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## Skin cancer: A colorblind disease

From where Garry Freeman is standing, life is good.

A former carpenter, Freeman, 52, is now working on a few special projects. A house for his daughter is one of them. A treehouse for his grandchildren is another.

His wife Minnie is particularly proud. "We are blessed," she said. "He has had that spot for years. It could have been much worse."

"That spot" was underneath his big toe on the sole of his foot. Though it was about the size of a nickel, Freeman says he didn't think much about it at first and blamed the spot on wearing boots on construction sites.

"I thought it was just a discoloration in the skin," he said.

It took a while, but Minnie grew tired of such excuses. She begged Freeman to get the spot looked at by a physician, but he consistently refused.

Freeman now says that was a mistake. Because there was no pain, Freeman says he didn't take the spot seriously. That changed last year when a callous grew on the spot. He

thought he could ease the pain by soaking his foot in warm water and Epsom salt. But the pain continued — and his limp got worse.

Much to Minnie's delight, Freeman finally went to a podiatrist. During the visit, the callous was scraped down a bit and that was that.

But the pain persisted. A second appointment was made and the podiatrist, according to Freeman, didn't like "the way it looked."

The podiatrist did a biopsy that morning. By 7:30 p.m., Freeman learned that he had melanoma and was advised to see a surgeon who specializes in cancer.

Freeman never expected to hear that he had cancer. More surprisingly, Freeman had never heard of getting cancer on the sole of the foot.

Cancer of the skin is the most common cancer, numbering more than 1 million new cases a year. Basal cell and squamous cell cancers are the most common skin cancers and are less likely to spread to other parts of the body or result in death.

Melanoma, on the other hand, accounts for about 3 percent of skin cancer cases, but causes the majority of skin cancer deaths. The

**“Most of the skin cancer warning messages are geared toward fair-skinned individuals with blue eyes and blond or red hair who sunburn easily.”**

— Dr. Susan C. Taylor



Garry Freeman did not realize that the spot on his foot was melanoma. Despite the removal of two toes, Freeman is back on the job as a manager at Star Manufacturing, LTD.

American Cancer Society estimates that about 62,500 new cases of melanoma will be diagnosed in this country this year, and over 8,000 people will die from it.

Melanoma begins in the melanocytes, the cells that make melanin, the protective brown pigment that gives skin its color.

Dr. Deborah A. Scott, a dermatologist at Brigham and Women's Hospital, rightly points out that skin cancer in blacks as well as other people of color — Latinos, Asians, American Indians — is quite rare. "The problem," Scott explains, "is that because skin cancer is so rare, blacks may ignore a new or changing growth, dismissing it as a benign lesion."

Of the three skin cancers, blacks get squamous cell cancer (SCC) the most, followed by basal cell cancer (BCC), then melanoma.

SCC is more frequently seen in non-sun-exposed areas in African Americans, and is associated with albinism, burn scars, chronic

inflammation and chronic discoid lupus. BCC accounts for up to 30 percent of skin cancers in American blacks, and is primarily related to prolonged, intensive ultraviolet light exposure.

The incidence of melanoma is significantly higher in whites. According to data from the Surveillance Epidemiology and End Results Program of the National Cancer Institute, from 2000 to 2004, the incidence of melanoma in whites was roughly 20 times that of blacks.

Death rates for whites were also higher, but not to the same degree. White people died from melanoma at five to nine times the rate for black people.

Although having darker skin lowers one's risk of melanoma, it is not a guarantee of 100 percent protection.

And that's the problem. It is a widely held belief among African Americans and other people of color that they are exempt from this

*Freeman, continued to page 4*

## A nose full of trouble

Say this about Janet Williams. She knows herself.

And one thing she knows is that she is definitely not a sun person. Even when she and her husband went fishing with their children, she wore a large sun hat and watched them fish from the comfort of the shade.

"Even my house is dark," she said.

Given her aversion to the sun, it's surprising then that Williams, 70, learned two years ago that she had skin cancer.

"I thought the melanin in our skin protected us," she said. "I have not known of any black person who has had skin cancer. Nor have I ever read about any black person getting skin cancer. Even my primary care physician was not aware of it."

Williams, a retired pharmacist, was diagnosed with basal cell carcinoma in April 2006.

For most of her adult life she has had seborrheic keratosis, a common type of benign skin growths seen in older adults. She has multiple spots — on her torso as



Janet Williams was unaware that black people got skin cancer until her diagnosis of basal cell carcinoma in 2006.

well as her face.

Seborrheic keratosis most often appears as multiple brown, black or even pale growths on the face, chest, back and shoulders. They seldom become cancerous, but can look like skin cancer. No treatment is required, but if they become

irritated, inflamed or infected, or itch intensely, they can be removed.

Williams then got a growth on her nose. The doctors thought it was another seborrheic keratosis growth.

"It itched a lot, and sometimes I scratched it when sleeping," she said. It became so annoying that she had it removed and tested, and according to her, she was told that the results were negative. It grew back even larger — it was as wide as a dime. The itching persisted.

She self-medicated, treating it with a topical skin steroid used to treat inflammation and itching.

A subsequent biopsy came back positive for basal cell carcinoma (BCC).

BCC is the most common form of skin cancer, accounting for roughly 80 percent of all skin cancers in both men and women. The exact number of cases is not known, as this type of cancer is

not reported to cancer registries. It is estimated that almost 1 million cases are diagnosed each year.

Deaths from BCC are rare. This cancer tends to grow slowly, very rarely spreading to other parts of the body. It's easily treated, but if left untreated, the cancer can grow into nearby areas and invade tissues and bone beneath the tumor.

BCC is usually caused by exposure to the sun and ultraviolet light. The cancer tends to develop on the head and neck — the areas that are most exposed.

Other causes include exposure to certain chemicals and radiation, a compromised immune system, a family history of skin cancer and, to a lesser extent, genetic susceptibility.

Although BCCs are easily treated, they can come back — in the same location on the skin or elsewhere. According to the American Cancer Society, within five years of being diagnosed with one BCC, up to 50 percent of people develop a new skin cancer.

Williams had Mohs surgery to remove it.

Mohs surgery is an effective treatment for recurring BCC, and is often used

*Williams, continued to page 4*

May is Skin Cancer Detection and Prevention Month

# Protect your skin so it can protect you

**W**hile it may be hard to believe, summer is not far away. As we prepare to head outdoors, hit the beaches and parks, and enjoy the longer hours of daylight, it is important to take the necessary steps to protect your skin from the harmful effects of sun exposure. May is National Skin Cancer Awareness Month, an opportune time to be reminded of the tools and tips that can safeguard against skin cancer.

Skin cancer is the most common form of cancer in the United States, with more than 1 million skin cancers diagnosed annually. Fortunately, when caught early, most skin cancers can be successfully treated, so it is important to be aware of your personal risk factors. According to the American Cancer Society, if current trends continue, one in five Americans will develop skin cancer during his or her lifetime.

## Types

Skin cancer is the abnormal growth of skin cells, and can come in two types — melanoma and non-melanoma. Most skin cancers are categorized as non-melanoma and develop on sun-exposed areas of the body such as the face, neck, ears, lips and the backs of the hands. Non-melanoma skin cancers are highly treatable, especially when found early. While most non-melanoma skin cancer is considered to be sun-related, other factors can play a role in the development of skin cancer, such as genetics and heredity.

Melanoma, the most serious form of skin cancer, can spread to other body tissues and occur anywhere on the body. Most cases develop on the upper back or face. In African Americans as well as other people of color, however, melanoma more frequently develops in areas not exposed to the sun — palms, sole of the feet, nail beds and in between the toes and fingers.

## Risk

Everyone is at risk of developing skin cancer, regardless of skin tone, but there are certain general factors you should be aware of that may increase your risk of skin cancer. General risk factors include fair skin, light-colored eyes, blond or red hair, a tendency to burn or freckle when exposed to the sun and a history of sun exposure. It is also important to be aware of your personal family history of skin cancer, as it increases your risk. Knowing your personal risk of skin cancer can empower you to be aware of the signs and symp-

oms of the disease and to take the necessary precautions to protect your skin.

## Early detection

Early detection is a key defense against all forms of skin cancer, and can increase the chances of successful treatment. It is important to be familiar with your own skin and examine your skin regularly for any changes in quantity, size, shape or color of any spots on the skin such as moles, freckles and beauty marks. If you notice any suspicious changes in your skin or have any concerns, you should consult your doctor. If you are over age 40 or have a high risk for skin cancer, you should visit your doctor for regular, complete skin exams. The combination of these efforts provides you with effective tools for early detection and prevention.

Once diagnosed with skin cancer, a variety of treatment options is available. Doctors will determine the appropriate treatment according to the type, location, extent and aggressiveness of the cancer, as well as the patient's general health. Most treatment options remove the abnormal skin cells through surgery or the use of topical medications. The overall goal of the treatment of skin cancer is to remove all of the cancer in order to reduce the chance of recurrence, preserve healthy skin tissue and minimize scarring after surgery when necessary.

## Prevention

Fortunately, most types of skin cancer can be prevented by limiting or avoiding exposure to the harmful effects of the sun in addition to knowing your personal risk factors and paying close attention to your skin. As we plan for the upcoming warm and sunny months of summer, there are a number of effective ways to protect yourself and your family from the harmful effects of sun exposure:

### • Minimize sun exposure

Try to limit direct exposure to the sun between 10 a.m. and 4 p.m., because the sun's rays are most intense at this time. This is the case throughout the entire year and in all types of weather, including cloudy days. Even on an overcast day, 80 percent of the sun's powerful rays can break through the clouds.

### • Wear sunscreen

Sunscreen is a great defense against harmful ul-

traviolet (UV) rays. Always make sure to use a broad spectrum sunscreen that blocks both UVA and UVB rays with a sun protection factor (SPF) of at least 15. It is important to follow the instructions on the bottle, apply to all exposed skin, reapply regularly and check the expiration date.

UVA rays are the longer rays that penetrate the skin more deeply and are the chief culprit responsible for wrinkling and aging of the skin. UVB rays are the shorter rays and are considered to be the main cause for most skin cancers and direct damage to the cells' DNA.

### • Wear protective clothing

If you're spending a prolonged period of time under the sun, especially during peak hours, make sure to wear a wide-brimmed hat, pants, a long-sleeved shirt, and sunglasses that block both UVA and UVB rays.

### • Know your medications

Some common prescription and over-the-counter drugs can make your skin more sensitive to sunlight. You should always ask your doctor or pharmacist about the side effects of any medications you take. If one of your prescriptions increases your sensitivity to sunlight, it is important to take the necessary extra precautions.

Skin cancer diagnoses continue to rise in the United States annually, but by being informed, prepared and aware of the risks and prevention tools around sun safety, you can protect yourself and your family. If you have any concerns regarding your skin, you should see your physician, who can answer your questions or recommend a dermatologist.

For more information on skin cancer awareness, visit the National Cancer Institute Web site at [www.cancer.gov](http://www.cancer.gov), the American Cancer Society Web site at [www.cancer.org](http://www.cancer.org), the American Academy of Dermatology Web site at [www.aad.org](http://www.aad.org), or the Blue Cross Blue Shield of Massachusetts Web site at [www.ahealthyme.com/topic/home](http://www.ahealthyme.com/topic/home).

## Prevention

Skin cancer is the most common cancer in this country, and to a large extent, is preventable. Although the melanin in the skin of African Americans offers some protection against ultraviolet (UV) rays, people of all skin tones are at risk of premature skin aging from excessive exposure to the sun, as well as skin cancer. Basal cell carcinoma, the second most common skin cancer in blacks, is primarily related to intensive UV exposure.

It is important to learn sun safety and how to examine your skin monthly for changes in moles, birthmarks and discolorations. If caught early, most skin cancers are easily treated.



Limit exposure to UV rays during peak hours between 10 a.m. and 4 p.m., when the sun is the hottest.

Protect your skin. Wear a long-sleeved shirt, long pants and sunglasses that block both UVA and UVB rays.



Use sunscreen properly. Every day apply a broad-spectrum sunscreen with a SPF of at least 15. Reapply regularly.

Examine your skin monthly for new or changing moles and discolorations in the skin.



Have a yearly skin exam by a health professional.

Know your medications. Some prescription and over-the-counter drugs can increase your sensitivity to the sun.



## Skin cancer awareness month. Don't fear it—understand it.

Regardless of your skin tone, excessive exposure to the sun can be dangerous, especially for kids. Brush up on sun exposure safety tips. The Centers for Disease Control and the American Academy of Dermatology agree: protection from the sun reduces skin damage and the risk of skin cancer.

Cover up, use sunscreen, seek shade, and have a safe summer.



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# Skin cancer

## Questions & Answers

### 1. Since darker skin does not burn easily, is it necessary for blacks to use sunscreen?

People with darker skin tan more easily than others, but tanning is a form of skin damage. Tanning occurs when ultraviolet (UV) radiation is absorbed by the skin, causing an increase in the activity and number of melanocytes, the cells that make the pigment melanin. UV exposure can raise skin cancer risk even without causing sunburn. So blacks should wear sunscreen to protect against the skin damage caused by UV radiation.



Lisa Michelle Owens, M.D.  
Medical Director  
Brigham Primary Physicians at  
Faulkner Hospital

### 2. What type of sunglasses best protect the eyes from ultraviolet light?

Research has shown that long hours in the sun without protecting your eyes increase your chances of developing eye disease. UV-blocking sunglasses can help protect your eyes from sun damage.

The ideal sunglasses do not have to be expensive, but they should block 99 percent to 100 percent of UVA and UVB radiation. Check the label to be sure they do. Some labels may say, "UV absorption up to 400 nm." This is the same as 100 percent UV absorption. Also, labels that say "Meets ANSI UV Requirements" mean the glasses block at least 99 percent of UV rays. Those labeled "cosmetic" block about 70 percent of the UV rays. If there is no label, assume the sunglasses don't provide any protection.

### 3. Since the incidence of skin cancer is low in African Americans, is it necessary for blacks to check their skin regularly for signs of skin cancer?

Yes, because most skin cancers are curable if treated early.

### 4. Why is the survival rate for melanoma lower in African Americans than in white people?

Research shows that survival among African American melanoma patients is poor even after taking into account differences in cancer stage, treatment disparities or differences in socioeconomic factors. Scientists continue to work on explanations for the difference in survival rate.

### 5. How can one differentiate between a mole and skin cancer?

Examine your skin with a mirror. Pay close attention to areas of your skin that are often exposed to the sun, such as the hands, arms, chest and head. The following ABCDEs are important signs of moles that could be cancerous. If a mole shows any of the signs listed below, have it checked immediately by a dermatologist:

- **A**symmetry: One half of the mole does not match the other half
- **B**order: The border or edges of the mole are ragged, blurred or irregular
- **C**olor: The mole has different colors or it has shades of tan, brown, black, blue, white or red
- **D**iameter: The diameter of the mole is larger than the eraser of a pencil
- **E**levation: The mole appears elevated (raised from the skin)

### 6. If a discoloration of the skin is flat, does that mean it is not melanoma?

No. Melanomas can be flat as well.

### 7. What is the most common skin cancer in blacks and why?

Squamous cell carcinoma (SCC) is the most common skin cancer in African Americans and is more frequently seen in non-sun exposed regions in African American patients.

Factors that have been associated with SCC in African Americans include albinism, burn scars, chronic inflammation and chronic discoid lupus.

### 8. Since blacks often develop benign (non-cancerous) skin lesions, how can they differentiate them from skin cancer?

Blacks should also perform regular skin examinations and perform the ABDEs to determine if they have lesions that are changing.

## A closer look

The good news is that people of color — blacks, Latinos, Asians, American Indians — have a low incidence of all types of skin cancer. The bad news is that many minorities are not aware that they are susceptible to skin cancer, do not take precautions against it and do not recognize its signs and symptoms.

Squamous cell cancer is the most common skin cancer in blacks, but melanoma is the most deadly. Blacks more frequently develop a rare but aggressive form of melanoma that tends to form on sites not exposed to the sun — the soles, palms and nails — and is often mistaken for benign skin lesions common in African Americans.

Because of the lack of awareness, many blacks seek treatment when the cancer has spread to other parts of the body and the survival rates are lower.



## Signs and Symptoms

- A bump with a rough scaly surface
- A new growth or change in an existing wart, mole or other skin lesion
- A sore that does not heal or bleeds easily
- A sore that repeatedly crusts or oozes
- A spot or discoloration on the palms, soles or in between the fingers and toes
- A brown or black discoloration under a nail not associated with a recent trauma

## Risk factors

- Exposure to ultraviolet rays
- Personal or family history of skin cancer
- Fair skin
- Immune-suppressing drugs
- Multiple (more than 50) ordinary moles
- Dysplastic nevi — atypical moles
- Smoking (squamous cell cancer)
- Skin inflammations, scars (squamous cell cancer)

Healing the racial divide in health care

## Bostonians come in many flavors.

But we're working to make health care excellent for everyone.

Boston is rich in ethnic and racial differences. They make our city vibrant.

But when those differences show up in the quality of health and health care, that's a cause for concern. And action.

This is a national problem that Boston shares. Last year, a survey by the Boston Public Health Commission revealed that Boston's racial and ethnic groups have strikingly different risks of illness and death.

The percentage of babies born prematurely and at a low birth-weight to black mothers is nearly double what it is for white mothers. Black men are twice as likely to die from diabetes as white men.

Latino Bostonians are more likely to be hospitalized for or die from asthma and have a higher incidence of diabetes and HIV. Asian people in Boston have higher rates of tuberculosis and hepatitis B.

Mayor Thomas Menino formed a task force to find ways to eliminate disparities in health and challenged hospitals and community health centers, among others, to take concrete steps to make the quality of health care excellent for all Bostonians.

Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH) provided significant funds for the City's special disparities



program and along with other hospitals agreed to take immediate actions that include:

- measuring the quality of patient care and patient satisfaction by race, ethnicity, language, and education;
- improving education and cultural competence for doctors, nurses and other caregivers, and staff and patients;
- helping patients take an active role in their care;
- working to diversify their professional workforce and governing boards;
- collaborating closely with members of the community.

BWH established the Health Equity Program to reduce disparities in neighboring communities. The hospital's new Center for Surgery and Public Health will, among other things, examine disparities in surgical care.

MGH created the Disparities Solutions Center to work with providers, insurers and community groups in Boston and nationwide. The hospitals and Partners HealthCare are putting more than \$6 million into finding and fixing disparities in care.

If there's one place where we should all be the same, it's in the excellence of our health care.

More information at Boston Public Health Commission at [www.bphc.org](http://www.bphc.org)

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deadly disease. Unfortunately, that is not the case.

While most cases of melanoma result from ultraviolet radiation from the sun, blacks tend to develop acral lentiginous melanoma (ALM), a “hidden melanoma” that occurs in parts of the body not exposed to the sun. Although ALM accounts for only about 5 percent of the cases of melanoma in white people, it occurs in more than half of all cases in darker skinned patients, and is extremely aggressive.

ALM forms more frequently on the soles of the feet or the palms of the hands. Bob Marley died of ALM that developed on his foot and metastasized when treatment was delayed. He was only 36 years old.

A typical site is the finger or toenails — particularly the thumb and big toe — and has a distinctive look. The cancer shows itself as a vertical black, brown or tan streak that appears without known injury to the nail.

The perception that African Americans are exempt from melanoma can prove to be deadly.

In a review of 649 patients treated for melanoma at the Washington Hospital Center in Washington, D.C. between 1981 and 2000, almost one-third of blacks compared to 13

a growing amount of medical literature — as has the lack of public health warnings aimed at darker skinned people.

In 2004, Dr. Susan C. Taylor, a black dermatologist on the board of directors of the American Academy of Dermatology, explained in published reports that “most of the skin cancer warning messages are geared

toward fair-skinned individuals with blue eyes and blond or red hair who sunburn easily.”

According to Kirsner, physicians are partially to blame for the lack of awareness. “There is evidence that about a third or fewer physicians perform a full-body exam on their patients, and only 50 percent of high-risk patients receive such an examination,” he said.

Though melanomas are not completely preventable, they have a high cure rate if found and treated early. The five-year survival rate is 98.5 percent if confined entirely to the organ of origin, and 15.3 percent if spread to distant parts of the body.

In order to detect melanoma in its infancy, Scott said that people should check their skin once a month, and also request a full-body exam by their doctors each year.

“Any spot that is changing, bleeding, growing, or any sore that is slow to heal warrants evaluation,” Scott explained. “Ninety-nine percent of the time, it’s nothing. But you should have it checked.”

And that is what Minnie wanted Freeman to do. Almost a year ago, Freeman was diagnosed with stage 3 melanoma.

The initial treatment recommended by his doctor was amputation of his leg below the knee. But Minnie insisted on a second opinion.

A resident of Texas, Freeman went to M.D. Anderson Cancer Center, a National Cancer Institute-designated comprehensive cancer center in Houston,

where he underwent extensive testing. The melanoma had spread to lymph nodes in his groin. He had two toes removed in June of 2007, and the malignant nodes two weeks later.

Freeman is now on interferon — a naturally occurring protein that enhances the immune system — to make sure the doctors have gotten all of the cancer. He will be on interferon for a year, and though the treatment makes him fatigued, Freeman continues to work as a manager at a metal stamping company.

He has checkups every six months. He had one just recently, and everything looks good.

“I was blessed,” Freeman said. “I caught this in time.”



Deborah A. Scott, M.D.  
Dermatologist  
Brigham and Women's Hospital



(From left:) Danielle F. Smith, Nicole F. Steave, Minnie B. Freeman, Garry N. Freeman. Garry Freeman says he owes his successful treatment for melanoma to his wife, Minnie, who insisted he get a second opinion at M.D. Anderson Cancer Center in Houston.

percent of whites were first treated at stage III or IV, when survival rates are lower. The five-year survival rate was 58.8 percent in African Americans, compared with 84.8 percent in whites.

Another study conducted in Miami-Dade County in Florida had similar results. Although the majority of the patients with melanoma studied were white, again late-stage diagnoses were more common in Hispanics (26 percent) and blacks (52 percent) than in whites (16 percent).

One of the researchers of the 2006 Miami study, Dr. Robert S. Kirsner, has concluded that more often than not, dark-skinned patients do not realize they are at risk of melanoma. The lack of knowledge has been the subject of

## FREE SKIN SCREENINGS

Date	Organization	Location	Tel. Number*
May 5	Brigham Dermatology Associates	221 Longwood Avenue Boston	617-525-7008
May 5	VA Boston Healthcare System	150 S. Huntington Avenue Jamaica Plain	857-364-4757
May 5	SkinCare Physicians	1244 Boylston Street, Ste. 302 Chestnut Hill	617-731-1600
May 12	St. Elizabeth's Medical Center	736 Cambridge Street Brighton	800-488-5959
May 15	MGH Dermatologic Surgery	50 Staniford Street, Ste.270 Boston	617-726-1869
May 21	Newton-Wellesley Hospital	2014 Washington Street Newton	617-243-6792
June 5	Faulkner Hospital	1153 Centre Street Jamaica Plain	617-983-7451

\* Call for an appointment.

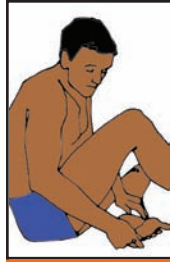
## May 5th is Melanoma Monday

## Know the skin that you're in

In order to detect cancer in the early stages, check your skin once a month. Become familiar with your pattern of moles, blemishes and other marks so that you can detect changes should they occur. Look for new moles or spots that have changed in shape and color. Examine yourself in a well-lit room and use a hand mirror for hard-to-see areas.



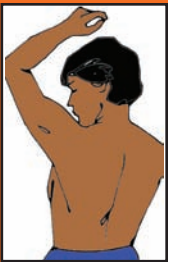
Look at the front and back of your body in the mirror. Raise your arms and look at your right and left sides.



Look at the backs, sides and fronts of your legs. Examine your feet, soles, toenails and in between your toes.



Check your back and buttocks with a hand mirror. Also look between the buttocks and around the groin area.



Bend your elbows and look carefully at your forearms, including the underarms and upper arms. Examine carefully your palms, fingernails and in between your fingers.

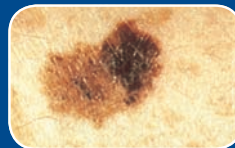


Examine your face, neck, ears and scalp. Part your hair for a closer look.

Reprinted with permission from the American Academy of Dermatology

## What you're looking for....

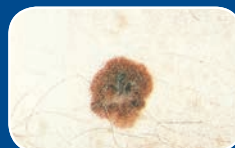
The American Academy of Dermatology recommends the ABCD rule for early detection of melanoma.



**A is for Asymmetry** — one half of the mole does not look like the other half.



**B is for Border** — the edges are irregular, ragged, notched or blurred.



**C is for Color** — the color is not the same all over, and may have shades of brown or black.



**D is for Diameter** — the mole is larger than 1/4 inch or is growing larger.

Reprinted with permission from the American Academy of Dermatology



African Americans have to also check for any moles, markings or lesions in unusual areas. Blacks often get discolorations or spots on the soles of the feet or stripes on the nails, which can be indicators of an aggressive form of melanoma.



Source: emedicine

## Williams

continued from page 1

for large, deep or fast-growing tumors on the face. In Mohs surgery, the tumor is removed in layers, and each layer is examined immediately under a microscope until no abnormal cells are detected.

This procedure allows the complete removal of the tumor without taking an excessive amount of surrounding healthy tissue. Additionally, Mohs surgery minimizes the recurrence of BCC.

Because of the size and location of the tumor, Williams had immediate reconstructive surgery. The surgeon removed

skin from in front of her left ear to help reconstruct her nose. The procedure took five hours.

Since the surgery, she has not had a recurrence, and the itching has stopped. And she has made even more lifestyle changes to battle the sun.

“I always take a sun visor with me,” she said. “And now I use sunscreen of at least [SPF] 30.”

Williams says her condition is not all bad.

“God allowed the lesion to be on my nose, so I could see it,” she said. “Otherwise, I would have ignored it.”