

# Americans Continue Risky Behaviors Despite Skin Cancer Warnings; National Survey Finds Majority of Adults Continue to Spend Time Unprotected in the Sun

Remember those fun-filled days spent outdoors in the sun? Your skin does. Not so long ago, Americans believed that a day in the sun was safe or even healthy. Most sunbathers lathered on baby oil or bronzers, as SPF-rated sunscreens were not available until the late 70s. According to a recent national survey, conducted by Harris Interactive, 82 percent of baby boomers frequently spent time in the sun during their childhood without protecting their skin from the sun's dangerous ultraviolet (UV) rays, and 75 percent said that had they known the dangers of developing skin cancer later in life, they would have been more careful with sun exposure as a child.

Though Americans are more educated about the dangers of UV exposure than in the past, the survey found that the majority of older adults who wear sunscreen wear it when in the sun for an extended period of time, such as at the beach or gardening. In fact, of those who wear sunscreen everyday or when in the sun for an extended period of time, only one-third are diligent about re-applying at least every two to three hours, though the American Academy of Dermatology (AAD) recommends reapplying every one and a half hours when outdoors, even on cloudy days.

As Memorial Day and the kick-off of summer quickly approach, more people are planning on spending time outdoors. According to the AAD, more than 1 million new cases of skin cancer are diagnosed each year in the United States. An estimated 10 million Americans are affected by actinic keratosis (AK), a common precancerous skin lesion caused by cumulative exposure to the sun. If left untreated, AK may progress to squamous cell carcinoma, the second leading cause of death from skin cancer in the United States.

"If you have noticeable damage on the surface of the skin, chances are that there may be additional, unseen damage," warns Dr. Darrell Rigel, clinical professor and practicing dermatologist, New York University School of Medicine. "It's important to treat damage, such as AK lesions, as soon as possible to prevent others from occurring."

Actinic keratosis appears as rough, red, scaly patches, or crusts on the skin. AK lesions usually measure less than one-quarter inch in diameter, and more than 80 percent of lesions occur on the upper limbs, head and neck. Individuals with fair skin, light hair and light-colored eyes are at greatest risk for AK. Because AK can take years to develop, the condition most often appears after age 40 and becomes more prevalent as you age. Nearly one-half of those surveyed noticed changes in their skin's sun sensitivity and among those who noticed changes, 48 percent said they burn more easily as they've gotten older.

"Because sun damage is cumulative, once AKs appear, you may be prone to more. An ideal therapy would treat AKs on the skin's surface and reveal previously undetectable lesions," says Dr. Rigel.

Of those surveyed who had previously been diagnosed with AK (15), 85 percent said they would prefer to treat visible and invisible lesions as soon as possible. There are several approaches to treating AK, including freezing, surgical excision, scraping, lasers, chemical peels, dermabrasion, photodynamic therapy and topical prescription medications such as Aldara (imiquimod) cream, 5%, a treatment approved early last year by the U.S. Food and Drug Administration for certain types (clinically typical, nonhyperkeratotic, nonhypertrophic) of AK on the face or scalp. In AK Phase III clinical trials, most patients treated with Aldara cream achieved clearance of 75 percent or more of their AK lesions, and nearly one-half experienced complete clearance. A unique, non-invasive field treatment, Aldara cream also exposes and clears subclinical AK lesions. Clinical

studies revealed that among patients treated with Aldara cream, a number of previously undetectable lesions appeared and cleared during treatment.

In order to reduce the risk of AK and skin cancer, the AAD recommends adopting a comprehensive sun protection program that includes wearing a broad-spectrum sunscreen with a sun protection factor (SPF) of 15 or higher; wearing protective clothing; avoiding the sun between 10 a.m. and 4 p.m. when UV rays are strongest; and seeing your dermatologist annually. Only one-half of the participants in the survey reported ever visiting a dermatologist, and 95 percent had never gone to a skin cancer screening, such as one at a clinic, a gym or in a workplace.

3M Pharmaceuticals announces the launch of a new educational resource for patients and their families interested in learning more about AK and Aldara cream. For additional information, log on to [www.treatAK.com](http://www.treatAK.com) or call 877-498-7328.

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In AK clinical studies, the most common side effects involved skin reactions in the application area. These included redness, swelling, erosions, weeping, scabbing, itching and burning. Most skin reactions were rated mild to moderate.

Exposure to sunlight (including sunlamps) should be avoided or minimized during use of Aldara cream because of concern for heightened sunburn susceptibility. Patients should be warned to use protective clothing (hat) when using Aldara cream.

For full prescribing information, please see [www.treatAK.com](http://www.treatAK.com).

#### About the survey

This online survey was conducted in the United States between March 22 and 25, 2005 among a nationwide cross section of 1,041 adults (aged 45 or over). Figures for age, sex, race/ethnicity, education, income and region were weighted where necessary to align with population proportions. Propensity score weighting was also used to adjust for respondents' propensity to be online. Though this online sample is not a probability sample, in theory, with probability samples of this size, one could say with 95 percent certainty that the results have a sampling error of plus or minus 3 percentage points for the overall sample.

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