

After beating cancer, Brandi is recharged and ready to ride.



# “Melanoma? Me?”

**Brandi Smith-Irving** thought skin cancer was something that happened to fairer-skinned people—and that it was no big deal. Now a survivor, she wants others to know the truth. **AS TOLD TO BARBARA BRODY**

I'd seen plenty of headlines about the prevalence of skin cancer, but as an African-American woman, it seemed like a distant worry. After all, I rarely burned, and no

one had ever urged me to wear sunscreen, even though I'd always spent a lot of time outdoors. So when I first spotted a tiny freckle on my ankle about a year and a

half ago, at the age of 36, I didn't think anything of it. Over the next six months it grew to the size of a pencil eraser; then last June, it went from dark brown to an ugly reddish color.

That change was what finally got me to a dermatologist, who took one look and said, “That's coming off. Today.” I could tell from her tone it was serious, but at that moment I was more concerned about the procedure itself: getting jabbed with a needle several times to numb the area,

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then having the spot cut off with a scalpel and sent for a biopsy. The wound was pretty deep, so after my doctor bandaged it she told me to go home and prop up my foot. That advice seemed like overkill to someone as strong and active as I am. My husband and I had even recently completed a 150-mile bike ride to raise money for multiple sclerosis (MS). So I ignored her and headed back to my job as a grant writer, only to feel my shoe filling with blood while I was grabbing lunch. Still, I figured the worst was over.

When the doctor called about two weeks later to say I had melanoma, the most serious and deadliest form of skin cancer, I was stunned. What really got to me was breaking the news to my son, Malkolm, who was 12 at the

**PRACTICE YOUR ABC'S (AND D'S AND E'S)** Everyone should perform a monthly self-exam and see a derm annually for a screening, says Joshua Zeichner, M.D., director of cosmetic and clinical research in the department of dermatology at Mount Sinai Medical Center in New York City. “Don't forget to examine your scalp, back, and the area between your toes,” he says. Be sure to tell your doc right away if you notice any spots that are (A) asymmetrical, (B) have irregular borders, (C) have an inconsistent color, (D) have a diameter larger than 6 mm (the size of a pencil eraser), or (E) have evolved in color, shape, or size.



Brandi today, feeling happy and vibrant.

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time. I didn't want him to think his mom was going to die. When I sat him down and told him I had cancer, the reality of the situation hit me hard for the first time.

Three weeks later I was wheeled in for my first major surgery at MD Anderson Cancer Center, near my home in Houston. The doctor removed so much tissue you could see my Achilles tendon; it was later sealed up with a skin graft from my thigh. I had stage 3 cancer—meaning it had spread to the lymph nodes in my groin—so I needed a second surgery to have the nodes removed. That left me with a 16-inch scar from my belly

button to my thigh. But I awoke to good news: They had gotten all the cancer cells. Later my surgeon explained that my prognosis was excellent. With the help of an immune-boosting drug called Interferon, I'd have a 75 percent chance of survival.

When I came home from the hospital, I could barely stand and had to use a walker. My mom moved in for a while to help, and I found myself with too much time on my hands. As a result, all I did was worry, and a deep fear and sadness settled over me. I wondered whether I'd ever feel young and strong again, obsessed about my odds of having a recurrence (survivors are nine times more likely to have another melanoma), and pictured what would happen to my family if I died. Finally my oncologist referred me to a cancer psychiatrist, who helped me talk out my terrors and accept the fact that I don't always have control.

It's been about a year since my diagnosis, and so far I'm cancer-free. I feel optimistic about my future, and I'm even hoping to do that 150-mile bike ride for MS again next April. In the meantime, I'm careful to always protect myself from the sun. My doctors speculate that my cancer was due to childhood UV exposure, and although melanoma is fairly uncommon in African-Americans, it's more likely to be fatal for us, probably because it's diagnosed later. That's really why I'm sharing my story: I want to help people understand that skin cancer can strike *anyone*. So if you see a mole that doesn't look right, get to a dermatologist quickly—you might catch the problem early and improve your chances of living a long, healthy life.

## PROTECT YOURSELF

The incidence of melanoma in women ages 18 to 39 has increased eightfold over the past four decades, according to new research from the Mayo Clinic—numbers that qualify it as a “virtual epidemic,” according to Neal Schultz, M.D., a dermatologist in New York City and founder of dermtv.com. And no one is immune: Although pale people get melanoma more frequently, it's more apt to be deadly in African-Americans, Hispanics, and Native Americans. Regardless of your age or ethnicity, these moves can help reduce your risk.

### 1. SLATHER IT ON

Sunscreen is the first line of defense—but using it correctly is key. Choose a broad-spectrum product with an SPF of at least 30, use an ample amount over your whole body (enough to fill a shot glass), and reapply at least once every two hours, says Schultz. Coat clean, bare skin daily before you put on any moisturizer or makeup. (A common mistake women make is layering sunscreen over foundation, he says, because they incorrectly believe that it should be “closer to the sun.”)

### 2. STEER CLEAR OF TANNING BEDS

Experts believe use of these devices is one of the main reasons for the rise in melanoma rates. In fact, visiting a booth more than once a month raises your risk by 50 percent. “They're even worse than outdoor exposure,” explains Schultz. “Because the bulbs emit mostly UVA rays—which cause cancer but don't make you burn—you may not realize how cooked you're getting.”

### 3. KNOW WHAT'S IN YOUR DNA

About 10 percent of people who get melanoma have a family history of the disease, according to the American Cancer Society. If your mom, dad, or a sibling has had melanoma, it's especially important to see your dermatologist for a full-body skin check once or twice a year. Schultz says you should also ask your doc about being screened more frequently if you yourself have had basal or squamous cell carcinoma (the two more common forms of skin cancer) or any precancerous spots, or if you have a large number of moles.

**PHONE IT IN** You know you should see a derm and get that weird-looking mole checked out—but if you're too busy for an appointment, try **SpotCheck**, a new iPhone app. Just snap a picture of the worrisome area with your cellphone, answer two questions (about whether you've noticed any changes and if it's itchy, bleeding, or painful), and pay \$4.99. A board-certified dermatologist will review it within 24 hours and tell you if it appears to be benign or something that should be assessed in person.