

CLEARLY COVERED
Model is sporting
CeraVe Sunscreen SPF
50 for Body, \$17.

IN THE SPOTLIGHT

Every one of us has to balance enjoying—and being wary of—the sun. That includes these four dermatologists, who went from doctor to patient when they got skin cancer. Learn how they saved their own lives.

BY MICHELE BENDER

PHOTOGRAPHY BY DIANA KING

ELIZABETH TANZI
CODIRECTOR OF THE
WASHINGTON INSTITUTE OF
DERMATOLOGIC LASER SURGERY

A full roster of patients. A home to keep up. An active toddler. Like many working moms, this DC dermatologist was juggling multiple responsibilities. Add the fact that she was pregnant and it's not surprising Tanzi, now 45, was too busy to have an unfamiliar mole checked out. "It just looked like someone put a black dot on my right calf with the tip of a pen," she says. "I thought I was probably overanalyzing the situation."

Six months later, after noticing the spot was getting larger, Tanzi biopsied it herself. "The phone call from the pathologist was like a punch in the stomach," she reveals. "I had melanoma. Other forms of skin cancer can

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leave ugly scars, but this one can also kill you.” Though the dot was tiny, several inches of surrounding skin had to be excised to make sure all the cancer cells were cut out. Many melanomas can require further treatment, such as chemotherapy or removal of some lymph nodes, but Tanzi’s was caught very early so that wasn’t necessary. Because survivors of this most serious type of

Three years later, the fair-skinned and blue-eyed Tanzi still covers up all the time. And on top of her regular sunscreen routine, she has an upgraded one for extended periods outdoors: La Roche-Posay Anthelios 50 Mineral Tinted sunscreen on her face, L’Oréal Paris Advanced Suncare Silky Sheer Lotion 50+ on her body, and sun-protective clothing from brands like

Coolibar. “It sounds cliché but at the time I couldn’t believe skin cancer was happening to me. I was a dermatologist, didn’t have a family history and didn’t spend that much time in the sun as a child,” says Tanzi. “But we all have to be careful.”

SAVE YOUR SKIN BY...

Dressing the Part.

“I have crushable travel hats in every bag, in the car and at my office,” says Tanzi. “I wear them even for quick errands that require only a few minutes of sun, because by the end of the week those minutes can add up to an hour or more of exposure.”

ELLEN MARMUR ASSOCIATE CLINICAL PROFESSOR AT MOUNT SINAI HOSPITAL & IN PRIVATE PRACTICE

Most people pray they don’t get skin cancer *ever*. Marmur, 46, has had it three times,

thanks to a childhood of competitive swimming and beach vacations sans sunscreen. The first was a firm, pink bump on the right side of her nose that she dabbed with zit cream, hoping it was acne. Although a dozen (yes, a dozen!) dermatologists told her it was a pimple, a biopsy revealed basal cell

carcinoma (BCC). To remove it and make sure the area was clean of cancer cells, Marmur chose Mohs surgery, which has the highest success rate of all treatments for BCC. The dermatologist removes a thin layer of tissue from the area, examines it for skin cancer cells while you wait and, if necessary, repeatedly continues to remove more tissue until a sample is cancer-free.

Although she was 36 years old at all the time, Marmur calls this diagnosis her midlife crisis. “I realized that the armor of my skin was broken,” says the mother of four. “It was really upsetting because I felt like I’d lost control.” Two years later, she noticed a similar spot under her eye: another BCC. Because it was in such a sensitive area, Marmur had Mohs surgery and then reconstructive surgery to hide scarring. And just five months later, Marmur saw a spot among the sprinkling of freckles and moles on her knee “screaming” at her. “My radar went off and I had it checked,” she says. This time the finding was more serious: pre-melanoma. She had the spot and an area about the size of a silver dollar excised to make sure all cancer cells were removed.

Today Marmur admits to owning a dozen ridiculously big hats and wearing SkinCeuticals Physical Fusion UV Defense SPF 50, but she isn’t afraid of the great outdoors. “Last July, as part of the Skin Cancer, Take a Hike! campaign, I climbed Mount Kilimanjaro in Africa with a team of skin cancer survivors and advocates,” she says. “You don’t have to hide from the sun, you just have to protect yourself.”

SAVE YOUR SKIN BY...

Shopping Smart.

“Every summer, I let my kids go to Target and pick out their own sunscreens,” says Marmur. “They think it’s fun. I love it because the best sunscreen is the one you’ll actually use!”

SHINING THROUGH

Model is wearing Kiss My Face Cool Sport Faces Lotion SPF 30, \$13.



skin cancer are nine times more likely to have an additional melanoma, Tanzi needed head-to-toe skin checks every three months for the next five years. “Right before my fifth anniversary, there was another bombshell,” she recalls. “I found a second early melanoma on my right leg that had to be treated.”

TEENS AND TANNING

Salons want you to believe that the rays they offer up are safer than those from the sun. “Unfortunately, that’s not true,” cautions Doris Day, MD, clinical associate professor of dermatology at New York University and author of *Forget the Facelift*. In fact, just one indoor tanning session boosts your risk of the deadliest form of skin cancer, melanoma, by 20%, according to the Skin Cancer Foundation, and using a tanning bed for the first time before your 35th birthday increases your

risk by 75%. While the 2 to 3 million teens who bronze at these salons annually don’t seem to care, you can make sure yours do. First, share the scary melanoma stats, including the fact that almost 2,000 indoor tanners found themselves in the emergency room in 2012 for burns to their skin and eyes, among other injuries. Next, highlight the celebs who go au naturel—aka pale—and still look gorgeous, like Emma Stone and Anna Kendrick. Finally, if your teens must get their tan on, treat them to a bottle of self-tanner or gradual tanning lotion.

DIANE BERSON
ASSOCIATE CLINICAL
PROFESSOR AT WEILL
CORNELL MEDICAL COLLEGE

Although she didn't know where or when, Berson, 57, was certain she'd be diagnosed with skin cancer one day. She had spent her teens at the beach soaking up UV rays with baby oil and a silver sun reflector. "I'd get burnt to a crisp," recalls the New York mom of two with fair skin, blue eyes and blond hair.

Berson's prediction became a reality when she discovered a pink bump on the top of her left shoulder. "At first I thought it was just a big pimple," she recalls. When it didn't go away—instead becoming itchy, tender and inflamed after a few weeks—she had the bump biopsied. "I wasn't worried when I was diagnosed with basal cell carcinoma," Berson reveals. "Basal cells generally have a low incidence of spreading and a nearly 100% cure rate if removed early, like mine were."

Unfortunately, other forms of the disease can be far more aggressive. A few years after her own diagnosis, Berson's mother died of a very rare and fast-moving skin cancer called Merkel cell carcinoma (MCC), which scientists recently discovered is linked to a virus. It typically presents as a flesh-colored or bluish-red nodule, usually on the face, head or neck. Although MCC doesn't have a clear genetic link, her mother's experience and her own history mean Berson never leaves home without sun protection of at least SPF 30 in the winter and SPF 40 in warmer months. Some of her go-to brands: Colorescience Sunforgettable and MDSolarSciences.

Losing her mother has also made Berson persistent in reminding patients about regularly checking their skin. "It's critical that when you notice a bump or mole changing in any way, you see a doctor as soon as possible," she cautions. "Even an innocuous-looking bump could be deadly."

SAVE YOUR SKIN BY...

Popping Sun Protection.

"If I'm going to be in the sun for a while, I take Heliocare, a daily oral antioxidant supplement, an hour before I go out and a couple of hours into the day," says Berson. "Some research shows its main ingredient enhances protection from ultraviolet light."

**SKIN CANCER
CHEAT SHEET**



BASAL CELL CARCINOMA

Typical locale Sun-exposed areas, like the face.

Risk raisers Having light skin, being male, having scars and burns, being elderly.

Prognosis The most common skin cancer, it grows slowly and rarely spreads.



**SQUAMOUS CELL
CARCINOMA**

Typical locale On fair skin, UV-exposed places like your head or neck. On dark skin, unexposed spots like legs or feet.

Risk raisers Having dark skin or HPV.

Prognosis More likely to spread than basal cell carcinoma, but not common.



MELANOMA

Typical locale The torso; on women, arms and lower legs; on men, head and neck; on people with dark skin, soles of feet, palms and under nails (though rare).

Risk raisers Many moles, family history.

Prognosis The least widespread form of skin cancer, yet the deadliest.

—Mallory Creveling

DIANE MADFES
ATTENDING PHYSICIAN AT
MOUNT SINAI HOSPITAL &
IN PRIVATE PRACTICE IN NYC

As a teenager, Madfes, 48, wore a lot of hats: lifeguard, windsurfer, sailor. Ironically, it was the visor she donned while playing tennis that may have left her at the sun's mercy. The lid ended just before her hairline—which is where she found a bump the size of a sesame seed while washing her face 10 years ago. "I couldn't see it, but knew I'd never felt it before," recalls the Connecticut mom of two. Thinking it was dry skin or an inflamed hair follicle, Madfes tried to scrub it off. When that didn't work, she began to suspect it was skin cancer. And it was: basal cell carcinoma.

Most of the malignant cells were removed with the biopsy, but Madfes created a plan to eliminate any lingering cells on her face by applying imiquimod 5% cream twice a day for two weeks. A topical immunomodulator, it triggers the immune system to attack any precancerous or cancerous cells, which then slough off. "It doesn't look pretty but it works," she explains.

Knowing that one basal cell diagnosis ups your chances of another in the next five years by 50%, she also had ALA photodynamic therapy, which involves applying a photosensitizing solution to your face that is then activated with a blue light. Any superficial precancerous lesions become scabby and fall off. "The ALA revealed several spots on my nose, cheeks and forehead," Madfes says. "Because the damage from UV rays is already in my skin, I repeat the treatment every two years." Each day she also relies on Tazorac (a prescription retinoid cream approved for acne that increases cell turnover), SkinCeuticals Resveratrol B E (an antioxidant serum) and Garnier Skin Renew Anti-Sun Damage SPF 28. In addition to covering up, she started spreading the word. "When I was diagnosed, I called friends I used to sail and lifeguard with as a teen to warn them," says Madfes. "But they'd already been diagnosed too."

SAVE YOUR SKIN BY...

Being a Little Shady.

"When my family exercises, we head out before 10 a.m. or after 4 p.m.," says Madfes. "And we don't do picnic lunches at the beach; we do sunset dinners."

NOT SO SUN-SHY

Model is donning Hampton Sun Luxe Sport SPF 35 Continuous Mist Sunscreen, \$32.

SKIN CHECK 101

Giving yourself a regular once-over could save your skin—and maybe your life. "You don't have to stare at every mole, but spend 5 or 10 minutes each month just scanning your body," says Elizabeth Tanzi, MD, codirector of the Washington Institute of Dermatologic Laser Surgery. "Your brain picks up the patterns of moles, so if they change, it will register that something is different." Head to your dermatologist immediately if you find any new or morphing lesions. In addition to seeing your dermatologist for an annual professional check, follow these tips from the Skin Cancer Foundation.

- ✓ Examine your skin from head to toe. Make sure you're standing in bright light and have a full-length mirror as well as a hand mirror.
- ✓ Ask a partner or friend to examine your back, scalp, ears and other hard-to-see spots. A blow-dryer can help with your scalp.
- ✓ Remember to check areas that don't see much sun (the soles of your feet, the underside of your breasts, your genitals) and that are commonly overlooked (your nose and lips).
- ✓ Remove polish so you can see your fingernails and toenails.
- ✓ Consider using a body map to keep track of your moles and other marks. Note any changes in size, shape or color that occur over time as well as any newly detected moles. You can download one from the Skin Cancer Foundation at skincancer.org/bodymaps.