



Sun Protection for People with FA

(and Everyone Else, Too!)

Some background on dermatologic issues in FA

Skin abnormalities (such as altered skin pigmentation either overall or in spots) can suggest Fanconi anemia, and other skin abnormalities may emerge as children with FA become adults. Skin problems may suggest Sweet's syndrome, which presents as red sores, but is often caused by a serious underlying bone marrow syndrome called myelodysplastic syndrome (MDS). It is essential to learn about sun protection and cancer prevention because some skin abnormalities are linked to sun exposure. These include basal or squamous cell carcinoma, actinic keratosis (scaly patches), and melanoma.

The sun is not your friend

At the Family Meeting in June, Dr. Christina Boull, MD, University of Minnesota, reminded families that "the sun is not your friend!" It causes premature aging and skin cancer (in anybody). What about Vitamin D? It is an essential nutrient, but because of the harmful UV radiation associated with the sun, Vitamin D should be obtained through dietary sources and supplementation rather than from sunlight.

You may think, "Between work and home, I don't actually spend that much

time in the sun." Today many of us get the bulk of our sun exposure riding in our cars, which has become the 'new outdoors.' How much time do you spend in a car? Dr. Boull reiterated that skin cancer is the most common type of cancer and that more sun exposure in early childhood can dramatically increase the risk of skin cancer in adulthood.

What about in FA?

The risk for skin cancer for people with FA is suspected to be higher, since known risk factors include inability

to repair DNA and complications related to bone marrow transplant, including radiation, chemotherapy, graft-versus-host disease, and immune suppression. A handful of people with FA have reported skin cancer, which suggests the importance of prevention and developing good sun and skincare habits from a young age.

How can I protect my/my child/my spouse's skin?

Wear sunscreen

- Dr. Boull recommends using a sunscreen that includes ingredients like zinc oxide or titanium dioxide. Zinc and titanium are inert minerals that just sit on the outside of the skin. They do not have carcinogenic properties and tend to cause less irritation and skin allergies than the chemical sunscreens. They are safe in all ages including infants.

“Most of us get the bulk of our sun exposure riding in our cars.”



Slip



Slop



Slap



Seek



Slide

- Spray-on sunscreen doesn't get as good of coverage as a cream or lotion. There is an unknown inhalation risk, so it's better to go for the cream.
- Use sunscreen with an SPF (sun protection factor) of 30 or higher. Remember that higher is not always better; some companies market sunscreens with SPF 100+, but really, those are not much more effective than SPF 30 because they only block about 2% more of the sun's rays.
- Reapply approximately every two hours, even on cloudy days.
- If swimming or sweating, sunscreen needs to be applied more often.

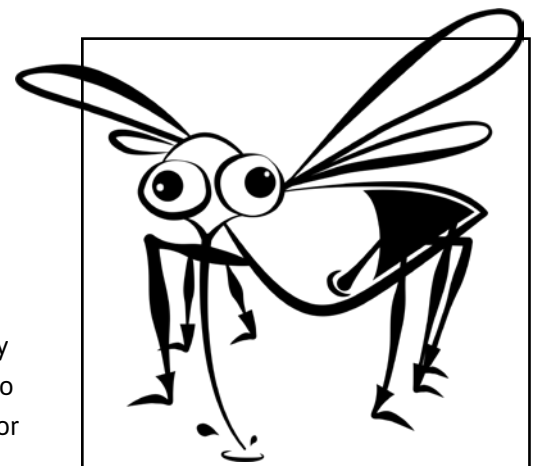
Wear protective clothing

- Look for UV protection factor (UPF) of 50 or higher when buying swim shirts and other sun protective clothing.
- Remember SLIP, SLOP, SLAP, SEEK, and SLIDE. **Slip** on protective clothing, **slop** on some sunscreen, **slap** on a hat (wide-brimmed, at least two inches all the way around), **seek** shade (check the ultra violet index on your weather app. If it's above three, it's better to stay out of the sun) and **slide** on sunglasses (make them big).

Get a skin check

- *How often?* According to Dr. Boull, skin should be examined annually if the person with FA is post bone marrow transplant.
- *At what age?* Dr. Boull suggests starting at a young age, like 6-8, because it builds good habits. Every case is different, so it is important to consult with your/your child's doctor for individual recommendations. ■

Chapter 9 in the *Guidelines for Diagnosis and Management* book is dedicated entirely to dermatologic issues in FA.



What about insect repellent?

It is important to protect against numerous diseases transmitted by insects. In her presentation, Dr. Boull asserted that DEET is most effective, and according to the Environmental Protection Agency, DEET is **not** a carcinogen. It is a neurotoxin when used in high doses, so combination sunscreen/insect repellent products should not be used. The requirement of frequent application for the sunscreen component would result in excess exposure to DEET.