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Dermal warning

A few simple precautions can radically reduce the risk of skin cancer

There are so many bizarre ways to die in Australia that when you become ill you automatically assume the worst. So, when a small part of my left shin, about the size of a 50-pence piece, became flaky and scabrous, I did not think rationally: I had been bitten by a spider, probably a redback, maybe an equally lethal Black Widow, and I had hours rather than days to live.

Taking a cursory glance at my leg my GP, Dr Matthews put me immediately at rest. "Don't worry, mate, that's not a spider bite," he said. "It looks like a bit of skin cancer." What a relief.

No country has been as profoundly blighted by skin cancer as Australia, where the paper-thin ozone layer provides as much sun protection as a G-string and there are 1,000 deaths each year. Everywhere you go there are adverts telling you to "Slip [on a shirt], Slop [on some sun cream], Slap [on a hat]" and the moles on your body are all regarded as potential traitors. I had been careful and used cream, but a combination of fair skin and a job as a sports coach meant that I was at high risk. The good news, according to Dr Matthews, was that I had caught it early and that it was "almost certainly not fatal".

The biopsy results came back a week later and, as he suspected, the condition was one called "squamous cell carcinoma". Thankfully, I didn't know this technical name at the time as it would have scared me to death. All I was told was that the spot was not malignant, and that removal was a simple and fairly painless process.

In England, this is the point where you are referred to a specialist, whom you eventually get to see after a delay long enough for your condition to have become considerably more

serious. In Australia, my resourceful GP had anaesthetised the area and whipped out the tumour before I had a chance to get worried or tell my family of the whole near-death experience.

For the remainder of my stay in Australia, I wore jogging pants, a long-sleeved T-shirt and a wide-brimmed sun hat. I stayed out of the sun around midday when possible, and wore sun cream so thick that it was more like emulsion paint. Since returning to the considerably less potent conditions in this country, I still take the same precautions. It's often not necessary and it means frequently over-heating, but I know that the alternative is possibly a lot less comfortable.

THE FACTS ABOUT SKIN CANCER

Skin cancer is the second most common cancer in the UK with nearly 40,000 new cases each year (and 250 deaths). There are three main types: basal cell carcinoma (BCC); squamous cell carcinoma (SCC) and malignant melanoma (MM). On average, for every ten people that contract skin cancer, six will have BCC, three will have SCC and one will have MM.

1 BASAL CELL CARCINOMA

Symptoms: BCC arises from the cells in the base of the skin. You may notice a small lump on the skin that is smooth and pearly in appearance. It may bleed or develop a crust. It seems to want to heal but never quite does. Usually found on exposed skin, particularly the face and neck.

Treatment: Depends on various factors including your age, general health and the size of the tumour. Minor surgery and electrocautery are common treatments. More than 90 per cent of patients with BCC are completely cured.

2 SQUAMOUS CELL CARCINOMA

Symptoms: SCC starts from the surface cells in the skin. It is commonly grouped with BCC because it has similar symptoms. However, SCC can have a scaly appearance and is more frequently found on the arms, hands and lower legs.

Treatment: Similar to SCC and again it is over 90 per cent successful.

3 MALIGNANT MELANOMA

Symptoms: The least common (although there are unusually high incidences in the fifteen to 34 age group) but most dangerous form of skin cancer. Around one-third of cases will develop in existing moles, so you have to be particularly aware of changes in size, shape and colour. You are particularly at risk if your skin burns easily and you need to check any unusual marks on your skin that last more than a few weeks. Often found in people who get short bursts of intermittent sun exposure.

Treatment: Surgery is the usual treatment, but chemotherapy and radiotherapy are also used. You will need regular post-operative checkups.

HOW TO STOP SKIN CANCER

- Wear clothing (long-sleeved shirts and trousers) made of cotton and a wide-brimmed hat. Always wear sunglasses.
- Use high-protection sun cream (at least SPF15 and between SPF 30 and 50 if you are at risk). Note, the best-selling sun protection factor in Australia is fifteen to 25; in the UK it is four to six. Stay out of the sun between 11am and 3pm.
- Regularly check your moles and consult your GP if you see anything suspicious.
- Avoid sunbeds. It's not been proved that they lead to skin cancer (although they've caused tumours in mice) but there have been suspect signs in regular users.

For more information, call The Cancer Information Service on 0800 800 1234.

WHICH SUN CREAM?

There isn't much to choose between most brands of sun cream, although it is usually worth ignoring manufacturers' claims of water resistance. An interesting gimmick comes from Variosun, which gives you a range of protection from one dispenser. The bottle contains two cartridges (one containing SPF2, the other 30) and you adjust the dial and a pump system mixes it to your specifications. A great idea for families, but we would strongly recommend using only SPF15 and above.

Variosun Classic costs £12 and refills are £5. Available from Harrods or by mail order on 0800 026 0220.



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