

“Over the last three decades, there have been more incidences of skin cancer in America than all of breast, prostate, lung, and colon cancers combined,” notes Dr. Elizabeth Hamilton of Regional Dermatology in Durham.

“One out of every five Americans will develop skin cancer in the course of their lifetime. Each and every hour, one person dies of melanoma, the leading cause of skin cancer deaths, even though it accounts for less than one percent of skin cancers. This skin cancer epidemic is on the rise. Sun exposure, tanning beds, genetics, and even exposure to certain drugs and diseases can lead to developing skin cancer.”

Health & Healing: How often should we be checked for skin abnormalities?

DR. HAMILTON: This is a question that’s often asked, particularly by someone who is having their first skin exam. My response is that there are many factors involved: what, if any, problems are discovered during their first skin exam; the age of the person; how much sun damage they have; and their family history. Also, how comfortable are they with their primary care physician doing an annual skin exam?

There are some people who have very minimal sun damage, they don’t have any remarkable skin issues, their moles are normal, they have a negative family history, and maybe they’re a darker skin type. I don’t routinely tell these people to have a yearly skin examination, particularly if they’re young.

Circumstances that would increase or change my recommendation would be someone who has fair skin, severe sun damage, or exhibits precancerous skin changes. If a younger person has lots of moles—especially if they’re abnormal looking—it would be very difficult for the untrained eye, non-dermatologist to track. If there’s a family history of melanoma or frequent skin cancers, that person should be seen routinely. And certainly the individual who has previously had a skin cancer of any type should follow up with yearly skin exams. I think the best way to evaluate their risk is to consider whether they have the genetic capability to grow a skin cancer, and whether they’ve had environmental exposure, such as sun or cigarette smoking. Then if they’ve had skin cancer once, they are candidates for more skin cancer.

He&H: Is cigarette smoking a significant risk factor for skin cancer?

DR. HAMILTON: Cigarette smoking is a *huge* risk factor for skin cancer. Sun and smoking are synergistic, interacting to create a greater effect than they would individually. What this means is that if ongoing sun exposure increases your risk of skin cancer ten-fold and smoking increases it five-fold, then if you combine the two it’s fifty-fold, not



Dr. Hamilton prepares a patient for a photodynamic therapy session, an effective treatment for a variety of skin conditions—often including skin cancer.

The Skin Cancer Epidemic: Do You Need a Check-up?

“One out of every five Americans WILL DEVELOP SKIN CANCER in the course of their lifetime”

fifteen-fold. They multiply each other.

I have some patients who just erupt in skin cancers over and over, or have had lots of actinic damage (skin damaged by sun exposure), and they’ll come in and be skin cancer free. You’ll discover that in the interim they’ve quit smoking. Just that alone cuts down on skin cancer development. That’s one of the reasons that we’re trying to get our patients to quit smoking. Not only that, but if they have extensive skin cancer surgery, smoking slows down the healing process.

He&H: Are treatment options getting better?

DR. HAMILTON: Today there are many more treatment options for skin cancers. Fairly minor surgery is still the most recommended treatment. We frequently do excisional surgery or refer the patient for the microscopically controlled or Mohs procedure. The Mohs procedure needs to be referred out to a specialist who checks the edges of the skin cancer. Skin cancers on the head and neck are commonly referred out.

Those are our most common areas to have skin cancer: the nose, the eyes, sometimes the ears, or risky tumors. Destructive modalities like burn and scrape (the process of scraping the burned skin with a spoon-shaped instrument—a curette—to remove skin tissue) are our bread and butter business, and we’ve been doing those for a long time. There are some topical medicines that we use, particularly for certain thin, early skin cancers that are tried and true: 5-fluorouracil is a traditional cancer medicine that attacks rapidly growing skin cells; and then there are newer treatments like Imiquimod, which works through immune pathways to destroy abnormal skin cells. Even photodynamic therapy, a light treatment, can be used for certain thin skin cancers.

He&H: How has your experience in treating skin cancer changed over the last 20 years?

DR. HAMILTON: For one thing, there is more of it. The incidence of skin cancer among baby boomers has increased enormously, primarily due to tanning and ozone depletion. In addition, rising life expectancy increases the chances of skin cancer. All these factors—longevity, cumulative sun damage, outdoor lifestyles, and tanning beds—combine to escalate the risk and severity of skin cancer.

Some drugs now in use—such as transplant anti-rejection drugs—increase the risk of skin cancer and the necessity for surveillance. As people age, certain forms of

leukemia, like chronic lymphocytic leukemia (CLL) in particular, are associated with an increase in more aggressive skin cancer. Most of my patients that have succumbed to skin cancer had CLL. Immunosuppression is a factor for certain skin cancers. Fortunately, I have only lost a handful of patients to skin cancer.

When I decided to specialize in dermatology, I believed that I’d be seeing a wide variety of skin problems. I never thought I’d be treating so many skin cancers, but that’s what I do most of the time. When you’re in practice long enough, you accumulate cancer patients. Acne and eczema patients come and go and get better; they age out. Skin cancer patients require life-long care.

He&H: How effective are sun blockers?

DR. HAMILTON: They’re better. I’m an advocate of sun-protective clothing. Sunscreens are not meant to be applied in a thin coat, followed by baking in the sun for hours. I don’t want to discount their necessity, because they are very important. But people will go out and put on an SPF 50 and lay out in the sun for three hours and somehow think that’s healthy, and it’s not. For outdoorsy people, I’m an advocate of sun-protective clothing. You pretty much know when your shirt is on and when your shirt is off. You don’t always know when a sunscreen has worn off, or when it’s time to reapply.

Unfortunately, in the United States the advancement of skin protective care has been slow. There are new formulations of sunscreen but as far as new ingredients, there’s not a lot that is new. Australia is a great example of how much more we could do to help prevent cancer from sun exposure. Skin cancer is an epidemic there. Drug stores have sunscreens available in liter jugs, not those tiny little expensive tubes. They rework their whole school day so that kids’ sports and activities are played to avoid peak sun exposure. Out of necessity, they promote skin cancer campaigns. Approximately two out of every three Australians will be diagnosed with skin cancer by the time they are 70 (Cancer Council Australia). The statistics are pretty unreal. Primary physicians handle the majority of skin care in Australia. There’s just so much skin cancer there. **h&h**

For more information about skin conditions and treatment, contact:

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