

Here Comes the Sun! What's Your Skin strategy?

Avoiding sunburn is the first step in preventing deadly skin cancer melanoma

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The kids are almost out of school, your shorts have mysteriously shrunk in the dryer and you can't find your favorite pair of sunglasses. Yes, summer is nigh and that goose-pimpled winter flesh you've been hiding since last Labor Day will soon be exposed to a slew of powerful rays.

Ultraviolet, or UV, radiation from the sun is the best natural source for vitamin D — necessary for strong bones, muscles and overall health — but UV radiation from the sun (and/or from tanning beds!) can also cause sunburn, which is strongly linked to melanoma, the deadliest form of skin cancer.

What can you do about it? Plenty!

We've cobbled together the latest information on skin cancer prevention and research from the experts at Fred Hutch Cancer Center. Read on for easy ways you can protect your health and throw some shade at cancer.

What do you mean by skin cancer?

As with many cancers, there are different subtypes of skin cancer.

Non-melanoma skin cancers like basal cell carcinoma and squamous cell carcinoma (named for the skin cells on the top layer of your skin) are the most common cancers in the country, afflicting an estimated 3.3 million people per year. These cancers are very treatable and much less likely to metastasize, that is, spread to other parts of the body.

[Melanomas](#) are different, arising from another cell type (melanocytes — the cells that make pigment). These cancers are more serious and again, there are subtypes, including rare occurrences of ocular melanoma (which affects the eyes) or mucosal melanoma which affects the inside of the nose, mouth, throat, genital or anal area.

Most melanomas are cutaneous, which means they affect the skin, often the skin that's exposed to

the sun. [Ultraviolet rays](#) are a major cause of cutaneous melanoma — the radiation from the sun damages your DNA; that’s why skin cancer prevention focuses so much on covering up and using sunscreen.

The American Cancer Society, or ACS, estimates there will [be around 100,640 new melanoma diagnoses](#) in the U.S. in 2024, with nearly 8,300 people expected to die from it. Wondering what skin cancer looks like? Check out these tips from [ACS](#), the [American Academy of Dermatology](#), the [National Cancer Institute](#) and various [patient platforms](#).

Who’s most at risk for skin cancers?

Well-known factors that can bump your risk include a high number of moles; fair skin and light-colored hair and eyes; a family history of the disease; a weakened immune system; being older or having skin that’s susceptible to burning or tanning.

While there’s little you can do about family history or fair skin, there are still actions you can take to reduce the risk of melanoma. Avoiding sunburn is the big one.

A history of sunburn significantly increases the risk of developing melanoma, particularly if you have experienced severe sunburns that resulted in blistering, according to Fred Hutch dermatologist [Song Park, MD](#), who treats patients with melanoma.

“Even one severe sunburn, especially in childhood or adolescence, can more than double your risk of melanoma,” she said, pointing to a [large study published in 2016](#).

Fred Hutch epidemiologist [Margaret M. Madeleine, MPH, PhD](#), concurred: “With melanoma, the most important sun exposure may be during childhood,” she said.

But that doesn’t mean the horse is already out of the barn for those who tanned as teens.

“It’s not only cumulative exposure but current exposure that increases one’s risk,” Madeleine said, adding that while melanoma rates have dropped in teens and young adults thanks to cancer prevention messages, they’re still increasing in people who are older.

Certain medications can also make you tan or burn more easily. If you’re in cancer treatment, check with your care team to make sure the medications you’re taking don’t cause unintentional harm.

Get savvy about skin cancer prevention

Sunscreen, protective clothing and a decrease in tanning bed use have already helped reduce melanoma rates in recent years, especially in people under 30, Madeleine said. She and others dug into data on nearly a million cases of invasive melanoma and found a “sustained, statistically and [clinically significant downtrend](#)” in skin cancer rates.

“The data suggested a sharp downtrend in incidence for kids 10 to 19 and 20 to 29,” she said, attributing the near 25% drop in just under 10 years to strong public health messages about the importance of sun protection.

Park said using the right sunscreen is the first step. Her advice:

- Go for a “broad spectrum” sunscreen. This will block two kinds of cancer-causing UV rays — UVA (think aging) and UVB (think burns). The sun protection factor, or SPF, should be at least 30 and higher SPFs offer even more protection. Adults should slather on about one ounce, or a shot glass-full, to cover any exposed skin.
- Double dip! Generally, you’ll need to reapply every two hours or every 80 minutes if you’re going into water. If you tend to sweat a lot in the sun or are swimming a lot, you may want to pick up water-resistant sunscreen.
- Sensitive skin? Patch test! If you have sensitive skin, you may want to try something that sits on top of the skin and deflects the sun’s UV rays like zinc oxide and/or titanium dioxide. Pro tip: test new sunscreen on a small patch of skin before you apply everywhere.
- Be cautious with spray sunscreens. “These can be difficult to apply evenly and they also raise concerns about inhalation of ingredients,” Park said. If you use them, she advises you apply in a well-ventilated area and “don’t directly inhale the spray.”

The Environmental Working Group just published their annual sunscreen recommendations (they also compile a “[Sunscreen Hall of Shame](#)”). EWG advises lotions and sticks over sprays and stresses that sunscreen shouldn’t be your only protection when outside (slap on that sun hat!). The EWG does have stricter safety guidelines than other organizations; you can [view their sunscreen recommendations here](#).

Experts say it’s fine to use the same stuff on your face that you do on the rest of your body, but there are sunscreens designed specifically for the face; [you can read about them here](#). Worried about what sunscreen might do to aquatic life? [Check out “reef-safe” brands here](#).

Those who don’t feel like slathering chemicals on their skin can also simply cover up when out and about. Wearing tightly woven clothing and a wide-brim hat will do a lot to protect your skin. You can also buy “sun shirts” that offer extra protection against UV rays, although Madeleine said regular clothes work just fine.

The epidemiologist also encourages people to seek out shade when outside.

“Look for the trees when you can,” she said.

Another safe option: pull a Taylor Swift. That is, opt for a spray tan or [self-tanner](#).

Skin cancer myth-busting

It’s not just sunburns you have to worry about. Tans also boost your skin cancer risk.

“Many people don’t hear that tanning and freckles along with sunburns are all signs of sun damage that can accumulate, increasing lifetime risk of skin cancer,” Madeleine said.

Tanning beds are risky, too. In 2014, the FDA issued a [black box warning](#) on tanning bed use for anyone under the age of 18. Madeleine confirmed that tanning beds are a bad idea for anyone, but young people, she said, are especially vulnerable to increased melanoma risk with early UV exposure.

Already been burned in your youth? It’s never too late to change your sun habits. Even with a lifetime of excess UV exposure, people can still reduce their risk by starting to practice sun safety. Madeleine said she had “horrible sun protection habits” as a child, swimming in the ocean every day in the summer. These days, she “covers up in the Seattle sun (and the clouds).”

Speaking of which, you can still get burned when it’s cloudy. Checking the UV Index on sites like the Environmental Protection Agency’s [SunWise](#) can help you assess your risk. If the index is high, cover up and wear sunscreen even if it’s gray out there.

Where are we with research?

New treatments for melanoma have changed the landscape in the last decade or so.

An original [investigation published in 2022](#) found that mortality rates for melanoma decreased from 2013 to 2017, highlighting the effectiveness of recent FDA-approved treatments for this cancer.

And the FDA just [approved another new therapy](#) in February. Known as tumor-infiltrating lymphocytes, or TIL, this one-time therapy involves removing certain immune cells from within a tumor, copying them billions of times in a lab, then reinfusing them back into the patient, similar to CAR T-cell therapy.

Researchers at Fred Hutch are also investigating whether reducing the dosing frequency of some of the new immune therapies for aggressive skin cancers like metastatic melanoma will improve patient outcomes and “extend the benefits of this expensive class of drugs.” [Read about their research here](#).

In addition, Fred Hutch researchers have numerous clinical trials underway, some looking at

potential treatments for melanoma or high-risk melanoma, for the aggressive skin cancer known as Merkel cell carcinoma or for a subtype that involves the eye known as choroidal melanoma. Additional trials focus on treatments for less malignant types of skin cancer such as [squamous cell carcinoma](#).

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<http://beta.docker.cancerhealth.com/article/comes-sun-skin-strategy-skin-cancer-melanoma>