1990

Humphrey Center News: Winter 1990 v. 5, no. 2

Humphrey Center
NEWS
A PUBLICATION OF THE HUBERT H. HUMPHREY CANCER RESEARCH CENTER OF BOSTON UNIVERSITY
Volume 5, Number 2 Winter 1990

Humphrey Center researcher leads efforts to prevent a deadly skin cancer

Malignant melanoma is the fastest-growing of all cancers, claiming an estimated 6,000 lives a year. This form of cancer also is one of the deadliest forms of the disease.

"Metastatic melanoma is notoriously resistant to chemotherapy," says Howard K. Koh, M.D., a skin-cancer expert with the Hubert H. Humphrey Cancer Research Center. Though there is little physicians can do once a tumor has spread from the skin to other sites, Dr. Koh says much can be done to stop the cancer prior to that point. He argues that public education, combined with the screening of those at special risk for melanoma, could have dramatic effects. "I believe that we could eliminate the vast majority of deaths from melanoma," he says.

Melanoma is one of three main types of skin cancer. The other two, basal-cell carcinoma and squamous-cell carcinoma, are much more common. They tend not to spread, however, and are rarely fatal.

The cells affected by melanoma are the ones that change color when we tan. Ironically, individuals who work too hard on their tans—or who inadvertently underestimate how much sun they are getting—may be putting themselves at risk for the disease.

"The problem doesn't appear to be cumulative exposure to the sun," says Dr. Koh. "Instead, we think it's severe episodes—the kind that produces redness and blisters."

Other factors that may put individuals at risk include skin color—melanoma is largely a disease of Caucasians—and a family history of the disease. "If your mother, father, sister or brother has had melanoma," says Dr. Koh, "your chances of being affected are ten times greater than average."

Despite melanoma's virulence, it readily lends itself to preventive efforts. For one thing, the tumors can start as pre-cancerous skin blemishes. These are often easy to identify, and can be removed in a physician's office.

In addition, says Dr. Koh, screening is a simple matter of visually examining the skin. "There's nothing invasive about skin-cancer screening, as there may be in screening for other types of cancers," he says.

The first large-scale screening effort, sponsored by the American Academy of Dermatology, was launched in 1985 and has so far covered about 300,000 individuals. Dr. Koh says he and other advocates of screening would like to see such programs extended to many millions more, but notes that one of the obstacles is that there is no definitive proof as yet this would save lives. "Most of the melanomas picked up during screenings are in an early phase," he says. "That suggests we're reducing mortality rates, but we have to have more data in order to document that."

continued on back

Surgeon sees candor and a willingness to listen as vital in helping patients cope

If the therapeutic options available to physicians who treat cancer have expanded markedly over recent decades, one thing has not changed: the need to deal with the fear, psychic pain and depression that are almost inevitable companions to the disease.

Robert M. Beazley, M.D., a surgeon and a member of the Hubert H. Humphrey Cancer Research Center, says he believes the best way for physicians to help patients confront these emotions is to be as candid as is realistically possible.

At times—especially when he's giving patients the diagnosis they dread hearing—that is not easy. "When you tell patients they have cancer, it can be like hitting them with a brick," he says.

Yet that kind of candor is vital in nurturing trust, says Dr. Beazley, who also is chief of cancer surgery at the University Hospital in Boston. "In the past, there was a tendency to believe you shouldn't be honest with patients about cancer," he says. "My attitude is, I have to tell patients the truth because if I don't, they're going to catch me, and then there will be no relationship."

Being candid in giving a diagnosis, of course, is just the first step in building a relationship based on trust. Dr. Beazley notes that you must walk a fine line, trying to be as sympathetic and upbeat as you can without raising false hopes.

"I tell patients that I don't have all the answers," he says, "but that I'll continue to

continued on back

What you can do to check for melanoma

Should you be doing anything about melanoma?

Yes you should, says Dr. Koh—especially if you're in a high-risk group for the disease. You're in that group if you:

- have had one or more episodes of very severe sunburn;
- have an unusually large number of moles for your age; or
- have a close relative who has had melanoma.

You can check for melanoma growths or their pre-cancerous predecessors on your own or with the help of a family member. The growths typically appear on the back or legs. They look somewhat like moles, but have irregular shapes, are usually multi-colored, and are often elevated above skin level.

If you find such a blemish, says Dr. Koh, you should ask about having it checked by either your family physician or a dermatologist. But even if you have no suspect areas on your skin, you may still want to be screened. It is a a very simple and short procedure, says Dr. Koh. You can check with your local medical society to see if free, public screenings are held in your area, or ask your doctor about getting screened.

Skin cancer

continued from front

With Cancer Center associates, Dr. Koh is working to develop evidence that screening is an effective way to cut melanoma's toll. He is not waiting for the outcome of these efforts, though, to promote the technique.

A 1988 winner of a National Cancer Institute Preventive Oncology Academic Award, he has been working hard to encourage screenings in Massachusetts. Recently, Dr. Koh has won a key role in national and international efforts as well, becoming chairman of the Academy of Dermatology's Committee on Melanoma/Skin Cancer Screening and a member of the World Health Organization's Committee on Melanoma.

Dr. Koh is convinced that pushing ahead with mass screenings makes sense. "I think we're going to have definitive answers about screening's effectiveness in the next five to ten years," he says, "but I see no need to wait because, intuitively, screening makes a tremendous amount of sense."

CANCER NOTES

CANCER NOTE: Most cancer cases in the United States are believed to be environmentally related; in other words, they are associated in some way with our physical surroundings, personal habits or lifestyles. Occupational hazards, although associated with only a small percentage of cancers, are under close surveillance. Virtually every suspected major chemical and other substance in the workplace presumed to be a health risk is under investigation. Each study can require years and hundreds of thousands of dollars to complete.

CANCER NOTE: There are hazards for nonsmokers who breathe the smoke of others' cigarettes. Several scientific studies, including a recent study by the American Cancer Society, have found an increased risk of lung cancer among nonsmoking wives of cigarette smokers. Although some studies have not shown an effect, evidence continues to grow indicating that involuntary smoking is a hazard.

CANCER NOTE: Interferons, a group of natural body proteins, were originally discovered as antiviral agents, and later were found to have some anticancer activity as well. Interferons now are being used successfully in the treatment of hairy cell leukemia, and patients with certain forms of lymphomas and papillomas have response rates approaching 90 percent. More temporary responses also may be seen in kidney cancer, Kaposi's sarcoma, melanoma and chronic myelogenous leukemia.

Willingness to listen

continued from front

be honest with them. I also try to see each one of my patients every day, seven days a week, while they're in the hospital. I sit down next to them, and talk with them."

Often, patients will ask him questions they already have put to him several times: about their chances, about when their pain will subside, about whether their cancer has spread.

This isn't because cancer patients are unusually forgetful, says Dr. Beazley. "They're testing you," he explains. "They're trying to find out if you're telling them everything you know. Then, once they decide you've told them the whole story, a rapport is established, and they start to realize that you're probably their best advocate."

Reaching that point, of course, is just the start in terms of helping patients come to terms with their illness. Even after successful treatment, says Dr. Beazley, tough hurdles lie ahead for many patients.

The time immediately after discharge, when the extensive support patients receive in the hospital is replaced by what is usually a far lesser degree of attention, can be especially difficult, he says. It is also common for patients who face an extended period of wondering whether their tumors will re-appear to face numerous spells of depression.

Dr. Beazley's approach, even for those individuals whose outlook is cloudy at best, is to encourage hopefulness. "I think that if you have a positive attitude, no matter what your prognosis, you're going to do better than if you're in a depressed state," he says, adding, "and I know a lot of that starts with the physician."

The Humphrey Center News is published for the Hubert H. Humphrey Cancer Research Center of Boston University School of Medicine by the Office of Publication Services, Boston University Medical Center. *Humphrey Center Director*, Herbert H. Wotiz, Ph.D.; *Editor*, Herbert C. Tobin; *Writer*, Richard P. Anthony. "Cancer Notes" information is provided courtesy of the American Cancer Society.