# Sun Safety for the Melanoma Community

Sun exposure is the one risk factor for melanoma that people can control.

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During a panel conversation focused on prevention at the MRA 2022 Patient Forum, Tracy Callahan, a five-time survivor of melanoma confessed that she became so afraid of getting another melanoma that she wanted to become a hermit. “I love the sun and traveling and suddenly I wanted to go nowhere and I was afraid to go to my kids’ baseball games,” she said. But eventually, “I realized that I had to start living life and that I could do it safely,” she said. Experts on the detection and prevention of melanoma on the panel agreed, pointing out several sun-safe strategies for patients diagnosed with melanoma and their families — including making sun exposure protection behaviors routine, conducting regular skin self-exams, and undergoing regular skin screenings with their dermatologist or oncologist.

## Protect Yourself From the Sun

Dr. Rachel Vogel — an MRA-funded investigator at the University of Minnesota — stressed that sun exposure is the one risk factor for melanoma that people can control, unlike skin type or hair color. Yet her study found that one-third of melanoma survivors still experience a sunburn each year. Most of those sunburns are due to unintentional sun exposure, such as forgetting to use sunscreen or staying out longer in the sun than originally intended. When she gave melanoma survivors a wearable device that detects and immediately reports the amount of sun exposure they were experiencing, she was able to reduce their total sun exposure per day by one-quarter throughout the summer. This proves that by increasing our awareness of our sun exposure, we can make a meaningful change to our behaviors — just like how a pedometer can help people take more steps.

Dr. Vogel stressed the importance of making sun protection behavior part of your everyday routine. “Maybe you put sunscreen on your face every morning or you keep an umbrella in your car so the next time you need it you have it with you,” she said.

MRA-funded investigator Dr. Maria Wei — of the University of California — stressed that physical barriers to the sun, such as broad-brimmed hats, long sleeves and long pants, and standing in the shade, tend to offer more protection than sunscreens alone. She noted you don’t have to necessarily wear UPF-rated clothing and that almost any clothing, except those with a loose

weave, protects you from the sun. She also suggested using clear UV light filters for car side windows and the home. “You get a tremendous amount of sun through windows,” she said.

Stanford University’s Dr. Susan Swetter — a member of MRA’s Grant Review Committee, Dermatology Council, and Medical Advisory Panel — promoted the regular use of sunscreens, especially those from abroad that are more effective than those approved for use in the United States. “Sunscreen remains our best prevention along with protective sun behaviors and clothing, particularly in individuals with light skin who are at highest risk for melanoma,” Dr. Swetter said. She noted the FDA’s reluctance to approve new sunscreen ingredients due to safety concerns over the chemicals they contain, despite them being used over-the-counter worldwide for decades. There is also concern that sunscreens can damage coral reefs, but she stressed that this is a small and probably negligible reason for coral reef blight compared to rising ocean acidity, climate change, and ocean pollution. People from the US can order sunscreens from abroad or return from trips to other countries with them in their suitcases, Dr. Swetter noted and specifically suggested using sunscreens featuring the active ingredient tinosorb.

Dr. Wei noted now that studies show UVA rays from the sun can cause melanoma along with UVB, she expects the FDA to increase the amount of UVA protection that needs to be in sunscreens. Currently, SPF measures how much UVB radiation is required to burn your protected skin versus the radiation exposure needed to burn unprotected skin. Unlike UVB radiation, UVA intensity is the same throughout the day, so exposure cannot be reduced by avoiding peak sun times. Dr. Wei also added that people often neglect to put the proper amount of sunscreen on their skin. Even in a study in which she taught people about proper usage of sunscreen, that lesson was usually forgotten 6 months later. She suggested sunscreens be dispensed by a pump that takes the guesswork out of measuring the right service size.

Unfortunately, practicing sun protective behavior won’t prevent people from developing melanoma in areas not exposed to the sun, such as the palms and soles and those found in the mucosal membranes, Dr. Swetter noted. But these melanoma subtypes are much rarer than those that arise due to sun exposure.

## Regular Skin Cancer Self Exam

Another important strategy to prevent melanoma from being diagnosed at a more advanced stage is conducting regular self-exams of your skin and advocating for care when you detect something suspicious, panelists agreed.

“Get to know your skin and all your spots and bumps because any change in them might indicate cancer, because often the first sign of melanoma is a change in an existing mole. You don’t have to worry about anything you see on your skin that stays the same, even if it looks quite alarming, which a lot of benign things do,” Dr. Wei stressed. She encourages her patients to take pictures of unusual spots on the skin and to have annual whole-body exams as part of their follow-up care. Dr. Swetter added that she encourages her patients to look for anything on the skin that stands out

because it doesn’t resemble anything else, such as spots that are different in color or thickness.

The grown children, siblings, and parents of patients with melanoma might also want to consider getting screened regularly by a dermatologist, particularly if they are at high risk. But Dr. Wei noted that only about 5% of melanoma patients have an inherited genetic change that causes their melanoma and could be detected in their relatives with genetic tests. “The vast majority [of melanomas] are not genetic but more behavioral and related to where you live and the outdoor activities you do,” she said.

Dr. Swetter added that, “most of the time what melanoma patients’ relatives inherit is the same color skin, the same sensitivity to the sun, and they have shared environmental exposures, including all those trips to the beach.”

Dr. Swetter stressed that melanoma patients should educate their close relatives that they too could be at increased risk for melanoma and should consider screening for it. As for whether melanoma patients should have their young children screened by a dermatologist because pediatric melanomas are so rare, Dr. Setter said it is not usually recommended that children be screened by anyone beyond a pediatrician. She added that a lot of pediatric melanomas are not sun-related, particularly in children with darker skin, and Dr. Wei added that moles typically develop slowly in children until they reach their teens or twenties.

In a nod to Ms. Callahan and others like her at the Patient Forum, Dr. Swetter said “We don’t want our melanoma patients to be hermits. We tell them to live a normal life and be outside and never refrain from enjoying life. You just have to be careful to use sun protection behaviors.”

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