

Katie Johnson: Good morning and welcome to Apple a Day, Lake Region Healthcare's health and wellness segment. Our guest today is Mary Bressler from the Internal Medicine Department and with a special focus on dermatology. It's perfect timing, because we are heading into May, and the first Monday in May is always Melanoma Monday. Mary is here to talk to us about Melanoma Monday. Good morning, Mary.

Mary Bressler: Good morning.

Katie Johnson: Melanoma Monday is a day set aside to really bring attention to skin cancer screening and awareness in the most deadly form, which is melanoma. With that on our minds as we enter May, let's talk about number 1: what is melanoma, and what causes it?

Mary Bressler: Melanoma is a skin condition that skin cells change, and they will oftentimes create skin cancer that is life-threatening other than other types of skin cancers that are of concern, but if caught early, it will not cause life-threatening problems. It is something that is quite invasive and sometimes not as easy to distinguish on the body, so it's important that we all are aware of what our skin looks like.

Katie Johnson: When we talk about being aware, what should we be looking for?

Mary Bressler: I always tell patients to look at their back, arms, legs, their body quarterly, meaning changing of the seasons. For patients who are high risk, I say do it every month when you pay a bill. Then the next thing I tell them to do is look to see if there's anything on the skin that stands out like a zebra in a horse pasture. That's the first thing you look at, or if you have something on your skin that itches, it bleeds, it's changing, it's getting bigger. I've had two melanomas since I've come here where they've had a lesion that looked fine, but it hurt. I just can't leave the ones that hurt alone.

Katie Johnson: You mentioned quarterly unless you're high risk, then monthly. What makes you high risk?

Mary Bressler: High risk would be a history of skin cancers, melanomas in the past. Sometimes you just kind of know. We all have intuition that there's a mole that you're concerned about, keeping closer inspection is always a good idea. I think if you check too often, you become too comfortable with the mole, and then you tend not to see changes.

Katie Johnson: You mentioned having family history. What types of extra precautions or extra screenings should you take if melanoma is in your family?

Mary Bressler: What I advise when I have a new melanoma patient is make sure that your siblings get checked, your parents get checked, and your children get checked. You don't have to have great grandparents or anything like that, just calling the immediate family should be checked. What you're looking for is not only moles but new

lesions meaning moles or freckles that look different, and then also keeping an eye on freckles, because melanomas can occur within freckles as well.

Katie Johnson: When you say that those particular family members should get checked, by a medical professional?

Mary Bressler: I would recommend doing that. I think it's very appropriate to have your primary care doctor look at your skin. We all have areas that we are better at than others. I think for general purposes, that's fine. If they have concerns, they can refer to someone like myself. I think, too, when you go in to have your yearly physical done, to bring up skin to your provider shows that you're engaged and also would encourage them to take a look at your skin.

Katie Johnson: Ultraviolet exposure is, I believe, the most common cause, but it's not the only cause of melanoma. Is that true?

Mary Bressler: True. 50% of melanomas will occur from the ultraviolet light, which is a big chunk. Others can occur because of genetics. We know that melanomas can occur in the genitalia area, in the mouth area, and I don't think too many mouths are out in the sun. Maybe the genital area if they're doing tanning beds or things like that, so if you can get on top of minimizing the sun exposure, you really are doing a lot better.

Katie Johnson: Speaking of minimizing our sun exposure, there's so much confusion about sunscreen. Can you give us some basic tips that help us pick the right sunscreen and when to use it?

Mary Bressler: Yeah. What I always tell patients and I think is confusing, myself, and I actually am in the industry. Make sure that you get a broad spectrum one. Broad spectrum means that it helps with UVA, "A" meaning aging. UVB means burning. You want something that helps aging and for burning. The other thing you want to do is pick the right sunscreen for where you're going to put it on your body. A lot of people say, "Well, I can't do sunscreen on my face, because when I sweat, it itches or it burns my eyes." Maybe a lotion isn't the best thing. Maybe using one of those bars or spray into your hand and then rubbing it onto the face, or using a product with zinc in it isn't as irritating to the skin. When you go in to your provider, you can ask them which sunscreens to use. I hate to drop names, radio here, but oftentimes if you get products that are, when they say "dermatology approved" or things like that, those are oftentimes the better ones to use. Again, don't get any with, if you have very sensitive skin, paba, because a lot of people are paba allergic.

Katie Johnson: What about the number? We see anything from 8 to 150, it seems like for the number on the sunscreen.

Mary Bressler: I think that's a good question. I always tell patients if you sit by a window, that's sunscreen 8. Patients who are working by their desk are getting sun exposure. You'll see with truck drivers, for example, one side of their body will have a lot

more sun exposure. That's one thing to consider is what are you doing in your job line. If you're outdoors, if you have a very loose woven white shirt on, that is not considered adequate coverage. You want a tight weave. That, too, is an SPF of 8. As far as sunscreens are concerned, I recommend SPF 30. You apply it 30 minutes before you go outdoors, and then apply every one and a half to two hours. If you're in the water, then you should apply it more often. Remember, outdoors isn't just going into the water. Actually, there's a high incidence of sunburns with downhill skiers, cross country skiers, snowmobilers, because of the reflection from the snow.

Katie Johnson: This timing, again, is just very good considering we're all looking forward to summer. We're enjoying the sunshine that we've had in the forecast in the recent past and really all need to be reminded of the importance of using the sunscreen, broad spectrum, 30 SPF, 30 minutes before you go outside. What else did I miss?

Mary Bressler: Wear it every two hours. The other thing I always tell people when they're picking out their, especially girls, their clothing, when you get a compliment, I'm sure you're all adorable out there, but look at you clothing and what you're wearing. Sometimes your clothing color will really impact on how great your skin looks. Don't change the color of your skin to fit a certain color, pick the right color. When I look at you, Katie, blue is your color, right?

Katie Johnson: Yeah, I've been told that, yes.

Mary Bressler: Okay, so wear a blue dress for your special event. You don't have to change your color of your skin.

Katie Johnson: That's great advice. Mary Bressler from the Lake Region Healthcare medical staff here sharing with us great advice about melanoma prevention and screening that we want to remind everyone about. Thanks for your time today, Mary.

Mary Bressler: Thanks.

Katie Johnson: Mary Bressler and Katie Johnson here on Apple a Day reminding you there is so much to do here. Stay healthy for it. Have a great day.