WEBVTT

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NOTE Confidence: 0.930525958538055

00:00:00.060 --> 00:00:15.050 Support for Yale cancer answers comes from AstraZeneca a bio pharmaceutical business with a deep rooted heritage and oncology and a commitment to developingcancermedicinesforpatientslearnmore@astrazeneca-us.com.

NOTE Confidence: 0.920342266559601

00:00:16.930 --> 00:00:46.180 Welcome to Yale cancer answers with doctors in each tag power and Stephen Gore. Yale cancer answers features. The latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer this week. It's a conversation about skin cancer with Doctor Kathleen Suozzi Doctor Sposi is an assistant professor of dermatology in the section of cutaneous oncology and dermatologic surgery at the Yale School of Madison, where Doctor Jaguar is a professor of surgery.

NOTE Confidence: 0.929309546947479

00:00:46.990 --> 00:01:17.840 Why don't we start by talking a little bit about skin cancer as a as a professor of dermatology you must see this alot tell us how frequent it is, and what kinds of cancer. You see an really how bad. It is or not so bad. So when we think about skin cancer. We can categorize it into 2 types. The 1st is the Melanoma type of skin cancer and the 2nd is the non Melanoma type of skin cancer.

NOTE Confidence: 0.946400344371796

00:01:18.110 --> 00:01:49.870 And when we're talking about frequency the non Melanoma type of skin cancer is far and away more common. There's over 5,000,000 cases of non Melanoma skin cancer diagnosed in the US every year and that is actually rising of this type of skin cancer. There are 2 main types. The 1st is Basil Cell Carcinoma, which accounts for about 80% of the nonmelanoma skin cancers that are diagnosed and the second most common type is squamous cell.

NOTE Confidence: 0.93809586763382

00:01:49.870 --> 00:02:20.340 Carcinoma and so of those those nonmelanoma skin cancers, oftentimes people will say you know, I went to the dermatologist, I had this little spot on my cheek and they cut it out and it was a little skin cancer. But it's nothing to worry about is that right so Basil Cell Carcinoma, which is the most common as I mentioned is typically not a skin cancer that's going to be really a threat to your overall health.

NOTE Confidence: 0.907349467277527

00:02:20.360 --> 00:02:54.470 The chances of Basil cell skin cancer, spreading inside the body are miniscule, but it can be lokoli destructive. I've seen cases of Basil cell where it's a row did away. The eyelid and invaded into the orbit of the eye, the eyeball. Basil cell skin cancers that have eaten away patients noses. These are obviously the extreme cases, so because in our country where more aware and patients are screen more regularly when Basil cell is picked up at an early stage. It's usually is a minor thing.

NOTE Confidence: 0.929962515830994

00:02:54.470 --> 00:03:26.380 That requires some surgical procedure or some type of treatment to eradicate it and patients have very good results. What about the other kind of nonmelanoma to skin cancer. Squamous cell so squamous cell is less common than Basil cell about a million cases, a year diagnosed an again in general. Patients with squamous cell have good outcomes. Deaths from squamous cell carcinoma are about 15,000 a year so when you think about.

NOTE Confidence: 0.926218092441559

00:03:26.380 --> 00:03:57.250 You know the amount that are diagnosed to that death rate. That's pretty good. But in contrast to Basil cell squamous cell does have the ability to spread to lymph nodes or be lokoli aggressive invade into other structures outside of the skin in a way that Basil cell really does not, and there are certain populations that are more at risk for that type of progression, particularly patients who are for example, immunosuppressed because of an organ transplant.

NOTE Confidence: 0.926179826259613

00:03:57.250 --> 00:04:29.120 Or because of other medications that they're taking for different conditions that suppress their immune system. An outside of that whole non Melanoma skin cancer group. There's the whole category of melanomas. Yes, and melanomas are less frequently diagnosed than the non Melanoma type. But the incidence is increasing, partly that's due to our increased ability to detect early stage melanoma's.

NOTE Confidence: 0.935777485370636

00:04:29.250 --> 00:04:59.730 But the increase in incidents Israel and you know, there's over 100,000 cases diagnosed every year. I think in 2019. They estimate that that number is going to be somewhere over 150,000 about half of those are the early stage melanoma's called insight, too, and the survival rate from these type of melanomas is extremely high over 98% but when we get to the invasive melanomas that's where.

NOTE Confidence: 0.930648922920227

00:04:59.730 --> 00:05:30.180 It can become more scary and where we see decreased survival rates in invasive melanoma's that are local, meaning that they have not gone to the lymph nodes survival is still very good greater than 95% but once it spread to the lymph nodes or distant metastases that survival rate

drops to about 64% and 23% respectively. So it's pretty precipitous and so it sounds like for all of these.

NOTE Confidence: 0.929144978523254

00:05:30.370 --> 00:06:00.780 Catching this early is really the key to ensuring longevity. It is, and that's why regular skin cancer screens are really important in certain patient populations so tell us more about that? Who should get screened how should they get screened? How does that work so interesting Lee the US preventative task force that is the body that puts out recommendations for cancer screening.

NOTE Confidence: 0.93118941783905

00:06:00.920 --> 00:06:31.830 Does not recommend any routine skin exams for the general population and so in a way this might leave someone saying OK well do I really need to get a skin exam. But I think that that recommendation comes from the fact that there's suseptable patient populations and less suceptible patient populations and sometimes it might be hard to know which one you fit into so for example, any patient that has a family history of skin cancer.

NOTE Confidence: 0.926484644412994

00:06:31.830 --> 00:06:58.110 Should have an annual skin check by a dermatologist? Whether that skin cancer? Is non Melanoma to soar Melanoma to yes and so when you think about that. We know that about one in 5. Americans are going to be diagnosed with a basil cell every year so that family. History is going to be pretty strong in this country. In addition, if anyone has had a history of a pre cancer.

NOTE Confidence: 0.927026271820068

00:06:58.680 --> 00:07:07.550 The typical precancerous lesion that I'm talking about is something called active Nick Keratosis. They should have a regular skin check by the dermatologist.

NOTE Confidence: 0.923825204372406

00:07:08.050 --> 00:07:10.900 Patients who have history of tanning bed use.

NOTE Confidence: 0.932680249214172

00:07:11.930 --> 00:07:32.780 They should have a regular skin checked by a dermatologist, it becomes more questionable in patient subtypes. For example, African American patients. Hispanic patients patient populations that aren't generally as at risk for these UV driven skin cancers because they're protected a bit by their skin type.

NOTE Confidence: 0.935692131519318

00:07:33.870 --> 00:08:04.080 Their need for an annual skin check is more difficult to determine and typically. I recommend talking to your primary care. Doctor Who can help triage are risk and refer you to a dermatologist if they

think it's necessary or to just have a baseline screen with the dermatologist, who then can take a detailed medical history assess your risk and give you recommendations about what screening protocol would be right for you so tell us a bit more about how exactly a skin check.

NOTE Confidence: 0.927968621253967

00:08:04.080 --> 00:08:35.250 Happens you've mentioned a couple of times that they should be done by your dermatologist, and not necessarily just by your family physician tell us what exactly goes into a skin check so I could walk you through sort of what a skin check would look like if you came into the office. Yeah, an for example, say this is your first time in the office. The first thing that would happen would be that we would take a detailed medical history and these would include some of the factors that I already mentioned to you about family, history personal history, what medications you're on.

NOTE Confidence: 0.915129601955414

00:08:35.350 --> 00:09:06.040 These are helping your dermatologist assess your overly underlying risk profile and then the dermatologist will likely ask you is there anything you're concerned about on your skin and this is a really important part of the screening because we know that many most melanomas are actually discovered by the patient something that they realize and so, if a patient says to me, something is newer changing on their skin. I take that very seriously and so.

NOTE Confidence: 0.925324380397797

00:09:06.040 --> 00:09:36.710 When we discuss the lesions are concerned about I'll get some history about how long they've been present if they've been treated before what type of symptoms. You're having and then based on that information. I'll have an idea in my mind about what kinds of things we might be dealing with, and then will actually perform the skin check an what that involves is you'll be asked to change into a gown and usually all of your clothing is removed 'cause. It's very important to have a complete exam and the exam will begin.

NOTE Confidence: 0.90531462430954

00:09:36.710 --> 00:09:48.740 Usually had to tell everyone has heard of a different method, but the dermatologist will look through your scalp for example, look into your into your mouth examine inside of your mouth.

NOTE Confidence: 0.922865986824036

00:09:49.260 --> 00:10:21.530 The exam typically will include an exam of your genitalia in of your hands and feet and in between your toes for real completeness and sometimes the dermatologist will use different devices to help them in the exam. One of them is called a dramatic scope and this essentially a handheld device that has magnification and polarized light and it helps to highlight certain features of different lesions on the skin that might.

NOTE Confidence: 0.944912254810333

00:10:21.550 --> 00:10:52.180 Conform the dermatologist, whether this is something that needs a biopsy or it's OK, you know, I think that that's so important that people understand the difference between you know, I have my husband or my wife look at my skin. They'll let me know if there's any problem versus going to a dermatologist in actually having every centimeter from your scalp all the way to the bottom of your feet really examined to see whether there's anything concerning I agree.

NOTE Confidence: 0.936425685882568

00:10:52.180 --> 00:11:08.820 But I also think that home exams are very important because as a dermatologist, we're seeing your skin in one point in time, especially if this is the first exam that you're having and in terms of detecting skin cancer, particularly the Melanoma type.

NOTE Confidence: 0.917612791061401

00:11:09.360 --> 00:11:39.430 Evolution of lesions is very important, and sometimes that's very hard to assess at a static moment in time. So I do train patients? How to look at their skin? How to completely examine themselves, including with mirrors to see hard to reach places like the back or to have a spouse look at a patients back, particularly men because the men. Most melanomas are diagnosed on the trunk so on the back is the number one location.

NOTE Confidence: 0.924175500869751

00:11:39.430 --> 00:12:10.760 And it's many times the spouse that would recognize that lesion so both are important and so you mentioned other places that cancer can appear to in the mouth. Under the nails tell us about what those would look like I mean, I think that people may be able to say, Well, Gee. I I have a spot on my forearm that looks like it's getting a little bit bigger overtime, but how would they really recognize.

NOTE Confidence: 0.928666055202484

00:12:10.780 --> 00:12:37.850 Lesions in other places that they might not look. Yeah, I think you mentioned nails nail skin. Cancers can be perplexing even to the dermatologist, the Melanoma type of skin cancer that appears under the nail. This is can be a particularly deadly type of Melanoma and it's the type of Melanoma. That's more often seen in darker skin type populations like African Americans.

NOTE Confidence: 0.90209835767746

00:12:38.380 --> 00:13:09.810 And sometimes it's obvious it appear like a pigmented band under the nail a Brown streak. That is widening overtime and it can be obvious and the worries and factor that we lookout for is when that pigmented streak starts spreading on to the skin adjacent to the now this is

called Hutchinson sign and this is how we can distinguish benign pigmentation in the nails, which is actually pretty common in darker skin population.

NOTE Confidence: 0.91066586971283

00:13:09.850 --> 00:13:27.310 To a more worrisome pigmented band, but sometimes Melanoma has no pigment at all, including under the nail and can be very difficult to detect and same thing for squamous cell skin cancers, which are the nail is another.

NOTE Confidence: 0.925938785076141

00:13:27.850 --> 00:13:58.890 Area where we do see these type of skin cancers. It's sometimes associated with the HPV virus. The virus that causes causes warts around the fingers and one of the sensitive signs that you'll look for is a change in the nail shape wear instead of being flat, all the sudden there's a new Ridge or an abnormality in the nail plate and this is usually caused by a lesion growing underneath disrupting the outgrowth of the nail interesting well, we're going to learn more about how to detect.

NOTE Confidence: 0.920270919799805

00:13:58.890 --> 00:14:19.570 Skincancersandalsopotentiallyhowtopreventthemrightafterwetakeashortbreakform
us.com.

NOTE Confidence: 0.950895607471466

00:14:21.700 --> 00:14:56.070 This is a medical minute about pancreatic cancer, which represents about 3% of all cancers in the US at about 7% of cancer deaths. Clinical trials are currently being offered at federally designated comprehensive cancer Centers for the treatment of advanced stage and metastatic pancreatic cancer using chemotherapy. Another novel therapies. Sofira Knox, a combination of 5 different chemotherapies is the latest advances in the treatment of metastatic pancreatic cancer and research continues at centers around the world looking into targeted therapies.

NOTE Confidence: 0.930172801017761

00:14:56.210 --> 00:15:10.940 And a recently discovered marker HENT one. This has been a medical minute brought to you as a public service by Yale Cancer Center. More information is available at yalecancercenter.org you're listening to Connecticut public radio.

NOTE Confidence: 0.936263680458069

00:15:11.950 --> 00:15:43.740 Welcome back to Yale cancer answers. This is doctor in East Shag, part and I'm joined tonight by my guest doctor Kathleen Sposi. We're talking about skin cancer and how screening particularly with a skin exam done by a dermatologist can be really helpful in finding cancer at its earliest stages now. Kathleen right before the break. You mentioned something that a lot of people might not know which is that some of these skin cancers are not pigmented so we're all kind of taught to look for.

NOTE Confidence: 0.925931096076965

00:15:43.740 --> 00:15:57.150 You know an asymmetrical spot that's dark or has variegated color and the borders are irregular and it might be expanding and it's over 6 millimeters the ABC dies of Melanoma.

NOTE Confidence: 0.930866420269012

00:15:58.190 --> 00:16:29.700 But what about these non pigmented ones. How do you pick those up so exactly you mentioned the ABC DES which I think are still very important for the population to be aware of for the traditional pigmented type of Melanoma, but for the subset of a melanotic Melanoma or unpigmented Melanoma. These can be very difficult, even for a dermatologist to detect so again those screening exams in the office are very important.

NOTE Confidence: 0.934997200965881

00:16:29.850 --> 00:16:58.460 But there are some principles that up that apply to both the a melanotic type of skin cancers as well as the non Melanoma type of skin cancers that I think could be important to highlight first of all if you have any lesion on your skin that bleeds spontaneously. This is a sensitive sign that it should be checked out by your dermatologist, sometimes you're not even aware of the bleeding, but it's just a lesion that constantly scabbed.

NOTE Confidence: 0.913185119628906

00:16:59.050 --> 00:17:04.630 This is something that should be evaluated in a melanotic type of Melanoma can present this way.

NOTE Confidence: 0.9246906042099

00:17:05.180 --> 00:17:35.520 The other thing is that if a lesion is painful so if you touch it and it elicits a pain response that should be evaluated sooner rather than later. And this scene with squamous cell type of skin cancer is a lot and sometimes it can be a sign that that skin cancer might be involving the nerve, which is a poor prognostic factor in the squamous cell type of skin cancers, so again important to point out, but like you said.

NOTE Confidence: 0.916711211204529

00:17:35.520 --> 00:18:09.550 It can be very difficult and using tools like the dramatic scope to look for certain features like vessels that can appear in a certain pattern. The other tool that we will sometimes uses a Woods lamp. This is a black light an it highlights pigmentation. Both the increase in pigmentation or a decrease or absence of and sometimes melanomas because they are immunity. Genic they listed a response from the immune system. Sometimes the immune system is triggered to attack that Melanoma and instead of being.

NOTE Confidence: 0.309144884347916

00:18:09.550 --> 00:18:10.070 Eh.

NOTE Confidence: 0.926690101623535

00:18:10.860 --> 00:18:45.870 Brown spot it's actually a white or depigmented spot because the immune system has attacked it. And so the Woods lamp exam would help highlight both areas of increased pigmentation and decreased pigmentation. So I think the key message here is that the importance of screening with a dermatologist now. You mentioned that these tests should be done on an annual basis, starting at what age so the annual basis again is not for everyone. Some patients need more frequent screening for example, if you have.

NOTE Confidence: 0.936520636081696

00:18:45.870 --> 00:19:16.240 Had a Melanoma, you're going to be screened 3 to 4 times a year in general and some patients will be screened less so like I mentioned having a baseline exam with the board certified dermatologist that will be instructive in figuring out whether or not. You do need to go once a year. Or maybe every 2 years. Or maybe not at all. For example, patients that are over 90 years old or elderly population, they might not need routine exam.

NOTE Confidence: 0.93150120973587

00:19:16.270 --> 00:19:46.570 Every year to detect nonmelanoma skin cancers that are unlikely to impact their life expectancy. How old should you be when you get that baseline exam, though, is that something that we should be taking our kids, too or is that something that we wait until we're in our 40s or 50s. Like other cancer screenings tell us more about. When should we really be thinking. Yep, I've got to add in yet another cancer screening into my toolkit. So yeah, certainly I do not think children need to be going and.

NOTE Confidence: 0.92571622133255

00:19:46.570 --> 00:20:17.020 Even in your 20s is probably on the early side unless you have a history of tanning bed use. I routinely see patients in my practice in their 30s. Even in their late 20s, presenting with Basil cell skin cancer. An there's a very strong history of tanning bed use in that population. Even 1 to 2 times greater than 5 certainly so again if you have that history maybe earlier, but the peak incidents of.

NOTE Confidence: 0.927699506282806

00:20:17.020 --> 00:20:49.840 Nonmelanoma type of skin cancer sort of bimodal in the 50 in the 5th and 6th decade and then again in like 7 eighth decade, so if you're having a baseline screening in your 30s. I think that would be generally appropriate for most patients and so let's talk a little bit about some of those risk factors that you mentioned so tanning was one and you said even if you've had tanning only once or twice. But certainly if you've had it 5 times, you're at increased risk so is there no.

NOTE Confidence: 0.925792813301086

00:20:50.380 --> 00:21:20.510 Dose of tanning that you think is safe, while you're talking to me. Here, who treat skin cancer every day. So no, I don't think there's any type of safe tanning. I do think we have to live our life, and be outdoors.

An using appropriate protective measures is prudent and these are all things that we sort of No. But even though we know we don't always do and I really think that fair skin patients.

NOTE Confidence: 0.9079869389534

00:21:20.590 --> 00:21:51.530 Should wear sunscreen every single day part of their routine on their face in particular and that should be at least 30 or above in you know in lesser and tropics extreme areas of sun exposure 30 or above in SPF in SPF. Sorry yes and trying to limit prolonged activity in the sun in the peak hours between 10:00 and 2:00. These are general common sense.

NOTE Confidence: 0.935787618160248

00:21:51.530 --> 00:22:05.270 Type of things that you can do to decrease your risk. But even one blistering sunburn as a child increases your risk of skin cancer. By 50%, so we really need to start with good, some protection in our kids at an early age and I think.

NOTE Confidence: 0.930541276931763

00:22:05.800 --> 00:22:37.050 The generation now, the children. I think there are more aware and there's more advocacy and even legislation that are is allowing schools to apply sunscreen to kids, which before was not allowed so I think that we're getting better, but it really has to start at an early age. Basil cell in particular is associated with intense intermittent sun exposure like that type of sun exposure. You get on holiday where a squamous cell is more cumulative UV exposure.

NOTE Confidence: 0.930197238922119

00:22:37.300 --> 00:23:08.270 And that goes back to my recommendation of the daily application of sunscreen because even that walk to your car or walking. The dog in the morning or gardening outside these activities that patients don't really see as being important doses of ultraviolet light. They do add up overtime. You know, I think many of us wear a facial moisturizer. That's got a built in SPF, but don't routinely wear sunscreen just on a daily basis.

NOTE Confidence: 0.938269078731537

00:23:08.270 --> 00:23:22.380 Do you think that we ought to even if it's not like we're going to the beach but we're going to walk to work. It's still worth it to wear sunscreen on exposed skin. I do an you didn't mention, though, that moisturizers that contain.

NOTE Confidence: 0.902496933937073

00:23:22.910 --> 00:23:55.350 SPF if it is SPF 30 or above that would be sufficient. I think we get into trouble. Sometimes patients honey. It's in their makeup and with makeup or not evenly applying that over our whole focus in ears, but but I think a moisturizer is fair option when you're not going to be at

the beach or swimming and you need something more resistant. For example, and so you said every day does that apply to even in the winter time when.

NOTE Confidence: 0.928940653800964

00:23:55.350 --> 00:24:25.990 There isn't a whole lot of sun. Yes, say so in the winter it is true that the intensity of the ultraviolet exposure is less, but again we're talking about cumulative exposure an that daily small exposure over the winter still counts and I think people tend to be aware that they need sunscreen in the summer, whereas in the winter it's not Top of mind and certain activities specially activities in the snow can really predispose you to sunburn because.

NOTE Confidence: 0.916988909244537

00:24:25.990 --> 00:24:56.140 Not only do you have the exposure from UV from above but it can be reflected off the snow and cause exposure from below and many of these snow activities are in high altitudes, where the UV intensity is increased to begin with so skiing snowboarding. These type of winter sports. It's really important to have SPF on, but only on exposed skin. Yes, yeah, if for example, we talk about.

NOTE Confidence: 0.928671300411224

00:24:56.140 --> 00:25:09.780 The UV protective factor of clothing and AT shirt is only about a white T shirt is only about SPF equivalent of 15, but of course, if you're wearing a winter parka those areas will be safe.

NOTE Confidence: 0.935954988002777

00:25:10.300 --> 00:25:41.610 In one of the things you mentioned was you had a bit of a caveat. In terms of Fair skinned people so for people who have a bit of pigment. People who are African American or even Asian or Hispanic are the recommendations in terms of the amount of SPF that they require or how frequently they need to apply sunscreen. Different yes in that when you have more endogenous pigment darker pigmentation to your skin.

NOTE Confidence: 0.927409410476685

00:25:41.610 --> 00:25:53.020 You're not going to be as prone to the negative effects of UV in terms of the mutations that the UV will cause in your skin near bit protected from that.

NOTE Confidence: 0.923089683055878

00:25:53.860 --> 00:26:21.250 So, in however, the aging effects of UV particularly you. VA is still profound even if you have darker skin. So to prevent aging of the skin photoaging which as a aesthetic dermatologist. I deal with as well. It is important to wear daily SPF. But as I mentioned the type of skin cancers that you see most commonly in the darker skin population.

NOTE Confidence: 0.914856970310211

00:26:21.810 --> 00:26:43.440 The what's called a Crow melanomas, the ones that we mentioned that around the hands and feet or under the nails. Those are not as driven by UV as other types of Melanoma, so they might not necessarily be protected by sunscreen. So is there anything that we can do to prevent those prevention.

NOTE Confidence: 0.916352093219757

00:26:44.140 --> 00:27:16.150 May be hard to say, but by increasing detection and detecting them at earlier stages. That's where we're going to have the biggest impact on Morbidity and mortality? What about melanomas that occur in other places that are harder to detect so people can get melanomas in their eyes people can get melanomas in Gen Atalia. For example, presumably we can't really use sunscreen in our eyes and.

NOTE Confidence: 0.903132319450378

00:27:16.150 --> 00:27:46.680 Are Jenna Talea generally are not sun exposed so? How do we prevent those or is that a thing about early detection too? Yeah, so you mentioned ocular Melanoma? Which we didn't get into and that's a very interesting and important subset and that's where your eye doctor, is going to play an important role to and screening that the dermatologist isn't going to do as well in screening inside your eye there. We do think that UV does play a role in ocular melanoma's and.

NOTE Confidence: 0.92979907989502

00:27:46.680 --> 00:28:17.670 Wearing sunglasses for example, that have UV protection can be important to help prevent that type of Melanoma, but the Melanoma that you mentioned that arise in the genitalia. Those are more analogous to the April type that I mentioned before in that the mutation profile is different and probably not UV driven in those areas, which makes sense. Given the location so the things we can do, we can we can certainly try to prevent?

NOTE Confidence: 0.926476299762726

00:28:17.670 --> 00:28:48.610 The cancers that we can with sunscreen and avoiding tanning. What about other things, do other things have an impact in terms of skin cancer like smoking or alcohol smoking and squamous cell carcinoma. There is a strong correlation there and so smoking cessation is very important in patients that have a history of squamous cell carcinoma. An we do. Talk to our patients about that when they are diagnosed alcohol not not as much.

NOTE Confidence: 0.930354356765747

00:28:48.610 --> 00:29:16.840 To my knowledge as a risk factor, but smoking certainly and so then there are the things we can't do anything about our family history, which also increases our risk right? Yes. And so there are known genetic syndromes that are associated with both the Melanoma and the non Melanoma type of skin cancer and that is usually elucidated from a detailed family history and you might be sent to Jeanette assist to help assess your risk.

NOTE Confidence: 0.936637222766876

00:29:17.520 --> 00:29:43.250 But even just genetic history in your family without being tide to a specific gene that we can identify yes. Of course, we can't necessarily do anything to change that, but it does again modulate how often you're going to be screened an for the genetic syndromes associated with Basil cell carcinoma. There are some specific treatments that you might be considered for.

NOTE Confidence: 0.938787817955017

00:29:43.890 --> 00:30:09.470 Doctor Kathleen Suozzi as an assistant professor of dermatology in the section of cutaneous oncology and dermatologic surgery at the Yale School of Madison. If you have questions. The address is cancer-answers@yale.edu and past editions of the program are available in audio and written form at Yalecancercenter.org. We hope you'll join us next week to learn more about the fight against cancer here on Connecticut public radio.