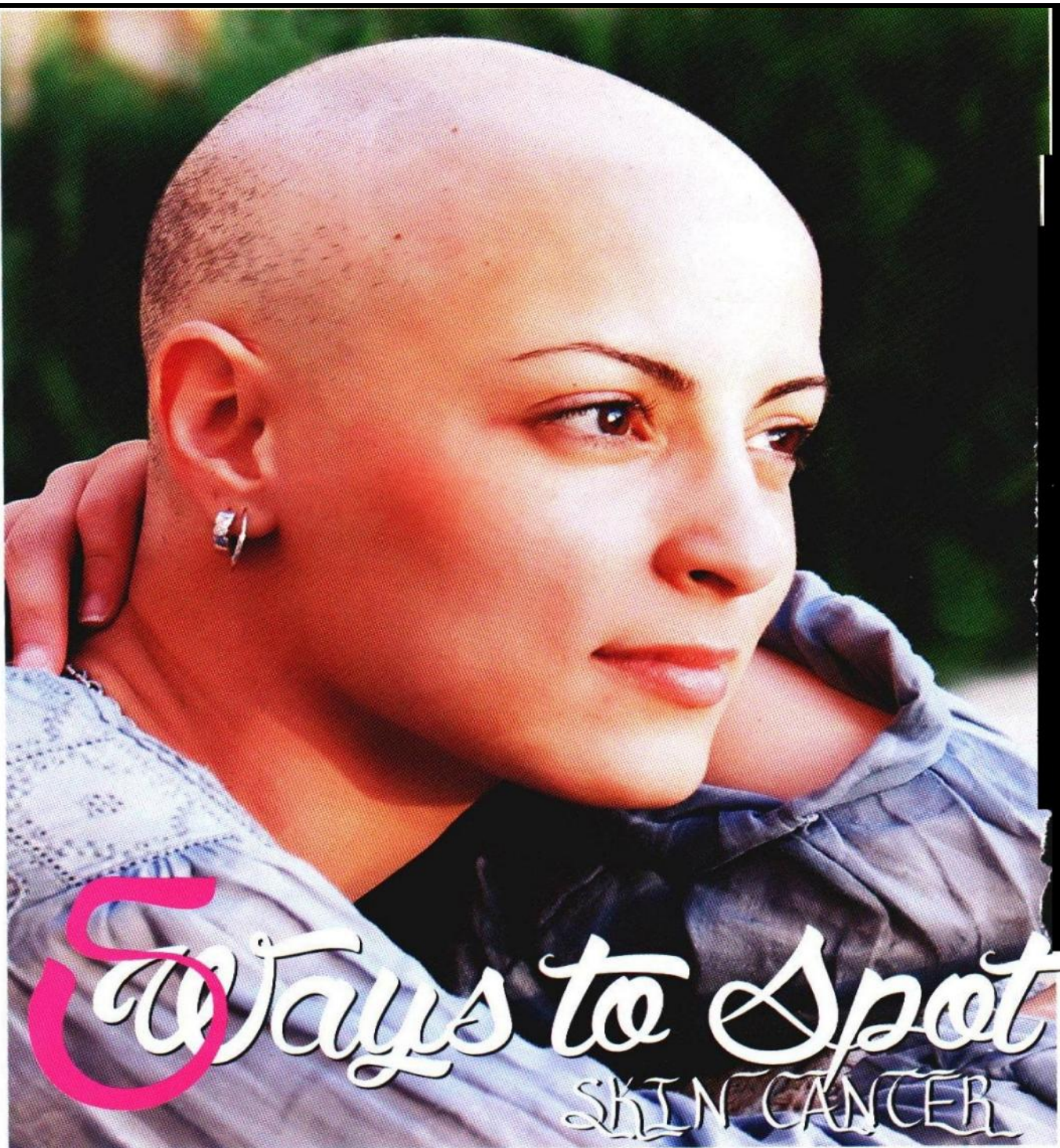


## PRESS CLIPPING SHEET

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**O**dds are you've heard the scary stats: Skin cancer is the most common form of cancer in the world, with more cases diagnosed each year than breast, prostate, lung, and colon cancer combined. And before you brush this off as an old person's problem. And the earlier you or your derm sees a suspicious-looking spot, the better your prognosis will be if it is skin cancer.

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# 1

### TOTAL BODY PHOTOGRAPHY...

While your dermatologist will likely take photos of your moles during your appointment so she has a reference for the next time you see her (moles that grow, get darker, or morph into a different shape could be a sign that they're atypical), she might also recommend total body photography.

**HOW IT WORKS:** This procedure requires you to go to a medical photography studio to have photos taken of every part of your body. These high-definition images will then help your dermatologist see clearly which moles are changing and which ones might be new. This procedure is especially beneficial for patients who have more than 100 moles. While you might not be so excited about having a series of extremely high-def naked photos of yourself taken, that in addition to helping your doctor, they can also help you with skin cancer self-exams. These photos can really help you see new or changing moles when you're looking at your own skin, because they document all of your skin's moles and also the rest of your skin that doesn't currently have moles. Once you hit your mid-30s and early 40s, you really shouldn't be growing any new moles, so total body photography can give you a thorough comparison point to help you spot new moles that pop up.

# 2

### DERMOSCOPY...

This handheld microscope of sorts is the little gadget-like device that your dermatologist holds up to your moles to look at them more closely.

**HOW IT WORKS:** A dermoscope combines high magnification and high light intensity so that your dermatologist can see diagnostic features of your moles that couldn't otherwise be seen with the naked eye. Research shows this technique has been clinically proven to be significantly more accurate in diagnosing cancerous moles than the naked eye alone. Dermoscopy has been shown to improve the accuracy of knowing which moles need to be biopsied. It gets rid of a lot of unnecessary procedures, and it can also confirm that a spot is concerning and needs to be biopsied.

# 3

### MOLESAFE...

This combines total body photography with dermoscopy and dermoscopic photos to identify suspicious-looking lesions. Like total body photography, it is very useful for patients with personal and/or family history of melanoma, as well as patients with many moles.

**How it works:** Your dermatologist will look at your moles through a dermoscope, then compare them to a total body photography "map" of your moles to monitor any new or changing lesions. Your doctor might also use a special camera with a lens that actually turns into a dermoscope, which is like taking a picture of the microscopic elements of your mole. This multi-approach, sequential monitoring of your skin is particularly useful when it comes to identifying melanoma at an early stage, as it is much more effective at picking up a potential melanoma than if your doctor was just looking at your skin during a routine, point-in-time skin exam. If you can catch a change in a mole early enough—even changes happening at the microscopic level—that is the key.

# 4

### MELAFIND...

This device is a noninvasive way to analyse moles and help your dermatologist determine which ones may be melanoma. **How it works:** First, your doctor will take a picture of your mole with a special camera. Then, that photo gets beamed into the MelaFind machine and compared to a database of thousands of images of melanoma lesions. The machine then assigns the picture of your mole a number on a scale of potential melanoma, perhaps prompting your doctor to biopsy that mole if it receives a high enough number.

# 5

### TAPE STRIPPING...

This is a new technology that isn't widely available yet, but may be seen more frequently in dermatologist offices in the future, says Brewer.

**HOW IT WORKS:** A dermatologist applies a strip of tape over a suspicious-looking mole and then takes it off—similar to ripping off a bandage—and analyses the DNA in the skin sample. This method actually provides enough DNA to analyse the mole and decide whether or not the mole is melanoma. Dermatologists have been playing around with this for three to four years, and I believe it might be more prevalent when DNA analysis is more advanced. If there was a machine in every dermatologist's exam room that could analyse a mole in real time, I think it would really take off. Currently, tape stripping isn't a common practice because dermatologists who are using the new technology have to send the DNA samples to a lab, and there are minimal labs that do DNA analysis.

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ENSURE YOU CHECK  
YOUR SKIN CANCER  
OR BREAST CANCER  
OR TENTACULAR CANCER  
regularly  
TAKE ACTION  
IF YOU NOTICE  
CHANGES.  
”

