

Love the Skin You're In Before, During, and After Cancer

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Presented by:



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Melissa Rosen:

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Today, I want to let everyone know that you are joining us for Love the Skin You're In Before, During, and After Cancer. My name is Melissa Rosen and I am the Director of Community Education for Sharsheret. I'll be moderating today. Before we begin, I have a few housekeeping items we'd like to share. This webinar is being recorded and will be posted on our Sharsheret's website along with the transcript. If you would like to remain anonymous, please turn off your camera. All names will be removed prior to posting.

You may have also noticed that upon entry you were muted, please keep yourself on mute throughout the call. We actually recommend that you keep your screen on speaker view. This will enable you to see the slides and the presentation clearly, you can find this option in the upper right hand corner of your screen.

We received many, many, many questions before the call. If you have additional questions now, please use the chat box which you can access on the bottom of your screen and we will do our very best to answer all of your questions.

As a reminder, Sharsheret has been providing telehealth services to the breast and ovarian cancer communities for almost 20 years. And although we could never have imagined the world the way it is right now, through our services, we've been preparing for this moment to continue to be there for you each and every day.

Among our many programs to help women in their families navigate different aspects of the cancer experience. I want to highlight three today that may be of particular interest because you've logged on to this webinar.

Our BFF program provides women with the tools to address one of today's topics, dealing with the skin and cosmetic side effects of treatment. Our Best Face Forward kit, which I'm going to show you now, here's the cover. It comes with instructions, lots of wonderful resources, including many from Hope and Beauty, which Dr. Singhal will talk to you a little bit about today. Each kit includes parabens-free makeups, lotions, brow guides and more. Our new BFF 2.0 program provides need-based subsidies to help women address some of the important non-medical needs including the purchase of a wig, the use of cold caps to reduce hair loss during chemo and micropigmentation or tattooing to complete breast reconstruction.

Finally, our Genetics for Life Program connects women and men with our wonderful genetic counselor to discuss issues surrounding hereditary cancers. It's important to note that we now know that BRCA mutations not only impact breast and ovarian cancer risk, but several other cancers including melanoma. That is certainly something to keep in mind as we tend to our skin.

For those who carry a BRCA2 mutation, melanomas jumps from just one to 2% in the general population to about three to 5%. If you are a BRCA2 carrier, a mutation carrier or you have a family history of melanoma, you should be scheduling skin checks with a dermatologist a couple of times a year. Okay, as we move into the webinar itself, I want to remind you that Sharsheret is a national not-for-profit, cancer support and education organization and does not provide any medical advice or perform any medical procedures. The information provided by Sharsheret is not a substitute for medical advice or treatment for specific medical conditions. You should not use this information to diagnose or treat a health problem. Always seek the advice of your physician or qualified health provider with any questions you might have regarding a medical condition.

So let's get to it. Today's presenter has a wealth of knowledge and unique skills. Shyamali Singhal is an MD and a PhD, the director of El Camino Hospital Cancer Center in California and the founder of Hope and Beauty, an oncologist approved skincare line. Today she will share her expertise on how to avoid, lessen and mitigate treatment-related damage to skin, hair and nails. Okay, Dr. Seagal, I leave it to you.

Shyamali Singhal:

Good morning, everyone. Thank you for joining, I appreciate the time that you're taking to spend discussing with me and talking about this. As Melissa had spoken is that I'm actually a practicing surgeon, I'm a surgical oncologist. And about, I don't know, 15 years ago, I came to Mountain View, which is in Silicon Valley to build a cancer program. And so that's what I've spent the bulk of my life in my career as taking care of patients. And I got into discussing side effects and treatment-related side effects because some of the patients I have, they felt comfortable to talk to me about some of the things that were really bothering them. And there was one woman in particular who really stood out in my mind and she brought to me this idea that the treatment that we give people, right, to treat the disease is not enough.

Right, because the cancer is actually an illness, it has a disease portion of it, which is what happens to your body. But there's a whole section of it that is about your mind and how the treatment affects your mind and how the treatment affects who you are and how your relationships are. And so when we treat disease, we're actually not treating illness. Okay? So she brought that to my attention. It's just because she told me this story, I asked her, just a casual question, and I said, "Hey, how's it going? What are you up to these days?" And she said, "Oh, I'm remodeling my bathroom. It's been a lifelong goal of mine to remodel my bathroom." And I said, "Oh, really? That's cool. What are you doing?" She said, "Well, it was very important to me to move all the mirrors away from the shower. I don't want to have to look at my mastectomy scar. I don't want to have to look at any part of my body as I come out of the shower in the mirror. I don't like how they have made me."

It was an eye opening moment for me, I have to say when she said that because I spent my entire career taking care of people, right? And just that notion that you would have to rearrange your whole house and your whole life and your whole sense of self because of a treatment that you underwent, right? That means that we weren't really paying attention to everything that needed to be paid attention to. Okay, because there's a person inside that body that got treated, and that person has some very important things to say to us as clinicians and as people.

So I did some investigation. And then I started asking, so every patient that came in for, I don't know, this is probably six years ago. Every patient that came in for a year, I asked them the question, what else bothers you? What else is important to you? And so then it comes out all of these things, their nails, their hair, their eyebrows, the way they look in the morning, the way they feel their clothes fit, all of the stuff that just came out.

And so I did some investigation. Now my PhD is in pharmacology and so for years, I've been interested forever in how drugs affect people, what are the side effects? I take a special interest in that even though I'm a surgeon. So there's a lot of literature written about how drugs affect the different parts of your body and why you have the side effects that you have. So to that end, we put together Hope and Beauty.

Now, Hope and Beauty has a physician, they're curated by me, and they're curated by oncology estheticians, about the things that oncology patients need. But I'm going to share my screen and I'm going to talk to you about what we have and we can talk about Hope and Beauty after that. Right? Because this isn't really about all that.

Okay, so let's see, hopefully this will. Okay, so we talked just for a moment about disease versus illness. And I'm going to tell you exactly ... so disease is the actual thing, it's cancer, it's how the cells grow. It's what happens? How do we treat that? And we treat that with medication, we treat it with surgery, we treat it with radiation, okay, that's the disease. The illness has to do with you, right? What is the impact of having that disease on the person, right, on their families, on how they live and how they work? And

what are they able to do? Some of the medication that we give people has side effects, some with surgery has side effects, some of the radiation has side effects. And so this is really what we're trying to work with.

And as I told you, I talk to a lot of the patients and one lady in particular is Bridgette. Now, Bridgette had cancer and Bridgette was a teacher and now she's a stylist and she styles for fancy people and she's all about the clothes, the hair, the makeup, how I look. And she said something very interesting. She had her cancer four years ago. The first thing she said is, "I spent my whole life wanting to be pretty. I wanted to walk out every day and be stylish. I wanted to have pizzazz and I really enjoyed the clothes that I wore, the makeup that I put on. What she didn't realize and what she has always said about it is that she didn't really realize that the treatment of her cancer with the medications would shift a lot of the way that she felt on her skin. So Her skin was flaky, it was dry, it was dehydrated, her nails had discolorations, her nails thinned out, her hair fell out. And all of that led her to feel that she wasn't pretty anymore.

Okay. And for her, that was a life changing moment. So when she looked at the mirror and she said, "Oh my God, who is that ghost that's looking in the mirror? Who's looking back at me? Who doesn't look like me?" So she went, and she did some investigations. She went to the salon, she went to the beauty counter, she went to the aesthetician, and she tried to explain these problems to everybody that was there. And all of those people said, "Oh, sorry. You know what? You have cancer. We can't do anything for you. And we're not really sure why this all happened to you, but sorry. Really don't know what to do with that."

So I have a sensation that from talking to all these people that most patients really wish to feel normal again, they want to feel and look the way that they did prior to the way the treatments started. So once you start the treatment, it radically changes the way that you look. And then as you wake up every day, it changes the way you feel. My personal philosophy about taking care of patients is really that it's mind and body together, right? It's your mind that is part of the body healing itself. So your body ... we're going to do all these things to take care of your cancer and good for us as physicians and clinicians and providers. But the mind part of it is just as important when you take care of yourself and when you do all these little things to improve how you feel. Then you have a positive outlook and then you are able to have self-esteem, your sense of wellness is better. And you're able to deal with all the complexity of cancer treatment, which is a lot.

There's a whole bunch of patients that have never mentioned all of these things to their providers because they say, "Well, I have cancer, I'm lucky to be alive. These things are vanity items that I don't have my eyebrows or that I don't have my eyelashes." But I would tell you, that they're all part of it. Maybe they're not the most important part of it. But if they're the part that makes you feel better about yourself, if they're the part that lets you have a positive outlook, well then let's do it. It's an easily fixable, treatable, thing. Okay.

So let's talk about treatments. Okay, so we have all different ones. So there's chemotherapy, which is drugs like Taxol, Adriamycin, those are the chemotherapy things. Targeted therapy are things like Herceptin antibodies, Avastin is another one that's a targeted therapy, but I'm going to go through each of these individually.

So what's the mechanism of chemotherapy? So the thing about cancer, which you may or may not have read about or appreciated, is that these are your normal body cells that have gone rogue, right? They're out of control, they divide faster than the normal cells. They don't respond to growth control signals, they just grow wherever they feel like and however they feel like and they tend to be rapidly dividing cells. So the medicines like Cisplatin, 5-Fluorouracil, Taxol, they affect the rapidly growing cells.

The rapidly growing cells cannot be distinguished between cancerous rapidly growing cells and everything else that's rapidly growing. So therefore, the side effects that you notice the most are the ones that are affecting the rapidly growing cells, the cells of your GI tract, that's why you get the mucositis, that's why you get the GI upsets. That's why the skin, the hair, the nails, they're all the rapidly dividing cells in your body. And so those are the things that it affects. And so therefore, you notice it the most on those organs, because it's the overlap, right? You can't distinguish the normal cell from abnormal cell, and that medicine is killing the abnormal cells, but it's killing some fraction of these normal cells, which is what bothers you.

So hormonal therapy, so for breast cancer, and prostate cancer, some of those cells respond to hormones like estrogen and testosterone. So we give medication to block those receptors. Now, when you do that, there are consequences to that. So things like Tamoxifen or Arimidex. They send you into a functional menopause. So if you weren't menopausal, they're blocking all the effects of estrogen throughout the body, and so you'll notice that. Same thing with the Anti-androgens, although we're not going to speak much about Anti-androgens today.

And so the next one of these targeted therapies. So what these are, is that certain cancer cell cells have proteins on their cell surface or within their cell that are specific to cancer cells. And when you have a protein or an antibody or a drug that interferes with those proteins, you can kill off those cells. So examples of that are Avastin, Rituximab, Herceptin, those are all targeted therapies to proteins. Now, why does that matter? These things have a whole different set of side effects. And they tend to present with rashes, they tend to have dry skin, they tend to have all different other kinds of side effects, but related to the proteins that are in the body.

And now we have a new method of treating cancers and these are very, very new. Despite the fact that the ads for them are all over the TV, it's a two to three-year-old set of new medications. It's being tried for all different indications. And they are to stimulate the patient's own immune system to eradicate the cancer cells. So your own army of fighters and warriors are going to now go after these cancer cells. So things like KEYTRUDA, which is Pembrolizumab, or Ipilimumab, which is YERVOY, those are all ones that we're talking about. And they have a ton of side effects. And particularly in combination, they have a ton of side effects, but they're very, very different from chemotherapy.

So let's talk a little bit about radiation. So radiation some people have gone through when they've gone through breast conservation. There's two kinds, there's external beam radiation, which is a bit like going in a tanning booth, right? You go under the machine, the machine gives you essentially a square area of radiation. And then there's internal radiation where they either put what a SAVI SCOUT or they've put a MammoSite balloon, or they've put any of these other things which are internal radiation. And the radiation, what it does is it kills the cancer cells by damaging the DNA. And once you damage cell DNA, it dies a slow death, but it ends up with cell death. So that's how radiation kills you. But in terms of its effect on the skin and things like that. It's like a severe sunburn, which we've all experienced.

Now, surgery, I put this on there because I'm a surgeon, right? So I have to make sure that we're clear that we're not talking about just other things. So surgery is a local issue, right? We try to take out the cancer. Occasionally, we try to take out metastases, we palliate symptoms, we place feeding tubes, MetaPort, and that sort of thing, but it's a local therapy. And so once the cancer is removed, there's still little cells and little other stuff that other specialties, medical oncology and radiation oncology work with.

So what I'm going to talk about today in sequence are things that you should know about. What Bridgette said to me when I was talking to Bridgette, I had a long conversation with Bridgette a couple months ago, and she said, "It's so unfair. They don't tell you any of this. So I've been to 50,000 million appointments and no one mentioned to me, all of these things that are happening to me. Why doesn't

anybody say ..." So I wake up one morning, my nails are falling off. Why didn't anybody tell me that? Is it up to me to go figure it out?

So I'm going to try to give you a bit of an overview with some solutions, okay, and they're not all the solutions. And I'm sure that patients have way more solutions than I've come up with. The ones that I've tried to do are things that have data, things that have been tried in clinical trials so that you have some experience that it's not just a trial and error situation.

So I went through the kinds of therapy that you have, and each of those therapies leads to different side effects. But these side effects are grouped in categories. So there's side effects to your hair, there's side effects to your nails, there's changes in your mouth and taste, and then there's actually the side effects of your skin.

So this is global, just watch out what you put on yourself. Okay? So when you start treatment, you may have a lot more sensitivity. And the sensitivity is somewhat unexpected like that soap that you've used for 100 years in your dishwashing detergent or your clothing detergent may all of a sudden be super sensitive to you. So you have to patch tests and you really do have to try all of the things that you've used before because you may be more sensitive to it.

I would suggest that you look at the clean beauty products. The clean beauty products are products that have been evaluated for toxins so that you already are taking in toxins with the chemotherapy, there's no reason to add more to it. And they can for sure, now that your skin is much more sensitive, cause you all sorts of trouble. And I would give you my disclaimer that the products in this presentation are suggestions. They may or may not work for everyone and I would hope that you pass the test. For sure, there are a zillion products that work for people. And these are just some suggestions in how to approach the products that you choose.

So hair loss changes and how it can make you feel. I don't know if you realize this, but there's some fraction of people that refuse to get chemotherapy, because they're going to lose their hair. And it's such a debilitating thing to lose your hair because now all of a sudden, you look in the mirror and there's nobody that you recognize in that mirror. For many people, it really takes a lot to be able to accept the hair loss. It takes a lot. It's very emotionally draining to lose your hair. And the part that people don't tell you about is that it affects all your hair. So good for you. You may not have to shave your underarms but they are bad for you. You might lose your eyebrows, you might lose your eyelashes. And so those are things that people didn't think to talk about.

So let's talk just for a moment so that you understand what happens here. So when your hair grows, okay, there are three phases of hair growth. There's called anagen, catagen, and telogen, all right? The anagen is what normally happens to 90% of your hair, you have this little hair that starts off as peach fuzz, and then it grows about a centimeter a year, maybe a little bit. Sorry, a centimeter a month, maybe a little bit more than that. And over two to six years, the thing grows. All right, and it grows and 90% of your hair is growing at any given time. So if you see in the shower, you lose some hair. Usually people only lose about 100 hairs a day, maybe 150 hairs a day and if you were really diligent and picked up all those hairs, it's about 100, 150, what's on your comb, things like that.

Now at some point, this hair gets old. All right, and it starts transitioning into old hair. Okay, and this is about 10% of your head. And if you look at your scalp, right, you probably have 6000 hairs in there. Okay, so some fraction of them are getting old. And so they disconnect from their blood supply, and they're ready to move on. And then the telogen thing happens. So telogen is hair shedding. And so when the hair sheds, it then loses its blood supply a little bit, a new hair follicle grows, and that's the thing at the end and it starts back in this anagen phase where there's a new little follicle here, the old one gets pushed out and for average people, this is about 10%, right?

Some people have this after pregnancy, so I don't know. You pull your hair out after pregnancy and delivery anyway. And then all of a sudden your hair falls out, which is a very common feature because somehow other pregnancy and post-pregnancy shifts the anagen hairs to the telogen phase. And so then you get this intense amount of shedding. All right.

When you get chemotherapy, the hair follicle itself has a blood supply that keeps it alive and well, so that blood supply is the issue. So when you put toxins in there, the hair follicle is really sensitive to it. So then you're shifting more of these anagen cells into telogen where you're shifting them into a hibernation, okay? And if you notice down here, it's a three to five month thing. Okay. So the follicles that you had that were growing, when you get your chemotherapy, there's about two weeks to a month before it really starts to fall out. And then it takes three to six months before it comes back.

So I'm just going to show you, they did some research, the pathologists did and they looked at two different things. And so they looked at the hair follicles over time, and they looked at low-dose chemotherapy and high-dose chemotherapy. So the low-dose chemotherapy, the hair shaft, which I showed you on that previous picture is shed. The follicle because it's like drip-feed toxin, right, it doesn't completely recover. So the slow recovery to a normal hair shaft means that this thing just takes a long time to grow because the follicles are injured, the follicles don't recover, and then you don't get a normal hair shaft because the follicles aren't recovering.

Now, if you give high-dose chemotherapy, according to this particular study, you get immediately from the anagen phase, it's just to the catagen phase and they transition into a very strong definitive shedding and you shed all your hair. But there's a very rapid recovery once the drug is lifted, so it's bad in that it happens and all your hair falls out, but it's good in that you get a faster recovery of the hair follicle.

So, let's talk about options about the hair. All right, so I spent all this time discussing with you how the hair follicles need nourishment, right in order for hair follicles to grow. So what is nourishment to a hair follicle? So it's blood supply, it's not being dry and dried out and it's about vitamins and nutrition that keeps hair follicles growing and healthy. So we suggest things like Biotin. Biotin is a strengthener, it stimulates the strength of the hair and it helps your nails and your hair grow. It has one little side effect which they don't tell you about, it gives you a little acne so some people can't take a lot of biotin.

And then there's things like emu oil or these rich oils. So it could be olive oil, it could be coconut oil. Emu oil works really nicely and a massage into the scalp, the massage stimulates the hair follicles, the oil keeps them hydrated. And so that red flakiness that is on your scalp while you're undergoing treatment and the hair's not there, then all of a sudden is softer, and the hair follicles have a little bit more moisture in which to grow. So they're not overcoming the moisture problem because it's all softened and ready to go.

So then there's a drug called Minoxidil. So Minoxidil is available at Costco. Most people are not really happy with Minoxidil and the reasons they're not happy with Minoxidil is because when you put it on your scalp, it itches. And it flakes and it scalps and it gets all wet. So everything that you're doing with the oil is counteracted with the Minoxidil, but the Minoxidil will stimulate the follicle to grow. And the other complaint that people have about this formulation that's really at Costco is and you can get other formulations that's not so sticky. I think what you'll find in the majority of the stuff that we talk about, is that people have a really hard time with sticky. So if you put something on your head or your hands or whatever, and it's sticky, nobody seems to like it in particular.

Then there are a whole ton of these new items and it falls under a category which we call Photobiomodulation. And it's really that there's a low level laser light and these things, there's a laser comb, there's a cap, there's just little, I don't know four by eight things that you can put onto your head.

These caps stimulate the hair follicle to grow. Okay, this is what male pattern baldness has been doing for a very long time is that they've been using light to help the hair follicle grow.

I have not seen any studies with regard to Laser Caps and what we call chemotherapy-induced alopecia which is baldness from the chemotherapy. So I would say, for caution's sake, you probably should use that as a later item to help you with the hair growth.

Now, those are all about getting hair to grow. Now, what if you just said, "Okay, I'm just going to camouflage what I have," because that's another option, right? You can at the beginning of therapy, cut your hair really short pixie cut, and then that way when it falls out, or it's not so challenging to see and to feel, right? Because you've made an effort to cut your hair and now if the hair falls out, it's not so much hair that gets lost.

Scarves, wigs, they're all options. There are lots of fabulous people who can help you with wigs. The only one thing I'll say about wigs is that they're hot. They're definitely warm. People get very hot and sweaty under their wig. And so there's some people that I know who have linen as their wig liners instead of the nylon, and that seems to help substantially with that particular thing.

Or you could go completely, completely the opposite way. All right, and say, "Hey, I have no hair on my head. I'm going to show it to everybody." And so those people are really cool. And they have this thing called a henna crown. And so some of the henna artists will do a design on the top of your head. So it lasts about two to three weeks. And again, patch test the henna from whoever you get it from, but they're beautiful, these beautiful designs that people have and so then people go out there and they just wear their henna crown. It depends on your style and it depends on how you feel about it, you want to hide, you want to not hide, you want to just get out there. It's all okay.

All right, so let's talk a little bit about the scalp cooling thing because this has been a discussion. There's lots and lots of people talking about scalp cooling. So the thought about this is that and you can do this on your fingers on your feet, all of these things have been discussed. So if you cooled down the scalp, all right, what happens is that the blood vessels constrict just like if you went outside, your blood vessels constrict. So those hats that you wear, cover up your scalp, and they cool down the first two to three millimeters or four millimeters of the scalp, and that strings the blood flow there. And so when you're getting chemotherapy, that blood which is carrying all that toxin doesn't get to the hair follicle, and it doesn't bother the hair follicle as much.

Okay, that's cool. And then the studies have shown that only about 50 to 60% of people actually have a benefit from the cool cap. Now, if you've ever tried to do a cool cap, you need a cool cat buddy, because you can't do it yourself. So someone has to go with you to infusion and they have to help you get the cool cap thing on because it is a struggle. So depending on the vendor of the cool cap, one of my patients described it to me, it was like wearing a skullcap that was ice cold. And because your hands are wet and cold, you can't get it on your head and it has to go on very tightly. So about every hour, hour and a half of your six hour infusion, you have to change this cap.

So you spend most of your infusion time trying to get this cap on your head and getting it to sit properly and things like that. So I think the reviews are a little mixed. If you're really committed to this thing, it's a thing. And it works for 50 to 60% of the people, but you really do have to organize it well. So you have to have a buddy, you have to be able to get it on your head well, and things like that. So that's my take on it.

Now, I got this from Pinterest. So I don't even know this lady, but if you go to Pinterest, you can see people's journeys. There's tons and tons and tons of people posting on Pinterest, about their hair and about all of these things. Now, the thing that I would say to you about it is this lady posted her journey,

right? So three months, four months, all the way back to 10 months. So in 10 months, she may actually get what looks like mostly a full set of hair.

Now, the thing that you might not appreciate and I don't know if there are any pictures of this lady before she got chemotherapy but if you have straight hair, often it will come up curly when it grows back, and sometimes if it was curly it will come back out straight. So your hair is not generally your hair after chemotherapy and it's a lot drier for sure.

All right, so let's switch gears a little bit. Sorry, let me add one more thing to this. One of the things that I suggest about the hair is that you definitely use shampoos that are gentle shampoos, that don't have sulfates in them, that don't have toxins in them. Again, these clean beauty brands. There are a ton of them that are out there but they don't add additional injury to the fragile follicle. Okay?

All right. So eyebrows. Now why is it that eyebrows are such a trouble? Okay? If you look at the plastic surgeon's office and you look at eyebrows, eyebrows frame your face, they define how you look. And so your distance between your eyebrows to your scalp line are the things that make the face round or square or heart shaped or whatever it is, right? And then you need this definition, to be able to identify somebody and to be able to say that this is the frame of their face. So when you lose your eyebrows, then all of a sudden, it's hard to recognize who you are in all of this because the framing that was normal to you is now gone. And so the cues that you have to say, "Oh, this person has this or this person is healthy," and nowadays with our masks, it's even harder because there are fewer cues.

So I got this from a really cool book and I put it in the comments at the end. This is a gentleman, he's a makeup artist in Beverly Hills, and he has a book on how to put on your makeup when you have cancer. So I think that's pretty cool. But one of the things he suggests is that you take a photo of yourself before you start treatment. And as you're going through treatment, if you have very few eyebrows, you use a pencil and you'll put the pencil, a shade lighter and you'll outline where you have to go and then you brush through with something that looks like brow shadow. And if the hair on your eyebrows is crackly and brittle, you can put a hair conditioner on it and the brows come back. Sorry about that. And then if they're completely lost, then you have to draw them in but it's a good time to experiment with what kind of brows you like, what kind of brows there are, there's a whole bunch of brow stencils if you need them.

And then there's the going for chemical things. So one of the chemical things is Latisse. So Latisse, you can put on your remaining eyelashes and it will grow your eyelashes but it's like Minoxidil in that regard. As long as you put it on, it will continue.

Give me just one second. I don't know too much about talking. And the other thing is false eyelashes. So these false eyelashes are very cool. Now if you've ever tried to put on false eyelashes, it's very hard to do by yourself. It seems like a two person opportunity. But this tool called Lash Binder helps you to do it yourself.

We had in our office, a lash bar, which means that the makeup artists will come to your office and put lashes on the patients. And I have this young woman, I think she was diagnosed when she was 38, Kreps has cried. I don't know, I want to say we did the last bar in November. She cried from January to November. Every day she was upset about how she looked and all of this stuff. Casandra put the eyelashes on her, and that was the first real smile that that lady had. Well, it feels like 11 months. She looked in the mirror, she smiled. She looked like, "Oh, this is me again."

So you never know what's going to be that thing that makes you feel like yourself again. So caring for your eyelashes, just remember; avoid curling them, remove your mascara. And you can do some of these makeup tricks to help you not make the eyelashes so prominent, if you don't want to go the route of the fake stuff.

The eyelashes that come with this package are funny. I tried them and I'm not much for wearing makeup or hair, any of these things. There are some that make you look like one of the Disney Princesses that are very long and thick and stuff like that but there's some normal-ish lashes, so those are all fine.

Now nails, let's talk about nails. I'm going to show you some pictures of Some nails. All right. Now, the problem that happens is nails are again fast growing tissue, the stuff around your cuticle, which is here is the stuff that really, really bothers you. Okay? So for many people, they get their nails done every two weeks when they look down at their nails, they're pretty, they have all little decals on them, you can type it's a whole thing around your nails and how you feel when you have your nails done. So when you have all these nail issues, it's really problematic, okay.

So they tell you every time that you can't have a manicure. Why can't you have a manicure? Because the nail ladies are not respectful of your cuticles. So if you injure any of this stuff and you over cut or over push the cuticles back, you can get cracks and breaks in the skin which lead to infections in your nails. And if you get a really severe infection in your nail, the dose ends up getting reduced from your chemotherapy. So that's why they say, "Don't." It doesn't mean you can't take care of your nails, it just means you can't go to a salon to get it taken care of. Okay?

So I'm going to show you this step, it's called Polybalm. Now Polybalm, I'm going to go forward a slide on the back of this. All right, I don't know if you can see this lady on the left. If you look at her nails, and you can see here, this is the dark color of the nails. And then if you look at her nails, like they're cracking, they're lifting off. This pinky here. It really exemplifies it. There's a little bit of normal nail here. But then this thing is all black. This nail is lifting off, she's had infections and cracks in all of her nails, okay.

There's this thing called Polybalm and what Polybalm is, is it's a wax and you put it on to your nails. And what the wax will do then is it treats the nails, makes it slightly not ... it stimulates the cuticle to grow so that you don't end up with those nails that look like that, because those nails will fall off and it's something called onycholysis where the nail bed stays healthier, it stays better. So on the left picture is before and then on the right picture is after. And I think the places to look are the pinkies and the second nails. This is one set of slides. This is a three weeks difference. This is about two months difference and you can see this black discoloration that was at the time of surgery. And about two months later all that black discoloration with the Polybalm is mostly gone.

So let's talk a little bit about your mouth. Okay, so the mouth has the same problem as all the rest of the rapidly dividing cells. You can get ulcers, you can get bleeding gums, you get sensitivity to hot and cold, you get changes in taste.

So what do you do about all that, right? How do you deal with that, if you talk to the doctor, they'll give you something called Magic mouthwash and it's got lidocaine, and it's got steroids, it's got other stuff. It works pretty well, but you still have to brush your teeth. So if you ever had those sores in your mouth, and you try to brush your teeth with mint toothpaste or cinnamon toothpaste, you'll never brush your teeth again, it hurts. So if you try the unflavored, non-mint toothpaste, that thing works great. You can put a little bit of flavor as much as you can tolerate and do that.

If you feel like your saliva is too thick, and the way that we deal with thick saliva usually sucks on a lemon drop. But if you suck on a lemon drop and you have these open sores in your mouth again, you're going to go crazy. So you can sip on a little papaya juice, which will thin out your saliva. You can use honey, which is an old ancient Egyptian tool for dealing with mucositis. So those are a couple options to deal with stuff in your mouth. The toothpaste is probably my best suggestion on that.

The other thing is that there's a couple of different companies that sell glutamine powder, and you can use glutamine powder. There's one called Healios. There's a couple of different other ones but you

dissolve it in water and you do it like a gargole three times a day and it heals the mouth sores and it heals those ulcers in the mouth.

Shyamali Singhal:

Now, if you do all of those things, great. Commercial mouthwash contains alcohol so that becomes a really sore thing. I hope that if you have cancer, you are not chewing tobacco or smoking. But it's not to say that people don't, but tobacco and those products are generally very irritating to the mouth. And so are these acidic fruits, lemons, grapefruits, they stimulate your saliva but they also hurt if you have an open ulcer.

So let's get to the skin thing. Now what is the problem with the skin? Now, this is a little bit of skin anatomy. Okay, so the first job of your skin is to protect. So it is your first line of defense against ... It's the barrier between the inside world and the outside world. So the first line of defense it contains immune cells that protect against infection. It absorbs things such as vitamins, water, and oxygen to provide moisture. Through the sweat glands and all that, it excretes toxins through the sweat glands, and it secretes something called sebum which keeps the surface of the skin slightly acidic and it's a mixture of oils that keep the skin soft. It also regulates your temperature, it deals with sensation about heat, cold pain and pressure.

And so if you look at this area that I'm showing you with the cursor, that's where the moisture gets held. Okay, this is the stuff that flakes off, this is the stratum corneum. And really what you want is to have moist skin and you want certain things to hold moisture within the skin. Because you can imagine if you have super dry skin and the skin cracks, then now all of a sudden you have a break in the barrier function of the skin. And when you have a break in the barrier function at the skin, you're more susceptible to infection, you lose a lot of water through this and so there's reasons to keep the barrier function of your skin intact.

So what happens with that? There's something called Xerosis. Now Xerosis is the medical term for wickedly dry skin. Okay, not just a little bit of flake here and there but really cracked parched. So imagine that the skin on the back of your hand looked like the way it does on your heel. That's the dry that we're talking about with that. Sometimes you get red bumps, you get flaking, some of the medication leads to this acne rash.

So some people at the age of 65 or 70, all of a sudden break out with acne, you get skin bumps and growth. There's something called hand foot syndrome where the skin on your hands and your palms turns bright red, and it's very painful and it just all sheds. And then there's also allergic reactions. And so each of these is just a topic in and of itself, but I just listed there so that you know.

So how do we go about dealing with dry skin? So first, you have to categorize it. You have to say, "Okay, well, is it mild? Is it moderate? Or is it severe?" Okay, and the difference between moderate and severe is really, whether it interferes with your ability to button your clothes, whether it interferes with your ability to move around or your toenails is so cracked and your feet are so crack that you can't actually get up. That's the difference between moderate and severe.

So the few things that you can do to really look at this much more carefully is those short, lukewarm showers. Okay, hot water will end up making your dryness all substantially worse. Avoid scrubbing the skin. So when you get out of the shower, it's a soft towel and you're patting your skin dry as opposed to rubbing it. Try and stay out of the fragrances, the fragrance-free detergent, fragrance-free moisturizer. Some people really find a lot of benefit with using a humidifier. So the humidifiers in the room at night can keep the skin quite moist. And for many of you who live in humid climates, the AC is a little drying to your skin. So I don't know what's the right answer. Open the window at night or put the humidifier on. But either way, it's a complicated set of circumstances and then loose clothing. That's another one to keep the dry skin from bothering you.

So what do you put on your skin? And what is the purpose of each of those things? So there are things that are called in the category of emollient. All right, what does an emollient do? It adds smoothness to dry rough skin and helps to hold in the moisture. So it's like a barrier. The trouble with it is that it's sticky. So most people don't like sticky. So things like Aquafor, petroleum jelly, lanolin. So lanolin comes from sheep, and so many people find themselves allergic to that sheep oil, I guess that's what you call it but mineral oil and all the silicon barrier items, but it works. It works to keep the smoothness and again, it leaves you with this greasy sticky feeling which most people if you put it on your hands, then you can't hold a pen because it's now too sticky to hold the pen.

Then there's a thing called humectant. Now humectant, what that does is it pulls the water from deep in your system and it holds it in the skin. So things like hyaluronic acid, glycerin, honey, urea, it pulls the water in it, and it holds it into the skin.

They're things that are anti-irritants, so if your skin is red and irritated, things like oatmeal, things like calendula will soothe the skin and decrease the inflammation in it. Then there's a thing which is a little on the pricey side. And some to the higher-end brands will put ceramides in their lotions and things like that. It's a fat and lipid that will get into the skin but it holds on to moisture. And so it gives your skin that sense of plumper and fuller from having a ceramide.

Now, this is a nondenominational discussion about products you might need. Okay. And it's not to say that one product's better than the other but just when you decide on a product to think about the things that you need, and I would say start with the clean beauty products because there's now starting to be a lot more of them.

Face and scalp, cleansers, you need to try to be sulfate-free so that you don't want extra toxin in there. Moisturizer, so if your moisturizer can have an SPF in it, that's even better, because we're going to talk in a minute about sun sensitivity. Now, lip balm. One of the things that you may not appreciate about lips is that when you're undergoing chemotherapy, they get very dry and so keeping them moist and keeping your saliva and all of that to moisten your lips is an ongoing task. So what you might notice is that you end up with very cracked lips, so lip balm that has beeswax, hyaluronic acid, vitamin E. Those are all super helpful.

Sunscreen, we recommend a mineral sunscreen, not the traditional sunscreen because the traditional sunscreen has some chemicals in it that can be absorbed through your skin and you don't need extra of that.

So now separated out for your body, right sulfate-free for the wash, moisturizer. You can use any of the things we talked about. Oils, body oils. I happen to be a fan of this emu oil. I think emu oil works really nicely for the scalp and for the body, for very dry skin.

And then these things are recommended by dermatologists and by other people for that dry, cracked heel. So if you see certain pedicures, there's a brand called AmLactin that has 12% urea in it. And some of these other urea creams really allow for dry skin and for the moisturizer. Now, urea cream is not palatable to everybody. So you have to test it out and see if it works for you.

All right. This is one of the things that people complain about all the time. So I don't know if you see this on this young woman's face. But this is hyperpigmentation and this started when she started taking Arimidex and when she finished chemotherapy, and so she has all of her body in her hands, this patchy pigment. So what do you do about it, right? This wasn't her before she started this. You can see it all over, right? So after you finish treatment, you can consider doing this. PCA makes two of them, but there's other brands. One of them is a pigment bar. And with a pigment bar, it has some vitamin C, it has some other ingredients that help the skin to shed and when this newly formed skin comes on, it's not as

pigmented. All right, and then there's another cream called 4% Hydroquinone, which also decreases the pigment in the skin.

Melissa Rosen:

Dr.Singhal.

Shyamali Singhal:

Yeah.

Melissa Rosen:

I know that you have so much more great information. I wanted to see if we could take a little break now and get a couple of the questions answered. And then anybody who can stay a little longer can get the rest of the information. Would that be all right with you?

Shyamali Singhal:

Yeah. Fine.

Melissa Rosen:

Thank you so much. We just had so many questions. So a couple of them.

Shyamali Singhal:

Okay.

Melissa Rosen:

If hair comes back a different color or a different texture, is it safe to dye it or treat it to change the texture or color?

Shyamali Singhal:

So there are some brands that are organic skincare brands, Madison Reed is one of them. There's one called Nutri-Essence. There's a couple more out there that are all starting which are organic non-toxic brands.

Melissa Rosen:

Amazing. Thank you.

Shyamali Singhal:

It's the dryness that really gets to that. So when you color your hair on top of it, your hair gets very dry. So you have to make sure that you deal with that.

Melissa Rosen:

Okay. Somebody asked if you could address skincare with regard to lymphedema.

Shyamali Singhal:

So lymphedema is a challenge and that's one that you probably should seek out an oncology aesthetician for lymphatic massage, because you want to be really careful about the breaks in the skin and because you can easily get infections and things like that. So I would say that you have to keep the skin moist and what's the best product for that? I would choose to see one of the oncology estheticians.

Melissa Rosen:

Thank you. I appreciate that honesty. Somebody shared that their skin, the skin itself appears to be thinning and is there anything that can be done about that?

Shyamali Singhal:

That's a tough one because that has to do with the medication and it also has to do with, depending on what medication it is, it puts you postmenopausal and then postmenopausal your skin thins. So it just depends on the medication.

Melissa Rosen:

Okay. You actually addressed that. So somebody would like to know if they're able to use powders or deodorants near incision sites, like if they had an axial dissection or something like that.

Shyamali Singhal:

So we have some non-toxic deodorants, Oleander makes one. There's some crystal Tom's makes one also, that you can certainly use the deodorants but if you end up it's, I don't know plus minus of axillary radiation, so if you get axillary radiation, you don't get any hair in your armpit and you tend not to sweat so much in that armpit.

Melissa Rosen:

Oh, that's helpful. Okay. Are there any suggestions you have for minimizing scar development or scar reduction ones they have formed?

Shyamali Singhal:

So, it depends on who your plastic surgeon is or who your surgeon is. Sometimes you get hyperpigmentation in the incision. Sometimes you can treat those, the vitamin E, vitamin C cream. The way the scar is going to look isn't solidified up until a year. And so once it's a year, then the remodeling and all that stuff, that's how the scar is going to look. So the vitamin C, Vitamin E, those are topicals that you can put on there. That will help once the incision is healed. And then you can get them laser resurfaced, the plastic surgeons have a million different ways to deal with the scar.

Melissa Rosen:

Right. Okay.

Shyamali Singhal:

Keloids is a different issue but just the incision itself.

Melissa Rosen:

Okay, thank you. Just a couple of more. Okay, so this one, you'll have to forgive my pronunciation but I had never heard of this and I wondered if other people had, had this and this might be great information. Somebody shared that after radiation, she developed Telangiectasia.

Shyamali Singhal:

Telangiectases, yeah.

Melissa Rosen:

Please pronounce it.

Shyamali Singhal:

Telangiectasia.

Melissa Rosen:

Okay, from radiation, so could you quickly define them and she noted that laser treatments haven't helped. Does she have any other options?

Shyamali Singhal:

So what they are is it looks like spider fangs, that's what they look like. So in the area that you got radiation, you get what looks like a central red with some kind of red. It looks like bloodshot eyes. In fact, that sort of look to them.

The laser does work. I haven't heard that exact problem. So I'll probably have to get back to you. I think it depends on the type of laser. And you might be able to use some of these other things like the Hydroquinone and stuff that you people use for pigment. But I've not heard anybody use that specifically, so I'll have to follow up with you on that one.

Melissa Rosen:

So that's a good place to say that we got many, many more questions and we've done our best to answer them but we'll reach out to Dr. Singhal and send out some information to everybody who registered for this. It's just after 3:00. Now let me wrap up and then anybody who would like to stay to learn more about photosensitivity, we can do that too. So if you're interested, please don't leave after we wrap up, but I do for anyone who has to go, I want to thank Dr. Singhal for sharing her expertise. It was absolutely fascinating and I hope it was inspiring and informative to you as it was to me.

I want to thank our sponsor for today's webinar, The Siegmund and Edith Blumenthal Memorial Fund. I want to remind you that we are here at Sharsheret to help you and your loved ones. We provide emotional support, mental health counseling and other programs designed to help you navigate through your cancer experience. All are free, completely private and one-on-one. You can call (866) 474-2774 or email us at clinicalstaff@sharsheret.org. You are our priority and we will do whatever we can to help you get through this.

The last thing I want to mention is that we continue to provide a wide range of information through webinars and the next few things coming up later this week. PAINT WITH ME! with artist Nikki Sausen is

this Thursday, July 23rd 8:00 PM Eastern, 5:00 PM Pacific. You do not need experience. She will provide step by step guidance and it's just a fun way to lower your stress during these times.

I'd like for you to consider joining us for Midsummer Miracles on Monday the 27th same time, 8:00 PM and 5:00 PM. This is our revisioned annual gala. It's a celebration of all of Sharsheret's work and we will be joined by Broadway stars and they'll even be an appearance by Fran Drescher. You can learn more about this and register at www.midsummermiracles.com. And then the last webinar I'd like you to be aware of is Facing Menopause and Cancer with Dr. Suzanne Gilberg-Lenz on Friday, July 31, at 1:00 PM Eastern, 10:00 AM Pacific. You can get information about all of these and many more on our website, which is sharsheret.org. Please, if you're interested in learning more about photosensitivity and skin care during the summer, please stay on. For everyone who has to go. Thank you for joining us.

Okay. Dr. Seagal, I would love to hear more about photosensitivity.

Shyamali Singhal:

Sure. So when you get the chemotherapy and it sits on your skin, and so what people experience is that they get sunburned really quickly. So as soon as they start their treatment, they really should up their game on sunscreen. So remember, sunscreen has to be reapplied every two hours. What people don't like about sunscreen is that they get up in the morning then they do their makeup and stuff like this and then they end up having to put more sunscreen on and cover up their makeup. So Colorescience has one where it's a brush on sunscreen and things like that which is really super helpful. Please stay out of these tanning booths.

Okay, radiation and skin. We talked a little bit about this. This is just like a sunburn, right? So how do you take care of the radiated skin? Wash with a non-soap cleanser, pat dry, the Emmalin moisturizers, those can decrease the discomfort. Sometimes it's topical steroids that deal with that. There's a brand of cream called EpiCeram which is a barrier cream made by a dermatologist at UCSF which is by prescription only, but that's quite good. Calendula is probably the one that has the best data and wears sunscreen. That's all I have to say about that.

Now, this is what I was talking about, about oncology self-care. A little self love goes a long way. So taking care of the little stuff is really important for you. So I say to you, all of you and as wonderful as you all are, just take a little bit of extra time to take care of those little things and you'll find the whole self will feel better.

So this is the stuff that we have at Hope and Beauty. We have all different products and I have left some information down at the bottom on the next slide about how you can contact us if you have questions or things that you're interested in learning about. This is what we call our Chemo Companion kit. And this is for people that are newly diagnosed, and there's a little bit of everything, so that they can try it out. And then if they like the stuff, they can take the full size of whatever their products are that they like.

And so this is the reference, and so there's a number of different books out there. A couple that I really like are this Beauty Therapy and Beauty Therapy tells you how to apply your makeup and how you conceal some of the things that chemotherapy brings. And I think it's a very specific guide on how you accomplish certain things. And then there's another book called Pretty Sick and she has some wonderful tips. I've used some of her tips, and I think she does a really nice job of putting it all together.

This is us, you can always reach us on any of these channels. For Sharsheret, I really appreciate it. I met you guys last year at The Oncology Nursing Society, and we've been partners and friends since then. I appreciate the opportunity to talk about what we have and what's going to be good for people.

Melissa Rosen:

Thank you so much, Dr. Singhal. We also are grateful for the partnership we have, and we have gotten such wonderful feedback on the resources and materials you've shared that go out in our Best Face Forward kit. For everyone who is on, I'm going to work with Dr. Singhal and her team to get all the questions answered and we will send out an email, hopefully later this week that not only has the answers to all the questions, but also a link to the recording so you can watch whatever parts you need again, if you weren't able to stay for the whole time or if you want to share it with someone who you know would benefit. So have a wonderful day to everyone. Again, thank you and we will be in touch soon.

About Sharsheret

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer • Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors • Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer • Sharsheret Supports™, developing local support groups and programs

Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

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The information contained in this document is presented in summary form only and is intended to provide broad understanding and knowledge of the topics. The information should not be considered complete and should not be used in place of a visit, call, consultation, or advice of your physician or other health care Professional. The document does not recommend the self management of health problems. Should you have any health care related questions, please call or see your physician or other health care provider promptly. You should never disregard medical advice or delay in seeking it because of something you have read here.

Love the Skin You're In Before, During, and After Cancer

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