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"I went to that tanning place your wife suggested." —Ross, looking very bronzed, on Friends
"Was that place the sun?" —Chandler

Glamour Health



WTF! Why Are So Many Women Still Getting Skin Cancer?

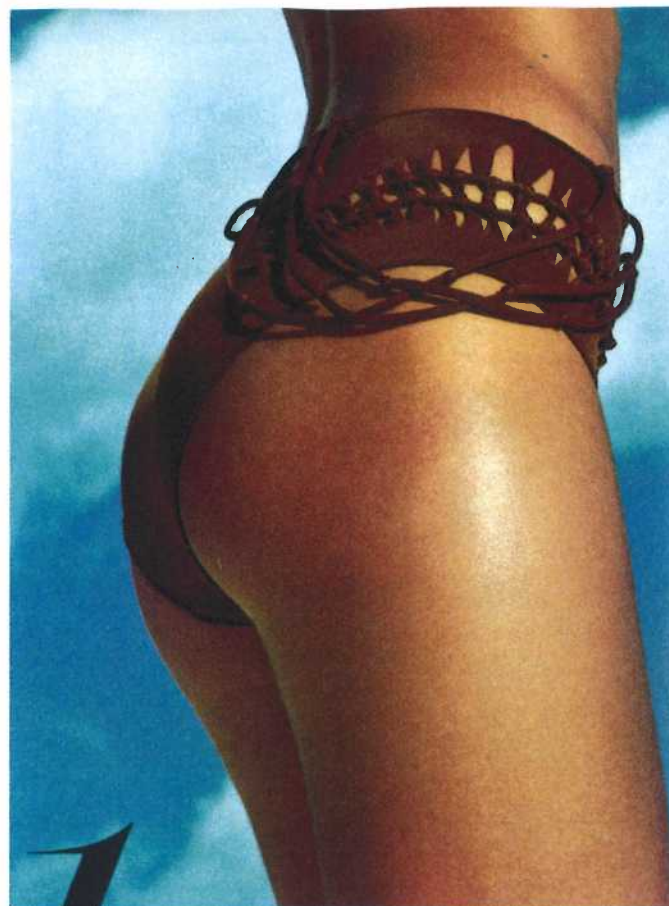
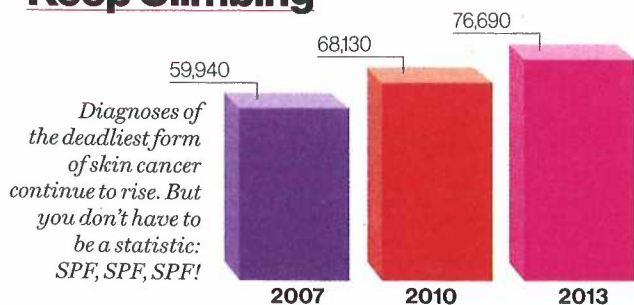
The surprising reasons—and a lifesaving guide to keep your body healthy this, and every, summer

By Shaun Dreisbach

► Let's get the stats out of the way first—because they're shocking. Rates of melanoma, the deadliest form of skin cancer, have been rising in the United States, and no one has been more affected than young women. In the past few decades, the incidence of melanoma has shot up *800 percent* among women ages 18 to 39, twice the rate of same-aged men. Says dermatologist David Kriegel, M.D., "I'm seeing three or four times more melanoma in young women than I used to." And the news on other skin cancers, like basal and squamous cell carcinomas, isn't much better: Rates have climbed 300 percent in the past decade.

The zillion-dollar question is: *Why?* Every girl and her cat knows the rules: You must wear (and reapply!) sunscreen, avoid prime sun hours, and cover up with shades and a hat. So why do skin cancer rates continue to soar? Our experts answer that very question. Don't miss their advice; it could save your skin—and your life.

The Scary Trend: Melanoma Rates Just Keep Climbing



Because we're just not that worried about skin cancer... and we should be

Deep down in our hearts, doctors sadly observe, most young women's attitude toward skin cancer is: So what? "I compare melanoma to what happened with lung cancer," says Len Lichtenfeld, M.D., deputy chief medical officer for the American Cancer Society. "Even after the surgeon general report on cigarettes came out in 1964, it took decades for people to really take the risks of smoking seriously. It's the same thing with skin cancer. People know the risks of sunburns and tanning, but they ignore them."

Guy's got a point. Today, after more than 20 years of awareness-raising, the percentage of women who apply sunscreen "always or most of the time" is only five points higher than it was a decade ago, and 63 percent admit to rarely, if ever, slathering on SPF, according to a Centers for Disease Control and Prevention survey. And despite the fact that getting five or more sunburns doubles your lifetime odds of melanoma, more than half of women say they've gotten at least one in the past year. "It's so disorienting to have a patient say, 'I love to tan. Do I have to wear sunscreen?' Yet I hear it a lot," says Ellen Marmur, M.D., founder of Marmur Medical in New York City. "It's as if we've made zero impact in some people's minds."

And even if we do wear SPF, we kind of miss the point. "Young women often use sunscreen so they can hang out all day at the beach," says Elizabeth K. *Continued on next page* ►



Wear it all summer!
Straw Studios hat
(\$65, strawstudios.net)

Hale, M.D., a clinical associate professor of dermatology at New York University School of Medicine. "They think they're being responsible and protecting themselves. But if you're out all day and not putting on and reapplying sunscreen every 40 to 80 minutes, you're really putting yourself at risk."

The fix: Take skin cancer seriously, and remember, SPF is like a flak jacket: It protects you during the short times you need to be in the sun; it's not meant to allow you to stand in the line of fire all day. Throw on a cute sun hat, re-up on SPF 30 or higher every 40 minutes or so, and find some shade!

2 Because we need derms (not just docs)

At least three quarters of melanomas are discovered by patients themselves, according to the National Institutes of Health. (For advice on doing a self-

check, see the chart on page 182.) But a good doctor might catch a suspicious spot *before* it has a chance to become cancerous, says Dr. Hale. "The other day I excised a premelanoma on the butt of a 30-year-old woman whose mole could have been less than a year away from turning cancerous," she says. "I can't imagine what might have happened had she not come in to see me. Early detection is *so* important." And the truth is, dermatologists are best at that early detection; primary care physicians are less skilled at spotting cancer—and less comfortable screening for it, researchers have found. All of which makes it scarier that only 8 percent of Americans have gotten a clinical skin exam by a dermatologist in the past year, and just 15 percent have had one *ever*, according to a study at the University of Miami.

The fix: See a dermatologist once a year, whether you've spotted a weird mole or not. "If there's nothing to find, the whole exam will take 10 minutes," says Dr. Marmur. Many health plans cover a skin check, but if insurance is an issue, you can find free clinics at aad.org.

Continued on next page ►

Bring on the Sunscreen Questions

Funny how a little tube of coconut-scented goop can be so confusing. Let top docs straighten out a few of your head-scratchers.

Q

Tell me exactly what sunscreen to buy—there are so many!

I put on SPF 50—but still wind up with color. What the...?

Do I really need to wear SPF when it's cloudy and I'm at work?

Must I really reapply *all* sunscreens? Don't the water-resistant ones last?

I wear foundation with SPF every day. Is that enough?

A

Look for these words: **water-resistant, broad-spectrum, and SPF 30 or higher.** Dr. Hale likes SkinMedica Daily Physical Defense SPF 30+ (\$45, skinmedica.com for retailers) for face and, for body, Coppertone Sport Sunscreen Continuous Spray SPF 30 (\$10, at drugstores).



You're probably just not using enough. Use a shot glass's worth of lotion to cover your body. For SPF in a can, imagine spray-painting yourself—a light mist isn't enough to protect you.



"Yes," says Dr. Hale. "UV rays can pass through both windows and clouds." We like Aveeno Protect + Hydrate Broad Spectrum SPF 30 (\$10, at drugstores).

"Even a water-resistant product should be **reapplied every 40 to 80 minutes,**" says Dr. Marmur—err on the early side if you're swimming. Try Shiseido Ultimate Sun Protection Lotion+ SPF 50+ (\$39, shiseido.com).



"No," says Dr. Hale. To get the SPF printed on the bottle, you'd need to glob it on so thick you'd look like you were wearing a Snooki mask. Use sunscreen first, like Vichy Capital Soleil SPF 50 Lightweight Foaming Lotion (\$29, vichyusa.com), then beautify on top.

3

Because lots of us have tanning-bed pasts (or presents!)

Indoor tanning is a Class I carcinogen, up there with cigarettes and arsenic; just one tanning session increases your life-

time risk of developing melanoma by 20 percent. So if you did it in the past, you must tell your dermatologist: She may have you come in more frequently for skin checks, or she might biopsy a suspicious-looking mole rather than take a wait-and-see approach.

The fix: Come clean about past baking. And if you're still hitting the tanning bed—one in every five women ages 18 to 29 does—for the love of George Hamilton, *stop!*

4

Because we're forgetting our family history

"A first-degree relative with melanoma is the most important risk factor for your getting melanoma, even more so

than your past sun history," Dr. Hale says. Yet most people are *very* fuzzy on their family history. "When I ask patients if any of their immediate relatives has had skin cancer, they say, 'I think my mom had a mole removed.' But they don't know what type, or if it even *was* cancer," says Dr. Kriegel, director of the Manhattan Center for Dermatology.

The fix: Quiz your parents before your exam. And share any past behaviors that might change the way your doc monitors your moles—e.g., that you used to lifeguard. "People don't bring things up, because they worry we'll judge them," Dr. Hale says. "But be honest, and we can talk about how to decrease your odds of skin cancer. The point is, we *want* you to have a healthy, active lifestyle—just be safe about it." *Continued on next page ►*

Not pictured:
her econo-sized
sunscreen



Three More Ways to Outsmart Skin Cancer

You *must* cover up with SPF, reapply like a fiend, and sprint away from tanning beds. Got it? Good—those are the basics. These three additional steps will give you extra-credit protection:

Eat like a Sicilian. One Italian study found that a Mediterranean-style diet can cut melanoma risk in half. Staples like broccoli, leafy greens, carrots, cauliflower, citrus fruits, olive oil, and fish contain antioxidants that help guard against damage from UV radiation.

Take an Advil. The prolonged use of nonsteroidal anti-

inflammatory drugs, or NSAIDs, like aspirin, ibuprofen, or naproxen, may lower the odds of skin cancer, a study found; the drugs may block certain enzymes that help cancer cells multiply. You shouldn't pop painkillers like candy, but when a headache strikes, you might want to choose an NSAID over, say, acetaminophen.

Sip caffeinated bevs. Research on coffee and tea drinkers shows that caffeine may cut your skin cancer risk. The chemical appears to help the body get rid of UV-damaged skin cells before they can become malignant.

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Strip! And Do This Lifesaving Skin Check

It's helped 84 *Glamour* readers spot cancer so far.

That's right: Thanks to this self-test (published in *Glamour* for seven years running), 84 women have been able to find their own skin cancer or that of a loved one—often in the nick of time. "After I saw the test, I talked to my doctor about a mole on my back," says Stephaine Henderson, 33, of Seattle. "It turned out to be melanoma!" Compare what's on *your* body to the spots below, and get any mole that gives you the heebie-jeebies checked by a dermatologist right away.



Normal mole

A small brown spot that's symmetrical and all one shade and that hasn't changed over the years is probably nothing to worry about.



Dysplastic nevus

A.k.a. an "atypical mole." This tends to be dark with irregular borders. It could become cancerous, so your dermatologist will remove it or keep a close eye on it.



Actinic keratosis

This potentially cancerous spot usually occurs on sun-exposed areas (scalp, lips, hands) and tends to look like a raised, rough, or scaly patch.



Squamous cell carcinoma

Look for a reddish patch or wartlike bump that may crust or bleed. Get it checked out pronto—left untreated, it may spread.



Basal cell carcinoma

The most common type of skin cancer, BCC forms deep in the skin and looks like a raised pink growth or a sore that won't heal.



Melanoma

This dangerous cancer has a funky shape with blurred borders and tends to be dark brown or black in color, but it can also be multicolored.

Plus, Watch for the ABCDEUs

See a dermatologist if your spot has any of these characteristics.

A = Asymmetry

It's not a nice circle—one half of the mole is a different shape from the other.

B = Border

The edges appear jagged or blurred instead of even.

C = Color

The mole has multiple shades of brown, black, or red.

D = Diameter

Melanomas are usually the size of a pencil eraser or larger.

E = Evolving

The mole has changed in color, size, shape—whether that's over the last month or the past decade.

U = Ugly duckling

If any of your moles don't look like others you have, get them checked.