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EXPERT PERSPECTIVES

Dr. Ranella Hirsch explains the importance of protecting the skin from ultraviolet (UV) damage



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AAD 2022—Summaries of Abstracts from the 2022 Meeting



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Reference: 1. National Weather Service Climate Prediction Center. UV index: annual time series. National Oceanic and Atmospheric Administration website. https://www.cpc.ncep.noaa.gov/products/stratosphere/uv_index/uv_annual.shtml. Accessed March 14, 2022.

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The Journal of Clinical and Aesthetic Dermatology

EXPERT PERSPECTIVES



Ranella Hirsch, MD, FAAD, is a dermatologist with Skincare Doctors in Cambridge, Massachusetts, and a co-founder of Atolla.

Dr. Hirsch explains the importance of protecting the skin from ultraviolet (UV) damage, which can cause both photoaging and cancer. She discusses the differences in sun protection for different skin types, as well as the importance of staying up-to-date on sunscreen facts and helping patients adhere to sun-safe behaviors.

In a recent online educational forum, I outlined the science about the use of sunscreens. We really covered the full spectrum, if you will. The sun is absolutely essential for us to live the lives that we do, but unfortunately, it comes with the price of ultraviolet (UV) damage.

UV is a leading and known cause of skin aging and skin cancer, the most common cancer in the United States (US). Non-melanoma skin cancer (NMSC), the more common forms of skin cancer, affect greater than 3 million Americans every year, and new annual melanoma diagnoses are at almost 200,000 annually. The World Health Organization tells us that one of every three cancers that's diagnosed is of the skin, and the main resulting adverse effects from UV radiation includes malignancies such as actinic keratosis, squamous and basal cell carcinoma, and melanoma.

Photodamage differs in how it presents in different skin types. In Fitzpatrick types I through III, it tends to lean more towards lines and wrinkling, whereas in types IV through VI, it tends to present more as a pigmentary issue, uneven skin tone, and post-inflammatory hyperpigmentation. Some people ask, "Why use sunscreen?" Because radiation damage is cumulative; whether or not we see sunburn, you are in fact accumulating damage.

Simplifying greatly, UVB radiation really lives in the epidermis. It induces an inflammatory sunburn response and has the ability to directly damage deoxyribonucleic acid (DNA). By contrast, UVA radiation penetrates into the dermis and can cause oxidative damage and

photoaging. Newer research has started to show us that you can actually see indirect DNA damage through reactive oxygen species, and that's important as we look at different ways to approach ameliorating sun-induced damage. The visible light spectrum is also a really important player, particularly as it applies to people with more melanated skins. Visible light-induced pigmentation is dependent on wavelength and blue violet light (also known as high energy visible [HEV] light) in the range of approximately 415 nanometers, and it can yield more hyperpigmentation than other forms of visible light.

The effects of solar radiation depend on the amount of melanation in the skin. In more melanated skins, that damage tends to live in the upper epidermis. In a less melanated population, the damage can go lower into the basal layers of the epidermis. Why is that? Well, the upper epidermal layers of more melanated skins have higher melanin content and importantly, a higher eumelanin/pheomelanin ratio. Melanin, particularly eumelanin, actually is a natural UVB buffer. So, in more melanated skin, patients prone to hyperpigmentation benefit from visible light protection.

There's additional emerging evidence about the importance of protecting more melanated skins from visible light, since approximately 45 percent of sunlight is in the visible spectrum. We know that it also tends to accentuate the effects of long wavelength UVA. An interesting study that brought a lot of this understanding forward compared melasma relapses with equivalent sun protection factors (SPFs), but different products, in terms of their level of visible light protection, and it was shown that you were much more apt to have a melasma relapse without that visible light protection.¹

I want to mention one of my favorite sun-protection tools, the UV index. It's an international standard



Watch the video of this presentation with Dr. Hirsch from Skincare Academy at jcad.tv/skincare-academy-ranella-hirsch-sunscreens

measuring the strength of the UV's ability to produce sunburn, and it's particular to a given time and a given place. It predicts UV radiation on a scale of 1 to 11 plus, and provides a daily forecast of what that intensity can be. It's on any weather app, and it's a fantastic tool to recommend to patients to follow throughout the day.

What are the tools we have in order to protect ourselves from the sun? In terms of sunscreens, they're all about protecting the skin from UV-induced damage. More novel approaches include products that can reverse or repair damage that has occurred with the use of photolyases and other DNA repair enzymes, but there is more research to be done in this area.

A sunburn is a measure of how long a person can stay in the sun before that UVB hitting them is going to burn the skin. Putting it simply, if you have bare skin with no sunscreen and the skin would get red in 20 minutes, if you applied an SPF 30 product properly, you would then be able to remain in the sun 30 times longer than you would with that bare skin, until you achieve that threshold redness burn. Similarly, SPF 15 would mean 15 times greater UV protection before reaching the same effect as bare skin. Of critical importance is that *all* of the SPF measurements are done by an application of a standardized 2mg/cm².

Why is that so important? Because if you are trying to get the SPF dose that is written on a bottle or a label of sunscreen, you must apply that 2mg/cm² amount. We very rarely do.

In the US, we have limited sunscreen filters—16 in total, versus 27 in the European Union (EU) and many elsewhere—and the core difference between that is the number of UVA filters. That's not ideal. An important paper from 2015, Diffey et al,² compared the UV protection for sunscreens here in the US to four European sunscreens. They all had the same UVB SPF protection. The European sunscreen performed threefold better in protecting from UVA, and that's just a testament to those better filters. Importantly, most US sunscreens now do not offer balanced protection between UVA and UVB, unlike the guidance in the EU, where the UVA protection factor actually is required

to be at least one-third of the UVB. This really makes a difference. UVA is critically important to protect from both skin cancer and photoaging.

The FDA has put together some new guidelines, which included that all sunscreens with an SPF of 15 or higher would have the ratio we've discussed of one-third or greater, the goal being more balanced, uniform protection. Another proposal is an SPF label limit of 60 plus. There's a false sense of security that people feel with these very high numbers, and they feel they don't need to reapply.

Shade is a vital part of sun protection. Caution with sun exposure, especially in the midday, 10:00 a.m. to 2:00 p.m. sun, UV-protective clothing, hats, sunglasses, and of course a broad-spectrum, water-resistant sunscreen, are also a vital part of global skin protection strategy.

Concerning best practice guidance for patients, there's one rule we live by: the best sunscreen is the one they will use. No one benefits from a product left in a jar. Best practice is to encourage patients not to mix sunscreens with other things, like makeup. It's important to understand that, for sunscreen to work optimally, it's necessary to create a film on the skin for the efficacy of the product, and it's why the need exists to reapply. Toward that end, it's why sunscreen is the last product that we should apply.

The FDA recommends sunscreen with an SPF greater than 30, but I think most dermatologists, like myself, lean toward an SPF of 50, to be reapplied, especially every two hours after swimming or sweating.

REFERENCES

1. Boukari F, Jourdan E, Fontas E, et al. Prevention of melasma relapses with sunscreen combining protection against UV and short wavelengths of visible light: a prospective randomized comparative trial. *J Am Acad Dermatol*. 2015;72(1):189-190.e1.
2. Diffey BL, Osterwalder U, Herzog B. Suntanning with sunscreens: a comparison with sunbed tanning. *Photodermatol Photoimmunol Photomed*. 2015;31(6):307-314. **HT**

Meeting Highlights

Academy of Dermatology Association Annual Meeting

March 25–29, 2022 • <https://eposters.aad.org/>

The American Academy of Dermatology (AAD) Annual Meeting took place in-person from March 25–29, 2022, in Boston, Massachusetts. This conference provided researchers, physicians, and members of the industry with the opportunity to share and learn about the latest research in dermatology, including sun protection. Events, such as speaker sessions and poster presentations, included cutting-edge research in sun protection, which included evaluations of skin health across different populations, as well as reviews of current attitudes and knowledge on sun protection. Summaries of key poster presentations from the meeting are included here.

A cross-sectional examination of sunburn incidence in the context of race/ethnicity and skin type.

The characterization of sunburn on races/ethnicities and skin tones other than White/Caucasian is lacking. Gutierrez Lopez et al conducted a survey of 3,597 individuals in the United States (US) to improve the understanding of how sunburn affects these populations. Participants were of diverse racial/ethnic backgrounds, and Fitzpatrick Skin Phototypes (FSP) I to VI were represented in the survey. A subset of 1,000 participants were further questioned on signs, severity, pain level, and associated activity related to their most recent sunburn. Participants of all represented racial/ethnic backgrounds and FSP experienced sunburn. White/Caucasian participants had the highest incidence of sunburn at 38.8 percent, followed by Hispanic (31.8%), Asian (20.4%), and Black/African American (12.4%). Participants with FSP I to II reported the highest rates of sunburn in all racial/ethnic groups, except Asian. The most consistently reported symptom across all racial/ethnic groups and FSP types was painful skin. The most common symptoms based on race/ethnicity were skin feeling hot to the touch for White/Caucasian participants (71%), painful and sensitive skin for Hispanic participants (62% and 62%), painful skin for Asian participants (64%), and peeling

skin for Black/African American participants (61%). For individuals with FSP I to II and III to IV, skin feeling hot to the touch was the most common symptom, experienced by 69 and 67 percent of participants, respectively. Peeling skin was the most common symptom for individuals with FSP V to VI (64%). Black/African American individuals and those with FSP V to VI experienced the most painful sunburns, while White/Caucasian participants and those with FSP III to IV experiencing the least painful sunburns. The majority of participants in all racial/ethnic groups reported moderately severe sunburns (52.1–64.2%). Severe or very serious sunburns were reported by 29.6 percent of Black/African American individuals, almost 10 percent higher than the next-closest racial/ethnic group (Hispanic, 19.7%). Additionally, Black/African American and Hispanic participants with FSP I to II experienced similar sunburn incidence to White/Caucasian participants.

Access e-poster here: <https://eposters.aad.org/abstracts/33127>

Modeling acute and cumulative erythral sun exposure on vulnerable body sites during beach vacations utilizing behavior encoded 3D body models. Using *in-silico* models, Lohr et al assessed ultraviolet (UV) exposure doses at various body sites

across diverse settings and behaviors typically experienced during a beach vacation. Exposure settings included beach/pool, city/town/other outdoor locations, shaded balcony, and indoors. Total standard erythral doses (SED) was high for all body sites in a beach/pool setting in a model with high exposed body area (EBA) and maximal exposure; the most vulnerable body sites during a 3.6-hour beach day were head, shoulders, and chest, with respective SED values of 18.6, 18.5, and 18.3. Both clothing choices and setting significantly impacted UV exposure, as seen in the SED values of the hip and abdomen. In a beach/pool setting, wearing a bikini top and bottom (EBA: 85%), SED was 6.9 for the hip and 7.2 for the abdomen. In other outdoor settings, wearing a tank top and short skirt (EBA: 54.5%), SED was 0.0 for both hip and abdomen, and SED was 0.1 and 0.2 for hip and abdomen, respectively, in a shaded balcony setting, wearing a bikini top and bottom. Considering setting and clothing choice, the highest total daily UV exposure was observed at the head (29.9), followed by foot (27.4), hand (27.0), and shin/calf (24.7). Given these measurements, the authors noted that erythral UV exposure from a one-week beach vacation can increase the lifetime risk of nonmelanoma skin cancer.

Access e-poster here: <https://eposters.aad.org/abstracts/33131>

Physician counseling among adults with high-risk UV behaviors in the United States. Taylor et al determined rates of physician counseling among patients who practice high-risk UV behaviors, such as indoor tanning and significant sun exposure. Examining data from the 2018 Health Information National Trends Survey (HINTS, Cycle 2), researchers found that about 10.8 percent of adults who had received a routine checkup within the

last year practiced high-risk UV behaviors, with 8.1 percent spending time outside to obtain a tan and 3.3 percent participating in indoor tanning. Patients with high-risk UV behaviors were largely non-Hispanic (81.0%), White (74.9%), and female (56.1%), with a mean age of 49.7 years. Only 27.8 percent of high-risk patients reported receiving physician counseling to reduce high-risk UV behaviors, with no significant difference between those who spent time outside and those who participated in indoor tanning, indicating a need for increased counseling and screenings among these individuals, which might reduce rates of skin cancer among these patients.

Access e-poster here: <https://eposters.aad.org/abstracts/34817>

Barriers to sunscreen use in low-income zip codes in San Antonio, Texas.

Although the majority of skin cancers are preventable, the elevated price of sunscreen in low-income areas could prevent people from protecting their skin. In 2020, Chakles et al, working with San Antonio Parks and Recreation, installed sunscreen dispensers at two locations: Elmendorf Lake Park, located in a low-income (median income: \$26,980) zip code, and Mainland Trailhead, located in a higher-income (median income: \$56,154) zip code. Additionally, people at both locations were asked to complete a survey and given

educational pamphlets on sunscreen usage. Of the 44 survey respondents, 80 percent lived in a zip code with a median income below the median household income of San Antonio, \$52,435. Most of these respondents applied sunscreen sometimes (34%) or never (31%), with only 14 percent answering that they always applied sunscreen, and 17 percent stating they rarely applied sunscreen. The majority of these respondents (37%) reported that cost was the most significant barrier to sunscreen use, followed by failure to think of applying sunscreen (25%) and believing that it is not necessary to regularly apply sunscreen (14%). Given these results, the authors concluded that providing education on sunscreen use as well as free or low-cost sunscreen could potentially increase sunscreen use among residents of low-income areas. The authors also noted that sunscreen dispensers in particular could serve to remind people to apply sunscreen, if they had previously failed to think of it.

Access e-poster here: <https://eposters.aad.org/abstracts/34325>

Patient education as the main target in skin cancer prevention: knowledge, attitudes, and practices towards sun exposure and use of sun protection. In this cross-sectional study, Castillo-Molina et al

distributed a questionnaire on sun exposure and the use of sun protection to patients at a dermatologic center in Colombia. A total of 245 patients completed the questionnaire, the majority of whom (n=151) were women. Overall, 67.34 percent of patients reported midday sun exposure avoidance; a similar number of patients (68.97%) reported regular sunscreen use, although 95.92 percent of patients reported that applying sunscreen was worthwhile. Over half of all patients reported always or usually wearing shorts with sleeves and long pants and staying in the shade or under an umbrella to avoid the sun. Only about 40 percent of patients reported always or usually wearing a cap or hat, and about 30 percent of patients reported always or usually wearing sunglasses. Most patients were concerned about the effects of sun exposure on the skin; 84.08, 85.71, and 91.83 percent of patients expressed worry about developing spots or wrinkles, getting sunburnt, and having skin cancer, respectively. Additionally, 49.39 percent of patients acknowledged that darker clothes were more effective than lighter clothes at protecting the skin from UV radiation. The belief that one hour of sun exposure per day was necessary for vitamin D absorption was expressed by 79.18 percent of patients.

Access e-poster here: <https://eposters.aad.org/abstracts/33734> **HT**

RESEARCH BITE—Stimulating sunscreen use among outdoor construction workers: a pilot study

In this study, the implementation of sunscreen dispensers slightly increased the rate of outdoor workers sometimes applying sunscreen in the past month from a baseline of 30 percent to 41 percent after 16 weeks. At baseline, 44 percent of workers never applied sunscreen, compared to 35 percent at the end of the study. The majority of respondents indicated that employer-provided sunscreen (59%) and protection against skin cancer (85%) were encouraging reasons to use sunscreen at work.

Source: Keurentjes AJ, Kezic S, Rustemeyer T, et al. Stimulating sunscreen use among outdoor construction workers: a pilot study. *Front Public Health*. 2022;10:857553. **HT**



Journal Watch

Summaries of Recently Published Research in Skin Health

☞ In the digital edition, click the PMID after each summary to access the article/abstract.

A new visible light absorbing organic filter offers superior protection against pigmentation by wavelengths at the UVR-visible boundary region

Lawrence KP, Sarkany RPE, Acker S, et al. *J Photochem Photobiol B*. 2022;227:112372.

Summary. Here, the authors induced 385 to 405nm radiation, the ultraviolet radiation (UVR)-visible light (VL) boundary region, on individuals with Fitzpatrick skin types II to IV. Significant pigmentation occurred at all time points with 385nm radiation, with no differences between skin types. Between two sunscreens with identical sun protection factor (SPF) but different spectral properties, the one with the addition of BBP, an organic filter, was more effective at preventing pigmentation at 385nm and 405nm radiations, though the difference was not significant for the latter.

☞ PMID: 34954519

Cumulative sun exposure and melanoma in a population-based case-control study: does sun sensitivity matter?

Dennis LK. *Cancers (Basel)*. 2022;14(4):1008.

Summary. When examining the relationship between cutaneous melanoma (CM), sun sensitivity, and cumulative sun exposure, the author found that the risk of CM increased with hours of sun exposure at ages 60 plus years and lifetime. The risk was more pronounced in individuals with medium or dark skin, compared to fair-skinned individuals.

☞ PMID: 35205756, PMCID: PMC8870683

Sunburn prevalence is underestimated in UK-based people of African ancestry

Bello O, Sudhoff H, Goon P. *Clin Cosmet Investig Dermatol*. 2021;14:1791–1797.

Summary. Bello et al conducted a survey on sunburn in individuals self-identifying as Black and/or mixed race with Black ancestry.

Over half of respondents (52.2%) indicated they had experienced at least one sunburn in their life, which is significantly higher than a previous report. Of these, 69 percent reported having not used sunscreen when they experienced sunburn.

☞ PMID: 34853522, PMCID: PMC8628036

Photoprotection for skin of color

Tsai J, Chien AL. *Am J Clin Dermatol*. 2022;23(2):195–205.

Summary. People with skin of color are at risk of developing pigmentary disorders, such as postinflammatory hyperpigmentation; photoaging, which can appear as pigmented spots, pigmented seborrheic keratoses, dyschromia, and hyperpigmentation; and photocarcinogenesis. Although people with skin of color have a lower risk of melanoma than White individuals, they experience higher mortality rates. To protect against these conditions, individuals with skin of color should practice multimodal sun protection.

☞ PMID: 35044638, PMCID: PMC8766623

Sunburns and sun protection behaviors among male Hispanic outdoor day laborers

Niu Z, Riley M, Stapleton JL, et al. *Int J Environ Res Public Health*. 2022;19(5):2524.

Summary. Among 175 male Hispanic outdoor day laborers in the United States (US), common barriers to sun protection included feeling uncomfortable wearing a wide brimmed hat, long pants, and/or a long-sleeved shirt on warm, sunny days, forgetting to apply sunscreen, and lack of knowledge on effective sunscreen products. Sun protection behaviors, such as applying sunscreen, wearing sunglasses, and staying in the shade, were insufficient among participants.

☞ PMID: 35270218, PMCID: PMC8909209



Efficacy of sunscreen with photolyase or regular sunscreen associated with topical antioxidants in treating advanced photodamage and cutaneous field cancerization: a randomized clinical trial

Alvares et al compared the efficacy of sunscreen and sunscreen with photolyase and a topical antioxidant with placebo to treat advanced photodamage in 40 patients (80 forearms). After eight weeks, the reduction in actinic keratoses (AK) did not significantly differ between sunscreen and sunscreen with photolyase groups. The use of topical antioxidants resulted in a significant reduction of AK, but Forearm Photoaging Scale (FPS) and AK severity scores decreased in all groups and were not significantly different.

Source: Alvares BA, Miola AC, Schmitt JV, et al. Efficacy of sunscreen with photolyase or regular sunscreen associated with topical antioxidants in treating advanced photodamage and cutaneous field cancerization: a randomized clinical trial. *An Bras Dermatol*. 2022;97(2):157–165. [HT](#)



Slip versus slop: a head-to-head comparison of UV-protective clothing to sunscreen

Berry EG, Bezecky J, Acton M, et al. *Cancers (Basel)*. 2022;14(3):542.

Summary. Comparing two broad-spectrum sunscreens to four UV-protective fabrics, Berry et al found that SPF was higher in the fabrics than the sunscreens (60–80 vs. 30 and 50). Additionally, the fabrics blocked greater than 99 percent of UVB, compared to 76 to 94 percent for the sunscreens. Ninety-six to 98 percent of UVA was blocked by the fabrics, compared to 54 to 82 percent for the sunscreens. Therefore, photoprotective clothing should be adopted, alongside sunscreen, for optimal sun protection.

👉 PMID: 35158810; PMCID: PMC8833350

Attitudes and behaviors that impact skin cancer risk among men

Adams GJ, Goldstein EK, Goldstein BG, et al. *Int J Environ Res Public Health*. 2021;18(19):9989.

Summary. Adams et al surveyed 705 men about their attitudes and behaviors toward skin cancer, over half of whom spent significant time outside. Less than half of respondents utilized sun avoidance behaviors, including applying sunscreen (48%) and staying in the shade (28.3%), always or most of the time, except wearing sunglasses, which over half of respondents (53.5%) reported doing always or most of the time. In addition, most respondents had riskier perceptions of tanning.

👉 PMID: 34639288, PMCID: PMC8508125

Difference in sun exposure habits between individuals with high and low risk of skin cancer

Karlsson O, Hagberg O, Nielsen K, et al. *Dermatol Pract Concept*. 2021;11(4):e2021090.

Summary. Fitzpatrick skin type most influenced sun exposure habits, Karlsson et al

reported, as people with skin type II and skin types III and IV were 70 and 90 percent more likely to sunbathe, respectively, and were only half as likely to always use sunscreen when sunbathing, compared to people with skin type I. Overall, people with a high risk of skin cancer were about twice as likely to avoid sunbathing and to use sunscreen while sunbathing, compared to those with a low risk of skin cancer.

👉 PMID: 34631260, PMCID: PMC8480439

Probing different approaches in ultraviolet radiation personal dosimetry—ball sports and visiting parks

Heepenstrick T, Strehl C, Wittlich M. *Front Public Health*. 2022;10:868853.

Summary. Here, the authors measured long- and short-term UV exposure by collecting data from football referees and park visitors, respectively. The highest total UV exposure at football games took place in July at noon, at 406J/m², which was an almost twofold increase from June at a similar time (214J/m²), and total UV exposure was similar in May and October, at 179J/m². At a park, the average total personal exposure was 195J/m² in April, compared to 252J/m² in September. Both of these activities lead to high levels of UV exposure, which can cause sunburn in all Fitzpatrick skin types, especially fair skin types.

👉 PMID: 35570939, PMCID: PMC9092294

Investigation on the awareness and behavior of primary school students on sunscreen use in Beijing

Gao YS, Lai DH, Cheng SW, et al. *Clin Cosmet Invest Dermatol*. 2022;15:887–894.

Summary. In a survey of 232 students in grades 4 to 6, 24.6 percent reported a history of sunburn, while 75 percent reported never having been sunburned. A total of 72.8 percent

of respondents knew that UV rays could damage the skin. Seventy-two percent of these students knew sun exposure caused sunburn, but only 25 percent knew it caused skin cancer and 24.1 percent knew it could cause skin aging. Additionally, only 47.8 percent reported sunscreen use, indicating a need for more comprehensive education on sun protection in this population.

👉 PMID: 35601539, PMCID: PMC9121882 **HT**

Assessment of sun protection knowledge and behaviors of US youth

Strome et al conducted a study among US youth aged 14 to 24 years old to assess sun protection



knowledge. Most respondents acknowledged the importance of sun protection, and 90.1 percent reported using sunscreen; however, 81.1 percent reported having had at least one sunburn in their life, and 28.4 percent reported having had five or more. A total of 41.1 percent of respondents indicated that education on the consequences of sun exposure would increase sun protection.

Source: Strome A, Herbert K, Walsh K, et al. Assessment of sun protection knowledge and behaviors of US youth. *JAMA Netw Open*. 2021;4(11):e2134550.

HT

News & Trends

Exploring Skin Health Research in the Media



In the digital edition, click  to access the full article.

FREE SUNSCREEN DISPENSERS ARE ON THEIR WAY TO WORCESTER IN TIME FOR SUMMER

Medical student Christopher Fay has partnered with the nonprofit Impact Melanoma to set up 47 free sunscreen dispensers at various locations in Worcester, Massachusetts. Fay was inspired to take action after his father was diagnosed with melanoma.

 More information: <https://spectrumnews1.com/ma/worcester/news/2022/05/23/free-sunscreen-dispensers-in-worcester>

SUN PROTECTION MISINFORMATION STILL COMMON

According to a survey distributed by the American Academy of Dermatology (AAD), the majority of Americans believe they were practicing safe sun protective behaviors, despite 67 percent of respondents having gotten a tan and 33 percent having gotten a sunburn. The survey identified knowledge gaps concerning sunscreen and protection against ultraviolet (UV) rays as well.

 More information: <https://consumer.healthday.com/sun-protection-misinformation-still-common-2657235347.html>

3.4 MILLION AMERICANS COULD BE DIAGNOSED WITH SKIN CANCER IN 2022

RESEARCH BITE: An exploration of the use and impact of preventive measures on skin cancer

Assessing data from the 2015 to 2016 National Health and Nutritional Examination Survey (NHANES), Hung et al found that sunscreen use was significantly associated with lower prevalence of skin cancer, while staying in the shade and wearing a long-sleeved shirt were not. Male and Black respondents were less likely to apply sunscreen than female and non-Black respondents, respectively.

Source: Hung M, Beazer IR, Su S, et al. An exploration of the use and impact of preventive measures on skin cancer. *Healthcare (Basel)*. 2022;10(4):743. [HT](#)



According to estimates from the American Cancer Society and the American Society of Clinical Oncologists, 3.3 million people will be diagnosed with basal and squamous cell carcinoma, and 99,780 people will be diagnosed with melanoma in the United States (US) this year. In addition, they predict that 7,650 people will die of melanoma in 2022.

 More information: https://www.phillytrib.com/news/health/3-4-million-americans-could-be-diagnosed-with-skin-cancer-in-2022/article_4fae0b5d-5b1f-5b86-a752-ab24b385cef0.html

HOUSE CALL: PROTECTING YOUR SKIN FROM THE SUN PT. 1

Applying one ounce of sunscreen to the exposed areas of the body and wearing sun protective clothing are key steps in practicing skin health. UV radiation can damage the skin and cause wrinkles, blotches, and premature aging, in addition to skin cancer.

 More information: <https://www.wdtv.com/2022/05/16/house-call-protecting-your-skin-sun-pt-1/>

SKIN CANCER INTERVENTIONS AFFECT SUN-SAFETY ATTITUDES

Researchers at Pennsylvania State University showed that young women who viewed an appearance benefits story, which focused on

avoiding wrinkles and sunspots, were more likely to be less fixated by tanning behaviors on social media, compared to those who viewed self-control emotions or control interventions. However, it was noted that how interventions personally affected participants led to varied results.

 More information: <https://www.psu.edu/news/social-science-research-institute/story/skin-cancer-interventions-affect-sun-safety-attitudes/>

WHICH SUNSCREEN IS BEST FOR YOU? DERMATOLOGISTS BREAK DOWN WHAT TO LOOK FOR

According to two board-certified dermatologists, when using sunscreen, it should be SPF 30 or higher, be broad-spectrum (protects against UVA and UVB), is not expired, and is one you do not mind using. They recommend physical sunscreen for individuals with sensitive or acne-prone skin. Chemical sunscreen is recommended for those who prefer a sheer, lightweight formula and want to avoid a white cast.

 More information: <https://news.yahoo.com/sunscreen-best-dermatologists-break-down-124520226.html>

WITH SUMMER APPROACHING, DERMATOLOGISTS REMIND OF IMPORTANCE OF SUNSCREEN REGARDLESS OF SKIN TONE

According to the American Cancer Society, 1 in 1,000 Black individuals will develop melanoma. Dr. Alyssa Daniel explained that Black individuals are more likely to have melanomas of the hands and feet, and she stressed that everyone, regardless of skin tone, should regularly apply sunscreen.

 More information: <https://www.wsocv.com/news/local/with-summer-approaching-dermatologists-remind-importance-sunscreen-regardless-skin-tone/TI2WKf2LNRHPLewEDMLUYHJ4RU/> [HT](#)

Digital Resource Center

Upcoming Educational Events and Digital Resources Related to Skin Health

In the digital edition, click  to visit meeting website or for more information.

Upcoming Conferences/Events



MAUI DERM NP+PA SUMMER

June 20–23, 2022

Colorado Springs, Colorado

 www.mauiderm.com



31ST EADV CONGRESS

September 7–11, 2022

Milan, Italy

 www.eadv.org

SKINCARE ACADEMY VIRTUAL LEARNING SERIES



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Visit jcad.tv/skincare-academy-2022 and register for free to watch SCA Program Chair Joshua Zeichner, MD, along with an esteemed faculty of leading dermatology professionals, deliver virtual webinars covering an array of skin care questions and concerns that patients deal with daily.

Access more video and audio content at jcad.tv

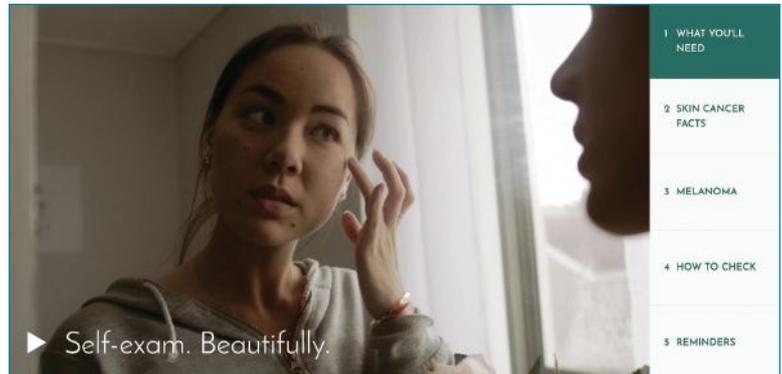


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Patient Resource



VIEW: Self-exam. Beautifully

This self-exam provides individuals with instructions on how to check themselves for both melanoma and nonmelanoma skin cancers. Some signs of skin cancer include new or changing moles, asymmetrical moles, moles with irregular borders, and moles that bleed or itch.

 Access here: <https://www.neutrogena.com/SkinSelfExam.html>

Video Resources



WATCH: In the Sun documentary

This documentary, led by dermatologist Dr. Shirley Chil, focuses on seven families who must deal with the long-term effects of sun exposure on their lives. The film addresses the importance of sun protection and combats misconceptions about skin health.

 Access here: <https://www.youtube.com/watch?v=9oRP0mFUHk>

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