Ask the

Experts

Q&A

THEY HAVE THE ANSWERS!

Our hot topics include what you should know about board certification, why spots on your skin may not match those in a brochure, how spa workers may talk to clients about their skin and why "sun season" is a misnomer.

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What Is Board Certification?

Q: What does it mean to be a "board-certified dermatologist," and why is it important?

Deborah S. Sarnoff, MD

IT ALL STARTS with the American Board of Medical Specialties (ABMS), which currently recognizes 24 specialties, such as internal medicine and plastic surgery. Dermatology is one of them, and its official nonprofit, volunteer certifying board is the American Board of Dermatology (ABD).

The ABD says in the helpful FAQs on its website (see abderm.org) that board certification is assurance that the certified physician has satisfactorily completed rigorous training in an accredited program and has passed a comprehensive examination. That initial certification is also the portal into a "career-spanning process of maintenance of certification (MOC) to continue that assurance."

On a basic level, board certification does assure the public that I, Deborah S. Sarnoff, MD, went to medical school and passed the licensure for the state (New York) in which I practice. I completed my internship and three years of an accredited residency in dermatology. I passed the very rigorous board certification exam. I know what I'm doing.

Being officially board certified doesn't mean the physician is the most skilled person in the field, but it's a good start. My husband, who is a plastic surgeon, and I go to a lot of medical conferences and meetings. We love learning. It energizes us. But some doctors take that board certification and don't necessarily go to meetings, read a lot of literature or keep up in their specialty. That's why MOC was created.

I also did a year-long fellowship in Mohs surgery with Perry Robins, MD (founder of The Skin Cancer Foundation in 1979 and still its chairman of the board). It was the best year of my life in terms of training, but some Mohs surgeons did not receive that level of training.

That adds another layer of confusion because starting in October 2021 there will be a new certifying exam for Mohs surgery within the board certification of dermatology. There may be very experienced Mohs surgeons who choose not to take this rigorous new exam, and that doesn't mean they're not good Mohs surgeons. There will be a period of transition, but soon it will be one more way to check on the credentials of your dermatologist.

Board certification alone is not the perfect way to find a dermatologist who is right for you, of course. You should seek good word of mouth and learn who has a solid reputation in your community. You may also want to see if the doctor's personality meshes with your own so you can establish a long and rewarding partnership with your dermatologist.

—Interview by Julie Bain

Deborah S. Sarnoff, MD, *is a clinical professor of dermatology in the Ronald O. Perelman Department of Dermatology at NYU School of Medicine. Cofounder and codirector of Cosmetique Dermatology, Laser & Plastic Surgery LLP in Manhattan and Long Island, Dr. Sarnoff is also president of The Skin Cancer Foundation.*

2

Are Photos of Skin Cancer a Reliable Indicator?

Q: The new, changing or unusual spots on my skin don't look like pictures I see online or in brochures. Does that mean I don't need to worry?

Hugh M. Gloster Jr., MD

THIS IS A question I get all the time, and the short answer is no — you should not take false comfort from the fact that your lesion doesn't resemble the ones in photographs. People will often say, "I had a bump that looked nothing like what I saw in the brochure, and it turned out to be skin cancer." There are many reasons for that. The first is that there are a lot of variations in the way skin cancers look, and they don't always fit the textbook definitions of a melanoma or a squamous cell carcinoma (SCC) or basal cell carcinoma (BCC). For example, many variants of melanoma, including a type called amelanotic melanoma, do not have any pigment; they don't look like brown spots. Even dermatologists can be fooled.

There are also many unusual variants of BCCs and SCCs that don't match the examples in textbooks. Then there is the imperfect nature of photography itself: It's a two-dimensional medium, and a close-up of a classic lesion will not fully mirror a person's three-dimensional reality. Nor do the photos we currently have reflect the enormous variations that exist in skin tone. A lesion can look dramatically different on someone who's really dark versus someone who's extremely pale.

Building a bigger and more diverse archive of photos would certainly help, particularly when it comes to skin cancer in people of color. This is an area that is neglected medically. There's a wide misconception — among both people of color and everyone else — that people of color don't get skin cancer. (They do, albeit at lower rates than the general population.) Therefore, doctors and patients alike don't look for it, and therefore it can end up being quite advanced by the time it's diagnosed. The result is a higher mortality rate for melanoma and SCCs in people of color than in the general population.

Lesions in people of color can also be very subtle and easily missed if you're not really looking for them, often because they're in areas that aren't examined carefully, if at all, such as the soles of feet, toenails, mucous membranes and the genital area. And more likely than not, photographs of carcinomas in these places do not appear in skin cancer brochures aimed at a general audience. Most brochures focus on Caucasians. We need to accumulate many more photos of skin cancer in people of color and then create specific brochures that get distributed in their communities. That would do a lot on its own to increase awareness. [EDITOR'S NOTE: The Skin Cancer Foundation is actively seeking physicians to donate more photos of skin cancer on skin of color to use in our public education materials.]

In the meantime, my advice for anyone, regardless of complexion, is that if you see something irregular on or under your skin — by which I mean a lesion that is changing in size or color, or is bleeding, or flaking, or doing anything different — have it examined by a dermatologist. That advice applies even when your lesion looks absolutely nothing like the ones you see in photographs.

—Interview by Lorraine Glennon

Hugh M. Gloster Jr., MD, *is a member of Associates in Dermatology, a private practice in Fort Myers, Florida. The coauthor of two medical textbooks, he specializes in cutaneous oncology, Mohs surgery and reconstruction.*

MICHAELJUNG/ISTOCK/GETTY IMAGES PLUS

⬆ Keep an Eye on Your Skin — If you see anything new, changing or unusual on your skin, trust your instinct and see a dermatologist.

3

What Do You Say to a Client?

Q: As a massage therapist, I see a lot of skin, and sometimes I'll notice spots or sores on my regular clients that look different or don't seem to be healing. I'm not an expert, but I feel like I should say something. What do you suggest?

Lois J. Loescher, PhD, RN

YOU'RE RIGHT that massage therapists are well situated by virtue of the work they do to notice a lesion or other suspicious-looking spot on a client's skin. So are hairdressers, cosmetologists and aesthetics. But as you also note, pointing it out can be tricky because you lack expertise in these matters.

In a current study I'm doing with massage therapists, which involves training them in lesion detection, we discovered that

an overwhelming majority of them, whether licensed or not, had almost no familiarity with skin cancer. (Licensing varies considerably from state to state. Some states require a license to practice massage therapy but others do not, and there is no standardization of training programs nationally or even within states.) So it's understandable that you would hesitate to broach a subject about which you feel uncertain yourself. Still, your impulse that if you "see something, say something" is unequivocally the right one. The issue is *how* to say it. Obviously, someone getting a massage is there to relax and de-stress, so the goal is to get the client's attention without creating fear or anxiety.

⬆ See Something? Say Something
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Spa workers may notice suspicious spots on clients. The trick is how to say it.

In most cases, it's better to wait until the massage is over to have the conversation. Suppose a regular client comes in with an "ugly duckling" mole [i.e., one that stands out from the ones surrounding it] on her lower back that you don't remember seeing before or that looks slightly different. You might say, in a neutral, supportive tone, "There's a spot on your lower back I haven't noticed before — have you?"

Your client will probably say, "No," because the lower back is not a place most of us look at very often. You could say, "I don't recall seeing it before, and it's shaped a little funny. Would you like me to take a photo with your phone?" If the client agrees and then looks at the photo and says, "Yeah, that is weird — what do you think it is?" don't reply, "It could be skin cancer." Rendering an amateur diagnosis is exactly what you shouldn't do. Nor should you get personal, saying something like, "Oh, I had the same thing and it totally freaked me out! But it turned out to be nothing." Instead, emphasize that you're not qualified to make medical judgments but do strongly believe that clients should be aware of spots. And then, ideally, you can help further by providing your client with a list of local dermatologists (though you should refrain from giving a referral to a specific one) or perhaps a brochure from an organization such as The Skin Cancer Foundation.

Realize that you may get a bit of pushback. Perhaps you have a client with a great many moles, which you happen to know is a risk factor for melanoma. You could say something like, "I see a lot of moles on your back. Would you like me to avoid them during the massage?" If your client asks, "Why do you care?" don't get defensive. Simply say, "I like to keep an eye on my clients' skin while I'm massaging them. I'm not a dermatologist, but it's important to know your moles." And again, offer to take a photo with the client's phone and then steer him to additional resources. In my dreams, every spa in the country would have charts on the walls showing the ABCDEs of melanoma and would make brochures and lists of local dermatologists available to every client. (Unfortunately, we're not there yet.)

In short, your role is not to diagnose or direct, but to guide — calmly and without judgment. After you have drawn attention to the problematic spot and, if possible, pointed the client toward additional resources, the decision about what to do next is, appropriately, in their hands.

—Interview by Lorraine Glennon

Lois J. Loescher, PhD, RN, FAAN, *is a professor of nursing and the director of the PhD program in nursing at the University of Arizona in Tucson. Dr. Loescher has been involved in skin cancer prevention and research for 40 years, focusing most recently on skin cancer lesion identification by health-care providers not typically studied, the use of novel technology as interventions, and skin-cancer prevention behaviors in understudied populations.*

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Is Skin Protection More Important During "Sun Season"?

Q: Why do I feel like I only see stories about skin cancer and sun protection in the summer?

April Franzino

MEDIA coverage of skin cancer and the need for sun protection proliferates in May for a couple of related reasons. In most of the country, the weather starts to warm up in the spring, and people tend to go outdoors more and cover up less. By summer, they're wearing shorts, T-shirts, tank tops and other clothing that leaves more of their skin exposed to dangerous ultraviolet (UV) rays than at other times of the year.

Meanwhile — most likely because it represents the launch of "sun season" — May has been designated Skin Cancer Awareness Month. This kind of branding works well in prompting magazines, newspapers, websites, podcasts and other media to give the topic plenty of coverage (think breast cancer in October), and it's fantastic consciousness-raising.

But it's essential to understand that sun damage is cumulative. The damage from UV radiation that you're exposed to on an everyday basis accumulates over time, 12 months a year. That's why in the health and beauty departments of the publications I work for, we constantly stress the importance of using broad-spectrum, 30 SPF or higher sunscreen every single day, cloudy or sunny. You need to make sun protection part of your routine year round, not just when the summer sun is blazing and you're relaxing by the pool. It adds up, whether it's through the car window when you're driving or while you're walking in the park.

Unfortunately, there are a lot of myths and other obstacles that may prevent some people from using sunscreen as effectively as they could. They may have read articles alleging that chemical formulas are harmful. The FDA has asked for more data on these ingredients, but they remain FDA-approved and the medical community generally believes they are safe and effective at preventing skin cancer. If you have any concerns, though, you can opt for a mineral formula, based on zinc oxide or titanium dioxide. But then there's the misconception that the mineral formulas are chalky, heavy or sticky, even though many innovative formulas today have eliminated those barriers to daily use. And even when you've managed to get people onboard with applying sunscreen every day, it can be tough to get them to reapply it every two hours or after swimming or sweating.

Another issue with sunscreen use is that people almost never apply the recommended amount, which is approximately a nickel-size dollop for the face and a shot-glass-full for the face and body together. In a study, our Beauty Lab at the Good Housekeeping Institute measured how much sunscreen a group of women applied when they were given unlimited access to dispensers full of sunscreen, and on average, the amount was just 33 percent of what was recommended.

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⬆ UV Exposure Adds Up!
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Some UV radiation penetrates glass, so make protecting your skin a habit, every day, all year long.

That study is one reason we tell readers that, in general, the higher the SPF, the better. If you're using a 30 SPF formula and putting on a third of what you should, you're only getting the equivalent of a 10 SPF. We have also learned from Steven Q. Wang, MD, chair of The Skin Cancer Foundation's Photobiology Committee, that an SPF 30 allows about 3 percent of UVB rays to hit your skin. An SPF of 50 allows about 2 percent of those rays through. That may seem like a small difference until you realize that the SPF 30 is allowing 50 percent more UV radiation onto your skin!

One other reason not to think skin protection is seasonal: More researchers are saying we should think beyond UV light, since we spend hours a day sitting in front of devices with screens that emit the kind of blue light also found in the visible part of the sun's spectrum. Some tinted cosmetic formulas may help protect against blue light, and glasses that block blue light are wildly popular and may help protect your eyes. Adding an antioxidant serum containing vitamin C or choosing a sunscreen that incorporates antioxidants may help protect against free radicals from exposure to visible light and keep your skin looking great!

—Interview by Lorraine Glennon

April Franzino *is the beauty director at* Good Housekeeping, Woman's Day *and* Prevention.