

CPIC at Work

Busting a melanoma myth before it turns deadly

by Mike Martin for CPIC

Imagine ignoring sunscreen or baking in a tanning bed because you heard higher rates of the deadly skin cancer melanoma have less to do with the sun and UV exposure and more to do with better diagnostic screening. All this talk about melanoma is hype, you say to yourself. Doctors are simply looking for bad moles more than they used to.

To discover if rising rates of melanoma indeed result from better screening and earlier detection—or if something more insidious is at work—Cancer Prevention Institute of California (CPIC) research scientist Christina Clarke, Ph.D. designed a clever, first-of-its-kind study that took screening out of the picture.

With Stanford University dermatologists Susan Swetter, M.D., and Eleni Linos, M.D., Ph.D., Clarke studied melanoma incidence among people of lower socioeconomic status who are likely to have poorer access to early detection.

Her team, which also included University of Southern California melanoma prevention researcher Myles Cockburn, Ph.D. and esteemed Washington University School of Medicine cancer prevention researcher Graham Colditz, Ph.D., found that better screening does not explain a “statistically significant” increase in the often-fatal disease.

They published their study in the *Journal of Investigative Dermatology* last year.

First of its kind

“We found a doubling of melanoma rates in groups with low socioeconomic status, who may have less access to health prevention education and practices. This phenomenon suggests a true increase in occurrence, regardless of whether you may have had access to screening,” Clarke explains, noting that studies such as this one, which assess melanoma trends by social and economic status, “have not been published before.”

Reaction from the field

The Clarke team’s findings are significant for several reasons, other experts say.

For instance, “they solidify what we are seeing clinically,”

says New York Presbyterian Hospital dermatological surgeon Monica Halem, M.D. “Yes, we are detecting skin cancers earlier, especially melanoma, but this is not the reason for increased rates.”

Oncologists have long known that melanoma rates were increasing, explains pediatric hematologist/oncologist Louis Rapkin, M.D. An assistant professor of pediatrics at Emory University, Rapkin says Clarke and her team helped sort out “confounding trends” that have been occurring as melanoma rates have been rising.

“Greater awareness of melanoma has been linked to increased screening, and so it has been difficult to figure out if the rate of melanoma is truly increasing,” Dr. Rapkin explains. “The Clarke team’s paper scientifically supports the general impression that rates of melanoma are increasing independently of better screening, and as such it is important.”

Finally, the study’s socioeconomic analysis is also “very interesting and reaffirms previous studies,” says facial plastic surgeon D.J. Verret, M.D., an assistant clinical professor at the University of Texas Southwestern Medical School in Plano who routinely treats melanoma of the head and neck.

Dr. Verret includes lack of education about the dangers of skin cancer as an additional limit on access to care. “If a patient sees a mole on his or her arm which does not interfere with work or life, and they have no frame of reference as to how bad it may be, they will likely not seek medical attention early,” he explains.

Detection and prevention

Clearly, surviving cancers like melanoma means early detection. But avoiding cancers altogether means consistent prevention, which is the driver of CPIC’s cancer prevention research.

Which lifestyle factors to avoid—or embrace—to keep cancer at bay aren’t obvious with such a sneaky disease as melanoma, one of many reasons Clarke and her colleagues study carefully selected populations under well-defined conditions where they can zero in on obscure or hard-to-find details; details that unlock the true picture of how cancer is affecting people.

Research has shown, for instance, that fair-skinned people with lighter hair and eyes are at higher risk for melanoma. But melanoma can also be a problem for Hispanics and darker-skinned people, who are often diagnosed with thicker, more aggressive varieties.

Thick melanomas are much harder to survive than thinner melanomas are, so understanding what factors contribute to

their appearance is a critical issue for prevention and treatment, not just with Hispanics, but in every population. Dr. Verret points out that the Clarke study "...raises the question of why there are higher rates of thicker melanomas in less affluent populations and suggests this relates to decreased access to care."

Starting her research career in the African nation of Kenya, Dr. Clarke—who is also an Associate Director for Surveillance Research in CPIC’s Greater Bay Area Cancer Registry—says she’s always been fascinated with the medical needs of specific populations.

Understanding disease can control disease

"While I was in Africa, AIDS was really starting to affect the people there," she says. "Watching how it progressed through the population, and how large-scale public health efforts were ultimately going to be the only efforts that could help, inspired me to go into public health. I came to San Francisco to study AIDS right before the highly effective drug cocktails were introduced. When the epidemic diminished, I wanted to

keep working where I could have the greatest impact among the largest number of people. I came to CPIC to begin my career in cancer prevention research, which turned out to be a perfect fit for me."

Cancer prevention is also a perfect fit for doctors and their patients, Dr. Halem explains. "In terms of skin cancer, prevention is the key," she says. "I always try to educate my patients about things they can do to prevent cancer in their daily life."



Jenny Luray, Vice President, Government Affairs and Public Policy, and President, Komen Advocacy Alliance, with Sally Glaser, Ph.D.



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