

The Skin Cancer Foundation's Photobiology Committee (a group of volunteer dermatologists with expertise in the effects of UV light on skin) sets the standards for products in the Seal program. They review each product application and the testing data to confirm the product meets the Foundation's criteria for safe and effective sun protection.

How Far We've Come

As sun protection options have improved and expanded, so has the Seal of Recommendation program.

1978 — The first sunscreens with an SPF number appear in the U.S. They are often low, just SPF 2 or 4, and marketed to help you achieve a "safe" tan.

1981 — The Skin Cancer Foundation creates the Seal of Recommendation program. The Foundation's first Photobiology Committee establishes SPF 15 as the minimum for adequate sun protection.

1995 — The program expands beyond sunscreen: Working with an ophthalmologist, the Photobiology Committee develops criteria for UV-protective sunglasses.

1998 — The Foundation bestows the Seal to a window film that blocks 99 percent of UV radiation. (By early 2025, 169 window film and tint products have earned the Seal of Recommendation.)

2005 — Standards for ultraviolet protection factor (UPF) are introduced, and the Foundation expands the Seal of Recommendation program to include sun-protective clothing, fabric and outdoor shade products, like umbrellas and awnings.

2011 — With ample scientific evidence showing the importance of broad-spectrum protection, the Foundation introduces ultraviolet A (UVA) protection requirements for sunscreens and splits them into two categories: Daily Use (for incidental sun exposure) and Active (for prolonged sun exposure).

2025 — New Tougher Criteria to Help Protect You

GETTY IMAGES

2025 SEAL OF RECOMMENDATION CRITERIA

Sunscreen, Cosmetics and Skin-Care Products

Daily Use *Seal of Recommendation:*

- Minimum SPF: 30.
- Water resistance substantiation required, if claimed.
- Minimum critical wavelength (UVA): 373 nm.
- Minimum HRIPT and phototoxicity requirement: 20 human subjects passing each test.

Active *Seal of Recommendation:*

- Minimum SPF: 50.
- Water resistance requirement: 40 or 80 minutes.
- Minimum critical wavelength (UVA): 373 nm.
- Minimum HRIPT and phototoxicity requirement: 20 human subjects passing each test.

Fabric

- Minimum UPF: 50.
- Hats: minimum 3-inch brim all around.
- Hats for babies and toddlers: minimum 2½-inch brim.

Windows and Lenses

- Minimum: 99 percent blockage of UVA and UVB radiation.

Like the New Look?

With graphics for each category of Seal products, it's easier than ever to put together a complete sun protection strategy. The new Seal should begin appearing on products in 2026. Not all brands include the Seal on their packaging, so for a list of products in the program, visit **SkinCancer.org/recommended-products.**

> "After extensive research and discussion, we made the unanimous decision to implement new sun protection standards for products that earn the Seal of Recommendation. The Committee's recommendations are always grounded in real-world science. The updated standards we are proposing have been tested over time and have already been adopted by many in the industry. We are committed to staying up to date in our recommendations for the public and are confident that these changes not only will help educate the public but will guide them to choose products that, when used consistently and as directed, can help prevent skin cancer and save lives."
>
> — STEVEN Q. WANG, MD, CHAIR OF THE SKIN CANCER FOUNDATION'S PHOTOBIOLOGY COMMITTEE.

Our Photobiology Committee

These physicians volunteer their time to develop the criteria and review each application submitted. They also share their expertise with the public by contributing to our educational content and serve as media spokespersons for the Foundation's lifesaving mission.

Steven Q. Wang, MD, *Committee Chair*
Director of Dermatologic Oncology, Hoag Family Cancer Institute, Hoag Memorial Hospital Presbyterian; Newport Beach, California

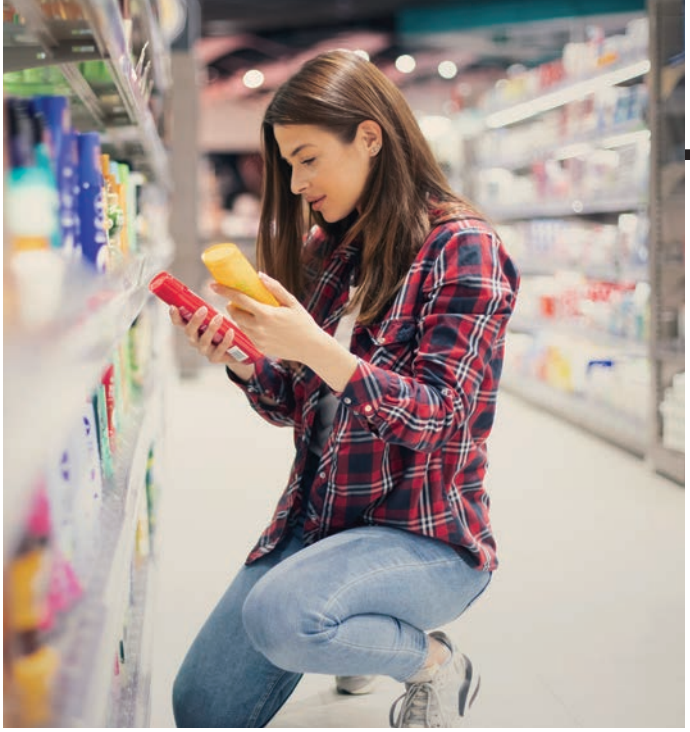
Elizabeth Buzney, MD
Assistant Professor of Dermatology, Harvard Medical School, Brigham and Women's Hospital; Boston

Anna L. Chien, MD
Associate Professor of Dermatology, Johns Hopkins University School of Medicine; Baltimore

Steven A. Nelson, MD
Assistant Professor of Dermatology, Mayo Clinic College of Medicine and Science; Scottsdale, Arizona

Elisabeth G. Richard, MD
Assistant Professor of Dermatology, Johns Hopkins University School of Medicine; Baltimore

Jane Y. Yoo, MD
Assistant Clinical Professor of Dermatology, Icahn School of Medicine at Mount Sinai; New York City



Seal Science

Wondering what all those sun protection terms mean? We've got you covered!

SPF

What it is: SPF stands for Sun Protection Factor. The number tells you how long the sun's UVB rays would take to redden your skin if you apply the sunscreen exactly as directed compared with the amount of time without sunscreen. So, if you use an SPF 30 product correctly, it would take you 30 times longer to burn than if you didn't use sunscreen.

How it's tested: A sunscreen's SPF is tested in vivo (on human subjects). Two small patches of the subject's skin are exposed to a controlled amount of UV light, the first unprotected and the second after sunscreen is applied. The researchers then calculate the SPF based on how long it takes for the unprotected versus protected skin to redden. While there are methods to test SPF in a lab (in vitro), they are not currently accepted by the FDA or our program.

What's changed: The minimum SPF for products with the Daily Use Seal of Recommendation increased from SPF 15 to SPF 30. For sunscreen products with the Active Seal of Recommendation, the SPF requirement increased from SPF 30 to 50.

Critical Wavelength

What it is: Wavelengths along the solar spectrum affect the skin in different ways. Exposure to UVB and UVA rays, measured in nanometers (nm), each one-*billionth* of a meter, causes damage that can lead to skin cancer. The critical wavelength (CWL) test provides information about the breadth of UV coverage a sunscreen provides.

How it's tested: Sunscreen is evenly applied to a glass slide and exposed to UV light. Using a device, researchers can measure the UV absorption of a sunscreen. To be labeled "broad spectrum," a sunscreen must protect against both UVB (the shorter waves mainly responsible for sunburn) and UVA rays (the slightly longer rays mainly responsible for tanning but that also increase risk for skin cancer). This test is different from an SPF value, since SPF only measures a product's protection against UVB rays.

What's changed: To earn the Seal of Recommendation, sunscreen products must demonstrate a minimum CWL (UVA protection) of 373 nm, up from the previous requirement of 370 nm.

HRIPT

What it is: This is a patch test that evaluates the potential for a sunscreen product to cause irritation or allergic reactions on the skin of human subjects.

How it's tested: Researchers apply small patches of the test substance to subjects' skin (usually on their backs) and leave the substance in place for a specified amount of time. When the substance is removed, the researchers look for and record any signs of allergy or irritation.

Phototoxicity

What it is: When a substance reacts with UV light to cause skin irritation.

How it's tested: Small amounts of the test substance are applied to subjects' skin, which is then exposed to UV light to monitor for signs of irritation.

UPF

What it is: UPF stands for ultraviolet protection factor. This rating indicates how much UVA and UVB radiation a fabric allows to reach your skin. Clothing or a hat with a UPF of 50, for example, blocks 98 percent of the sun's rays and allows 2 percent (1/50th) to penetrate.

How it's tested: Using special instruments, a laboratory tests how much UV radiation penetrates a fabric, tested both wet and dry to ensure consistent protection.

What's changed: Fabrics (both clothing and outdoor shade products) earning the Seal of Recommendation must demonstrate a minimum UPF requirement of 50, up from the previous requirement of 30.

UV Window Tint and Film

What it is: UV window tint or film is a specialized treatment applied to glass that blocks 99 percent of UV rays.

How it's tested: UV window tint and film are tested in a laboratory with specialized equipment that measures the amount of radiation that passes through the treated glass. ■

Ali Venosa *is marketing communications manager for The Skin Cancer Foundation and loves her UPF 50 sun hat.*

The Skin Cancer Foundation

CHAMPIONS *for* CHANGE

GALA 2026

WEDNESDAY, MAY 13, 2026

Ziegfeld Ballroom

New York City

6:30 PM Cocktail Reception

8:00 PM Seated dinner, award presentations and entertainment

The Champions for Change Gala is The Skin Cancer Foundation's annual signature fundraising event. Funds raised from the Gala support the Foundation's lifesaving educational campaigns, community programs and research initiatives.

Guests can expect a lively evening highlighting the work of the Foundation. Gala attendees include The Skin Cancer Foundation donors, industry and physician allies, celebrity supporters, members of the media and families impacted by the disease.

Interested in supporting this event? Contact us at
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SkinCancer.org/gala

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We are grateful for our donors, who are committed to advancing our lifesaving mission. Their gifts enable us to continue our vital programs and reach millions of people with information to prevent, detect and treat skin cancer. We are honored to recognize these individuals, corporations and foundations for their generosity and goodwill.

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The Skin Protection Fund (SPF) is composed of dedicated donors who give recurring gifts monthly, quarterly or biannually to support The Skin Cancer Foundation's mission.

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Learn more about joining the Skin Protection Fund and supporting The Skin Cancer Foundation all year long at Give.SkinCancer.org/SPF.

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The Corporate Council is The Skin Cancer Foundation's membership program for businesses that align with our mission. Support from our members helps us to continue to provide our unparalleled skin cancer education programs and content.

Corporate Council members that manufacture or market sun protection products are eligible to apply for the Seal of Recommendation.

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Founded by Rex A. Amonette, MD, and his wife, Johnnie, the Amonette Circle is our exclusive group of actively involved physicians. Amonette Circle members annually contribute a minimum of $2,500 to The Skin Cancer Foundation by making a donation or raising the funds. They are committed to advancing our lifesaving work by serving as our spokespersons, volunteering for our programs, assisting with fundraising initiatives and strengthening our network.

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“I am honored to work alongside this remarkable group of physician members who are committed to advancing the mission of *The Skin Cancer Foundation.* These physicians help expand the reach of our lifesaving programs and promote our message about the importance of skin cancer prevention, detection and treatment to communities around the country. They are allies and advocates in the fight against skin cancer.”

— C. WILLIAM HANKE, MD,
SENIOR VICE PRESIDENT AND
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The Skin Cancer Foundation's founder, Perry Robins, MD, was a pioneering practitioner of Mohs surgery, which today is considered the most effective technique for treating many nonmelanoma skin cancers. Members of the Robins Fund are physicians who are fellowship-trained and/or board-certified Mohs surgeons. They support our educational initiatives focused on Mohs surgery along with our early detection programs.

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To learn more about our membership program, please visit **SkinCancer.org/membership.**

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Legacy members are physicians who built and developed the Amonette Circle over the past 20 years. This group has collectively set the stage for physician leadership at the Foundation, now and into the future.

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A PHILANTHROPIC FAMILY AFFAIR

KARINE AYLOZYAN NEVER thought she would sell the company she worked so hard to create, build and run for 22 years — but she has always trusted her instincts.

After studying microbiology and chemistry at California State University, Northridge, she worked with well-known brands in cosmetic chemistry (including sunscreen) on the testing side. When pregnant with her son, she and her husband decided to create their own lab to perform testing data that people could trust. Under her direction, Micro Quality Labs, Inc. in Burbank, California, grew fast, from 1,000 square feet to three large buildings, performing microbiologic as well as analytical testing for several industries. "I made sure that I had explored and analyzed the data myself, with my team, and that we were confident in it. I always explained our methods and educated our clients. I wanted to make sure that they understood and trusted their results."

As for her kids, "They grew up in the company," she says. When not in school, her daughter, Mary, worked the night shift receiving data entry. Her son, Chris, aspired to get a management degree and run the company someday. But after 22 years, the workload became all-consuming, and Karine told her kids they should pursue their own dreams. Karine longed for more freedom, family time and a chance to give back to the community.

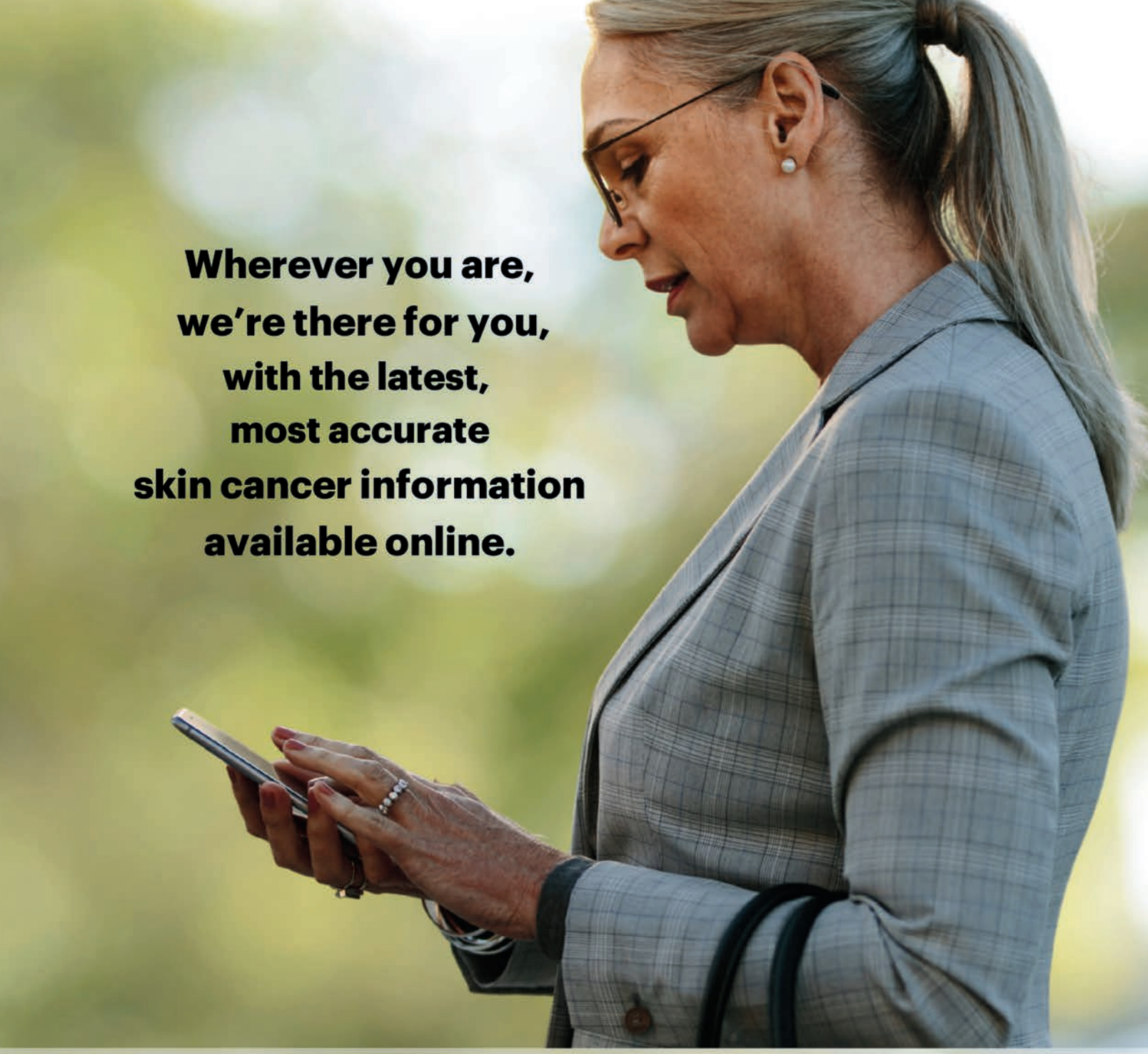
Freedom to Travel
—
Karine and her husband and kids were thrilled to get away together in 2024 for the Goodwood Festival of Speed motorsport event in West Sussex, England.

So she did. "When we sold the company in 2024," she says, "we created the Aylozyan Family Foundation, which Chris is running while finishing his senior year of college. Motivated by my dad, a survivor of multiple skin cancers, one of our first decisions was to support The Skin Cancer Foundation's Save Destination Healthy Skin campaign." Their generous donation helped the Foundation reach its goal to purchase a new RV for free screenings around the country.

With Mary, who graduated in 2024 with a degree in marketing, they also founded The Natural SKN Company and plan to bring mineral sunscreens for children and adults to market. "I told my dad this effort is for him. We want to create sunscreen that is fun and appeals to kids, so they don't end up with skin cancer like my dad later in their lives. He says he can't wait to use it, too."

Being a business leader is a little different than being a mom, she explains. "I tell my kids, 'I just want you guys to be good people in this society.' Now, we are all excited that we're going to make a difference together!" ■

— Interview by Julie Bain



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