Slip Slop Slap & Wrap: Playing it Safe in the Sun

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* Educate on sun protection for children
* Identify ways to prevent skin cancer and detect it early
* Educate on UV exposure
* Name the 3 types of skin cancer
* Discuss risk factors for skin cancer
*https://www.youtube.com/watch?v=o9BqrSAHbTc

*How the Sun Sees You*
* Sunshine is made up of different rays. Ultraviolet (UV) radiation is the part of sunlight which causes sunburn, skin damage and skin cancer. Ultraviolet radiation can be broken down into three bands: UVA, UVB, and UVC.

* What are UV Rays?
*UVA Rays - Stand for Ultraviolet A or more easily remembered as "UV Aging rays" - they are the cause of long term skin damage & photaging. In other words, they cause premature ageing, wrinkles and sun spots.
UVB Rays - Stand for Ultraviolet B and are often referred to as "UV Burning rays" - they are the cause of sunburn. Unlike UVA, they have different strengths year round. UVB rays are the common cause of most skin cancers.
*UVC Rays - Stand for Ultraviolet C. It is the strongest and most deadly of solar rays, however the ozone layer stops these from reaching the Earth.*
The strength of the UV rays reaching the ground depends on a number of factors, such as:
* Time of day
* Season of the year
* Distance from the equator (latitude)
* Altitude
* Cloud cover
* Reflection off surfaces
*Estimate Minutes to Skin Damage using UV Index Data
* Sunscreen use should begin at 6 months of age.
* Before age 6 months:
  * Limit sun exposure (stay indoors/shade)
  * Wear protective clothing
  * Shades in car/stroller - Glass effectively blocks UVB, and windshields are specifically treated to block UVA as well, but a car’s side and rear windows allow UVA to penetrate.

* Babies Can Get Sunburned Too - Facts to Prevent
* Documented case of melanoma in 2 year olds.
* Tanned skin is damaged skin. Any change in the color of your child’s skin after time outside - whether sunburn or suntan - indicates damage from UV rays.

* Are Young Children at Risk?
* Sustaining 5 or more sunburns in youth increases lifetime melanoma risk by 80 percent.

* Protecting yourself from the sun during the first 18 years of life can reduce the risk of some types of skin cancer by up to 78 percent.

* Rates of melanoma are on the rise for people age 15 - 29.

* **Facts About Sunburns in Youth**
*The two most common sunburns are first and second degree burns.

*First degree sunburns: use cool baths and moisturizers or over-the-counter hydrocortisone creams. Caution your use of “-caine” products and petroleum jelly.

*Second degree sunburns: May need medical attention. If the burn is severe, accompanied by a headache, chills or a fever, seek help right away.

*How to Treat a Sunburn
Prevention for Children and Adults
UV rays can easily go through a white cotton t-shirt, especially if it’s wet.

Most wet, light-colored t-shirts only give about as much protection as an SPF 4 sunscreen.
* Better clothing choices include dark colors, fabrics with tight weaves, and specially treated garments and swimsuits.
* Sun-protective clothing can be found at sporting goods stores.
* Example: Coolibar - SPF 50+ PROTECTION BLOCKS 98% UVA/UVB

*S*lip on a Shirt
* SPF 30 or higher recommended (blocks 97% of UV rays)
* Apply ½ hour before going outdoors
* Reapply every 2 hours or every 1 hour if in the water or sweating
* Water resistant sunscreen
* Cloudy days or winter days
* Sunscreen does expire!

*Slop on Sunscreen*
*Slap on a Hat*
* Protect your eyes and sensitive skin around them

* Wrap on Sunglasses
Sun History: Always burns easily, never tans, extremely sun sensitive skin

Example: Red-headed, freckles, Irish/Scots/Welsh

*Skin Type I*
* Sun History: Always burns easily, tans minimally, very sun sensitive skin
* Example: Fair-skinned, fair-haired, blue-eyed, Caucasians
* Sun History: Sometimes burns, tans gradually to light brown, sun sensitive skin
* Example: Average skin

*Skin Type III*
* Sun History: Burns minimally, always tans to moderate brown, minimally sun sensitive
* Example: Mediterranean-type Caucasians

* Skin Type IV
* Sun History: Rarely burns, tans well, sun insensitive skin
* Example: Middle Eastern, some Hispanics, some African-Americans

* Skin Type V
* Sun History: Rarely burns, deeply pigmented, sun insensitive skin
* Example: African-Americans
Note: Regardless of skin type a sunscreen with an SPF of at least 30 should be used year-round.
Dermascans
Share your findings
*Layers of the Skin*
* Top layer of skin
* Contains three kinds of cells:
  * Flat, scaly cells on the surface called squamous cells;
  * Round cells called basal cells; and
  * Cells called melanocytes, which give your skin color.
* The middle layer of skin
* Contains blood vessels, nerves, and sweat glands.
* The hair on your skin grows from tiny pockets in the dermis, called follicles.
* The dermis makes sweat, which helps to cool your body, and oils that keep your skin from drying out.
* The deepest layer of skin.
* The hypodermis keeps in heat and has a shock-absorbing effect that helps protect the body’s organs from injury.
* Basal Cell

* Squamous Cell

* Melanoma

* Skin Cancer
* Most common type of nonmelanoma skin cancer.
* Onset most commonly occurs after the age of 40 after years of UV exposure; however, an increasing number of younger adults are developing this form of cancer.
* May appear as growths that are flat, firm, pale, smooth areas or as small, raised, pink or red, translucent, shiny areas that may bleed following minor surgery.
* A sign of this type of skin cancer is a sore that doesn’t heal.

* Basal Cell Skin Cancer
* Second most common type of nonmelanoma skin cancer.
* Caused by excessive exposure to UV rays.
* May appear as growing lumps, often with a rough surface, or as flat, reddish patches that grow slowly.
* A sign of this type of skin cancer is a sore that doesn’t heal.

* **Squamous Cell Skin Cancer**
* Less common, more aggressive
* Occurs more frequently in women
* Frequently occurs on back, face, legs
* May occur in unusual places such as nail beds, nasal sinuses
* Color varies: red, black, brown, blue
* Usually arise from a mole and may bleed
<table>
<thead>
<tr>
<th>Asymmetry</th>
<th>1/2 of mole doesn’t match other half</th>
</tr>
</thead>
<tbody>
<tr>
<td>Border</td>
<td>Ragged, notched, irregular</td>
</tr>
<tr>
<td>Color</td>
<td>Uneven, may be a mix of colors</td>
</tr>
<tr>
<td>Diameter</td>
<td>May be larger than the size of a pencil eraser</td>
</tr>
<tr>
<td>Evolving</td>
<td>A mole that changes</td>
</tr>
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</table>

**Signs of Melanoma**
* Scaliness, oozing, bleeding or the appearance of a bump or nodule
* Spread of pigment from the border into surrounding skin
* Change in sensation including itchiness, tenderness, or pain

*Other Warning Signs of Melanoma*
* Previous melanoma or skin cancer
* Immunosuppressive therapy
* Diseases that suppress the immune system
* Many ordinary moles (>50)
* Severe blistering sunburns
* Dysplastic nevi
* Family history of melanoma

*Risk Factors for Melanoma*
* It’s rare, accounting for 1-4% of all cases of melanoma, but it does occur.
* Does not present with classic ABCDE criteria common to adult melanomas.
* Oftentimes pediatric melanoma is due to genetic reasons.

Figure 1: Large Pyogenic Granuloma—The patient is a 4-year-old boy with a growing lesion on the right cheek that was found to be malignant.
* Familial malignant melanoma is a term usually referring to families in which two or more first-degree relatives, such as a parent, sibling, and/or child, have melanoma.

* Dysplastic nevi are typical with familial malignant melanoma.

* Two genes are associated with malignant melanoma. People with these genes are at an increased risk.

* Genetics and Melanoma
Anyone with a parent, sibling, or child who has had melanoma should be carefully monitored.

If families know or strongly suspected to have familial melanoma, children should begin screening by a dermatologist by age 10.

Family members should also perform regular self-examinations to look for skin changes.

Screening Options for Familial Melanoma
* Many freckles, fair skin, light eyes
* Sun sensitivity (sunburning easily, difficulty tanning, natural blonde or red hair color)
* Occupational exposure to coal, tar, pitch, creosote, arsenic compounds, or radiation
* Use of tanning beds
* People who first use a tanning bed before age 35 increase their risk for melanoma by 75 percent.
* A base tan is not a safe tan.
* When it comes to cancer, one of these things is just like the other....
* Surgery
* Curettage & Electrodesiccation
* Cryosurgery
* Laser Therapy
* Grafting
* Radiation
* Chemotherapy
* Clinical Trials

*Treatment for Skin Cancer*
* Only old people get skin cancer.

* True or False?
Rates of melanoma are on the rise for people age 15 - 29.

False!
A tan does not act as the body’s natural protection against sunburn.
A tan is the body’s response to injury from UV rays, showing that damage has been done. It does little to protect you from future UV exposure.

*True!*
Indoor tanning is safe because you can control your level of exposure to UV rays.
Guess my age!

Girls don't let girls tan.

False!
Skin cancer is much easier to treat if caught early. If not, it can spread to other areas of the body, leading to a poor prognosis.
* Most skin cancers are easy to detect, and most can be cured.
* Dermatologists recommend doing periodic self-examinations. Be familiar with your moles, freckles.
* How to do a skin self-exam
Questions
*Sunscreen Activity*
*Questions?
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