Fake a Tan?

I want to get a suntan before I go on holiday, and am considering a tanning salon. Some of my friends say they are dangerous. What is your advice?

A marked increase in skin cancers has taken place in the last twenty years, which is coincident with the effects of increased ultra-violet radiation. Sun worshipers acquire some of these cancers, and some by increased radiation thought to be due to decreased ozone layers in the atmosphere. Three principle types of skin cancer exist: Basal-cell cancer accounts for about 75 percent of cancers, squamous-cell cancer for about 20 percent, and melanoma for about 4 percent. Unfortunately, melanoma accounts for about 80 percent of all deaths from skin cancer.

Skin grows from basal cells, which are a deeper layer; the squamous cells are more superficial. The cells giving color to skin and containing melanin are found more superficially, and at times clump together and form pigmentation patches or moles.

Ultraviolet radiation—either type A or B—can so damage skin cells that they become cancerous. This change is dosage-dependant, and increases with the intensity and length of exposure. Sunshine and tanning parlor radiation both can cause irritation of skin cells. Tanning salons attempt to regulate how long a person can be exposed, but humans tend to push to the limits.

It is generally good advice to avoid the sun between 10 a.m. and 3 p.m., and to always wear skin covering such as a wide-brimmed hat when exposed to the sun. Sunscreen should contain a sun protection factor (SPF) of at least 15, blocking both A and B ultra-violet radiation.

Some people get a false sense of security from sunscreens. Studies show that people use sunscreen to only about 50 percent effectiveness. Swimming washes many of the preparations away. Re-application should be timely.

If you are to use the tanning salon, cut the time to very short intervals of a few minutes.

Often, a particular patch or mole may cause concern. If you have doubts, have a doctor—preferably a dermatologist—assess the lesion.

Take particular note of any lesion with irregular margins or borders. If it looks asymmetrical, ragged, notched, or has little islands of pigment along its edge, it would be wise to have a professional check it. A lesion with irregular color, with black patches, brown, pink, red or white mingled should be assessed. Any lesion that is itchy or has a different sensation should be checked. A lesion that will not heal or bleeds could be serious. A lesion with changes in growth, increasing size, or larger than a pencil-top eraser in area should be assessed.

Though major advances are being made in the treatment of melanoma, with immuno-therapy and
interferon alpha and interleukin 2, an early diagnosis is the key to successful outcomes. Prevention, as always, is far better than cure. Most of us would do ourselves a favor by restricting exposure to ultraviolet light, whether naturally or artificially generated.

For more information, see www.cancernet.nci.nih.gov.