CONQUERING DENIAL

ENSURING SKIN CANCER REMAINS TREATABLE NOT TERMINAL
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Denial about the need for sun protection</td>
<td>6</td>
</tr>
<tr>
<td>Denial about symptoms</td>
<td>10</td>
</tr>
<tr>
<td>Denial about the need for ongoing care</td>
<td>13</td>
</tr>
<tr>
<td>The psychology of denial</td>
<td>16</td>
</tr>
<tr>
<td>The way forward</td>
<td>18</td>
</tr>
<tr>
<td>About Euromelanoma and the MRF</td>
<td>19</td>
</tr>
</tbody>
</table>
INTRODUCTION

Skin cancer is the most common form of cancer in the world today and makes up one third of all cancers diagnosed.¹ In its 2008 report, the World Health Organization estimated that 132,000 cases of melanoma skin cancers, and 3 million non-melanoma cancers are diagnosed each year.² The new report, due to be published later this year, is expected to show significantly higher skin cancer incidence rates around the world. This is due, in part, to improved recording of the disease, but also because skin cancer is becoming more common amongst the world’s population. More recent figures recorded in 2012 indicate this trend, with 5.4 million cases of non-melanoma skin cancer identified in the US alone.³

Despite its prevalence, skin cancer is one of the most preventable and – if caught early – one of the most treatable cancers. However, in 2016 alone, 61,680 people globally died from melanoma skin cancer.⁴ That equates to one person dying of skin cancer every nine minutes.

Dermatologists report that they are facing a problem that is contributing to the development of skin cancer and preventing its successful treatment: denial.

One third of cancers diagnosed are skin cancer¹

When we think of denial, we tend to think of someone refusing to believe something in spite of hard facts to the contrary. But denial isn’t a conscious choice. Psychologically, denial is a useful survival tactic employed by everyone to deal with the risks we face on a daily basis. For example, without an element of denial, no-one would ever cross a road, climb a ladder or even fall in love.

The problem is, this suppression of risk – denial – is translating into very real consequences when it comes to the prevention and treatment of skin cancer.

Someone dies of skin cancer every 9 minutes⁴
So great is the concern that Euromelanoma and the Melanoma Research Foundation (MRF) have come together for the first time to raise awareness of the issue of denial. To assess the scale of this problem, we have conducted original research speaking to dermatologists worldwide and have looked at third party research.

We have identified three stages of denial that mean skin cancers, rather than being treatable, can become fatal.

1. **Denial about needing sun protection**

   The facts about safety in the sun are usually well recognised. Research has shown that people are aware that sun exposure causes sunburn, and in turn, skin cancer. Yet despite this knowledge, many people are in denial about the risk of sun exposure to their own skin and fail to use sun protection – hat, sunscreen, clothing and sunglasses – regularly.

2. **Denial about symptoms**

   Both of our organisations have worked tirelessly to raise awareness of the symptoms of skin cancer so that people can spot the signs and seek treatment quickly. We know that the speed of treatment significantly increases successful outcomes. However, our network of dermatologists have reported that it is not a lack of knowledge that causes people to delay seeking treatment, but a fear of diagnosis. Fear that leads people to deny that they have possible symptoms of cancer and instead, pretend that everything is OK.

3. **Denial about ongoing care**

   When people are treated for skin cancer, they are told they are at risk of cancer returning to the same site, spreading to the lymph glands, and are at greater risk of getting a second skin cancer. Yet, denial can sometimes feature in these situations too. Some people fail to complete their treatment, others fail to attend follow-up appointments, and many more fail to attend regular checks for skin cancer symptoms.

   It’s frightening to think that it is not always a lack of education that is hampering the prevention, diagnosis and treatment of skin cancer. Too often, it is because of denial. Denial that someone needs sun protection, denial that the symptoms exist and denial about the need for ongoing care.

   On the basis of these findings, we make some recommendations for five productive steps to get people around the world to think differently about skin cancer.

   We know that early diagnosis and treatment saves lives. But only by fighting denial can we truly improve the prevention, diagnosis and treatment of skin cancer.

**References**

1/2 Skin Cancer FAQ: World Health Organization
2 Skin cancer facts and statistics: Skin Cancer Foundation
3 How many people in the world die from cancer? Our World in Data
DENIAL ABOUT THE NEED FOR SUN PROTECTION

The link between exposure to the sun and skin cancer was first discovered in 1956. Since then, policymakers, healthcare organisations and charities around the world have been working to raise awareness of this risk and educate people about what they can do to prevent skin cancer. A key focus within this has been the work done to make people understand the dangers of sun beds.

The theory is; the more informed people are, the more they will protect themselves and their children from the sun’s harmful UV rays. However, recent research shows that knowledge doesn’t always translate into action.

IPSOS undertook extensive research for La Roche-Posay, surveying nearly 20,000 people in 23 countries across Europe, North America, Latin America and Australia. The study looked at whether people were aware of the risk posed by the sun and analysed the behaviours they used to protect themselves.

These included wearing sunglasses, a hat and protective clothing, using sunscreen, and staying in the shade.

It found that on average 92% of people globally said they believed sun exposure could cause health problems, with 88% agreeing that the risk of developing skin cancer is linked to a lack of protection in the sun.

Would you say exposure to sun can cause health problems?

57 35 7 1

Yes, absolutely Yes, somewhat No, not really No, not at all

While those countries and people with the greatest awareness of skin cancer and the dangers caused by sun were generally found to take the most preventative action, there was a lack of consistency.
The risk of developing skin cancer is s/t linked to:

<table>
<thead>
<tr>
<th>Present behaviour</th>
<th>88</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lack of protection during exposure to the sun</td>
<td></td>
</tr>
<tr>
<td>The regular use of tanning beds</td>
<td>81</td>
</tr>
<tr>
<td>Past behaviour</td>
<td>75</td>
</tr>
<tr>
<td>The level of exposure to the sun during childhood or adolescence</td>
<td></td>
</tr>
<tr>
<td>History of severe sunburn during childhood or adolescence</td>
<td></td>
</tr>
<tr>
<td>Individual characteristics</td>
<td>74</td>
</tr>
<tr>
<td>Family history of skin cancer</td>
<td></td>
</tr>
<tr>
<td>The number and size of moles</td>
<td>72</td>
</tr>
<tr>
<td>Fairness of the skin</td>
<td>68</td>
</tr>
<tr>
<td>Environmental</td>
<td>57</td>
</tr>
</tbody>
</table>

In total, 82% of respondents failed to regularly protect themselves from the sun. A quarter only used sun protection on holiday and 14% said they rarely protected themselves from the sun at all.

In general, would you say that you protect yourself from the sun?

<table>
<thead>
<tr>
<th></th>
<th>18</th>
<th>44</th>
<th>24</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, all year round, whatever the season</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, but only on hot and sunny days, whether you are on holiday or not</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, but only when you are on holiday (at the beach, when skiing etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, not really</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

And, would you say that you protect yourself from the sun?

<table>
<thead>
<tr>
<th></th>
<th>31</th>
<th>53</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, even when out in the sun for a short time (less than one hour)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, but only when exposed for a long time (more than one or two hours)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, not really</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When parents with children under 12 were questioned about sun protection, 87% of respondents said they always or often used sunscreen on their children.

When you are exposed to the sun, do you put sunscreen on your children?

<table>
<thead>
<tr>
<th></th>
<th>69</th>
<th>18</th>
<th>9</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It’s great that such a high number of people are protecting their children’s skin from the sun, as we know that sunburn as a child increases the risk of skin cancer in later life. It seems a very simple step for parents who protect their children’s skin to take the same precautions for themselves, but they are choosing not to do so. This behaviour demonstrates they do recognise the harm the sun can cause but are in denial about the need to protect their own skin.

It’s heartening to see sun education messages have been successful with nearly all respondents recognising the link between the sun and skin cancer. But it’s worrying that they are failing to act on these risks consistently. Many choose not to protect themselves from the sun unless they are on vacation or will be in the sun for a long time. It’s worrying because sunburn increases the risk of skin cancer and can happen in as little as 15 minutes of exposure.
The research also showed that behaviour varied by age, demographic and sex. The youngest age group – those aged 15 to 19 – took the biggest risks and used the least protection in the sun.

The behaviour of young people is disappointing and a real demonstration of denial. When it comes to sun protection behaviour amongst this age group, we are not talking about changing habits. Today’s teenagers have grown up with sun protection messages, but when the decision about whether to use sun protection or not is in their own hands, rather than left to their parents, they are choosing not to be ‘sun safe’.

Men took less protective measures than women and were more likely to agree with the statement that ‘having a tan is sexy’.

Those with less education and of lower socio-professional categories were also more likely to take risks in the sun.

The link between attractiveness and tanning is something we have worked very hard to overcome. While this has been somewhat successful amongst women, men are ignoring the risk preferring to focus on the perceived desirability of having a tan.

This is another example of denial – skin cancer doesn’t discriminate. In fact, men under 49 are more likely to develop melanoma than any other cancer, and men between 15 and 39 are 55% more likely to die of melanoma than women in the same age group\(^2\).
Appetite for sun and prevention habits

There were also interesting geographic differences. Chile, Australia and Greece all had high levels of knowledge and took good steps to manage the risk of developing skin cancer. Russians, who took the least protection, also had very little knowledge about the risk with 24% of people stating they did not believe a lack of protection during sun exposure was linked to skin cancer. However, in Brazil there was a high level of understanding but few people took preventative measures.

It’s clear that in most countries, age groups and demographics, the link between the sun and skin cancer is understood and accepted. What we now need to do is tackle denial to ensure that people act on that information consistently to reduce their risk of skin cancer – not just when they are on holiday, out in the sun for several hours or are looking after their children.

Dr Kathryn Schwarzenberger M.D.
Professor of Dermatology, School of Medicine at OHSU (Oregon Health & Science University), USA

When it comes to denial about the prevention of skin cancer, I think there’s an element of invincibility and a lack of recognition of who is at risk of getting a skin cancer in the first place. We see this a lot amongst young people, particularly young women.

It’s also worth mentioning the risk to people of colour. We have done a very poor job overall in letting people of colour know that they also can get skin cancer – even though the numbers of people who get skin cancer are lower in this population, they are still at risk. This means we identify their skin cancers later because patients don’t present their symptoms until much, much later.

References

1 Understanding UV and skin cancer – timeline: Science Learning Hub
2 Skin cancer facts and statistics: Skin Cancer Foundation
All other statistics and charts: Skin cancer prevention Global Report: IPSOS LRP
DENIAL ABOUT SYMPTOMS

One in every three cancers diagnosed is a skin cancer\(^1\). When caught in its early stages, skin cancer – both melanoma and non-melanoma – can be treated successfully. However, delaying treatment of stage 1 melanoma by just one month (30 days) increases the risk of death by 5%, rising to 41% if treatment is delayed by around four months (119 days)\(^2\).

Like we saw in the previous section, there are encouraging signs that people are aware of the symptoms. In the research that IPSOS undertook for La Roche-Posay, on average 91% of people globally agreed with the statement that a mole that rapidly changed in appearance could be a sign of skin cancer.\(^3\) A further 85% said that the appearance of a new mole that looked different to their other moles could also indicate skin cancer.

Despite this, international research by Euromelanoma and the MRF of more than 1,300 dermatologists worldwide has suggested that each year over 45% of patients delay seeking medical help upon seeing evidence of skin cancer.

According to estimates by the World Health Organization (WHO) in its 2008 report, there were 132,000 cases of melanoma skin cancers, and 3 million non-melanoma cancers diagnosed annually. Improved recording of the disease, together with the fact that skin cancer is
becoming more common means these numbers are expected to have risen significantly when its new report is published later this year. Indeed, figures from 2012 reflect this trend, with 5.4 million cases of non-melanoma skin cancer identified in the US alone.\(^5\)

The WHO figures when combined with the findings of the survey by Euromelanoma and the MRF give a conservative estimate that each year nearly 1.5 million patients delay consulting a medical professional when they first identify signs of cancer.

Of these, the survey found, 49% of patients delay seeking advice between three and six months, 39% delay between 7 and 12 months, and 13% delay over a year.

The dermatologists believed that 54% of 61,680 deaths\(^6\) worldwide from melanoma skin cancer globally could have been prevented if the patient sought prompt medical advice.

The most common reason for patients delaying seeing a doctor was a preference to ‘wait and see’ how their condition developed. Being ‘too busy’ was the second most common reason given, with dermatologists reporting that ‘fear of diagnosis and denial of actual risk to health’ was the third most frequent reason given by patients.

**Dr Elizabeth Berry M.D.**
Director of the Multidisciplinary Pigmented Lesion Clinic and Assistant Professor of Dermatology, School of Medicine at OHSU (Oregon Health & Science University), USA

I think this research proves the importance of coming in for timely skin checks. It’s profoundly important to not delay care; if you see a change, schedule an appointment with your primary care doctor immediately. Don’t wait and see. Most cases of skin cancer are treatable when we diagnose them early - but if we don’t give them early attention, there can be bad consequences.

I want to mention diagnostic skin cancer apps for phones. People must understand that these apps are not yet advanced enough to diagnose skin cancer reliably. They are great for documenting changes in moles and other skin growths, but relying on them to tell whether a lesion is cancerous or not is dangerous. Someday, the technology will catch up, but right now, these apps are missing melanomas, so it’s important to see a doctor.

**Dr Kathryn Schwarzenberger M.D.**
Professor of Dermatology, School of Medicine at OHSU (Oregon Health & Science University), USA

Melanoma is a problem that’s going to affect many of us over the course of our lifetime and we dermatologists want to ensure it’s a long lifetime. In most cases, skin cancer is an easy problem to fix, so our message is don’t delay.

Obviously, these numbers are scary but our reassurance to patients is not to worry about a skin check. We are very comfortable giving a full examination. They don’t have to shave their legs before they come in – it’s a no-judgement zone.

We see people who, at first, are totally terrified that they might have a skin cancer. It really makes our day when we’re able to reassure them that the lesion is totally benign. It’s much better to come for an appointment and find out it’s nothing than to assume it’s nothing but find out it is skin cancer later. We want to empower people, so they know to look at their skin and if they see something not to ignore it.
Professor Veronique del Marmol M.D. PhD
Euromelanoma Chair Europe and Head of Department of Dermatology, Université Libre de Bruxelles (ULB), Belgium

When you add the numbers together, 93% of patients delay seeking medical advice. It’s a shocking statistic, but it’s not a surprise. We see patients every day who have seen the signs of skin cancer and then, for whatever reason, delay coming to get it checked.

For many people, even the thought of a cancer diagnosis is a terrifying experience – they equate it with a death sentence but, if caught early, skin cancer is very treatable. What some patients don’t realise is that ignoring the symptoms of skin cancer increases the risk of the outcome they are most afraid of.

Dr Mariano Suppa
Dermatologist, Hôpital Erasme, Université Libre de Bruxelles (ULB), Belgium

It’s reassuring to know that education campaigns mean people are much more aware of the signs of skin cancer. Now we need to make sure they understand that any delay, for any reason, can have an impact on the successful outcome of their treatment.

When it comes to cancer, ‘wait and see’ is not a good idea, nor is being too busy to see a doctor. But these are issues we should be able to address with more education.

I think denial through fear will be harder to overcome. We don’t fully understand the reasons why fear drives one person who sees something on their skin to get it checked out immediately, but causes another to wait for over a year. This is something that needs to be better understood to help save lives. In the meantime, it is more important than ever for people to take care of each other – if you spot the signs of skin cancer on a friend or loved one, speak out and encourage them to visit a doctor to get it checked.

References
1/ Skin Cancer FAQ: World Health Organization
2/ Skin cancer facts and statistics: Skin Cancer Foundation
3/ Skin cancer prevention Global Report: IPSOS LRP
4/ How many people in the world die from cancer? Our World in Data
DENIAL ABOUT THE NEED FOR ONGOING CARE

Professor Veronique del Marmol M.D. PhD
Euromelanoma Chair Europe and Head of Department of Dermatology,
Université Libre de Bruxelles (ULB), Belgium

In the first two years after treatment, we ask patients to return for check-ups every three months. Thereafter, we ask to see patients every six months. Depending on each patient’s risk of recurrence, we typically advise a programme of check-ups for ten years after removal of a melanoma.

On average, I would say that between five and ten percent of patients fail to return for check-ups during those first two years. The proportion then increases to an estimated thirty percent after two years, with this number growing over time. In my experience, it is usually men over the age of fifty that miss appointments, with a lack of time being given as the reason.

It is well recognised that if a patient has had a melanoma, the risk of contracting another is higher. This of course places increased importance on attending regular check-ups.

In the thirty years I have been a practicing dermatologist, I have seen fatal outcomes as a result of missed check-ups. Although such cases are thankfully rare, these outcomes were avoidable.

There are no doubt many reasons for people missing appointments. Some are practical and can be explained by busy lifestyles and a lack of organisation. But I also think the mind and the heart play a role too.

From a psychological perspective, people are understandably uncomfortable about being ‘a cancer patient’ – even after treatment. Perhaps they feel it defines them, defines their existence, in a negative way. So, for some people, it is easier to pretend they are no longer at risk. I see this as a form of denial.

It is natural for people to be anxious about the possibility of having skin cancer. I’m sure this anxiety would be lessened if more people realised that, if caught early, skin cancer can be treated successfully.
CONQUERING DENIAL: ENSURING SKIN CANCER REMAINS TREATABLE NOT TERMINAL

Dr Mariano Suppa
Dermatologist, Hôpital Erasme, Université Libre de Bruxelles (ULB), Belgium

I have practiced dermatology in Italy, Belgium and the UK. In each of these countries, I have had patients that have missed post-treatment check-ups. So I would say this is an international phenomenon.

Most of my patients are referred to me by other doctors, so tend to be quite determined to have check-ups. Nonetheless, I estimate that one in twenty of these patients – so about five percent – miss appointments.

Statistics show that the highest rate of primary melanoma recurrence is within two years, so we want to see patients at three-month intervals for the first two years after treatment. For non-melanoma skin cancers, check-ups don’t need to be as frequent – starting at every six months then, depending on risk, moving to annual appointments.

Scheduling problems and procrastination – something we all suffer from – are usually to blame for missed check-ups. But I think denial is a factor too. It’s a paradox, but I think some patients are fearful that we might find another melanoma. They reject this idea in their mind, they shield themselves from it - so they don’t come to see us. Sometimes it’s easier to deal with a reality by refusing to accept it.

Another reason is that patients simply underestimate the risk of recurrence. I’m confident most dermatologists do a good job of communicating the need for post-treatment checks, but sometimes the message just doesn’t get through. Maybe, having already gone through a traumatic period of treatment, some people don’t want to hear it. Or maybe, they don’t see skin cancer as having the same level of risk associated with other cancers, such as those related to the breasts, lungs, or bowel.

Dr Kathryn Schwarzenberger M.D.
Professor of Dermatology, School of Medicine at OHSU (Oregon Health & Science University), USA

Over the years, I’ve been amazed by some patients who have absolutely changed the story around in their minds. They’ve been treated for melanoma or non-melanoma skin cancer in the past, but when talking to them it’s clear that they really don’t believe it. They tell me I had a skin problem and took care of it, that kind of thing, but they don’t acknowledge it was skin cancer. It’s pretty rare, but it’s worrysome because it can affect their ongoing care – if they don’t recognise that they had skin cancer, then they rationalise that they don’t need the regular check-ups.

A population of note is the young women with young children because they are terrified not just of being sick but of their children losing their mom. It’s delicate. That’s one of the populations I’ve definitely seen denial in.

I think it stems from the fact that young mothers are often incredibly busy taking care of their families and may have little time and energy with which to care for themselves. It is easy when sleep-deprived to neglect yourself. Plus, younger patients in general may think of skin cancer as something that older people get, not someone like ‘them’ so they don’t recognise the symptoms as something that needs treating.

While young women don’t get a lot of melanomas, the incidence of melanoma in that population is still too high.
DENIAL ABOUT THE NEED FOR ONGOING CARE:

It’s hard to estimate the number of patients who don’t attend follow-up appointments as it is incredibly difficult to track those who fail to book appointments or who cancel and never reschedule. I’d say five percent is a reasonable guess.

For patients who choose not to attend follow-up appointments, getting adequate time off work can be a factor. However, I think there’s a belief that lightning doesn’t strike twice. Many patients who have had their melanoma removed believe that their journey is finished. Although surgery is often curative, I have to explain that having a history of melanoma is the biggest risk factor for developing another melanoma. For those who have had thicker tumours, there is always the chance that the melanoma could return, or could even spread throughout the body. I advise my patients that we need to monitor their skin closely, so it’s very important to keep coming back.

I’ve also had patients who think their biopsy is their definitive treatment; it’s a small subset of people, but it does happen. When people hear the word cancer, they don’t hear anything else for the next 30 minutes. It’s too much to take in and that’s where the misunderstanding can come from. In most cases, we can tell them again when they come to their next appointment; but only if they come for that appointment.

Denial is an incredibly powerful driver, in my experience, some people will sit with a terrible skin cancer on their skin for years. These people are not necessarily mentally ill or socially marginalised.

For example, I had a female patient who had a huge tumour on her back. She was married and held a professional job, yet she had allowed this tumour to grow there for 15 years without ever seeking treatment until it eroded into her scapula. I had another very reasonable gentleman who came to my clinic with a fungating squamous cell carcinoma.

Both patients seemed normal in every other area of their lives, but they had minimised their symptoms to a point where they ignored what was happening on their own bodies. These were both skin cancers that had they been removed when they were small would have required minimal surgery. But not getting the required treatment early significantly changed the outcome.

The woman’s tumour had grown to such an extent that it was inoperable, and we had to put her on a small molecule inhibitor to see if we could shrink the tumour. The other case unfortunately ended up with the limb being amputated.

Those are extreme examples but demonstrate just how serious denial can be. It really can kill.
THE PSYCHOLOGY OF DENIAL

Dr Jennifer Hay PhD
Attending Psychologist in the Department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center in New York City, NY, USA

Defining denial

The psychological roots of understanding denial come from a lot of different disciplines. Within psychoanalytic literature, Sigmund Freud and his followers described denial as something that’s not really conscious, the mind is pushing the truth away.

Whereas in the social psychological perspective, denial is more nuanced. In a seminal paper from 1990, Zeva Kunda looked at motivated reasoning, which refers to something more subtle that really affects all of us. We interpret information within a framework of what we already believe.

Another tradition, which is very relevant to health, is on information avoidance tendencies that comes from the work of James Sheppard. This examines how we look at health messages and actually either avoid them because we don’t want to know or interpret them in our own ways.

Reasons for denial

Denial could be due to of a lack of awareness about how or when to implement prevention recommendations. People have very diverse beliefs about sun damage and what is dangerous. Secondly, denial could be related to a lack of prioritisation. So, I might be aware I need to use sun protection or that I need to go to the dermatologist but I’m just not prioritising it. The third element of denial is a lack of motivation – people know what they’ve got to do, but they are just not motivated to do it.

Understanding delay in diagnosis requires some unpacking. What part of that is lack of awareness that, not only is a suspicious mole a problem, but that a delay in treatment could affect outcomes? What part is lack of prioritisation or motivation? And what part of that is fear of diagnosis, or in some cases a lack of fear, because they think it’s nothing to worry about. It’s a complex issue.

So, I think it is very important to acknowledge that there are some very rational, logical barriers that keep people from acting. Understanding what those barriers are is important to understanding what the messaging should be. We need to be more specific, so they understand the risk and what to do to reduce that risk. You want them to not only be aware of skin cancer but to also prioritise prevention and detection to make it a part of their lives.
To protect themselves, people sometimes deny the reality of a situation that is negatively impacting their life. Denial is a strong psychological mechanism that we don’t yet completely understand. In simple terms, denial is essentially an unconscious mechanism that leads people to act as if the threatening stressor they face does not exist. Of course, denial can take multiple forms. Sometimes, people are aware of the threatening stressor but nevertheless give maladaptive responses to protect themselves and others. This form is best described as avoidance.

Denial is usually rooted in things that make you feel threatened or vulnerable – from financial to health-related issues like addiction, or a life-threatening illness, like melanoma for example. In oncology, it can be said that someone is in denial when the person does not recognise the severity of their illness or minimises the possible negative consequences of it.

**Denial can be helpful**

Denial is a very human mechanism, and most of us use it in our everyday life. In fact, the use of denial could be both normal and helpful. For example, it allows us to exist happily without being constantly overwhelmed by our own mortality.

Similarly, a short period of denial about something serious can also be helpful. It gives us time to unconsciously process and absorb shocking or distressing information, before moving into a more accepting and constructive mindset.

**Denial can be harmful**

But when the denial is too strong, or goes on for too long, it becomes maladaptive. While it can help someone to manage emotional trauma, it may also put their own life in danger and lead people to be less compliant to treatments or to prevention behaviours.

It is important to understand that cancer is an illness that people fear. And for many, cancer is naturally associated with something traumatic. But it should also be understood that skin cancer can often be treated successfully if it is detected and treated early – so a prolonged period of denial could be harmful.

**Overcoming denial**

A greater sensitivity to the psychological impact of illnesses like skin cancer is needed across healthcare systems. By understanding denial, and avoidance, and identifying it in patients, we can care for them better. We have a supportive role to play by helping patients to develop alternative coping strategies, so that they’re able to get the appropriate physical treatment they need.
THE WAY FORWARD

In creating this study, our collective aim has been to get people around the world to think differently about skin cancer. New thinking and new approaches are needed if we are to win the global fight against it.

Perhaps the most telling insight from the research highlighted in these pages is that, while most people are aware of skin cancer related risks, they don’t always act in a way that mitigates them. Whether it’s not being careful in the sun, delaying seeing a doctor about a worrying mole, or not attending post-treatment check-ups, there are clearly psychological factors that negatively impact patient outcomes.

Today, thanks to advancements in medicine and technology, skin cancer can be beaten if detected and treated early. So, our target must be to completely eliminate the huge number of avoidable skin cancer deaths.

Achieving this requires the fight against skin cancer to be fought on all possible fronts. In the immediate term, we see five areas where constructive steps can be taken:

1. Understand the scale of the problem. The incidence rates for skin cancer reported by the World Health Organization are, although already shocking, out of date. More recent figures for the US alone, suggest skin cancer is now far more common. To properly assess the scale of the skin cancer problem, and our progress in addressing it, we need better reporting. Every country must have a proper skin cancer registry, based on a consistent approach for reporting incidence and survival rates - for both melanoma and non-melanoma skin cancers.

2. Improve public awareness. We must continue to educate people about the risks of too much sun exposure and teach them the signs of skin cancer. At the same time, we need campaigns (just like this one) that help people overcome the psychological barriers to safe sun practice and getting early treatment.

3. Integrate care for the mind and the body. Healthcare systems around the world should adopt a holistic approach to patient care that simultaneously addresses the physical and psychological needs of skin cancer patients. Oncologists and psychologists need to work more closely together.

4. Equip frontline healthcare professionals. As well as being able to identify the symptoms of skin cancer, primary care providers should also be ready to provide necessary emotional support. We must help them to have the right kind of conversations with their patients and overcome any psychological barriers to effective care.

5. Look after each other. Whether you’re a healthcare professional or not, we all have a responsibility to take care of each other. It is not realistic to expect people will always overcome denial by themselves - it is usually, after all, very strongly-held. So, we should look for signs of denial in friends and loved ones, and do our best to support them.

Skin cancer can be beaten. Indeed, lives are being saved every day. But skin cancer remains the most common form of cancer and worldwide rates are on the rise. On the global stage, there is a battle to be fought and won.

Veronique del Marmol
Euromelanoma Chair Europe

Kyleigh LiPira
CEO of the Melanoma Research Foundation
EUROMELANOMA

Euromelanoma is Europe’s leading skin cancer awareness group. It is run by a network of European dermatologists who give up their time to promote and share information on skin cancer prevention, early diagnosis and treatment. It focuses on public awareness of skin cancer, including an annual ‘Euromelanoma Screening Day’; sharing knowledge and best practice with the healthcare community; and working with policymakers to ensure the treatment of skin cancer is fully recognised and supported in healthcare systems and policies.

Euromelanoma is a registered charity and is active in 33 countries.

www.euromelanoma.org

MELANOMA RESEARCH FOUNDATION

The Melanoma Research Foundation (MRF) is committed to the support of medical research in finding effective treatments and eventually a cure for melanoma. It educates patients, caregivers and physicians about the prevention, diagnosis and treatment of melanoma. The MRF also runs an online forum that provides support and information to caregivers, patients, family and friends.

The MRF is a 501(c) (3) nonprofit organisation.

www.melanoma.org