

Many African Americans are unaware of a lethal skin cancer that primarily affects dark-skinned people



MARVIN JOSEPH/THE WASHINGTON POST

Not
safe
from
the
sun

DIAGNOSIS

Occurrence of
melanoma by race:
1 in 1,000
African Americans

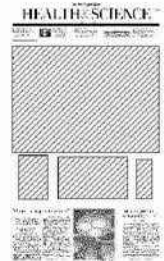
1 in 50
Caucasians

FIVE-YEAR SURVIVAL

73%
African Americans

91%
Caucasians

American Academy of Dermatology



BY MARLENE CIMONS

Betty Jordan always regarded melanoma, the deadliest form of skin cancer, as a white person's disease. "Whenever I heard the word, my mind would automatically think: 'Caucasian,'" she says. "It was something I never worried about." ¶ So she was shocked five years ago to learn that the quarter-size dark spot on her left foot was acral lentiginous melanoma (ALM), an aggressive cancer that disproportionately afflicts African Americans and other dark-skinned people. "I never paid any attention to it until a friend urged me to see a doctor," she says. "The area was hard to see, and it never occurred to me to get serious about it." ¶ Fortunately, it was caught early and removed. The prognosis is excellent for Jordan, 69, a retired Metro computer network engineer who lives in Temple Hills, Md. ¶ But this is not typically the case for dark-skinned people who develop ALM or other skin cancers. Because they often assume they are not at risk, their cancers tend to be diagnosed at a more advanced stage, and patients are likely to face a bleaker outcome.

Putting the nation on alert

The acting surgeon general discusses his 'call to action' on melanoma. **E4**

MELANOMA CONTINUED ON **E5**

Dark-skinned people produce more melanin — the pigment that gives skin its color — than Caucasians. Melanin helps block damaging ultraviolet rays from the sun and from artificial light sources such as tanning beds, giving people of color greater protection against skin cancer than whites. But they still are susceptible.

"It's true that the vast majority of melanomas occur in fair-skinned people, but it's important to know that dark-skinned people can get skin cancer, too," says Maral Skelsey, a surgeon and skin cancer specialist who heads the Georgetown University Medical Center's dermatologic surgery center. "They often are dismissed by their general physicians in terms of risk. I hear it so often: 'No one told me I could get skin cancer.'"

Melanoma rates among all Americans have been increasing for the past 30 years, probably due to failure to take sufficient protective measures against ultraviolet ray exposure and to increasing use of tanning booths. Melanoma accounts for fewer than 2 percent of skin cancer cases, but it kills more frequently than the others. In 2014, an estimated 76,100 new cases of melanoma will be diagnosed, with about 9,710

deaths, according to the American Cancer Society.

To be sure, melanoma is many times more common in whites (1 in 50) than in African Americans (1 in 1,000) or Hispanics (1 in 200). But the danger for affected people of color is greater: The five-year survival rate for African Americans is 73 percent, compared with 91 percent for Caucasians, according to the American Academy of Dermatology.

That difference is probably due to later diagnosis and treatment: The initial melanoma diagnosis is not made until the disease is at an advanced stage for an estimated 52 percent of non-Hispanic blacks and 26 percent of Hispanics, compared with 6 percent of non-Hispanic white patients, according to the [Skin Cancer Foundation](#), a public education and research organization.

ALM, while rare overall, primarily strikes people of color — African Americans, Asians, Pacific Islanders and Hispanics — and it can be lethal. The disease is most often found on the palms, nail beds and soles of the feet. These are areas of the body that have less pigment and receive less exposure to the sun; they also are locations people are most likely to ignore. Reggae musician Bob Marley died in 1981 at age 36 from ALM, initially thought to have been a soccer bruise under his toenail.

"This is a deadly form of skin cancer which disproportionately afflicts blacks and can behave more aggressively," says Suraj Venna, director of the Melanoma and Cutaneous Oncology Center in the Washington Cancer Institute at MedStar Washington Hospital Center. "The way to combat this is to educate people from these communities, as well as their health-care providers."

ALM can arise in skin that appears to be normal, and it can develop within a mole. It often starts as a slowly enlarging flat patch of discolored skin and is sometimes mistaken for a stain. At first, the malignant cells are found within the outermost layers of the skin, but the cancer later can become invasive. The thicker the melanoma, the more

likely it is to metastasize and become life-threatening.

Experts don't know why ALM overwhelmingly affects people of color or why it usually shows up in less-pigmented areas of their bodies.

"There likely is some interplay in biology, ethnicity and the environment," Venna says. "Maybe there is some protein or gene we are not seeing in the white population. Pigment does protect them, which probably explains why they don't have the same incidence of melanoma on their backs or legs. . . . The field definitely needs more studies on genetics and ethnic variation, especially to explain the poorer outcomes in African Americans."

Dermatology experts stress that dark-skinned people should never be complacent about their risk of skin cancer. These experts recommend regular full-body examinations for them, just as for fair-skinned individuals, and urge them to be especially vigilant about routinely checking locations where ALM typically develops.

"Your physician shouldn't dismiss you just because you are black if you have any new or changing skin lesions on your body, especially nail changes," Skelsey says. "If somebody has a wide, dark streak under a nail or on the edge of the skin where it meets the nail, it is very important to have it evaluated, especially if it is something that persists and is wide and solitary. The only way to know for sure is to biopsy the area."

Washington podiatrist Sheldon Laps recalls the African American patient who came to him 10 years ago with a mass on the end of one of her big toes that had started as a coffee-colored stain. Doctors had been treating her with antibiotics for 18 months, mistakenly assuming she had an infection.

But it wouldn't go away, so they sent her to Laps for further evaluation. He thought it was a bone tumor and immediately took an X-ray. But the bone was normal. He then performed a biopsy. "It was acral lentiginous melanoma," he says. "I was flabbergasted when I got the report. I had never seen a case of that before."

An orthopedic oncologist ampu-

tated the toe, and initial scans of the patient's liver, spleen, bones and lungs were clear. But the tumor had spread, and she died several years later. "I have to wonder what might have happened if she had not been misdiagnosed for a year and a half," Laps says. "She might not only still have her toe, but still have her life."

The only effective treatment for ALM is surgical removal of the cancer, which makes early detection especially important. A special surgical technique known as Mohs, named after Frederic E. Mohs, the physician who developed it, often can spare fingers and toes from amputation.

The procedure involves surgically removing skin cancer layer by layer and examining the tissue under a microscope until there are clear margins — that is, healthy, cancer-free tissue around the site of the tumor. Surgeons who practice the Mohs procedure must undergo additional training, and not all skin cancer surgeons perform it.

"It's highly effective, and you don't have to take drastic measures that are unnecessary," such as amputation, says Ali Hendi, a Chevy Chase skin cancer specialist who has been trained in Mohs surgery. "It is a tissue-conserving surgery to remove only the cancer and nothing more. It's not available in many areas, so people are not always aware of it as an option."

(For more information or to find a Mohs-trained surgeon, contact the American College of Mohs Surgery.)

As for ALM survivor Betty Jordan, she undergoes a full-body examination every six months and she frequently examines her nails, palms and the soles of her feet. "This was something I never thought about before," she says. "But I pay close attention now."

health-science@washpost.com

Cimons is a former health-policy reporter for the Los Angeles Times who writes regularly for The Post.

PROTECT YOURSELF

What is skin

cancer, and how can you avoid it? There are three main types:

Melanoma: the most deadly.

Squamous cell and basal cell: the most common in humans, the slowest-growing and also the easiest to treat.

In African Americans, squamous cell carcinomas occur mainly on the legs and genital area, and sometimes arise from scarring or chronic inflammation, according to the [Skin Cancer Foundation](#). They can be more aggressive and dangerous for African Americans than for whites, due in part to later detection and treatment. Smoking and infection with human papillomavirus are risk factors, according to Ali Hendi, a spokesman for the foundation.

For Caucasians, sun exposure is the greatest risk factor for all types of skin cancers. Although dark-skinned individuals enjoy greater protection than whites, they are not immune.

People of all ethnicities should heed the following

guidelines from the Skin Cancer Foundation:

■ Seek the shade, especially between 10 a.m. and 4 p.m.

■ Do not burn.

■ Avoid tanning and UV tanning booths.

■ Cover up with clothing, including a broad-brimmed hat and UV-blocking sunglasses.

■ Use a broad spectrum (UVA/UVB) sunscreen with an SPF of 15 or higher every day. For extended outdoor activity, use a water-resistant, broad spectrum sunscreen with an SPF of 30 or higher.

■ Apply one ounce (two tablespoons) of sunscreen to your entire body — even on skin that clothes will cover — 30 minutes before going outside. Reapply every two hours or immediately after swimming or excessive sweating. Use sunscreen year-round and in all kinds of weather, including overcast days.

■ Keep newborns out of the sun. Sunscreen should be used on babies older than 6 months.

■ Examine your skin head to toe every month.

■ See a physician every year for a professional skin exam.

WHAT TO LOOK FOR

The American Cancer Society offers these "ABCDE" warning signs of melanoma, which can appear on the skin as a mole, lesion or spot:

Asymmetry: One half of a mole doesn't match the other half.

Border: The border is irregular, notched, blurred or ragged.

Color: The mole or lesion has a variety of colors, including shades of brown, tan or black, sometimes with patches of pink, red, white or blue.

Diameter: The suspicious area is new or at least a quarter-inch in diameter (the size of a pencil eraser).

Evolving: The mole is changing in size, shape or color.

Other warning signs:

■ A sore that does not heal.

■ Spread of pigment from the border of a spot to surrounding skin.

■ Redness or a new swelling beyond the border.

■ Change in

sensation:
itchiness,
tenderness or
pain.

■ Change in the
surface of a mole:
scaliness, oozing,
bleeding or the
appearance of a
bump or nodule.

**For people of
color**, it also is
critical to be on the
lookout for skin
changes that
appear in less-
pigmented areas
of the body, such
as the palms of the
hands, soles of the
feet and nail beds.
A skin cancer
specialist should
promptly examine
any suspicious
lesions on those
sites.

*“It’s important to
know that dark-
skinned people can
get skin cancer, too.”*

Maral Skelsey, a surgeon
and skin cancer specialist
at Georgetown University
Medical Center



ASSOCIATED PRESS

**Reggae star Bob Marley
died in 1981 at age 36 as the
result of a skin cancer
initially thought to have
been a bruise under his
toenail.**



T.J. KIRKPATRICK FOR THE WASHINGTON POST

Above: Betty Jordan, who had a melanoma removed from her left foot five years ago, gets a periodic skin exam from Suraj Venna at MedStar Washington Hospital Center.