

# les nouvelles *esthétiques*

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# medical|dermatology update

## Questions and Answers

### Doc visits

**Q:** How often should you have a skin screening for cancer?

**A:** The recommended frequency of screening for skin cancer depends on risk factors including skin type; extent or history of sun exposure; personal and family history of skin cancer, dysplastic nevi or melanoma; or a fair complexion. Those with a history of skin cancer should be evaluated biannually or more frequently if they develop a new skin cancer under surveillance. Individuals with a family or personal history of dysplastic nevus syndrome or melanoma should be examined every three to six months. Mole mapping is recommended in this high-risk group.

### Go!

**Q:** If a client is using glycolic cream, should she discontinue using it if she is undergoing chemo or radiation therapy?

**A:** In most instances, it is not necessary to discontinue a topical glycolic cream while on chemotherapy.

### Screen it or block it?

**Q:** What's better—a sunscreen or a sunblock?

**A:** Both are good forms of sun protection. However, they differ in their mechanism of action,

which may affect individual preference. A sunscreen absorbs ultraviolet light and converts it into heat. A sunblock reflects sunlight. The latter is preferable in patients with rosacea and sensitive skin.

### It's not a-OK with AKs

**Q:** What is the chance of an AK turning into skin cancer, and what can be done to treat these?

**A:** Ten to 15 percent of actinic keratoses evolve into skin cancer. These pre-cancerous lesions can be treated with immunomodulators like Aldara, topical chemotherapeutic agents such as Carac and 5-FU, or physical modalities like cryotherapy or curettage.

### Stop!

**Q:** If a patient is undergoing chemotherapy, what in-salon skin treatments are off-limits? Can you wax someone undergoing chemo or radiation?

**A:** It is advisable to consult with a patient's oncologist before performing skin treatments while he or she is receiving chemotherapy. Chemotherapeutic drugs can increase one's susceptibility to infection or bleeding. Either may present problems for patients undergoing extrac-



tion, peels, waxing or microdermabrasion. Chemotherapy can cause a drop in blood counts, which can lead to an increased susceptibility to infection and bleeding. Waxing in areas not undergoing radiation should generally not cause a problem.

*Melanoma is the most diagnosed cancer in women between ages 22 and 29.*

### Ingredient knowledge

**Q:** What is the best UVA chemical sunscreen ingredient?

**A:** Mexoryl SL is the most effective chemical sunscreen agent against UVB and UVA. It is presently available in Europe, Canada, Asia, Australia, Mexico and South America. It is now in the application process awaiting FDA-approval in the United States.

### Fake tanning

**Q:** Do self-tanning lotions actually help protect the skin from the sun and sun-induced skin cancer?

**A:** Self-tanners offer minimal protection against sun exposure  
*continues*

sure. Individuals who use self-tanners should also apply a broad-spectrum sunscreen with an SPF of 15 or more daily.

**Must-haves**

**Q:** What are the most important items a cancer patient should have in his or her skin care routine?

**A:** The most important skin care item is a broad-spectrum sunscreen. Apart from causing skin cancer, the sun decreases one's immune system. Since skin also often becomes dry during chemotherapy, it is also helpful to apply a therapeutic body and facial moisturizer to restore skin moisture.

**Alternatives**

**Q:** What is your opinion about alternative therapies for cancer?

**A:** Many alternative therapies are helpful in the management of cancer when used concurrently with prescribed medical treatments. Some alternative therapies that have been

shown to be beneficial include meditation and breathing relaxation exercises. Acupuncture is also sometimes helpful in pain management and ameliorating treatment side effects.

**The kids**

**Q:** Can melanoma occur in children and teenagers?

**A:** Melanoma occurs in one in 100,000 children younger than 15 and fewer than one in 1 million children younger than 10. But melanoma incidence has increased 10 percent in individuals between ages 15 and 29. It is the most diagnosed cancer in women between ages 22 and 29.

**Melanoma vaccine**

**Q:** Is there a vaccine for melanoma? If so, why don't more people get it?

**A:** There is no vaccine to prevent melanoma, but immunotherapy utilizing melanoma-derived vaccines is being used in treatment of

metastatic melanoma. The goal is to stimulate an immune response against the melanoma tumor cells. While there have been some successes with immunotherapy overall, the response has been disappointing. Newer melanoma-derived peptide vaccines are currently undergoing investigation in combination with other agents, and preliminary results look more promising. The best treatment for melanoma is early detection and surgical excision. ■

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