

Variable, highly curable and potentially lethal, melanoma strikes people all ages. While incidences of this disease are rising, it doesn't have to be that way. When it comes to this and other forms of skin cancer, knowledge is key to prevention.

SUN AWARENESS



While the incidence rates of many kinds of cancer continue to decline, the opposite is true for melanoma. Some 5,000 Canadians will be diagnosed with this disease in 2009, and 940 will die of it. Those deaths are particularly tragic, because melanoma is largely preventable. And if diagnosed early, survival rates are greater than 90 per cent.

"Invasive melanoma is the most serious of skin cancers," says Dr. Larry Warshawski, a clinical professor in Dermatology and Skin Science at the University of British Columbia, and president of the Canadian Dermatology Association. "Canadians born more recently are more likely to get it: for people born in the 1930s, the chances are approximately one in 1,500, but for people born in the last 10 years, it is around one in 75 for males and one in 95 for females."

That deadly trend can be reversed, he says. "We're really trying to educate the public about minimizing sun exposure as much as possible. We understand that people are

healthier when they get outdoors, but it is essential to take measures to protect their skin and use sunscreen."

Sun exposure is the most important factor in skin cancer, and research indicates that while prolonged sun exposure over many years has the greatest effect on most sun cancers, extreme, intermittent exposure is more important in the development of melanoma. "Acute exposure, particularly that causing sunburn or blistering sunburn, is a significant risk factor for melanoma," says Dr. Warshawski.

"I see new cases of skin cancer on a daily basis; I see new cases of melanoma on a weekly basis," says Dr. Richard Langley, professor of Dermatology and director of Research at Dalhousie University. "What is most surprising to me is who develops it and how it impacts their life."

"This week, I saw a 24-year-old woman, the mother of a baby, with melanoma on her neck. It was a thin melanoma and highly curable," adds Dr. Langley. "But I've also had patients come in

with advanced disease; I recently had a 55-year-old patient who died of metastatic melanoma. It's a disease that's quite variable – highly curable but potentially lethal. And it can strike all ages; I've diagnosed patients in their 20s and in their 80s."

Melanoma can grow very quickly, says Dr. Warshawski, so sometimes even an early diagnosis will not result in good prognosis. "But if you catch a melanoma early, you have a 90 per cent 10-year survival rate; if you get a later, deeper melanoma, the 10-year survival rate drops to 40 per cent."

Most melanomas are first identified by patients, says Dr. Langley. "The most common symptom for a skin cancer is change. We use the acronym ABCDE as a guide ((A)asymmetry, change in (B)border, (C)colours or larger (D)diameter, (E)evolution of size, colour, shape or symptoms) but any sustained change over time, over weeks or months, should be of concern, particularly in patients over the age of 40."

With skin cancer rates increasing, the need for dermatologists is rising. While this contingent of skin experts, now just 650 strong, needs to grow, additional hope is found in research now underway that promises to make diagnosis and treatment more efficient.

"There's no question there is going to be better patient care in the future," says Dr. Langley. "Our group in Halifax is doing work with a high-resolution, non-invasive instrument called a confocal scanning microscope. We just published a prospective diagnosis accuracy study, funded by the Canadian Dermatology Foundation, that showed the ability to diagnose skin cancers early, instantaneously, at the bedside."

In Vancouver, a team led by Dr. Harvey Lui, professor and department head for Dermatology and Skin Science at the University of British Columbia, Vancouver General Hospital and the B.C. Cancer Agency, is doing research on another technology that may significantly advance early

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diagnosis. "Researchers in our department are trying to discover some of the specific molecular mechanisms that take place when a melanoma develops on the skin – what reactions are happening to which molecules and what part of the DNA is being affected."

Using another approach that involves shining a special beam of light onto the skin, using a device such as a spectrometer, the chemical components or structure of a melanoma can be revealed. "We can make good deductions and conclusions about whether or not that spot is worrisome," says Dr. Lui.

The ultimate aim is that fewer biopsies would be required, with the result of less scarring, and diagnosis would be faster and more efficient. "It would make it possible to deal more effectively with the huge volume of patients that require a more careful assessment of their skin. We're making incremental improvements, some of which have been introduced into standard practice already."

HEALTH RISKS

Dermatologists call for restrictions on tanning bed use

Countrywide, it's on the checklist of many Canadians preparing to hit warmer climates. Right next to a new bathing suit and batteries for the camera, many Canucks plan on a few visits to the local tanning salon to ease the glare of our wintry white skin.

Ask any dermatologist, though, and they'll say don't do it.

In fact, dermatologists in Newfoundland, Quebec and Ontario are urging legislators to follow a lead set by New Brunswick years ago and prohibit youths from using tanning salons.

"Artificial light sources for

tanning are very dangerous," says Dr. Ian Landells, vice president of the Canadian Dermatology Association, and a St. John's, Newfoundland-based dermatologist. "They emit very large amounts of ultraviolet-A light and some ultraviolet-B light – both of which cause skin cancer."

As well, Dr. Landells says ultraviolet-A light is the major light source responsible for aging our skin. "It breaks down the collagen and elastic tissue, which makes our skin sag and wrinkle. It exposes the capillaries in the skin and causes the little brown spots on people's faces."

Worse, tanning beds have

been scientifically associated with skin cancer, emitting in several minutes the amount of radiation that a person would only get after hours in the sun.

Dr. Landells says a Swedish study showed that people visiting a tanning bed twice a week for a year, or 100 times, increased their risk of developing skin cancer by 100 times.

"It is for this reason that dermatologists, who spend their time treating both aging of the skin and skin cancer, strongly object to tanning bed use," he says.

Ideally, he says he'd like to see young people banned from using tanning beds.

"We're working with the provincial government here to try to prevent kids under the age of majority (19 in Newfoundland) from being able to use tanning beds, with or without their parents' permission."

"The Ministry of Health has been considering the options and is listening intently to the details surrounding the issue," says Dr. Landells.

Dr. Cheryl Rosen, national director of the CDA's Sun Awareness Program and head of dermatology for the Toronto Western Hospital, says the CDA is working to support provincial activities to ban artificial tanning in young people.

"The World Health Organization has recommended this and other countries have done it," says Dr. Rosen, noting that it is not the whole population that is using artificial tanning, but mostly young women. "We need to reach this group with this message; that tanning now can have dire consequences later."

The hope is that this ban would make a difference to Canada's skin cancer rate – currently the most common cancer diagnosis in Canada – because studies have shown that exposure to artificial ultraviolet radiation sources at a younger age increases

your risk of skin cancer.

Until the day when younger people are banned from tanning bed use, Dr. Rosen says the message is: "Be happy with the colour of skin that you have and, just because the prom is coming up, it doesn't mean you have to be tanned."

In the event that a person is not prepared to heed this advice and embrace a fairer complexion, Dr. Rosen says spray-on tans – as long as a person is aware that they don't provide protection from the sun – are safe. "The main ingredient there is dihydroxyacetone and that is safe to use."

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The Canadian Dermatology Association, founded in 1925, represents Canadian dermatologists. The association exists to **advance the science and art of medicine and surgery** related to the care of the skin, hair and nails; provide continuing **professional development** for its members; support and advance patient care; provide **public education** on sun protection and other aspects of skin health; and promote a lifetime of healthier **skin, hair and nails**.
www.dermatology.ca

SUN AWARENESS

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SKIN EXPERTS IN DEMAND

Trends show rising need for more dermatologists

Got a skin concern? While a requisite visit with a GP is prudent, ultimately what you need is a dermatologist. The challenge is Canada's shortage of these specialists can mean a long wait for people in need.

Critical members of Cana-

da's health care system, dermatologists possess unique training, expertise and experience that qualify them to diagnose and treat the many diseases of our largest organ, our skin.

"In terms of skin disease, dermatologists are fully qualifi-

fied and fully trained," says Dr. Larry Warshawski, president of the Canadian Dermatology Association. "In terms of diagnosis, dermatologists are best prepared; they can explain any skin condition in greater detail, and can understand treatment options more fully because of their greater experience."

Many treatments of skin disease are complex, he says, and cannot be performed with the same accuracy and effectiveness in other settings. "With skin cancer surgery, for example, we have techniques for removing skin cancers that are more accurate than those available anywhere else. For psoriasis, we have new, very effective biologic agents. But you need experience in using those agents."

Dermatologists know which patients should be placed on which medications, he says, and are more vigilant about side-effects.

Of some concern to dermatologists, says Dr. Warshawski, is the proliferation of relatively invasive skin treatments being provided by non-medical personnel. "If you look at certain types of laser treatment, for example, staff often go to a one-day course to learn how to run the machine. Dermatologists have been trained to deal with the side-effects of these treatments, whereas the person who just takes a short course doesn't understand why they're happening or could be prevented."

Dermatology is a wide field, he says. "Every major text book on dermatology is between two and four volumes thick. Many of these condi-



Dr. Ian Landells (left) is among just 650 dermatologists in Canada. Demand for these physicians who are specially trained to diagnose and treat skin conditions, and also to explain and discuss treatment options with patients, is on the rise. PHOTO: SUPPLIED

tions are quite rare and can mimic other, more common conditions. Dermatologists can make those challenging diagnoses."

As they see hundreds of patients each year with skin disease, dermatologists are also familiar with the latest treatments. "We now have very effective, very strong treatments for acne. Isotretinoin has been used for many years now and it's extremely effective, but the treatment regime has been changed over the years to lower dosages and longer treatments. Not every patient needs that approach, of course: topical antibiotics, benzoyl peroxide and oral antibiotics may be appropriate."

Unfortunately, Canada is challenged by a shortage of

dermatologists. Today, Canada has only about 650 dermatologists, a paltry number for a population of almost 34 million people. With the average age of Canadian dermatologists now at 55, the situation is worsening. Today, patients can expect delays of between two and six months to see a dermatologist after receiving a referral from a general practitioner.

The shifting needs of Canada's aging population adds another worrisome dimension, says Dr. Yves Poulin, associate clinical professor, Department of Medicine, Laval University. "An aging population means we'll have more and more skin cancers. It means we'll have more dermatologists focusing

on surgery, so they are unavailable for general dermatology."

The only solution, he says, is to train more dermatologists in our medical schools. "The number of people entering specialties are regulated by the government; we'd like to have this number increased in the future. We cannot ask dermatologists to retire at 75, so we have to have more young dermatologists entering the field."

Only about two per cent of dermatological practices are focused on cosmetic treatments, says Dr. Poulin. "We treat all skin problems, such as acne and psoriasis, and all skin manifestations of internal disorders, such as lupus. And there isn't a week in which I don't see a melanoma."

VITAMIN D –

JUST THE FACTS

A recent resurgence in talk about vitamin D has alerted Canadians to its importance as well as to the difficulty we have in getting enough. But certain myths surround vitamin D that must be dispelled, say Canadian skin experts.

First, while many Canadians believe that tanning bed use will increase their skin's ability to produce vitamin D, the truth is quite the opposite.

Dr. David McLean, professor of Dermatology at UBC and head of Cancer Prevention for the BC Cancer Agency, says UVA – the main source of light in tanning beds – is very inefficient at producing vitamin D, but very efficient at producing wrinkles.

"You won't get much vitamin D, but you'll make your skin much older, much sooner," he says.

Another myth is that if you stay out in the sun longer, you'll produce more vitamin D.

"Actually, if you stay out too long in the sun, the body turns off vitamin D production after a certain amount and all you end up doing is damaging your skin," says Dr. Cheryl Rosen, national director of the Canadian Dermatology Association's Sun Awareness Program and head of dermatology at the Toronto Western Hospital.

Even if Canadians did get sun exposure during the winter months, a chilly prospect at best, the light we are receiving isn't the kind that helps us produce vitamin D.

"Because of our latitude, UVB light, which is the one needed for vitamin D production, is almost absent from the sunshine in winter. So we physically cannot make vitamin D," says Dr. McLean.

Both doctors say a much safer, more reliable way to get vitamin D is to take one 1,000-milligram supplement a day.



EXPERT INSIGHT

Educating public among top priorities for Canadian dermatologists

Q&A with
Dr. Larry Warshawski
President, Canadian Dermatology Association

How would you describe dermatologists' role in our health system?
Our skin is the largest organ of the body, and dermatologists are the experts on skin disease. The diseases and treatments of the skin are complex, and because dermatologists are working solely on these issues, we have a comprehensive understanding that allows us to effectively manage skin disease and the complications of treatment.

What are the key issues facing your profession?
We don't have enough dermatologists. We're working on it and making some progress; our residency numbers are increasing. But the average age of dermatologists is 55. Within 10 years, almost half of Canadian dermatologists are going to retire.

We're doing our best to increase the number of residents, and we're working hard on continuing medical education for the present dermatologists we have. We're also in the process of increasing education opportunities for general practitioners.

Describe the Canadian Dermatology Association's approach to public education.

Over the last few years, the association has focused on a particular skin disease each year. In 2008, it was atopic dermatitis, or eczema; this year, we're focusing on acne and rosacea; next year, our focus will be psoriasis. We're making efforts to educate the public about these diseases and their impacts. Skin diseases such as psoriasis and atopic dermatitis can look frightening, so it's important that people know what it is and that it isn't contagious.



We have Sun Awareness events across the country where the public is given free skin assessments by a dermatologist in a public area. Quite a number of skin cancers have been discovered that way. It's a public service, but our primary aim is education: letting people know why they should use hats and other sun protective clothing, which hours of the day it is particularly important to avoid sun exposure, and why they should apply high-protection sunscreens and wear proper sunglasses.

are invested in programs for public education on sun safety.

For example, we have Sun Awareness events across the country where the public is given free skin assessments by a dermatologist in a public area. Quite a number of skin cancers have been discovered that way. It's a public service, but our primary aim is education: letting people know why they should use hats and other sun protective clothing, which hours of the day it is particularly important to avoid sun exposure, and why they should apply high-protection sunscreens and wear proper sunglasses.

Where can Canadians find reliable information on skin diseases and treatments?

We are in the process of revising the CDA website, which will have a lot of information for the public going forward. For example, if a patient has atopic dermatitis, the im-

tance of hydration, moisturizing the skin, cannot be overemphasized. It's something people don't really think about. Often, patients think they can simply apply a prescribed cream, but although that is important, it won't get better without an effective moisturization regime, especially in the winter months.

Any other recommended resources for people with skin diseases?

The Canadian Skin Patient Alliance is a group formed by patients, most of whom have skin disease, who have come together to disseminate information on various diseases, including those that are fairly rare, and to bring patients

together in support groups.

Together, they also have more political power, which can be important in persuading the government to cover certain treatments, such as biologics for the treatment of psoriasis.

Governments tend to shy away from these because of the costs, but if you have a group of patients coming together to lobby, they can demonstrate the value: how someone with psoriasis who is a recluse because of their disease can become a productive member of society.

Dr. Larry Warshawski, MD, FRCPC, is the president of the Canadian Dermatology Association; a fellow of the Royal College of Physicians and Surgeons of Canada; a member of the Canadian, American, and International Societies for Dermatologic Surgery; and a clinical professor and head of Dermatologic Surgery for the Department of Dermatology and Skin Science, UBC.



With the average age of dermatologists now 55, the Canadian Dermatology Association is concerned that within 10 years almost half of Canadian dermatologists will retire. The CDA has several initiatives underway to help address this issue, including increasing education opportunities for general practitioners. PHOTO: ISTOCKPHOTO.COM



How do the CDA's Sun Protection Evaluation and Sun Awareness programs fit in?

The Sun Protection Evaluation and Sun Awareness programs are aimed at educating the public on the importance of sun protection.

We recognize sunscreens that are independently proven to be effective, and the funds received for that recognition

Canadians well aware of melanoma skin cancer – but half don't check often enough

Canadians are well aware of melanoma, the most serious form of skin cancer, but one in two people don't check their skin often enough, according to a new survey conducted by Angus Reid Strategies for the Canadian Dermatology Association.

Melanoma, unlike many cancers, is clearly visible on the skin. Early detection is directly linked to a very high survival rate – 90 per cent for Canadians.

However, 940 Canadians – three people a week – will die from melanoma this year, and 5,000 will be diagnosed with it. Melanoma is now the 8th most common cancer found in Canadians. It is one of a small number of cancers that continues to increase in incidence.

The first ever "Melanoma Awareness and Attitudes Survey of Canadians" revealed that most Canadians know what melanoma is and what it looks like – a new or existing mole, freckle or spot that is changing in colour, shape or size.

However, when it comes to actually checking the skin, fully 55 per cent do not check their skin often enough. That comprises 24 per cent who never check their skin and 31 per cent who say they check "less often" than every couple of months. As a guide, people should check their skin for signs of skin cancer once a month or every couple of months.

"The good news is that people are actually very good at detecting melanoma on their own skin or that of a family member," says Dr. Cheryl Rosen, national director of the Canadian Dermatology Association's Sun Awareness Program. "Research shows up to

70 per cent of melanomas are first found by the patient themselves or close family members," she adds.

Melanoma is most common on the backs of men and the legs of women but can appear anywhere on the body including the arm, scalp or face. While less common in darker-skinned people, melanoma may appear on the soles of the feet, palms of the hands or under the nails, among other sites.

Many Canadians were aware that having a lot of sunburns is a major risk factor for melanoma (80%), the survey showed. However, less than half of those surveyed (42%) knew that having many moles or large moles is a strong risk factor too. Even fewer (34%) recognized that having skin that freckles or is unable to tan, or red or blond hair (30%) are also risk factors.

Of course, it is much better to prevent melanoma. When it comes to ways to protect the skin from ultraviolet radiation, many would use a sunscreen (75%), hats and clothing (69%). However, only 56 per cent would seek shade.

"There is a need to have more shade available in parks, playing fields and schools so that this natural protection, as well as built shade, is more available for people. When shade is available, it is another option for sun protection," says Dr. Rosen.

The Canadian Dermatology Association's 21st National Sun Awareness Week runs from Monday, June 8 to Sunday, June 14, 2009. The focus for this year is melanoma awareness. Dermatologists will be holding free, public skin cancer screenings in various locations to promote awareness of this disease.

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SUN AWARENESS

MELANOMA AND SQUAMOUS CELL AND BASAL CELL CANCER

Canadian Dermatology Association
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Prevention the key to combating skin cancers

The statistics are shocking. This year, more than 80,000 Canadians will be diagnosed with skin cancers. About 5,000 will find they have melanomas, the deadliest form of the disease; 940 will die of it.

Skin cancers are the most common form of cancer in the world, and their incidence is on the rise. Canadians born in the 1990s have a two to three times higher risk of skin cancer than those born in the 1960s, says the Canadian Dermatology Association. They face a one in six lifetime risk.

Those at greatest risk are redheads and blondes with fair skin. They lack the melanin, a built-in natural protection against sunburn, found in larger amounts in southern people from the Mediterranean, through Africa to parts of Asia.

While 80 per cent of new cases involve the least serious form, basal cell cancers – reddish blemishes that refuse to heal and often weep or bleed – about 13 per cent are squamous cell cancers – rough flaky patches. About 7 per cent are potentially deadly melanomas, which can resemble moles. They can metastasize, spreading unchecked to other body organs.

The irony is that most skin cancers are easily preventable. It is just a matter of using common sense, say dermatologists including Dr. Mariusz Sapijaszko, medical director of the Western Canada Dermatology Institute in Edmonton.

"Just follow common sense rules; when you go out in the sun, protect exposed skin," he says.

The major contributing

Skin cancers are the most common form of cancer in the world, and their incidence is on the rise.

Canadians born in the 1990s have a two to three times higher risk of skin cancer than those born in the 1960s, says the Canadian Dermatology Association.



Look for sunscreens bearing the Canadian Dermatology Association logo. These products have been reviewed by CDA member dermatologists, your skin experts, under CDA's Sun Protection Evaluation Program.

factor, which can determine who gets skin cancer and who does not, is unprotected exposure to the sun's rays. While there may be a genetic component to some skin cancers, the sun's UVA and UVB rays are the main culprit, say dermatologists.

"UV rays can damage the basic DNA of skin cells," says Dr. Vince Bertucci, president of the Canadian Society for Dermatologic Surgery. "Moreover, the same rays can interfere with the body's immune system, which rids the body of damaged cells."

One nasty sunburn as a child may be enough to trigger cellular change, which results in a skin cancer decades later in life, he says. Current thinking is that between 25 per cent and 30 per cent of basal cell cancers, the most common form, result from overexposure before age 18.

Nor is skin cancer the only damage those rays do. They can over time fracture the collagen and elastin that give support to skin, especially in the face and neck. Skin sags and wrinkles, tiny blood vessels, lacking support from that collagen, break and create spider web patterns. Skin becomes as attractive as old leather.

"I have two patients – sisters about two years apart. One has worked outdoors with no protection, while the other worked indoors and wore sunscreen when she went into the sun," says Dr. Sapijaszko. "The difference in their skin is considerable. The one who worked outdoors has leathery skin; the one who

worked indoors has smooth, blemish free skin."

Prevention can be simplicity itself, say the dermatologists. Always apply a sunscreen with a sun protection factor of at least 30 when heading into direct sunlight;

reapply every two hours or even every half hour if you are perspiring heavily. Reapply immediately after swimming.

Wear a broad-brimmed hat to shade the face and neck and long-sleeved shirts to pro-

tect the arms. If you go swimming, wear a T-shirt to protect your back.

Lastly, say dermatologists, avoid outdoor activities when the sun is at peak strength, and whenever possible, make best use of shade.



Beyond applying sunscreen, wear a broad-brimmed hat to shade the face and neck and long-sleeved shirts to protect the arms. If you go swimming, wear a T-shirt to protect your back, say dermatologists. PHOTO: ISTOCKPHOTO.COM

KIDS AND YOUTH

The sun: friend or foe of acne sufferers?



It's long been thought that getting out in the sun is a cure for acne.

Ask any dermatologist, though, and they'll say don't do it.

"You'll often hear children say, 'Oh, my acne always improves in the summer. The sun dries it up.' And parents encourage their kids to get out into the sun to improve their acne," says Dr. Ian Landells, vice president of the Canadian Dermatology Association. "In actual fact, the sun is only masking the acne."

Acne commonly starts during puberty, when the cells of the skin that line the hair follicle begin to shed more rapidly and changing hormone levels cause the oil glands to produce more oil.

"Acne is caused when increased oil within the hair follicle mixes with the skin that is shedding inside the follicle. This results in what is called a comedone – a whitehead or blackhead – which then becomes inflamed as bacteria multiply within the follicle and our immune system responds," explains Dr. Landells, a St. John's, Newfoundland-based adult and pediatric dermatologist.

He says the ultraviolet radiation of the sun's rays is only suppressing our immune system's response to the bacteria, making the acne appear less red. The blackheads and whiteheads, however, remain.

"As soon as they are out of the sun, the acne comes back," says Dr. Landells.

He cautions that sun exposure can actually cause the oil glands of the face to slowly enlarge, leading to worse problems down the road. That – combined with the fact that the sun causes skin cancer – is reason enough to protect our skin from the sun.

When it comes to treating acne effectively, there are many over-the-counter or prescription medications that address the source of the problem.

"It is important to use a

ACNE FACTS BUST COMMON MYTHS

FACT:

The sun does not cure acne.

FACT:

Acne is not caused by poor hygiene.

FACT:

Junk food has never been scientifically connected to acne.

FACT:

Popping a pimple is not good because it ruptures inwards, takes longer to heal and ending up more inflamed.

FACT:

Makeup use with acne is fine, as long as it's oil-free or water-based.

LIFESTYLE

For those who work and play outdoors

There is a dichotomy to the sun. While its rays are essential to life, they can also destroy it. Those at high risk include men and women whose jobs demand days of outdoor work and those whose love of sports propels them into the sunshine in summer and winter.

Ask any dermatologist, though, and they'll say don't do it.

"It is one of those great paradoxes," says Dr. Mariusz Sapijaszko, medical director of the Western Canada Dermatology Institute in Edmonton, "The sun's bright rays, which lift our moods, warm us and give life to all growing things, are also potentially deadly carcinogens."

UVA and UVB rays can both damage cellular DNA, plant the seeds of cancer and interfere with the skin's natural immune systems, preventing it from ridding the body of sun-damaged cells."

Research suggests those who spend a great deal of time outdoors playing sports or working are at substantially higher risk. Dermatologists report seeing melanomas, the deadliest form of skin cancer, in athletes as young as their late teens.

"A decade ago that was rare. Melanomas usually did not appear until the late 40s on," says Dr. Vince Bertucci, president of the Canadian Society for Dermatologic Surgery.

Athletes who practice their sport outdoors are at greatest risk, he continues. An Italian study suggests young athletes

are at four to five times greater risk, and an Argentinean study says they are at three times greater risk than the general population.

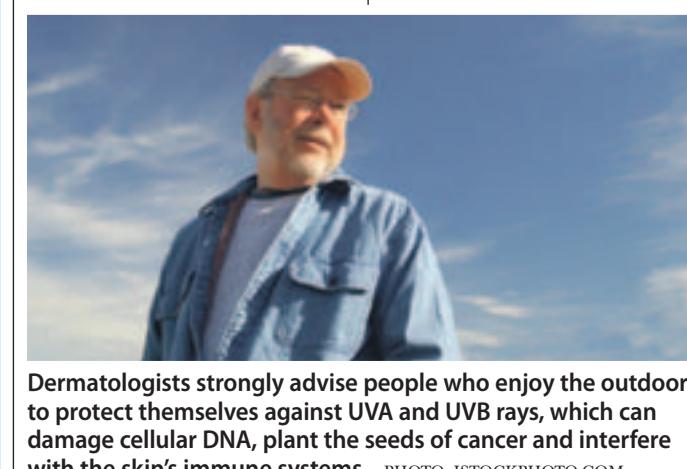
But athletes and workers need not shun the sun if they use common sense, says Dr. Sapijaszko.

First, apply sunscreen with a sun protection factor of a minimum of 30 to all exposed skin, being careful to include the ears and tops of feet. An SPF 30 lip balm is also recommended. All sunscreen should be reapplied at least every two hours – more regularly if you perspire heavily.

Wearing protective clothing, including long-sleeved shirts and a broad-brimmed hat, is also important, say dermatologists. Donning a T-shirt or other clothing to protect your back when swimming isn't just smart, it's also a practice that has been made fashionable thanks to new lines of sun protective sportswear.

Responsible employers can also help protect their staff. Dr. Sapijaszko reports seeing sun-conscious construction workers in Phoenix sporting specially designed broad-brimmed hard hats, while Dr. Bertucci points out Canada Post provides its letter carriers with free sunscreen and broad-brimmed hats.

To people who just love to play outdoors, Dr. Sapijaszko says, "Try to schedule sporting events early or late in the day when the sun's rays are less intense. And make best use of shade when not actively engaged in play or work."



Dermatologists strongly advise people who enjoy the outdoors to protect themselves against UVA and UVB rays, which can damage cellular DNA, plant the seeds of cancer and interfere with the skin's immune systems. PHOTO: ISTOCKPHOTO.COM

SKIN OF COLOUR

Even dark skinned people at risk



People of African, Latino, Asian and Mediterranean heritage may have more melanin in their skin, but they are still at risk of developing skin cancers. PHOTO: ISTOCKPHOTO.COM

Does dark skin offer enough natural protection to safeguard against sun-induced skin cancers? Absolutely not, say dermatologists.

Black, Latino, Asian and Mediterranean skin may have more melanin, the body's natural protection against the sun's harmful rays, but increasingly people whose roots lie in sunny, hot-weather countries do indeed develop skin cancers.

"It is a misconception that those with darker skin are immune from the damaging effects of the sun's rays," says Toronto-based dermatologist Dr. Eric Goldstein. "They have a lower incidence of skin cancers, but they can get sunburns and all three types of skin cancers – basal cell, squamous cell and melanomas – just like Caucasians."

In fact, dermatologists are reporting a rising incidence among darker-skinned Canadians, says Dr. Jensen Yeung, co-director of the melanoma and pigmented lesions clinic at Toronto's Women's College Hospital. "They are not as common as among Northern Europeans, but they do seem on the rise among both sexes."

What provides some natural protection in those with darker skin is melanin, the compound that gives skin its colour. When the sun's UVA and UVB rays strike the skin, they excite a chemical reaction. Melanin soaks up and

deflects those chemicals before they can reach and damage skin cells, Dr. Goldstein explains. The greater the amount of melanin, the greater its ability to protect skin.

"But ask any Jamaican and he will tell you those with dark skin do indeed get sunburn; it is just not as noticeable as among those with fair complexions," he says.

People of African descent seem particularly susceptible to melanomas on the palms, soles of the feet and under the fingernails, Dr. Goldstein adds. Dark skin is also of limited protection against sun damage to the skin's immune system, he continues.

Celebrated musician Bob Marley reportedly died of a metastasized melanoma, originally on the sole of his foot.

Children of Asian immigrants, who in their parents' native land might be trained from birth to cover up and wear broad-brimmed hats in the sun, tend to adopt a North American lifestyle and become near sun-worshippers, says Dr. Yeung.

"They take a southern vacation in winter and disregard all common sense sun protection rules in an effort to get a fast tan," he says. "In summer they do the same."

The result can be sun damage to the skin, especially sunburns and the increased risk of skin cancers as they age.

Although 68 per cent of the 5,000 Canadian men and women questioned said they used sun protection, only 18 per cent use it every time they go outdoors, and 43 per cent only apply sunscreen when the sun's rays seem intense. **In an era of rising incidence of skin cancer, that's cause for concern.**

Study reveals surprising attitudes about sunscreens

When it comes to sun protection, Canadians are high-stakes gamblers, according to a recent survey conducted by L'Oréal Canada. Although 68 per cent of the 5,000 men and women questioned said they used sun protection, only 18 per cent use it every time they go outdoors, and 43 per cent only apply sunscreen when the sun's rays seem intense.

The findings indicate that despite a decade of warnings by dermatologists and the medical community, Canadians have yet to get the message: the sun's UVA and UVB rays are the chief cause of skin cancers and can significantly age skin prematurely.

Sunscreen products not only protect against skin cancers, but can also mitigate damage to the collagen and elastin that support the skin and help maintain the body's immune system, which can be damaged by the sun's rays.

Jean-François Gagne, studies department director for L'Oréal Canada, says, "As a leader on the sunscreen market, it's our responsibility to monitor closely the attitude of the population toward sunscreen products and their

usage. We conduct that type of study on a regular basis, and it allows us to communicate efficiently with consumers."

The chief challenge to sun protection seems to be a lack of understanding of the basics.

While the majority of Canadians use sunscreens (68 per cent said they used one in the past year) they do so on a hit-and-miss basis. For example, while 87 per cent said they would apply sunscreen when they visit a beach or pool, only 43 per cent say they apply it only when the sun's rays are intense.

"People do not seem to be aware that any time the sun is shining – summer or winter and even on overcast days – unprotected exposure can result in skin damage," says Mr. Gagne.

That fact is evident from the survey results.

For example, while 88 per cent of respondents indicated they use sunscreens in summer, only 16 per cent use sunscreen in winter, even though the sun reflecting off snow and ice can still burn and damage skin. Sunscreen use also drops sharply in fall (23 per cent) and spring (37 per cent).

The study also revealed

some sloppy habits among Canadians when it comes to applying sunscreen.

About 46 per cent of those who say they use a sunscreen also say they apply it less than five minutes before going outdoors, a practice that does not allow enough time for the sunscreens to create an effective barrier.

When it comes to re-applying sunscreen regularly to ensure continuing protection, 38 per cent say once is enough – no matter how long they are outdoors and whether or not they are perspiring heavily. Further, 55 per cent say they never re-apply after sweating.

On the plus side, 46 per cent of users say they re-apply sunscreen every one to three hours, which Mr. Gagne says is a wiser approach to ensure sun protection.

The study also revealed that while awareness of both UVA and UVB is high, many Canadians do not understand how sunscreens protect against these unique threats.

For example, "The majority thinks SPF protects against both types of UV rays, which is wrong," says Mr. Gagne, noting that SPF – a sunscreen's Sun Protection Factor – refers only to UVB protection.

While just 47 per cent of Canadians were able to say what the initials SPF stand for, even fewer – just 14 per cent – have heard of the term photo-stability, an important factor in a sunscreen's ability to provide sustained UVA protection. (See the "Pay attention to ingredients" story on this page.)

At its heart, the study revealed insight into attitude differences among various demographic segments.

"Men are non-believers," says Mr. Gagne. "They are more likely to think sun is more harmful

to children, the dangers of sun exposure are exaggerated, and there's no need to use sunscreen when it's cloudy or when skin is tanned."

It also showed that while users in the 45- to 74-year-old bracket try to stay out of the sun, younger non-users (14 to 24 years) are sun-seekers.

"They are more likely to think that getting a sunburn makes you tan faster, and say that having a tan is important to them," says Mr. Gagne, noting that both falsehoods are in fact a fast track to premature aging and heightened risk of skin cancer.



Just 47 per cent of Canadians were able to say what the initials SPF stand for. Even fewer – just 14 per cent – have heard of the term photo-stability, an important factor in a sunscreen's ability to provide sustained UVA protection. PHOTO: ISTOCKPHOTO.COM

L'Oréal brands help shed light on sun awareness

Global giant L'Oréal has been focusing its energy and know-how on cosmetics for nearly a century. Among its leading brands are several of the world's best sunscreens. Here is some information about what makes each brand unique and how each works to promote sun awareness.



Launched in 1990, Ombrelle has dedicated itself to offer state-of-the-art sun protection technology, to protect Canadians and their families while enjoying a healthy sun-smart lifestyle.

Education has always been a priority for Ombrelle. The brand is actively involved in educating the population about the importance of sun-care protection.

In 1998, Ombrelle developed a sun-care education program called Mission UV to heighten awareness among children about the damage caused by UV rays and to promote good sun protection habits. Over the years, Ombrelle has closely worked with teachers and nurses to improve and safeguard the health of children in schools and in daycares across Canada.

Mission UV confirms Ombrelle's desire to increase sun protection awareness and to contribute to the present and future health and well-being of all Canadians.

Ombrelle is the #1 recommended sun protection brand by Canadian dermatologists and pharmacists*****

**Survey among Canadians dermatologist by IFOP/Canada market research in February 2008, mandated by L'Oréal Canada.

***Pharmacy Post's 2008 Survey on OTC Counselling & Recommendations

HEALTH IS BEAUTIFUL
VICHY
LABORATOIRES

Backed by more than 75 years of skin expertise, Vichy Laboratoires is dedicated to the science of skin health, including educating the public about sun-safe behaviour and the dangers

of sun damage.

This public health mission led to the worldwide creation of Skin Health Centres, bringing dermatologists and Vichy experts to local communities. The objective is to motivate consumers to better protect themselves and adapt responsible sun exposure

habits. In this spirit, in

2009, Vichy Canada proudly partnered with renowned children's association "Opération Enfant Soleil" to raise awareness about the importance of protecting children's skin from the sun. A percentage of every Capital Soleil Kids product sold in 2009 will be donat-

ed to the cause. Vichy Canada maintains a close partnership with dermatologists everywhere, supplying them with sun protection samples and crucial information about what to look for in a sun protection.

LA ROCHE-POSAY
LABORATOIRE PHARMACEUTIQUE
Committed to Dermatology

According to 2006-07 market research by IFOP North America, La Roche-Posay is the number one dermatologist-recommended skincare brand in Canada*. Established in France in 1975, La Roche-Posay offers a full line of innovative formulas and textures that provide comfort and dermatological efficacy to all skin types – even the most sensitive.

La Roche-Posay is the first brand to highlight the importance of a strong UVA/UVB protection for the prevention of photoaging and of photodermatoses.

Partnering with over 25,000 dermatologists throughout the world, La Roche-Posay has helped educate consumers about the dangers of sun damage and the rising incidence of skin cancers.

La Roche-Posay provides informative skin cancer-prevention educational material to dermatologists and offers a Continuing Medical Education program to help doctors diagnose melanoma with greater accuracy. The brand's commitment to sun damage prevention is not only a mission, it has become a moral obligation for La Roche-Posay.

*Source: IFOP 2006-2007

Pay attention to ingredients when choosing a sunscreen

Rising awareness among consumers of their need to protect themselves from harmful UVA and UVB radiation is encouraging. But just as UVA and UVB rays damage our skin in different ways, not all sunscreens are made the same, putting added onus on consumers to pay close attention when choosing sun protection.

Dr. Henry Lim, of the Department of Dermatology at the Henry Ford Hospital in Detroit, says while UVB rays are predominantly associated with causing sunburns, UVA rays cause photoaging and wrinkling. "Both types of rays contribute to development of skin cancer," he cautions.

Dr. Lim says the advent of broad-spectrum sunscreens – products that offer both UVA and UVB protection – represent a major advance in sun protection.

"For a long time, we talked only about SPF – the sun protection factor against UVB rays. Worldwide, more and more broad-spectrum protection is available. In Canada and other parts of the world, you have labelling for the degree of UVA protection of sunscreens."

Another important improvement is the introduction of sunscreens with enhanced photo-stability, a product's ability to maintain its effectiveness – rather than degrade – when exposed to sunlight.

Dr. Martin Josso, director of L'Oréal Suncare Research Laboratoire in Paris, says while UV filters are stable molecules under most conditions, and do not degrade in the formula even after several years, "Some UV filters are not stable once applied on the skin and subjected to UV radiation. They start to break up and do not absorb UV light anymore."

UVA filters that are not photostable have to be

blended with other ingredients to maintain their effectiveness, says Dr. Lim.

Dr. Josso adds that whether used on its own or in combination with the commonly used UVB filter octinoxate, avobenzone starts to degrade as soon as it is exposed to light. "Depending on the light intensity and the amount of product applied on skin, very little is left after one to two hours."

While the user might not be more exposed to sunburn (caused mainly by UVB rays), "the sunscreen's protection against UVA will be greatly reduced," says Dr. Josso.

Seeking a solution, Dr. Josso's research team discovered and patented a way to photo-stabilize avobenzone, by combining it with the UVB filter octocrylene.

"We also developed UVA sunscreens made with Mexoryl SX & Mexoryl XL, which are inherently photo-stable," says Dr. Josso.

Dr. Lim says in lab settings photo-stable sunscreens remain photo-stable for about four to five hours.

With the photo-stability issue resolved, Dr. Josso says his lab is already pursuing new innovations.

"Now that we can offer the optimal sun protection, one of our next battles is textures," he says. "We are developing molecules that can boost the efficacy of UV filters, providing maximum efficacy with the minimum amount of UV filters. This allows us more formulation flexibility, and we can improve the cosmetic elegance of our formulas."

This distinction is important says Dr. Josso, noting, "A lot of people will not use the correct amount of sunscreen if they do not appreciate the texture."



IMPORTANT DIFFERENCES

Not all skin cancers are the same

When Dr. Gordon Searles, now a clinical associate professor in the Division of Dermatology and Cutaneous Medicine, Department of Medicine of the University of Alberta, was an undergrad, he noticed what he thought was a pimple at the base of his nose. "But it didn't heal, so I went to see a dermatologist who removed it."

Through a biopsy, the dermatologist also confirmed the lesion was a basal cell carcinoma. "I'm a blonde, and I spent a lot of time outside in pools as a kid, so I've had my share of sunburns," said Dr. Searles, looking back.

While Dr. Searles' initial experience with his basal cell carcinoma was a common one, what followed was less so. "Several years later, I noticed that the skin around my scar was a little firm." It was only after he began dermatology training that he sought further treatment. A biopsy showed a recurrence, this one deep in the skin. "I was 29 years old, a physician who had aspirations of doing surgery, and I had to have my eye removed."

Eventually, Dr. Searles was treated at COMPRU, a clinic in Edmonton that specializes in reconstruction and prosthetic units for people with major facial abnormalities.

"Since the majority of basal cell carcinoma occurs on the head and neck, if they're not treated effectively, they're capable of great destruction. They have to be monitored. A patient who was referred to me recently with a basal cell carcinoma decided against treatment, because it would have required removal of her nose. She only decided to go ahead with the surgery when

she was told about the possibility of reconstruction."

Basal cell cancers typically occur on sun-exposed surfaces, says Dr. Richard Langley, a Halifax dermatologist who specializes in skin cancer. "Most commonly found on the head and neck regions, they can also be found on the back, arms and chest. They usually present as a raised, skin-coloured area that may have fine blood vessels on the surface, but are occasionally darker in colour, particularly in people with darker skin. The key thing is that they don't heal; they persist."

Squamous cell cancer is the second most common type of skin cancer, and also usually occurs in sun-damaged areas, including balding areas of the scalp, ears, the lower lip and the back of arms, hands and shoulders. "Like basal cell cancer, it can present as a sore, but can also present as a red patch or a thick, rough and wart-like plaque."

Actinic keratosis, a very common condition that presents as rough red, scaly lesions, usually on the face, scalp or hands of people over 50 who have had prolonged exposure to the sun over many years, is considered a precursor of squamous cell cancer. "These are treated very easily by dermatologists using cryotherapy or topical creams," says Dr. Langley. "To me, they indicate two things: the patient has had significant sun exposure and should do regular skin self-examinations; and they are precancerous and need to be assessed by a dermatologist."

Dr. Mariusz Sapijaszko, clinical associate professor at the University of Alberta Division of Dermatology, says that

basal cell carcinoma is about eight times more common than squamous cell carcinoma and is less dangerous.

There is a danger that basal cell carcinoma may be misdiagnosed in its early stages, he says. "It can look like a number of other skin conditions such as fungal infections, eczema or psoriasis. In addition, we see both types of cancers, but particularly basal cell, in younger populations, even teenagers, and in areas that are atypical, such as the chest or abdomen. This suggests that tanning beds or just sun exposure is more of a factor."

There are treatments available, including creams, light therapy, surgery and radiation, which can provide excellent cure rates when the cancer is caught early, says Dr. Sapijaszko.

Surgery remains the most successful treatment for both squamous cell and basal cell carcinoma, but sometimes surgery in some areas on the body may not necessarily be warranted. Other treatments can create less scarring, healing time and deformity.

"You own your skin and it's good to know it, top to bottom, with the help of a mirror or two. Be sensible with sun exposure: enjoy the outdoors and have fun, but be cautious," says Dr. Sapijaszko.

MELANOMA SKIN CANCER KNOW THE SIGNS, SAVE A LIFE

Melanoma is a less common but most dangerous form of skin cancer since it can spread in the body.

ABCDEs of Melanoma

- A ASYMMETRY**
The shape on one side is different than the other side.
- B BORDER**
The border or visible edge is irregular, ragged and imprecise.
- C COLOUR**
There is a colour variation with brown, black, red, grey or white within the lesion.
- D DIAMETER**
Growth is typical of melanoma. It is usually more than 6 mm although it can be less.
- E EVOLUTION**
Look for change in colour, size, shape or symptom such as itching, tenderness or bleeding.

Photos provided by Dr Joël Claveau

PROTECT YOURSELF!

- The best ways to protect yourself are to:
- Find out your risk factors
 - Learn the early signs, the ABCDEs of melanoma
 - Protect yourself from the sun from spring to fall and avoid sunbeds
 - Check your skin once a month
 - Take action if you see any suspicious spots

For further information, visit www.dermatology.ca

SUN AWARENESS

Canadian Dermatology Association
Association canadienne de dermatologie

SAFETY EQUIPMENT

Sunscreens, wear them well and follow the directions

Dr. Benjamin Barankin, medical and cosmetic dermatologist at The Dermatology Centre in Toronto, offers a clear message about sun safety: put on sunscreen just as you would any other necessary safety equipment.

"Parents would not think of letting their children – or themselves for that matter – ride a bicycle without a safety helmet. Nor would they think of going for a ride in the car without first fastening safety belts," says Dr. Barankin.

"Everyone young and old should take the same attitude towards sunscreen," he says. "It is essential to avoid premature aging of the skin, sunburns and skin cancers."

Sunscreens protect exposed skin against the sun's potentially damaging UVA and UVB rays as effectively as a raincoat protects against the wet, but with a good deal more comfort.

Sunscreens create an invisible coating on the skin's surface that can last for anywhere

A 110-millilitre bottle or tube should be good for maybe four applications. "And yet you see people on vacation with the same sunscreen they used for the previous three years."

from half an hour to four hours depending on the activity.

"Sunscreens offer good protection – as long as used as directed," says Dr. David McLean, head of cancer prevention at the BC Cancer Agency in Vancouver. "The problem is that too many people don't follow the instructions on the label."

To be effective, all sunscreens must be liberally applied, dermatologists advise. That means one palmfull for each arm and one for each leg, for example. Then remember to reapply regularly. If you are swimming, the sunscreen may last just 20 to 30 minutes; reapply when you leave the water.

If you are golfing, reapply during that clubhouse break after nine holes. If perspiring freely, then follow the same regimen you would if swimming.

While some sunscreens claim to be waterproof, all that means is that they will not immediately wash off,

says Dr. Barankin. "A 110-millilitre bottle or tube should be good for maybe four applications. And yet you see people on vacation with the same sunscreen they used for the previous three years," says Dr. Barankin.

When it comes to choosing a sunscreen, look for products that carry a seal of recognition from the Canadian Dermatology Association – that ensures you get both UVA and UVB protection – and opt for one with at least a 30 SPF (sun protection factor).

People with fair hair and light skin would be advised to bump the SPF up, says Dr. McLean. "I usually suggest an SPF of 60, mainly because people usually only apply a quarter as much as they need," he says. "At least with a 60 SPF you get factor of 15 coverage."

And what of those with a dark tan who feel that is enough to ensure protection? Forget it, says Dr. McLean. "A deep tan gives you the equivalent of an SPF of about 4."

SUNSCREENS

Canadian Dermatology Association-recognized Sunscreens

Updated May 2009

Aveeno Baby Sunblock Lotion SPF 55	Sunscreen Lotion SPF 45
Aveeno Active Naturals Sunblock Lotion SPF 30	Sunscreen Spray SPF 45
Aveeno Active Naturals Sunblock Lotion SPF 45	Neutrogena Ultimate Sport Sunscreen SPF 60
Aveeno Active Naturals Sunblock Lotion SPF 55	Neutrogena Ultra Sheer Body Mist Sunscreen SPF 30
Aveeno Active Naturals Sunscreen Lotion Face SPF 60	Neutrogena Ultra Sheer Body Mist Sunscreen SPF 45
Aveeno Active Naturals Positively Sunscreen Lotion Face SPF 60	Neutrogena Ultra Sheer Body Mist Sunscreen SPF 60
Banana Boat Baby Tear-Free Sunblock UVA & UVB SPF 50	Neutrogena Ultra Sheer Dry-Touch Sunscreen SPF 70
Banana Boat Kids Tear-Free Sunblock UVA & UVB SPF 50	Neutrogena Ultra Sheer Dry-Touch Sunscreen SPF 85
Banana Boat Ultra Defense Sunscreen SPF 15	Neutrogena Ultra Sheer Face Sunscreen SPF 45
Banana Boat Ultra Defense Sunscreen SPF 30	Neutrogena Ultra Sheer Sunblock SPF 60
Banana Boat Ultra Defense Sunscreen SPF 50	Neutrogena Ultra Sheer Sunblock SPF 45
Coppertone General Protection Sunscreen Lotion SPF 60	Neutrogena Ultra Sheer Sunblock SPF 55
Coppertone Kids Sunscreen Lotion SPF 60	Neutrogena Waterguard Kids Sunscreen Clear Spray SPF 60
Coppertone NutraShield with Dual Defense SPF 30	Neutrogena Waterguard Kids Sunscreen Lotion SPF 60
Coppertone NutraShield with Dual Defense SPF 60	Olay Complete All day Moisture Cream, UV Defense
Coppertone NutraShield with Dual Defense Face SPF 60	Olay Complete All day Moisture Cream, UV Defense, Sensitive Skin
Coppertone Oil Free Sunscreen Lotion SPF 30	Olay Complete All day Moisture Cream, UV Defense, Combination/Oily
Coppertone Spectra3 SPF 30	Olay Complete All day Moisture Lotion, UV Defense
Coppertone Spectra3 SPF 50	Olay Complete All day Moisture Lotion, UV Defense, Sensitive Skin
Coppertone Spectra3 SPF 50 Babies	Olay Complete All day Moisture Lotion, UV Defense, Combination/Oily
Coppertone Spectra3 SPF 50 Kids	Olay Complete All day Moisture Lotion, UV Defense, Sensitive Skin
Coppertone Sport SPF 15	Olay Complete All day Moisture Lotion, UV Defense, Combination/Oily
Coppertone Sport SPF 30	Olay Complete All day Moisture Lotion, UV Defense, Sensitive Skin
Coppertone Sunblock Lotion SPF 15	Olay Complete All day Moisture Lotion, UV Defense, Combination/Oily
Coppertone Sunblock Lotion SPF 30	Olay Complete All day Moisture Lotion, UV Defense, Sensitive Skin
Coppertone Sunscreen Lotion SPF 50	Ombrelle Face Cream XL SPF 30
Coppertone Water Babies Sunscreen Lotion SPF 30	Ombrelle Face Cream XL SPF 45
Coppertone Water Babies Sunscreen Lotion SPF 60	Ombrelle Face Cream XL SPF 60
Dove Deep Moisture Day Lotion SPF 15	Ombrelle Face Stick XL SPF 60
Dove Deep Moisture Day Cream SPF 15	Ombrelle Kids SPF 30 Lotion
Exact Cooling and Refreshing Clear Continuous Spray Sunscreen SPF 45	Ombrelle Kids SPF 30 Very Gentle Lotion
Hawaiian Tropic 30 SPF Sunblock Hawaiian Tropic 45 SPF Sunblock	Ombrelle Kids SPF 45 Lotion
La Roche-Posay Anthélios Spray SPF 30	Ombrelle Kids Protection Milk XL SPF 60
La Roche-Posay Anthélios XL Cream SPF 45	Ombrelle Lotion SPF 15
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Lotion SPF 30
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Lotion SPF 30 Extreme
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Lotion SPF 45
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Protection Milk XL SPF 60
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Spray Lotion SPF 30
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Sport Gel SPF 30
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Sport Lotion SPF 30
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Sport Spray SPF 45
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Sport Spray SPF 30
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Sport Spray Lotion SPF 15
La Roche-Posay Anthélios XL Cream SPF 60	Ombrelle Transparent Anti-Dryness Lip Balm SPF 30
La Roche-Posay Anthélios XL Cream SPF 60	President's Choice Sunblock Lotion SPF 30
La Roche-Posay Anthélios XL Cream SPF 60	President's Choice Kids Sunblock Lotion SPF 45
Life Brand Sunthera3 Baby SPF 60	RoC Minesol Lipstick SPF 20
Life Brand Sunthera3 Kids SPF 50	RoC Minesol Protect SPF 30 Application Express
Life Brand Sunthera3 SPF 15	RoC Minesol Protect SPF 45 Application Express
Life Brand Sunthera3 SPF 30	RoC Minesol Protect Ultra High Protection Suncare Spray SPF 60
Life Brand Sunthera3 SPF 60	RoC Minesol Protect Very High Protection Suncare Spray SPF 30
Life Brand Sunthera3 Sport SPF 30 Continuous Spray	Rosasol Cream with SPF 15
Life Brand Sunthera3 Kids SPF 50 Continuous Spray	Vichy Capital Soleil Body Sunscreen Spray SPF 15
Life Brand Sunthera3 SPF 60 Continuous Spray	Vichy Capital Soleil Body Sunscreen Spray SPF 25
Life Brand Sunthera3 SPF 30 Sun Protection Lotion Face	Vichy Capital Soleil Face and Body Lotion SPF 50
Life Brand Sunthera3 SPF 60 Sun Protection Lotion Face	Vichy Capital Soleil Sunblock Lotion SPF 35 for Kids
Neutrogena Fresh Cooling Body Mist Sunblock SPF 30	Vichy Capital Soleil Sun Block Cream SPF 60
Neutrogena Fresh Cooling Body Mist Sunblock SPF 45	Vichy Capital Soleil Ultra Protection Sunblock Stick SPF 60
Neutrogena Fresh Cooling Body Mist Sunblock SPF 60	Vichy Sun Protection Cream SPF 30
Neutrogena Healthy Defense Daily Moisturizer SPF 30 - Untinted, Light Tint, Medium Tint	Vichy Sun Protection Cream XL SPF 30
Neutrogena Healthy Defense Daily Moisturizer SPF 45 - Untinted	Vichy Sun Protection Cream XL SPF 45
Neutrogena Pure & Free Baby Sunscreen Lotion SPF 60	Vichy Thermal Fix UV SPF 20
Neutrogena Sensitive Skin Sunscreen SPF 30	Vichy Ultra-Fluid Sun Protection XL SPF 30
Neutrogena Sensitive Skin Sunscreen SPF 60	
Neutrogena Ultimate Sport	

LET'S WORK AT SUN SAFETY

If you work outdoors, you have a higher risk for developing skin cancer. Protect yourself.

For further information, visit www.dermatology.ca/outdoorworkers

- Seek shade
- Reduce sun exposure
- Wear long sleeved shirts, hats and long pants
- Use an SPF 30 broad spectrum sunscreen.





The next time you are about to head out into the sun, consider these important tips from the Canadian Dermatology Association.

Play it a shade safer when enjoying sports

While many of us remember sun protection when heading to the beach or outdoor swimming pool, we sometimes forget when it comes to participating in or attending a sporting event. Sun protection is easy and should be a part of your healthy lifestyle. Here are a few tips.

TIME OF DAY
The sun's rays are most powerful and can harm your skin particularly from 11 a.m. to 4 p.m.. Try to schedule your sporting activities or training

before 11 a.m. or after 4 p.m. if possible. Since people watching sports are often out in the sun longer than athletes and through parts of the day when the sun is strongest, extra precaution should be taken.

SHADE
Seek shade from trees, awnings or buildings wherever possible. If there is little shade at a sporting event, bring your own shade such as an umbrella or portable tent. Ask your club committee to consider building a shade structure or planting shade trees.

CLOTHING
Wear clothing that covers as much of your skin as possible. Choose materials that are light and cool, such as cotton or lightweight synthetics. Shirts with collars help protect your neck. Wear a wide-brimmed or legionnaire-style hat (with a back flap). Baseball caps don't protect the ears or the vulnerable neck area. Don't forget sunglasses; 100 per cent UV protection, wraparounds are best.

SUNSCREEN
Apply a broad spectrum, SPF

30 or higher sunscreen 15 to 30 minutes before going out. Reapply sunscreen to exposed sites 15 to 30 minutes after sun exposure begins and then every two hours, especially after vigorous activity or sweating. Don't forget to use an SPF 30 or higher lip balm. Choose a waterproof or sweatproof sunscreen if you are in the water or will be sweating. Some "sport" sunscreens are now available and work well.

For more information, consult www.dermatology.ca

WHICH SPORT ARE YOU?

GOLFERS: Choose a high SPF product – 30 to 60 – that offers greater protection as you will be out for more than four hours if playing 18 holes. Use a golf umbrella or golf cart for personal shade. If possible, wait for play in shaded, treed areas.

KAYAKERS, SNORKELLERS, WAKE BOARDERS, SURFERS AND WATER-SKIERS: Don't forget to apply (and reapply) a high SPF, water-resistant sunscreen to the tops of feet, forehead, nose, cheeks, tips of the ears and back of the neck. These areas often get sunburned during water sports.

RUNNERS, CYCLISTS, TENNIS AND SOCCER PLAYERS: Choose a sunscreen that is sweat or water resistant and won't run into your eyes or be easily removed when you sweat.

HIKERS: If you are hiking in the mountains, be aware that you are at increased risk of sun damage because with every 300 metre increase in altitude, UV radiation levels increase by 4%.



People involved in water sports are particularly vulnerable to the sun's rays and are well advised to use sunscreen and protective clothing. PHOTO: SUPPLIED

TIPS FOR PARENTS

Sun-safe play, everyday

The most harmful effects of sun exposure occur during early childhood. These tips will remind parents of the many ways they can offer sun protection to their little ones.

Keep babies under one year of age out of direct sunlight, either in a covered stroller, under an umbrella or in the shade. Shield their skin with hats and loose-fitting clothing.

Teach your children how to identify shade (made by trees, buildings, porches) and urge them to seek it out. (If your shadow is shorter than you are, it's time to get under some shade.)

When in the sun, remember to protect your child with:

- comfortable long shirts and pants, to cover most of your child's body (closely woven materials are best)
- wide-brimmed hats
- sunglasses (100 per cent UV protection, wraparounds are best)
- sunscreen (SPF 30 minimum)

Check with your pharmacist about a suitable sunscreen for your child. Choose one that protects against UVA and UVB, with SPF 30 or higher, and look for products carrying the Canadian Dermatology Association's logo.

Do not apply sunscreen around a child's eyes as it may sting and burn. Instead, protect the eyes with sunglasses.

Swimmers should use waterproof sunscreens, formulated to stay on in water for up to 80 minutes.

Apply sunscreens liberally to your child's skin at least 15 to 30 minutes before going outside.

Don't forget to apply an SPF 15 lip balm to your child's lips.

Work together with your child's daycare facility to ensure ongoing sun protection throughout the day (for example,

provide signed permission for your childcare provider to apply sunscreen to your child, leave a bottle of sunscreen, labelled with your child's name, at the daycare centre).

Children with fair skin, who usually burn and never tan when out in the sun, or kids with blonde or red hair, freckles, or many moles, are at greatest risk of sun damage.

Cloudy days are no exception. Up to 80 per cent of the sun's rays can penetrate light clouds, mist and fog.

Watch out for reflected light from sand, snow, concrete and water – up to 85 per cent of the sun's harmful UVB rays can bounce back at you.

One of the best ways to teach is by example. Make sure you practise what you preach.

Try to avoid the sun during the peak hours of 11 a.m. to 4 p.m., but if you must send the kids out, make sure they are properly protected with sunscreen, long sleeves, hats and sunglasses.

For more information, consult www.dermatology.ca

Sunscreens 101

What are sunscreens?
Sunscreens are barriers that are applied to the skin. They work by absorbing or reflecting the sun's UV rays away from your skin. Sunscreens come in a wide variety of forms – creams, lotions, sprays, gels and sticks – and there are many brands to choose from. Look for the Canadian Dermatology Association (CDA) logo on products to ensure the safety and effectiveness of the sunscreen. Products with the logo have been specially tested.

How do I choose a sunscreen?
Look for a product with a minimum SPF of 30 to protect against the sun's ultraviolet B (UVB), or burning, rays. The product should also contain ingredients that protect against ultraviolet A (UVA) rays, which penetrate more deeply into the skin and are responsible for premature aging and contribute to the development of skin cancer. Sunscreens that are labelled "broad spectrum" help protect against both.

What is an SPF?
All sunscreens are labelled with a sun protection factor (SPF) number. The SPF rates the filtering power of your sunscreen. An SPF is the ratio between the amount of UV that will cause sunburn in sunscreen protected skin, compared to that in unprotected skin. However, a cautionary note – people often do not use enough sunscreen or reapply it often enough – so the real SPF afforded is usually much lower, for example only SPF 4. Sunscreens should not be used to extend the amount of time you would usually spend in the sun. Sunscreens should be used with other forms of sun protection, such as hats and clothing.

to protect you as much as possible.

Are there sunscreens for use during sport?

Yes, some sunscreens are labelled as sport products and are suitable because they have been specially formulated to stay on the skin during sports.

Are there any sunscreens for sensitive skin?

If you have sensitive skin, try a small amount of the product on your arm and check for any reaction up to 48 hours later. People allergic or intolerant to the chemicals in sunscreens should look for products labelled "chemical-free." These usually contain ingredients such as titanium dioxide and zinc oxide that reflect rather than absorb the sun's rays and are much less likely to cause a reaction.

When should I put on sunscreen?

You should apply sunscreen generously and evenly about 30 minutes before sun exposure to allow the active ingredients to bond to your skin. A second application 20 minutes later will maximize the protection from your sunscreen. Reapply every two hours or after swimming or sweating a lot.

Does a product still work after its expiry date?

Sunscreens contain chemicals that eventually break down, compromising the effectiveness of the product, so you should not use a sunscreen after its expiry date. Also, sunscreens are often kept in hot temperatures – in the glove compartment of a car or in a beach bag – conditions that accelerate the deterioration of the product.

BE FIT BE SUN SAFE!

Good sun protection habits will keep skin healthy while involved in an active, outdoor lifestyle.

• When possible, wear clothing to cover the skin; hats too

• Use an SPF 30 broad spectrum sunscreen

• Try to schedule activity before 11am or after 4pm

• Seek shade when possible

For further information, visit www.dermatology.ca

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