MELANOMA & THE SEVEN DIMENSIONS OF WELLNESS
In Healthy People 2010, one of the focus areas is cancer, specifically skin cancer. According to the Center for Disease Control (2010), skin cancer is the most common form of cancer in the United States. Skin cancer can arise in three forms: basal cell carcinoma, squamous cell carcinoma, or melanoma (Skin Cancer Foundation, 2010). When comparing the types of skin cancer, basal cell and squamous cell are highly curable and are more prevalent than melanoma; melanoma only represents three percent of all skin cancer cases (SCF, 2010). On paper, this may seem like a small percentage, but melanoma accounts for seventy five percent of all skin cancer deaths (SCF, 2010).

In support of the importance of this issue, the Skin Cancer Foundation (2010) reports that although the incidence of many common cancers is falling, the incidence of melanoma is rising significantly, at a faster rate than that of any of the seven most common cancers. The CDC (2010) reports another alarming statistic that justifies melanoma as a high priority; one in fifty five people will be diagnosed with melanoma during their lifetime. According to the US Census (2010), the population of the United States in mid-2010 was 310,000,000. If you apply the CDC statistic of the current diagnosis rate of melanoma to the current population, it means that of 310,000,000 US citizens, over 550,000 will possibly experience melanoma within their lifetime. This is an alarming sign.

Other data that is available on melanoma also paints a grim picture. The American Cancer Society (2010) reports that about 68,130 new cases of melanoma will be diagnosed in the United States in 2010, approximately 38,870 men and 29,260 women. Concerning mortality rates, about 8,700 people in the United States are expected to die of melanoma in 2010, which can be broken down by men (about 5,670) and women (3,030) (ACS, 2010). If the previous statistics do not hold weight, then the following should: it has been reported that one American dies of melanoma every 62 minutes, or about 20 per day (SCF, 2010).

Melanoma’s mortality and incidence rates are increasing, enough to make the Healthy People’s list for the past two decades (included in skin cancer topic) (CDC, 2010). Although education and awareness has increased, incidence and mortality have not decreased by any margin. Throughout the past four decades, the incidence of melanoma has risen (CDC, 2010). According to the latest CDC (2006) data that was gathered, incidence of melanoma of the skin in the United States has:

- Increased significantly by 3.1% per year from 1986 to 2006 among men.
- Increased significantly by 3.0% per year from 1993 to 2006 among women.
- Increased significantly by 2.7% per year from 1997 to 2006 among white men.
- Increased significantly by 3.3% per year from 1997 to 2006 among white women.
Other sources of data, such as this graph below from a journal by Lens & Dawes (2004), show this increasing melanoma incidence trend from 1973 to 2000:

Mortality due to melanoma is also increasing, but at a somewhat slower rate. According to the CDC (2006), deaths from melanoma of the skin in the United States have:

- Increased significantly by 2.0% per year from 2002 to 2006 among men.
- Remained level from 1997 to 2006 among white men.

Other data regarding melanoma mortality in the United States from 1969 to 2000 was reported by Lens & Dawes (2004) and shown in the graph below:
As these statistics show, melanoma is a truly deadly health concern and the trend of this health problem is increasing. It also indicates why it is listed on the Healthy People 2010 list and will most likely be featured on the next list, Healthy People 2020. This is a health concern that touches many lives, especially the younger generation. According to the Skin Cancer Foundation (2010), melanoma is the most common form of cancer for young adults 25-29 years old and the second most common form of cancer for adolescents and young adults 15-29 years old. This statistic holds great importance to me for two reasons: my wife falls into that age category and she has been affected by melanoma. This is the reason why I have chosen the health issues topic of melanoma. It has affected both of our lives (of course mainly hers), and has forced the two of us to take a step back and reevaluate our habits that may have caused melanoma to appear and even how we live our lives in general. To the unaffected, melanoma may seem like just another health problem, but when it hits so close to home, you tend to become conscious of how devastating it can be. Melanoma does not only affect the physical aspect, but all of the Seven Dimensions of Wellness.

The Physical Dimension plays a vital role when associated with melanoma. Everyone is at some risk for melanoma, but physical factors can be determinates. According to the CDC (2010), these determinates can include possessing moles, family history of melanoma, and skin type. Atypical moles can be precursors to melanoma, and possessing them increases your risk of melanoma, but other types of moles do as well (SCF, 2010). Heredity is a major indicator of melanoma risk. One in every ten people diagnosed with it has a family member with a history (SCF, 2010). Skin type plays a major role — people with fairer skin are more at risk, possibly due to light skin being more easily penetrated and damaged by the sun when compared to darker skin (National Cancer Institute, 2010). When a person possesses these factors and is affected by melanoma, the actual physical effects will appear. Keeney, McKenna, Fleming & McIlfattrick (2009) state the most common warning sign of skin cancer is a growth or a sore that will not heal. Keeney et al. (2009) also report warning signs and symptoms of melanoma include changes in size, color or shape of a mole, oozing or bleeding from a mole, and a mole that feels itchy, hard, lumpy or swollen. Melanoma, as noted, has a huge effect on the person’s physical well-being.

The Social Dimension can play a role in melanoma, specifically on how melanoma is viewed through a person’s social aspect. A person’s social role can determine many things in their life, even melanoma. A person’s social aspect scientifically will not cause melanoma, but it can determine how they handle it. Cicero, Lo Coco, Gullo & Lo Verso (2009) state that interpersonal relationships play a key role in how people cope with distress and adjust to life crises of all kinds. People need other people,
especially ones that are close. Experiencing melanoma is a time for this need. The likelihood of recovery is enhanced if one has strong social support from whoever is seen as important (Zimpfer, 1992). Zimpfer (1992) also states it is crucial to bring the supporter(s) into treatment along with the client in an attempt to build a unified interpersonal system resisting the disease. Besides social support, the way a person views melanoma socially can be influenced by the social community and its’ overall view. Keeney et al. (2009) report on a study that produced results of participants feeling that the media constantly reinforced the attractiveness of having a suntan, and even though they knew it may eventually lead to melanoma or some form of skin cancer, 48% agreed with the media’s view. This evidence points out that even though we may know what is harmful to us, social views that surround us can lead to unsafe behaviors (leading to melanoma).

Also, melanoma can be socially promoted positively or negatively. An example of social positivity is mentioned by Parrott & Lemieux (2003). They state that farmers whose families expected them to protect themselves while working in the sun were more likely to protect themselves (Parrott & Lemieux, 2003). It can also be shown negatively by those who you think are close to you. Often the diagnosis of cancer makes one a pariah, shunned by co-workers, neighbors, and family members (Zimpfer, 1992). These situations can play a major role on the how a person’s Social Dimension is affected when dealing with melanoma.

The third dimension, Emotional, can be affected by melanoma. Some of the emotions a person may go through after being diagnosed with melanoma can include hopelessness, isolation, sadness, and depression (NCI, 2010). According to Cicero et al. (2009) the majority of cancer survivors will not be diagnosed as suffering a psychiatric illness but may experience psychological symptoms and non-psychiatric problems of living with cancer, which can cause disruption to the quality of life. If a person is experiencing these kinds of emotions and does not know how or want to express them, they are damaging their wellness.

Others may be at the other end of the spectrum – they take it on as a challenge and search for support. Expressing emotions is the most positive way to go. Many studies have shown that patients who express their emotions and concerns enjoy a better psychological adjustment than those who tend to suppress their feelings or keep quiet about them (Kneier, 2003). When a person allows them self to open up and share with others, even doctors, it provides an outlet for them and a new role for the supporting cast. According to Zimpfer (1992) conventional medical treatment of disease in humans assumes a curative perspective...the patient is passive as treatment is undertaken, and is expected to assume the “sick” and dependant role, which allows others to minister to him or her in the curative
effort. If the person affected by melanoma assumes this role, their emotions can be let go and allow others to embrace and support, which can improve a person’s emotional wellness.

The Spiritual Dimension may not have an effect on the incidence of melanoma, but spirituality can have a huge effect on how melanoma is dealt with and the ability to fight the tough fight to overcome it. According to Zimpfer (1992) the universal questions of meaning in life, connectedness to earth or cosmic forces and energy systems, and relationships to higher power become crucial when cancer strikes. Prayer can be of great comfort, and even more so a powerful healing tool for many (Zimpfer, 1992). According to Kneier (2003) patients who call upon their beliefs when dealing with cancer benefit in a variety of ways: they have a greater sense of peace, inner strength, and ability to cope, and show an improved psychological adjustment and quality of life. Some people can use their spirituality to overcome the melanoma experience by calling upon a higher power that possibly can provide support that people, places and things in conscious life cannot.

A person’s occupation can have a great impact on whether they can develop melanoma or not, specifically on those that work outdoors. Studies on outdoor workers demonstrated that they experience a substantial amount of sun exposure on a daily basis (Glanz, Buller & Saraiya, 2007), and it is known that repeated sun exposure can lead to melanoma (CDC, 2010). This can be demonstrated using the farm worker occupation. According to Parrott & Lemieux (2003) epidemiological studies indicate that agricultural workers are more susceptible than other occupational groups to a variety of chronic illnesses including heart disease, respiratory disease and cancer, specifically skin cancer. If a person does develop a case of melanoma, it may cause them to have increased absenteeism, be less productive, and to be less efficient on the job at hand (Glanz et al., 2007). As shown, the Occupational Dimension is greatly affected by melanoma.

The Intellectual Dimension can have an effect on whether melanoma arises physically, and this is due to the amount of awareness a person has about the subject. It mainly depends on the information they have obtained or been supplied and if they actually apply it to their lives. In a study of 3843 adults gauging their knowledge of sun protection awareness and skin cancer, Keeney et al. (2009) report that only 45% of the sample believed that exposure to the sun affected their chances of getting cancer. In another unrelated study that tied sun exposure to melanoma knowledge, 65% of respondents said that by knowing what effects sun exposure can cause, specifically in the chance of causing melanoma, they would be more likely to take preventative measures than if they didn’t have the prior knowledge (Keeney et al., 2009). Occupational knowledge can also have an effect on melanoma incidence and prevention. Farmer’s knowledge about skin cancer also affected the likelihood that
farmers wear long-sleeved shirts or protective hats while working in the sun (Parrot & Lemieux, 2003). As these statements suggest, it basically comes down to how you apply the knowledge and not so much if you actually possess the knowledge.

The final Dimension, Environmental, holds great importance when considering the incidence of melanoma. Sun exposure while in the outside environment is the leading cause of melanoma (NCI, 2010). High levels of ultraviolet (UV) radiation increase the risk of all three common forms of skin cancer, and approximately 65%-90% of melanomas are caused by exposure to UV radiation (Glanz et al., 2007). To combat the environmental risk, people can take precautions. Behaviors that can reduce skin cancer risk include limiting or minimizing exposure to the sun during midday hours when UV radiation peaks (10 am to 4pm); wearing protective clothing; and using appropriate sunscreen protection (Glanz et al., 2007). These known facts can lead a person and their community to reevaluate their practices during the times that they may spend outdoors, which can lessen the incidence of melanoma. Other than the Physical Dimension (heredity, etc), the Environmental Dimension is the main factor in incidence of melanoma.

Overall, melanoma is a health issue that is not going to end anytime soon. The American Cancer Society reports that about 68,130 new cases of melanoma will be diagnosed in the United States in 2010. Melanoma incidence is rising and is very deadly. This type of cancer only appears in three percent of skin cancer cases, but accounts for seventy five percent of all skin cancer deaths, which is a harsh statistic if you are directly affected. For the affected, melanoma can take a toll on all of the Seven Dimensions of Wellness. Physically it can appear due to heredity, skin type, and the possession of moles. With the Social Dimension, melanoma cannot arise physically per se, but it can affect the way a person handles having the disease. They can become a recluse, or seek out social support from the ones close to them. People with melanoma can also be affected socially by the way the media portrays sun exposure, which may influence the behaviors that can actually be the cause of the disease.

Melanoma can take a huge toll on a person’s Emotional Dimension. It’s mainly up to how they handle it. A person can either become hopeless and have the woe is me approach to the disease, or can decide to find the strength to battle it and survive. Melanoma can bring out the fighter in a person or make them completely give up. The next dimension, Spiritual, is affected by melanoma. If the person has a strong belief system in a greater power, they are more apt to fight the fight against the disease, possibly based on attributing the disease either to something that is out of their control or can draw strength from a higher power. Occupation has an effect on melanoma, especially on those that work outdoors. It is well known that the sun’s UV rays can cause melanoma, and if the occupation is
outdoors, your chance of acquiring this disease is greatly increased. The Intellectual Dimension can affect melanoma in that knowledge is power. The catch to this dimension is if you apply the intellect or not. A person can protect themselves by gaining knowledge about melanoma, but if they do not use it, melanoma could develop anyway.

The final dimension, Environmental, is one of the greatest causes and factors in melanoma incidence, due to UV exposure from the sun. The sun’s rays are proven to cause melanoma, and if a person is not aware of the environment they are in and what can happen, more incidences can occur. It’s up to the person to know what preventative environmental practices to apply when being outdoors, which in turn can predict how their environment affects their incidence of melanoma.

Melanoma affects many people, and if you become unfortunate to ever be directly affected by this cancer, you surely will be looking for some kind of information or guidance on how to proceed in helping yourself in all aspects of wellness. Fortunately, there are many areas, whether it be an institution locally or nationally, that you can physically visit or call. Also, there are many internet outlets that can be relied upon for this support. Below is a listing of on-campus, community, state, national, and internet areas that can assist a person who has been affected by melanoma and is in need of educational material and/or guidance that has been affected by melanoma in one way or another.

Resources

1) Internet site – The Skin Cancer Foundation  www.skincancer.org

   - This is an extremely useful site. This internet site provides melanoma history, statistics, references, risk factors, warning signs, types & stages, treatments, and a personal question list to ask your doctor when addressing melanoma with him/her. The site is non-profit and a backbone reference point of melanoma and overall skin cancer for the general public. This foundation also publishes an annual journal about skin cancer and has also published three books available to the public on skin cancer.

2) On-campus resource – Lifestyles Center @ Walker Health Center
   SUNY Oswego – Bldg 10
   Contact: Shelly Sloan, MS, CHES
   Email: msloan@oswego.edu
   315-312-5648

   - The Lifestyles Center is a resource for the SUNY Oswego campus, whether it is students or faculty that is looking for ways to live a life of wellness. The main focus of the Lifestyles Center is to promote low-risk choices with an emphasis on healthy lifestyles. The center provides trained peer educators that can provide info or guidance to anyone inquiring. The center provides informational items on a wide range of health topics, including melanoma/skin cancer. It also provides past research materials for someone seeking more information that may not be easily obtained somewhere else (such as studies, journals, etc). For prevention against melanoma, it provides free sunscreen to all students who seek this protection.
3) Community resource – Oswego Co Health Department
   Health Education Programs
   70 Brunner St
   Oswego, NY 13126
   Contact: Eliza St. Onge
   www.oswegocounty.com/health/healthed.html
   315-349-3547

   - The Public Health Education Dept provides information and public health programs in the community to educate and promote healthy living on an array of health topics. Specific to melanoma, they have informational packets and also offer a Sun Safety program that is taught within the community, whether it be in a school or to the general public within Oswego Co.

4) State resource – American Cancer Society
   6725 Lyons St
   E. Syracuse, NY 13057
   Contact: Kathy Brodsky
   Email: kbrodsky@cancer.org
   1-800-ACS-2345

   - This resource provides multiple items that involve melanoma. The ACS can provide facts and data on melanoma that can broaden your understanding on how prevalent melanoma is and what it is. They provide info on the risk factors, causes, and how to prevent it. They can provide treatment info (before & after), along with ways to approach talking to your doctor about melanoma. Also, ACS can provide info on ongoing trials related to melanoma and progress made in that field.

5) National resource – National Cancer Institute
   9000 Rockville Pike
   Bethesda, MD 2092
   Contact: Information Specialists (no specific contact given)
   1-800-4CANCER (422-6237)
   www.cancer.gov

   - The NCI has many functions related to melanoma and cancer in general. They conduct and foster cancer research, collect and analyze data, and provide training and instruction in cancer diagnosis and treatment. NCI has an infrastructure that consists of support mechanisms, organizations, and networks that link scientists, facilities, resources, and information. NCI provides info and education programs for patients and the public to help individuals take precautions to reduce the risk, to make them aware of detection techniques, help individuals deal with melanoma, and are responsible with continuing and expanding programs to provide physicians and the public with up to date information on melanoma and other cancers.
Bibliography


