THE DAILY CHECKUP

BY KATIE CHARLES

The fight to save your skin

Incidence of the ‘most common cancer’ is up, but simple precautions & new therapies can improve odds of survival

The specialist: Dr. Mark Lebwohl on skin cancer

As professor and chairman of Mount Sinai Hospital’s department of dermatology, Dr. Mark Lebwohl has been caring for patients’ skin for 26 years. Each year, he sees a thousand biopsy-proven skin cancers. “Every day that I work, I see patients with skin cancer,” says Lebwohl.

Who’s at risk?

Everyone should know the basic facts about skin cancer, which affects men and women of every ethnic background. "Skin cancer is the most common cancer in the world," says Lebwohl, "and there’s been a steady increase in the most serious kind of skin cancer, melanoma, since 1975. It used to affect 1 in 150 Americans. Now it’s 1 in 90, and it’s headed toward 1 in 50." There are three main types of skin cancer. The most common are also the least deadly: Doctors diagnose 800,000 new cases of basal cell carcinoma a year, and another 250,000 of squamous cell carcinoma.

Melanoma is the form of cancer most likely to be fatal. Doctors diagnose 60,000 cases of invasive melanoma a year, and about 8,000 Americans die from it. The cause is excessive sun exposure, which becomes more risky as you age and damage accumulates. "Sunburns, and often sunburns in childhood, put you at particular risk," says Lebwohl. "Tanning beds also increase the frequency of malignant skin cancers — they’re our equivalent of cigarettes."

Smoking also increases your risk of skin cancer. Though people of every skin color can develop skin cancer, fair-skinned people have the highest sensitivity to sunlight, and thus the highest risk. "People with the highest risk tend to have light skin, blue eyes and blond hair," says Lebwohl. "Usually, that’s populations from northern latitudes, such as Scandinavians."

What many people don’t realize is that dark-skinned people also can develop skin cancer. "It’s much less common in dark-skinned patients," says Lebwohl, "but having said that, African-Americans can get skin cancers, and they often get melanoma on their palms and soles."

Another group that needs to be on high alert is organ transplant patients. "There’s now a huge population of people with successfully transplanted organs," says Lebwohl. "They’re on drugs that predispose them to skin cancer." Twenty years after a transplant, your risk of developing squamous cell cancer could be as high as 50%.

Signs and symptoms:

Warning signs vary depending on which type of skin cancer you have. Basal cell and squamous cancers often look similar. Both start out as precancerous lesions, called actinic keratoses, that look like rough, scaly skin. Basal cell carcinomas often look red or pearly, "like a shiny pimple or a sore that doesn’t heal in the same spot," says Lebwohl. A normal sore or pimple should heal within three weeks. If yours doesn’t, see a dermatologist. Squamous cell carcinomas can also look like sores that aren’t healing, or like rough, warty-like skin.

Malignant melanomas often look like moles or arise in moles. To help you tell the difference, doctors have developed a helpful mnemonic device: ABCDE. A is for asymmetrical. A healthy mole is usually symmetrical, so you should show any asymmetrical moles to your doctor. B is for border because moles should have regular borders; Irregular borders are cause for concern. C is for colors. "Moles should be one color, usually brown or red," says Lebwohl. D is for diameter, meaning that your doctor should watch any moles bigger than the eraser head of a pencil. And E is for evolving because moles that change are more likely to be cancerous.

Traditional treatment:

Skin cancer is a serious health problem that is largely preventable. "Avoidance of excessive sun is a key part of prevention," says Lebwohl. He recommends that fair patients stay out of the sun during the peak hours, from 11 a.m. to 3 p.m. Wearing effective sunscreen can do a lot to reduce risk. Lebwohl recommends that patients use sunscreens that have SPF’s above 50 and the chemicals avobenzone and parzol to block the UVA spectrum light.

If you are diagnosed with basal or squamous cell carcinoma, the most common treatment is either surgical removal or destruction by curettage, which effectively burns the cancer off. "For areas that have a high recurrence rate, there’s an option called Mohs surgery, which involves cutting skin cancer out and making a photographic map of its borders," says Lebwohl. "It’s an effective way of taking out as little skin as possible." Other, less commonly used options include freezing, topical creams and radiation.

Malignant melanoma is usually treated by cutting out the cancer with an adequate margin. Surgery is done under local anesthesia, and if the neighboring nodes show any signs of cancer, the doctor removes the nodes as well. The results of surgery are very good. "Ninety percent of melanomas are cured just by excising," says Lebwohl. "The cases that are fatal are usually not caught very early." Research breakthroughs:

Though doctors are quite successful in fighting skin cancer, they are hunting for better ways to treat the most dangerous variants. "We’re still looking for the perfect melanoma treatment," says Lebwohl. "In terms of advanced melanoma, many of the things going on are vaccine trials, and there are some approved treatments." The biologic drug Interferon has been used to slow the recurrence of aggressive melanomas, with some success. For the less fatal basal cell carcinomas, doctors have found topical medications like Imiquimod (Aldara) that help treat or suppress the growth of new cancers. Lebwohl was the researcher who discovered the efficacy of Imiquimod for basal cell carcinomas at Mount Sinai.

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