

FAMILIAL MELANOMA STUDY

NEWS

Genetic Epidemiology Branch

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Greetings from the Familial Melanoma Study Team

Once again, we'd like to update you about our recent study activities and scientific findings that you make possible. This issue also contains updates about other melanoma-related topics, such as the rising incidence of melanoma in children and adolescents in the U.S. In response to your suggestions, we have also included more information about sun protection for babies and young children.

Let us know if there are topics or questions about familial melanoma

that you would like to see in future newsletters. If you have any questions about any of the articles in this issue, or anything related to the study, please let us know. Our contact information is on page 12.

From all of our research team, thank you for your continuing participation in this important study. This investigation would not be possible without your generous participation. We are extremely grateful for your many contributions!

May is Melanoma/Skin Cancer Detection and Prevention Month

According to the Centers for Disease Control and Prevention (CDC), May is "National Melanoma/Skin Cancer Detection and Prevention Month". The month is dedicated to increasing public awareness of the importance of prevention, early detection, and treatment of melanoma and the major nonmelanoma skin cancers – basal cell carcinoma and squamous cell carcinoma. This declaration for the month of May started several years ago and has been observed yearly since skin cancers continue to be an important public health problem in the U.S.

The American Cancer Society (ACS) estimates that substantially more than

1 million new cases of the nonmelanoma skin cancers, basal cell carcinoma and squamous cell carcinoma, and about 62,480 new cases of melanoma will be diagnosed in 2008. Together, these three types of skin cancer account for almost as many as all other types of newly-diagnosed cancers combined. All three of these types of skin cancers have been increasing in incidence over the last several decades.

The ACS, as well as several other organizations with a major focus on skin cancer, highlights skin cancer prevention and awareness activities during May. For example, since 1985, the American Academy of

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Dermatology (www.aad.org) has sponsored free skin cancer screenings in various locations around the U.S.

For the families in our study, we believe that every month should be melanoma and skin cancer prevention and awareness month. By following the prevention and early detection guidelines that we have developed for families with melanoma, many melanomas can be (and have been) prevented. When individuals are examining their own skin and being checked regularly by their healthcare provider, those melanomas that do develop are much more likely to be diagnosed when they are early, thin, and curable by minor surgery.

Melanoma is largely preventable. With early detection and prompt treatment, it is almost always curable.

Sun Safety is Important Throughout Life

While it is true that individuals from families with multiple members with melanoma (particularly those individuals with dysplastic nevi) have an increased risk of developing melanoma, following sun safe guidelines consistently will help reduce the risk of developing melanoma. Practicing sun safety is especially important for individuals who have already had a melanoma; minimizing sun exposure will likely help in reducing the risk of developing melanomas in the future.

While following more than 1300 family members, some for as long as 30 years, we have observed that when individuals stay out of the strong sun, their moles tend to fade. They also tend to develop fewer new moles. They do not need to have as many mole biopsies because fewer of their moles are changing in ways that are worrisome for melanoma.

There have also been some research studies that have shown a link between higher amounts of sun exposure and the development of moles. Children who were protected consistently from the sun starting in infancy and pre-school ages developed fewer moles than children who were not consistently protected as they grew older. Since having an increased number of moles, even if none of them are dysplastic nevi, raises the chances that someone may develop melanoma, it is important for everyone to practice sun safety consistently.

Sun Protection for Babies

Infants younger than 6 months of age need extra protection from the sun. Babies have sensitive skin that is thinner than adult skin, which causes them to sunburn more easily than an adult. Even babies with naturally darker skin need to be protected from the sun.

The American Academy of Pediatrics (AAP) (www.aap.org) recommends the following for children younger than 1 year old:

- Keep babies younger than 6 months out of direct sunlight. When outdoors, keep baby in the shade, or under a tree, umbrella, or stroller canopy.
- Dress babies in clothing that covers their body, such as comfortable lightweight long pants, long-sleeved shirts, and hats with brims that shade their face and cover their ears.
- If a baby younger than 1 year of age gets a sunburn, you should contact your pediatrician immediately. A severe sunburn is an emergency.
- If you cannot keep your child covered and in the shade, sunscreen can be used. Before using sunscreen to protect your baby, make sure that he/she is not sensitive to the sunscreen. Check for sensitivity by applying the sunscreen to a small area of skin on the back and make sure a rash or irritation does not develop.

Sun Protection for Children Older than 1 Year

According to the AAP, recommendations for children older than 1 year of age are as follows:

- Choose sunscreen that is made for children, preferably water resistant. Before covering your child completely, apply a small amount of sunscreen on your child's back to test for a reaction such as a rash or irritation. Apply carefully around the eyes; be sure to avoid the eyelids. If a rash develops, notify your pediatrician.
- Choose clothes made of tightly woven fabrics.
- Contact your pediatrician if your child gets a sunburn that results in blistering, pain, or fever.
- Have your child wear a hat that shields his/her face; make sure the bill on baseball-type caps is facing forward.
- Sunglasses with UV protection are a good idea for protecting your child's eyes.

As children go through their pre-teen and teenage years, they need to learn that **taking personal responsibility to follow the melanoma prevention and early detection guidelines is still the best first-line defense against developing melanoma.** A growing body of evidence suggests that sun exposure in both childhood and in adulthood is related to an increased risk of developing melanoma. Therefore, practicing sun safety consistently is important for all ages.

Year-round sun protection is important for everyone!



Sun Safety Games for Children

The list below contains selected Web sites that have fun sun safety games, interactive online cartoon adventures, and other sun-related information for children. The Web sites are from reputable organizations, however, our listing of these sites does not constitute an endorsement by either the NCI or the NIH.

Kid's Sun Fun

(from the National Safety Council)

www.nsc.org/ehc/kidscorn.html

SunGuard Man Games

(The Coalition for Skin Cancer Prevention in Maryland)

www.sunguardman.org/games-and-activities.php

SunWise Kids

(SunWise Program, U.S. Environmental Protection Agency)

www.epa.gov/sunwise/kids.html

Sunwise Stampede

(San Diego State University)

www.foundation.sdsu.edu/sunwisestampede/index.html



Familial Melanoma and Pancreatic Cancer

An important part of family members' health care is knowing if there are any other types of cancer that are believed to "run" in families with melanoma. We evaluated the patterns of cancer that have occurred in the families since they enrolled in our study to determine if there are any other type(s) of cancer besides melanoma that occur(s) in excess.

What we found

The most common cancer that family members developed since enrollment in the study was melanoma; more than 50 new melanomas were diagnosed in 22 individuals. Other than melanomas, most families did not have an excess of any other type of cancer. However, in a small subset of families, an excess of digestive system tumors occurred since the family joined the study. The most frequent digestive system cancer that occurred started in the colon or rectum, but compared to how common colon and rectal cancers are in the general population, there was not an excess of these cancers. However, the development of four new cases of pancreatic cancer in this small number of families was more than would be expected by chance alone.

At this time, we do not understand why pancreatic cancer develops in

some family members. Pancreatic cancer also occurs in familial clusters not related to melanoma. The cancers likely result from a complex interaction of environmental and genetic factors that is poorly understood at this time. Even though some families with pancreatic cancer have some alterations in the major known melanoma susceptibility gene (CDKN2A), there are no known specific genetic or other factors that identify which, if any, family members have an increased chance of developing pancreatic cancer. We are actively conducting more research to try to sort this all out. We also hope that ongoing studies of nonfamilial pancreatic cancer being conducted by our colleagues at NCI and other research groups will provide new insights into the causes of this disease.

What does this finding mean for family members' health care?

In contrast to screening for melanoma through doing skin examinations, screening for pancreatic cancer has not yet been shown to be very effective. Research-based tests for pancreatic cancer are invasive, and carry some risks. For example, occasionally these tests cause inflammation or irritation of the pancreas, which can be serious. Neither CT scans nor

MRI scans are effective at detecting pancreas tumors when they are surgically removable. Currently, there is not enough information available to develop standard recommendations for screening for pancreatic cancer. Developing good screening tools for pancreatic cancer is an area of active research by several groups.

Recommendations for reducing the risk of developing pancreatic cancer

Some risk factors for pancreatic cancer have been identified (please see box on page 5). Some of these risk factors are modifiable, though not all can be avoided. We suggest the following recommendations for reducing your risk of developing pancreatic cancer.

- **Avoid smoking cigarettes and using other tobacco products.** For those individuals who do smoke cigarettes, cigars or pipes, make every effort possible to quit smoking. Smokeless tobacco products also pose health hazards. Many resources and approaches have been developed for helping individuals to quit smoking. Call toll-free on *NCI's Smoking Quitline* 1-877-44U-QUIT (1-877-448-7848), for information on quitting.

"Take home message": By far, melanoma is the most frequently occurring type of cancer in the families participating in our familial melanoma study. Other than digestive system tumors, particularly pancreatic cancer, no other types of cancer have occurred in excess. Most people with known risk factors for pancreatic cancer (e.g., smoking, family history of pancreatic cancer, obesity), do not ever develop the disease. To reduce your risk of developing pancreatic cancer, we recommend that you live a healthy lifestyle. See your doctor/healthcare provider for regular examinations and to discuss symptoms suggestive of pancreatic cancer [please see box on page 5]. Additional research over the next several years should help clarify the association between melanoma and pancreatic cancer.

- **Keep weight under control.** Preventing excess weight gain can reduce the risk of many cancers. Exercise and stay active.
- **Alcohol: Avoid or moderate intake.** The current Dietary Guidelines for Americans recommend that women not have more than one and men not have more than two drinks per day.

More information about living a healthy lifestyle can be obtained from:

Centers for Disease Control and Prevention

www.cdc.gov/healthpromotion/

U.S. Department of Health and Human Services (DHHS)

www.healthierus.gov/

U.S. DHHS Office of Disease Prevention and Health Promotion

www.healthfinder.gov/

More research needed

We are working with GenoMEL, the international consortium of melanoma genetics researchers to try to learn more about the genetic alterations that predispose individuals to pancreatic cancer. When we have reliable information that we can interpret, we will let you know. For those family members who have concerns, we would be happy to talk with you and give you our best advice. As additional information about appropriate effective screening becomes available, we will keep you updated.

About Pancreatic Cancer

What is pancreatic cancer?

Pancreatic cancer is a disease in which cancer cells form in the tissues of the pancreas. The pancreas is a gland that lies behind the stomach and in front of the spine. The main jobs of the pancreas are to produce juices that help to digest food, and produce hormones that help control blood sugar levels. Approximately 37,680 new cases of pancreatic cancer will be diagnosed in the U.S. in 2008.

Risk Factors

No one knows the exact causes of pancreatic cancer. Studies have found the following risk factors: increasing age (most cases occur in people over the age of 60), cigarette smoking, diabetes, being male, being African-American, chronic pancreatitis, exposure to certain chemicals in the workplace, a diet high in fat, and a family history of pancreatic cancer. The risk for developing pancreatic cancer triples if a person's mother, father, sister, or brother had the disease. A family history of colon or ovarian cancer increases the risk of pancreatic cancer. Some studies have reported links between pancreatic cancer and obesity or heavy use of smokeless tobacco products.

Most people with known risk factors do not get pancreatic cancer. However, many who do get the disease have none of these factors. People who think they may be at risk for pancreatic cancer should discuss this concern with their doctor. The doctor may suggest ways to reduce the risk and can plan an appropriate schedule for checkups.

Symptoms

Pancreatic cancer is sometimes called a "silent disease" because early pancreatic cancer often does not cause symptoms. But, as the cancer grows, symptoms may include: pain in the upper abdomen or upper back; weakness; loss of appetite; feeling full

after eating very little; nausea and vomiting; weight loss; or yellow skin and eyes, and dark urine from jaundice.

These symptoms are not sure signs of pancreatic cancer. An infection or other problem could also cause these symptoms. Anyone with these symptoms should see a doctor so that the doctor can treat any problem as early as possible. If a patient has symptoms that suggest pancreatic cancer, the doctor may perform a number of procedures to determine the diagnosis.

Treatment

Pancreatic cancer is very hard to control with current treatment. At this time, pancreatic cancer can be cured only by surgery when it is found at an early stage, before it has spread. Some treatments may be able to control the disease and help patients live longer and feel better. When a cure or control of the disease is not possible, some patients and their doctors may choose treatment to control symptoms. Unfortunately, the disease is advanced in most patients at the time of diagnosis. Several active research studies concerning the diagnosis and treatment of pancreatic cancer are ongoing.

For additional information about pancreatic cancer, please see:

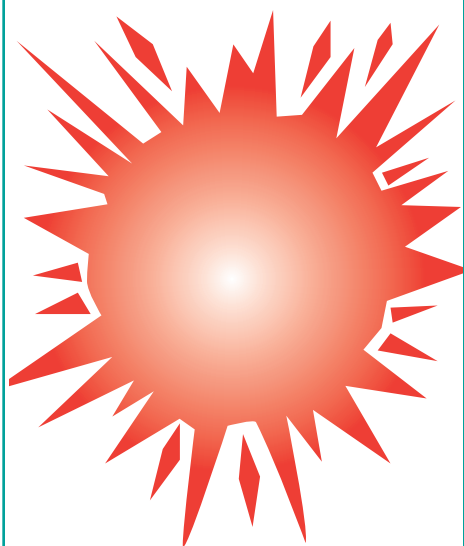
What You Need to Know About™ Pancreatic Cancer, available as a brochure or online at <http://cancer.gov/cancertopics/wyntk/pancreas>

NCI Cancer Information Service
Monday through Friday
9:00 a.m. to 4:00 p.m. local time
1-800-4-CANCER (1-800-422-6237)

Cancer.Net (formerly People Living With Cancer)
cancer.net

Guide to Pancreatic Cancer
www.cancer.net/pancreatic

Increasing Incidence of Melanoma in Children and Adolescents



All family
members of
all ages
should
practice
sun
protection!

It has been well known that the incidence of melanoma in adults in the U.S. has been increasing rapidly for several decades. Recently, researchers reported that the incidence of melanoma is also increasing rapidly in children, especially in adolescents. These findings resulted from an analysis of pediatric melanomas in the Surveillance, Epidemiology and End Results (SEER), an authoritative source of information on cancer incidence.

The incidence of melanoma in children less than 20 years old rose almost 3% each year between 1973 and 2001. Patterns of this increase include the following:

- Adolescents and young adults had similar rates of increase.
- Children less than 10 years had a lower rate of increase.
- The incidence rose with increasing age.
- Females had a significantly higher incidence than males.

- The incidence was significantly higher in white patients compared with black, Asian, and Native American patients.
- The incidence rates were highest in the regions with most sunlight.

The increase in melanoma incidence may be due to: increased UV radiation exposure and/or other environmental factors during childhood or adolescence, or greater awareness and more frequent diagnosis of melanoma. The increased risk of melanoma in girls may be a result of increased UV exposure, including the widespread practice of indoor tanning by greater than 25% of teenagers. Since family history is not available in the SEER database, it is not known whether any of the children included in these analyses have any relatives with melanoma. Further study of pediatric melanoma is necessary to understand this trend.

“Take home message”: Pediatric melanoma is an important and increasing problem in the U.S. The incidence of melanoma is increasing rapidly in children, especially in adolescents, and is similar to the increase seen in young adults. Being white, being female, increasing age, and exposure to UV radiation through sun exposure and/or indoor tanning were all associated with a significant increase in the risk of melanoma.

Use of Tanning Beds in Youth Linked to Skin Cancer

According to the International Agency for Research on Cancer (IARC) (www.iarc.fr/), sunbed use in youth is unequivocally associated with skin cancer. The IARC reported two major conclusions regarding the association between the use of indoor tanning devices and skin cancer. There is a clear increase in risk of melanoma associated with use of sunbeds in teenage years and in the twenties. In addition, there is an increase in risk of squamous cell skin cancer associated with use of sunbeds starting in the teenage years.

The IARC, which is part of the World Health Organization (WHO) (www.who.int/en/), coordinates and conducts research on the causes of human cancer. It also develops scientific strategies for controlling cancer. To help evaluate factors contributing to the continuous increase in the incidence of melanoma in many regions of the world, IARC convened a panel of experts to assess the available evidence relating to health effects of exposure to artificial UV radiation through the use of indoor tanning facilities. Use of indoor tanning devices (sunbeds and sunlamps) is practiced widely, particularly by teenagers and young adults in the U.S., Northern Europe, and even in sunny countries such as Australia.

Radiation from sunbeds can cause adverse health effects similar to those of natural sunlight, particularly in fair-skinned individuals who are frequent users of these devices. UV light emitted from tanning beds can cause skin cancer just as the UV rays

from the sun can cause skin cancer. As with sun exposure, recent studies indicate a relationship between the use of sunbeds and melanoma, as well as squamous cell carcinoma, a major type of non-melanoma skin cancer.

Sunbeds emit predominantly UVA radiation, but they also emit some UVB radiation. In recent years, sunbed lamps that produce higher levels of UVB to mimic the solar (sun) spectrum and speed the tanning process have been manufactured. The UV intensity of tanning devices may be 10-15 times higher than that of the midday sun in most countries and may be as high as peak equatorial sun.

Both UVA and UVB radiation can damage the DNA (deoxyribonucleic acid, the molecules inside cells that carry genetic information and pass it from one generation to the next) in the cells of the skin. According to the NIH National Toxicology Program (<http://ntp.niehs.nih.gov>), both UVA and UVB radiation have been classified as carcinogens (a "carcinogen" is any substance that causes cancer). Thus, the UV radiation from natural sunlight or from artificial UV radiation devices (sunlamps or sun beds) causes human cancers. Excessive exposure to either type of UV radiation raises the

chances of developing melanoma and squamous cell skin cancer. According to IARC, younger people appear to have a greater vulnerability to the carcinogenic impact of indoor tanning than do middle-aged or older adults.

In addition to skin cancers, tanning beds have been linked to causing wrinkled, dry, leathery, blotchy skin. They have also been linked to other health consequences. There is data that suggests harmful effects from the use of sunbeds on the skin's immune response and possibly on the eyes, such as an increased risk of cataracts and melanoma developing in the eye.

There are no positive health effects of sunbed use. Artificial tanning provides little, if any, protection against sun damage to the skin. Exposure to tanning salon rays increases damage caused by sunlight because more UV radiation thins the skin, making it less able to heal. In addition, use of indoor tanning facilities does not provide protection against vitamin D deficiency.

Considering the convincing evidence that supports a causal relationship between tanning bed exposure and risk of melanoma, particularly with exposure before the age of 35 years,

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"Take home message": Recent studies demonstrate the direct link between the use of sunbeds before age 35 years and melanoma and squamous cell skin cancer. There is also an association between use of indoor tanning devices and some other harmful effects. No one should use artificial UV tanning devices for intentional tanning.

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the IARC expert panel reiterated the need for effective action to restrict minors' and young adults' access to artificial tanning facilities. California was the first state in the U.S. to pass legislation that prohibits anyone less than 18 years of age from using sunbeds/tanning salons. There is legislation pending in several states, and being considered in several others.



**REMEMBER
TO USE
SUNSCREEN ON
EXPOSED SKIN
EVERYDAY! IT'S
POSSIBLE THAT A
MAJOR PORTION
OF YOUR SUN
EXPOSURE IS
INCIDENTAL,
OCCURRING WHEN
YOU WALK YOUR
DOG, OR EAT
LUNCH OUTSIDE,
FOR EXAMPLE.**

“Sunbed Use in Youth Unequivocally Associated with Skin Cancer” (www.iarc.fr/)

- Use of sunbeds in teens and twenties is associated with a clear increase in risk of melanoma.
- Use of sunbeds in teens is associated with increase in risk of squamous cell skin cancer.
- Available data suggest harmful effects from the use of sunbeds on the skin's immune response and possibly on the eyes (an increased risk of melanoma developing in the eye).
- There are no positive health effects of sunbed use. Artificial tanning provides little, if any, protection against sun damage to the skin. Use of indoor tanning facilities does *not* provide protection against vitamin D deficiency.

FDA Proposes New Sunscreen Labeling

In August 2007, the FDA proposed new regulations about how sunscreens should be labeled. The changes are aimed at telling consumers more about protection against the sun's harmful rays. Some of the proposed changes include:

- Adding a consumer-friendly four-star rating system that identifies the level of UVA radiation protection offered by a sunscreen (low, medium, high, or highest)
- Increasing the highest sun protection factor (SPF) from 30+ to 50+ to indicate higher UVB protection
- Placing greater emphasis on reapplying sunscreens at least every 2 hours
- Requiring a warning label to increase awareness that sunscreens are only one part of a sun protection program. The proposed wording of the warning is: “UV exposure from

the sun increases the risk of skin cancer, premature skin aging, and other skin damage. It is important to decrease UV exposure by limiting time in the sun, wearing protective clothing, and using a sunscreen.”

The FDA will issue a final rule after reviewing the data and comments submitted in response to the proposed regulations. Manufacturers are not required to comply with the proposed regulations until FDA publishes a final rule. Check the FDA website at (www.fda.gov/cder/drug/infopage/sunscreen/default.htm) for the most current information and consumer updates, and look for updates in the next issue of this newsletter.

Remember to use sunscreen on exposed skin everyday! It's possible that a major portion of your sun exposure is incidental, occurring when you're running errands, gardening, or eating lunch outside, for example.

Remember and Practice the Three Main Ways of Sun Protection:

Avoid midday sun exposure (10AM - 4PM) whenever possible

- Seek shade
- Avoid sunburns
- Do not suntan
- Do not use sunlamps, sunbeds or tanning parlors

Wear protective clothing and sunglasses

- Hats with 4 inch brims, long sleeves and long pants made of tightly-woven fabrics
- Sunglasses that block 99-100% UV radiation

Use sunscreens

- Broad spectrum (effective against UVA and UVB radiation) with an SPF of at least 30
- Apply sunscreen about 30 minutes before going outside; apply again to cover any missed areas
- Reapply sunscreen at least every 2 hours or more frequently if wet
- Wear protective lip balm



The sun's UV rays can damage your skin in as little as 15 minutes.

Questions and Answers

What does the “E” mean in the ABCDE’s of melanoma?

The ABCD acronym [mnemonic] was initially created in the 1980’s as a way to help recognize early melanomas. Many lesions suspicious for melanoma show one or more of the ABCD criteria:

A = asymmetry (½ does not match the other ½)

B = border irregularity

C = color varies from light to blue-black

D = diameter larger than 6mm (the size of a pencil eraser)

The clinicians who created the ABCD list have proposed adding an “E”. “E” stands for “evolving”, referring to “change” in a lesion. It is widely accepted that the most important warning sign for early detection of melanoma is **change**. The change is often in a pre-existing mole, for example, as it enlarges, turns black, changes shape, etc. The change could also refer to a new changing mole in an area of skin where no mole was present previously. The updated ABCDE’s of melanoma list is being incorporated in several new brochures and other educational materials concerning the warning signs of melanoma.

Can you tell me more about a new type of sunscreen recently approved for sale in the U.S.?

In July 2006, the Food and Drug

Administration (FDA) approved the sale of Anthelios SX in the U.S. It contains a combination of 3 active ingredients. One of the ingredients, ecamsule, is a new chemical molecule that had not previously been marketed in the U.S., but had been available in Europe and Canada since the early 1990’s. Ecamsule filters out UVA rays, and is photostable, which means that it doesn’t degrade significantly when exposed to light. This is in contrast to the avobenzene, which is the widely used UVA absorber in several sunscreen products currently being used. Avobenzene itself is not photostable; sunscreen manufacturers must add photostabilizers.

Why is it important to protect your eyes when you are in the sun?

UV radiation from the sun can cause a number of eye disorders including cataracts, skin cancer around the eyes, and macular degeneration, a leading cause of blindness and reduced vision in older adults. Wear sunglasses that have UV-absorbing lenses. The label should specify that the lenses block at least 99% of UVA and UVB radiation. Wrap around sunglasses provide more protection to the eyes and surrounding skin.

Can UV radiation penetrate windshields and glass?

Yes! UVA radiation (but not UVB)

can penetrate windshields and certain other types of glass. For example, some car windshields are made from laminated glass, which can block a large amount of UVA. However, most side and rear windows are not made of laminated glass so a significant amount of UVA can still reach the car’s occupants. You can get a significant amount of UV exposure just by sitting next to windows, whether in a car or in a building. Certain types of window film can be applied to nonlaminated windows to reduce UV exposure. The glass industry is continuing to develop new types of glass with more UV protection.

Is a suntan healthy? Does establishing a base suntan protect you from sun damage?

No, a sun tan is not healthy. It is a sign of damage to your skin. A tan results from your body defending itself against further damage from UV radiation. Any change in your skin’s natural color is a sign of damage to the skin. A tan only provides SPF 4. Skin damage continues to occur even in the presence of a tan. A tan is no defense against long-term damage such as skin cancer. *Remember: There is no such thing as a safe tan!*

Can I get a sunburn on a cloudy day?

Yes, sunburn is possible on a cloudy day. By blocking our view of the sun, clouds may make us feel cooler,

but they do not fully protect us from UV radiation. Up to 80% of UV radiation from the sun can penetrate light cloud cover.

Where can I access the July 2007 healthfinder.gov newsletter about UV safety month?

The healthfinder.gov site is a reliable source of health information which is sponsored by the U.S. DHHS Office of Disease Prevention and Health Promotion. The July 2007 newsletter can be found at (www.healthfinder.gov). For more resources on UV safety and other health topics, visit (www.healthfinder.gov).

Where can I get more information about the genetics of melanoma?

Cancer.Net, American Society of Clinical Oncology (www.cancer.net)

Click on “Learning About Cancer”, “Genetics”, and then “The Genetics of Melanoma”

GenoMEL – The International Melanoma Genetics Consortium (www.genomel.org)

Where can I get more information about resources to help with living after being diagnosed with cancer and completing treatment?

The NCI has assembled a list of survivorship resources available from NCI and several other organizations. Further information can be obtained from the NCI Cancer Information Service at 1-800-CANCER (1-800-422-6237) or online at (<http://dcccps.nci.nih.gov/ocs>).

Information regarding sun safety, melanoma, and other types of cancer is available at many Web sites. Only a few are listed. Many other sites

can be reached through electronic links at the ones listed here. The Web sites included in this newsletter are from reputable organizations, which update information regularly. However, our listing of these sites does not constitute an endorsement of their services by either the NCI or the NIH.

**Even people
who tan well
can develop
melanoma**

Familial Melanoma Study Enrollment

For information about enrolling in our familial melanoma study, families with at least 3 living relatives with melanoma or their healthcare providers can contact **Stephanie Steinbart**, our referral team nurse at 1-800-518-8474 or 301-881-1460, or email her at stephaniesteinbart@westat.com. More detailed information about this study is listed on the following NIH Websites:

NIH Clinical Center Clinical Studies

(http://clinicalstudies.info.nih.gov/cgi/wais/bold032001.pl?A_02-C-0211.html@melanoma)

NCI Clinical Trials

(<http://cancer.gov/clinicaltrials/NCI-02-C-0211>)

NCI Genetic Epidemiology Branch

(<http://dceg.cancer.gov/geb>)

Wearing sunscreens should not be used to prolong sun exposure, but rather to protect your skin when sun exposure is unavoidable.

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