



# Prevention

Skin Cancer Awareness Month May 2018

## SKIN CANCER AWARENESS MONTH

### SKIN CANCER

Invasive melanoma accounts for 2% of incident skin cancer cases and 80% of skin cancer mortality. Incidence of melanoma is increasing more rapidly than mortality rates. About 91,000 cases of melanoma and 3.3 million cases of non-melanoma (basal and squamous cell) skin cancer will be diagnosed in 2018. The vulnerable population is fair skinned. Early exposure to ionizing radiation, including tanning beds, is the major avoidable risk factor for skin cancer. Therefore, prevention efforts should focus on children, adolescents and young adults under 25 years. However, decreasing unprotected sun exposure is beneficial for all ages. For example, a trial that provided free sunscreen for daily use to patients age 25-75 reduced melanoma by 50% over 10 years. Screening by whole body skin examination is time-consuming, largely unproven and the potential benefit is small. Therefore, behavioral counseling, particularly of young, fair-skinned individuals, is the primary intervention.

### SKIN CANCER POPULATION AT RISK

**Fair-Skinned Individuals:** Fair-skinned individuals are defined by appearance (ivory or pale skin, light hair and eye color, freckles) and sunburn behavior (easily sunburned). Preventive interventions focus on this group.

**Dangerous Behaviors:** Sun exposure, sunburns and use of tanning beds, especially under age 25.

**Other Risk Factors:** Previous skin, increased nevi (moles), atypical nevi, family history of skin cancer, HIV infection and history of organ transplant.

### BEHAVIORAL INTERVENTIONS

**Target Population:** Fair-skinned individuals, especially under age 25.

**Protective Efforts:** Counseling those 24 and under was recommended by the US Preventive Services Task Force. For older patients, the benefit is less, but stronger interventions, such as providing free sunscreen, have proven beneficial.

**Avoid Sun Exposure,** especially mid-day (10 AM to 4 PM; shifted by daylight savings time). Shaded play areas reduce exposure to young children.

**Broad-Brimmed Hats, Sunglasses and Densely-Woven Clothing:** Clothing is protective but depends on fabric and weave. Denim, for example, is highly protective; a cotton T-shirt has an effective SPF of about 8. Clothing sold for outdoor use often has UPF ratings that correlate with SPF ratings for sunscreens.

**Sunscreen:** Apply sunscreen at least SPF (sun-protection factor) 15 at least 15 minutes before sun exposure (to allow skin absorption), reapply every 2 hours and after swimming or heavy sweating. SPF refers to the fraction of sunlight allowed (alternatively, the extension of safe exposure). For example, SPF 15 = 1/15, or about 7% of sunlight allowed (93% of sunlight blocked). Benefit rises slowly with higher SPF: SPF 30 blocks 97%, SPF 50 98%, SPF 70 98.5%. Early, adequate (about 1 oz, a palmful) application and frequent reapplication are far more important than SPF factor.

**Tanning beds:** As for tobacco, legal restrictions on tanning beds for those under age 21 (and discouraging use for those older) would likely have health benefits.

### SCREENING

A whole-body skin examination by a primary care provider and patient self-exam may result in early, more curable identification of melanomas. Benefit has not been well demonstrated in studies so far. However, several observational studies have found that the melanomas diagnosed by physicians and self-screening patients are on average thinner and thus more favorable. Physicians are not good at evaluating pigmented lesions, but education can improve their performance. After training courses, physicians are more likely to refer melanomas to Dermatology, but the biggest benefit is correctly identifying lesions as non-melanoma, permitting immediate reassurance and avoiding Dermatology referral.

**ABCDE melanoma screening guidelines:** This mnemonic refers to **a**symmetrical shape; **i**rrregular, difficult to define **b**orders; **m**ultiple or unevenly distributed **c**olor; **d**iameter greater than 6 mm (a pencil eraser); and an **e**volving or changing lesion (the most important factor).

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For further information please visit [www.strang.org](http://www.strang.org)

# The Strang Cancer Prevention Cookbook

## Reduce your Risk for Cancer by Eating a Healthy Diet!

### No-Fuss Broccoli Soufflé

4 Servings

4 cups fresh broccoli florets or 1 1/4 pounds frozen broccoli, thawed and drained  
1 medium potato peeled and cut into 1/2-inch cubes  
2 large egg whites  
1 large egg  
1/3 cup freshly grated Parmesan cheese  
1/8 to 1/4 teaspoon cayenne pepper, to taste  
1/3 teaspoon salt  
Freshly ground black pepper to taste  
1 teaspoon olive oil or olive oil- based cooking spray



Cook the broccoli florets and potato in boiling salted water until very tender, 5-7 minutes. Drain. Puree the broccoli and potato in a food processor until no large chunks remain. Add the remaining ingredients except for the olive oil and puree until very smooth. Evenly coat four 4-6 ounce ramekins or small ceramic bowls with olive oil and fill with the broccoli mixture. Pat down and smooth out the surface with a rubber spatula so that it is flat and firmly packed.

Microwave individually for 5-8 minutes on high ( time depends on the power of the oven) until the center is set and firm. Run a paring knife around the sides of the ramekins to loosen the soufflé's for easy removal. Carefully invert each mold and serve hot or at room temperature.

**Notes:** For a lighter soufflé whip the egg whites separately until soft peaks form. Fold the egg whites into the seasoned, pureed broccoli mixture and continue as directed.

Calories 126 Protein 12g Carbohydrates 14g Fat 4g Cholesterol 59mg Dietary fiber 5g Saturated fat 2g

Major sources of Potential cancer fighters: Phytochemicals: capsaicin, glucosinolates, plant polyphenols (flavonoids), plant sterols, terpenes (carotenoids, monoterpenes).

Recipe by Laura Pensiero, R.D., Chef, Dietitian, Restaurateur, Author, Strang Consultant  
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