

benign, yet the fact that she had a similar spot really hit home that mine could be cancerous.

Friends urged me to see a new dermatologist, but I'm a wimp when it comes to seeing doctors. I had worked myself into such a frenzy that the mole was cancerous—*Chemo! Hospitals! Bye-bye, hair!*—I totally froze. Instead of taking action, I tried to banish it from my mind.

A Second Opinion

But that spring, I had no excuse to put it off any longer. Cosmo was hosting our annual company-wide skin-cancer screenings. With a dermatologist coming to the building and volunteering to do skin checks, I bit the bullet and scheduled an appointment.

In a makeshift examining room, the doctor looked at the mole with special glasses (something my derm had never used). "How long has this been here?" he asked. "About two years," I replied

nervously. He warned me that I should get a biopsy done ASAP.

Oh my God. I went back to the office and told my coworker Zoë, an associate editor, that I was wiggling out about having a biopsy and considering ignoring the doctor's advice. Zoë told me not to be silly and suggested I see skin-cancer surgeon Ellen Marmur, whom Cosmo frequently relies on for expert advice for Practice Safe Sun stories. Later that day, Zoë e-mailed me Dr. Marmur's contact information with the subject line "Just do it."

Dangerous Diagnosis

Dr. Marmur fit me into her office hours that Monday. There, she examined the spot, expressed concern that it could be melanoma, and said it needed to be biopsied. She numbed the bottom of my foot, cut out the growth, and cauterized the area, then told me she would rush my results.

The procedure felt uncomfortable, but once the anesthetic wore off a few hours later, I was in serious pain. That fueled my already high anxiety until Thursday, when Dr. Marmur e-mailed me the biopsy results. "They were abnormal [cells] but not cancerous, so we caught it early," she wrote. "It's good you came in." Phew! Dr. Marmur said as long as the mole didn't regrow, I wouldn't need any further excision—all the abnormal cells had been taken out. The biopsy wound is still healing, but it was worth it to gain peace of mind.



Telisha Bryan: A Practice Safe Sun convert

"Black Women Don't Get Skin Cancer" and Other Untruths—Explained

Skin Cancer Is Rare in Nonwhites

It's true that Caucasians have more than 10 times the melanoma rate of African-Americans, reports the American Cancer Society (statistics aren't available for other types of skin cancer). The reason: Melanin, the substance that gives dark skin its pigment, absorbs UV rays, protecting the cells' DNA.

However, people with olive to ebony skin tones are still at risk. UV damage is cumulative, so the more unprotected sun exposure you rack up, the higher your skin-cancer odds, no matter how much melanin you have. It breaks down like this, according to the

American Cancer Society: Two percent of whites, .5 percent of Hispanics, and .1 percent of African-Americans will get melanoma.

If Your Skin Doesn't Burn, You Can't Get Cancer

No way. Redness, pain, and blisters are signs your skin has accrued damage, but not all skin damage is visible—you may not notice it until an alarming mark or mole shows up on your skin.

Skin Cancer Strikes the Same Body Areas on All Women

While the face is a common spot for skin cancer to develop no matter what your ethnicity, mel-

noma strikes different spots depending on your skin color. Pale women often get it on their legs or torso, while in African-Americans and Asians, it shows up on their palms, soles of their feet, and nails, where there is less melanin.

Sunscreens Don't Work Well on Dark Skin

All sunscreens are just as effective regardless of what skin shade you have. Some black women complain that SPF lotions feel greasy, but sunscreen gels and sprays may be absorbed faster and feel better on their skin.

SOURCES: AMERICAN CANCER SOCIETY; AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY; VALERIE CALLENDER, MD, DIRECTOR OF THE CALLENDER CENTER FOR DERMATOLOGY IN GLENN DALE, MARYLAND; ELLEN MARMUR, MD, CHIEF OF DERMATOLOGIC SURGERY AT MOUNT SINAI HOSPITAL, IN NEW YORK CITY

Since then, following Dr. Marmur's advice, I check my skin thoroughly every month for new spots or marks; recently, I've detected other moles on my back as well as one on my right big toe, and I'm keeping track of them to see if they grow or change. I'll see a derm once a year or more if something seems suspicious. Luckily, the abnormal cells don't mean that I'm at higher risk of melanoma than other women are.

To protect myself further, I always wear sunscreen—I'm fanatical about putting it all over my body, especially on my hands and feet—reapplying every three to four hours. Whenever I'm tempted to leave the house without it, I remind myself that making a simple tweak to my beauty routine means I'm reducing the odds of having to go through a skin-cancer scare again. ■