



SKIN SURGERY CENTER

SKIN CANCER SPECIALISTS

Fall 2010

WELCOME



Reidar Alexander Axel

July 1, 2010

Dr. Annalisa Gorman and her husband, Marcus, welcomed Reidar and Axel. They joined big brother, Alexander, who was born in 2008.



Annie Claire

May 22, 2010

Dr. Scott Isenhath and his wife, Beth, welcomed Annie and Claire.



Leslie Bethany

The Skin Surgery Center welcomes Leslie Breuer, RN and Bethany Tierney, MA. Bethany is working in the Bellevue office replacing Chrissy Hawkins who is out on maternity leave. Chrissy will work Fridays in the Seattle office upon her return. Leslie is an on-call nurse for both of our offices.

Chrissy and her husband, Ryan, welcomed Levi James into the world on October 2, 2010.

Newsletter Mailing List

If you do not wish to receive our newsletter, please let us know. You can reach us by phone, fax, or e-mail.

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SUNSCREEN: THE FACTS

By Sarah Patton, PA-C

Recent media attention on the safety of some sunscreen ingredients has many of our patients wondering if they should be concerned about using sunscreen to protect themselves from the sun's harmful rays. The Skin Surgery Center continues to recommend the use of sunscreen as does the American Academy of Dermatology and the Skin Cancer Foundation. We hope the information offered below will provide you with a better understanding of sunscreens, answer some of your questions, and help guide you in taking appropriate sun protective measures.

WHY WE RECOMMEND THE USE OF SUNSCREEN

The sun emits invisible rays including ultraviolet rays (UV). UV radiation has been classified by both the World Health Organization and the Department of Health and Human Services as a carcinogen. Exposure to UV rays causes damage to the DNA (the blueprint of cellular activity) in the cells of your skin. With enough accumulated damage to the DNA in skin cells, skin cancer can develop. Exposure to UV radiation significantly increases one's chances of skin cancer, sun damage, premature aging and wrinkling. Skin cancer is the most common of all human cancers. The use of sunscreen is one of the means we have of preventing damage from UV radiation which is why we recommend its regular use.

CHEMICAL SUNSCREENS VS. PHYSICAL SUNSCREENS

One of the main sunscreen product ingredients called into question in the media is oxybenzone. This ingredient is found in chemical sunscreens that work by absorbing UV rays before they can cause damage. The concern about oxybenzone was raised as a result of past research involving rodents. There is no compelling evidence currently, that oxybenzone, which has been available for over 20 years, has any adverse health effects on humans. Furthermore, oxybenzone has been approved by the FDA for use on humans. If you want to avoid oxybenzone, focus on sunscreens that work by physically reflecting or scattering UV light before it can penetrate the skin. These sunscreens contain ingredients such as zinc oxide and titanium dioxide.

For a long time, providers in dermatology have recommended the physical types of sunscreens, such as zinc oxide or titanium dioxide, because they are highly effective. Many people, however, have been less than pleased with the white, opaque look that one gets when using this type of sunscreen. Newer technology has allowed the use of nanoparticles, or ultra-small particles that have helped with the look of these products containing zinc or titanium. Those that contain micronized zinc or titanium dioxide are as effective as the original products. There is no evidence that the absorption of these nano-products is any higher than products that contain larger particles. At this time, there is no evidence that there is any risk associated with use of this type of product.

VITAMIN A DERIVATIVES AND SUNSCREENS

Media attention has also centered on the use of a Vitamin A derivative, retinyl palmitate, in sunscreens. The concern is that sunscreens involving Vitamin A may increase the risk of skin cancer. It is believed that this concern originated from findings in a study by the National Toxicology Program involving hairless mice. There has not been a peer-reviewed study in the medical literature involving humans that supports this concern. In fact, dermatologists routinely prescribe various forms of topical and oral Vitamin A derivatives to treat a number of skin conditions. Furthermore, oral derivatives of Vitamin A have been used extensively to prevent skin cancers in high-risk individuals, such as organ transplant patients. Again, if the use of retinyl palmitate remains of concern to you, you can choose physical sunscreens without vitamin A derivatives.

SPF

SPF is also known as sun protection factor. It measures the protection given against only UVB rays. It is not an ideal standard for evaluating sunscreens as it does not measure how effective a sunscreen is at protecting consumers from UVA rays. These rays also contribute to skin cancers, premature aging and wrinkles. To date, there is no equivalent measurement for UVA rays. UVA screening agents include stabilized avobenzone, ecamsule (aka Mexoryl SX), oxybenzone, titanium dioxide and zinc oxide.

An SPF of 15 or higher screens out 93% of the sun's UV B rays. A sunscreen with an SPF of 30 screens against 97% of the sun's

UVB rays and a sunscreen with an SPF of 50 screens against 98% of the sun's UVB rays.

Regulations are still being developed for sunscreen labeling, but it is possible that future labeling will read "SPF 50+". This is because the SPF testing system doesn't measure anything above SPF 50.

CONCLUSION

At the present time, there is no scientific evidence that the ingredients in sunscreens are harmful to humans. If you are still concerned, go with what dermatologists have been recommending for years, sunscreens containing physical blockers with an SPF of 30 or higher. In addition to this, follow these tips:

1. Apply a generous amount of sun screen (about the amount that would fill a shot glass) to your entire body 30 minutes before going outside. Reapply at least every two hours—more frequently if swimming or perspiring heavily.
2. Seek the shade when possible, especially between 10 a.m. and 4 p.m.
3. Cover up with clothing including wide brimmed hats, UV-blocking sunglasses and sun protective clothing.
4. Avoid tanning beds (i.e. do not use them at all).

Examine your skin from head to toe once a month. Have a full skin exam annually (more frequently if you have had several skin cancers or a history of melanoma).

Resources consulted include the Skin Cancer Foundation website and AAD website.

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