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THE TRUTH ABOUT MELANOMA

A recent Public Health television campaign showing graphic depictions of melanoma has awakened community interest in skin cancer. Whilst I applaud the efforts of the Government to raise awareness of this subject, it is important not to become fearful and to consider a balanced view to the facts on melanoma, tanning and sunscreen usage.

Melanoma is the deadliest form of skin cancer. It is one of the commonest cancers in Australia and most of the deaths will occur at a younger age than most other forms of cancer. It usually presents as a coloured spot on the skin which is new or changing. It can arise from an existing mole but the majority of melanomas actually arise from normal skin. The survival rate from melanoma is directly related to the depth of the melanoma when it is diagnosed. Therefore, early diagnosis and treatment is vital.

Whilst the majority of melanoma are caused by sun exposure, around one third are attributed to other factors. Melanomas can occur in children and people with minimal sun exposure and on areas of the body not exposed to the sun. Intense, intermittent exposure to the sun is more closely correlated to the risk of melanoma rather than the total amount of time spent in the sun. In fact, people with outdoor occupations are at less risk than indoor workers that spend recreational time in the sun on weekends. Other risk factors include having a large number of moles (but removing the moles does not reduce risk); fair skin with a tendency to burn rather than tan; light eye or hair colour and a history of melanoma in a close relative. There is a strong correlation between sun exposure before the age of ten, particularly blistering sunburn, and the subsequent risk of melanoma.

The role of sunscreens in melanoma prevention is somewhat controversial. There is no direct evidence that using sunscreen reduces the risk of melanoma! This may be because people tend to use less sunscreen than required, forget to reapply it and spend more time in the sun when they use sunscreen. Sunscreen should be seen as a second line of defence after physical protection such as long sleeve shirts, hats etc. and avoiding sun in the middle of the day. There has also recently been concern about the dangers of sun avoidance and developing vitamin D deficiency. Vitamin D is obtained from exposure to sunlight and diet but most Australians will not achieve adequate vitamin D through diet alone. There is overwhelming evidence that lack of vitamin D is associated with bowel, breast, prostate and ovarian cancer as well as osteoporosis. We need a few minutes of sun exposure in summer and around half an hour in winter to achieve adequate levels.

The whole concept of tanning is also somewhat confusing. Tanning is the response of the skin to ultraviolet rays from the sun and is a natural protective mechanism. Tanned skin is less susceptible to further damage from sun exposure (probably equivalent to wearing a sunscreen of SPF 5). The ideal situation would be to be so diligent with sun avoidance that the skin never tans. However, this is not always possible or practical due to work or recreational interests. It is more important, in my opinion, to not allow the skin to burn in the process of tanning. I do not recommend intentional tanning, but an incidental tan due to lifestyle factors is sometimes inevitable.

Taking all this into consideration my advice is to avoid blistering sunburn, particularly in childhood years. This can be done by using appropriate clothing, avoiding sun in the middle of the day, seeking shade and applying sunscreen (minimum SPF 15). People that burn rather than tan on sun exposure need to be especially careful. I recommend people go for a 30 minute walk early in the morning or evening most days to allow them to attain vitamin D and improve their general fitness and well being. It is also worthwhile checking your own skin every 3 months or so. People who do this find melanomas earlier than people that do not. If you find something new or changing that you are concerned about have it looked at by a doctor. People at higher risk of should undergo a surveillance program involving periodic skin checks with a doctor .