

Ch. 1 Introduction

WARNING: "WINDSURFING MAY BE HAZARDOUS TO YOUR SKIN AND EYES AND MAY LEAD TO CANCER OR BLINDNESS"

Don't worry! We're not going to see this warning applied to our sport! It's just a way to get your attention! Now we know WINDSURFING isn't to blame ... it's really just the good ol' SUN. So, what are you going to do --- prohibit the sun from shining? No way! Eliminate the cause of the ozone layer's depletion? Probably not. Control the sport? Hopefully not. Make windsurfers more aware of the need to prevent skin and eye damage? YES!! This article is intended to help you learn how to minimize the risks associated with sun damage when you windsurf.

Ch. 2 Looking Back

It's unclear exactly who invented sunscreen, but this much we do know. In the early 1930's, a young chemist in South Australia, HA Milton Blake, with some friends, first experimented in a kitchen to produce a sunburn cream. The University of Adelaide tested the product, gave it the thumbs up, and Hamilton Laboratories was born.

In 1936, just a year before I was born, a French scientist named Eugene Schueller, who founded L'Oreal, invented the first sunscreen according to the company web site.

Then, in 1944, a Florida pharmacist in Miami Beach named Benjamin Green invented a suntan cream in his kitchen called "Coppertone Suntan Cream" . A year later in 1945, "Coppertone Suntan Oil" was added to the line, promoted by Green's slogan, "Don't be a pale face".

The following year, I began delivering newspapers by bike every afternoon and on Sunday morning. It didn't take long to get a good tan and I thought that tan was cool. I didn't realize at the time that a tan was the bodies final desperate attempt to prevent further UV damage to the skin.

Sometime around 1953 or 1954, a little girl joined the pale face slogan on Coppertone advertisements in the Miami area. In 1955, the slogan "Tan ... don't burn ... use Coppertone" appeared and in 1956, the world-famous "Little Miss Coppertone" and the black cocker spaniel icons were created.

About that time, I gave up the paper route and started delivering telegrams by bike after school in downtown San Diego. One year I biked over 7500 miles ... that's a lot of time in the sun! I can remember thinking how really cool and healthy that dark tan looked! In reality, I was just becoming a statistic: "80% of lifetime sun exposure is estimated to occur before the age of 18. Just one bad blistering sunburn during childhood can double the risk of skin cancer later in life." Back then, it seems most people didn't think about skin damage all that much and knew nothing about "sun block" unless you covered your face with zinc oxide like some lifeguards covered their noses.

It was many years later, in 1980, that Coppertone developed the first UVA/UVB sunscreen but it really

wasn't designed for active people who might sweat a lot or for those involved in water sports. If you happened to get in your eyes, which wasn't hard to do if you were active, it really stung.

When I began windsurfing in 1986, I was still thinking that the best way to avoid the discomforts of sunburn was to get a good tan! If anyone had suggested a better way was to stay out of the sun, that of course would have been unthinkable and totally impossible.

In 1991, Coppertone introduced the first sweat proof sport sunscreen and two years later, the first waterproof sunscreen product for kids. Since that time a number of sunscreens have appeared on the market advertising "waterproof", "won't sting the eyes", "total sun block", "lasts eight hours", etc. I regret we didn't have these kinds of products when I was a kid because most skin damage happens to kids but doesn't show up until years later: early wrinkling, skin cancer and other skin problems, along with the possibility of cataract and macular degeneration (both of which are leading causes of blindness), and pterygium (pronounced "ter-ridge-ium", an abnormal fleshy growth of the membrane that covers the white of the eye). A pterygium may remain small or grow large enough to interfere with vision. It commonly occurs on the inner corner of the eye. While the exact cause is not well understood, it is known that pterygium occurs more often in people who spend a great deal of time outdoors, especially in sunny climates.

Ch. 3 The Present Situation

Scientists are reporting that the ozone layer, which normally helps block UV rays, is thinning. Many health experts are attributing the rising skin cancer rate to this phenomena. They say each 1% decrease in ozone translates into a 3% increase in the amount of UVB radiation reaching the earth, which in turn translates into more new cases of skin cancer annually. Scientists warn that over ONE MILLION cases of skin cancer will be diagnosed in the U.S.A. in 2001. The deadliest skin cancer, melanoma, will strike 51,000 Americans, a toll rising 3 percent a year. Skin cancer will kill almost 10,000 this year, the majority melanoma sufferers.

Presently, the most common cancer in America is skin cancer. There are three types of skin cancer: squamous, basal cell and malignant melanoma (the most serious and life threatening kind). The rates of each of these types of skin cancer are increasing, and the vast majority of cases occurs in fair-skinned individuals. Also, those with a history of 8 or more skin cancers run an almost 100% risk of developing a new skin cancer every 12 months.

The predecessor of skin cancer is a pre-cancerous condition called "Actinic Keratosis", most commonly caused by overexposure to the sun during a person's growing up years. AKs are small, scaly spots most commonly found on the face, scalp, arms and back of the hands. If left untreated, some AKs turn into skin cancer, requiring medical treatment which includes: cryotherapy (freezing AKs off with liquid nitrogen); surgically removing them; and topically applied chemotherapy.

While it's no secret that the sun's rays can damage the skin and increase the risk of skin cancer, researchers at Flinders University in Australia say it can also damage our immune system, the body's defense mechanism against infectious diseases and indeed, against sun damage as well. A ten year research project by Flinders University in collaboration with Hamilton Laboratories in Australia, one of the early pioneers of broad spectrum sunscreens, tested how sunscreens can reduce the sun's effect on local immunosuppression and led to a breakthrough product called "Hamilton's Superblock". Reducing the effects of systemic immunosuppression still remains a challenge however. Until the research is in, the best we can do is to follow these suggestions.

Ch. 4 How To Enjoy Your Time On the Water and At the Same Time Minimize Sun Damage to Skin and Eyes

- **USE A BROAD SPECTRUM UV-A/UV-B SUNSCREEN** if you plan to be outside for more than 20 minutes. Choose a sunscreen with Sun Protection Factor (SPF) of at least 30. If you have oily skin, you may find an alcohol based sunscreen preferable to a cream in preventing acne. If you're allergic to PABA, choose a PABA-free product (although most seem to have already eliminated PABA).

Apply sunscreen **LIBERALLY** even if it's cloudy ... up to 85% of the UV rays go right through clouds! If you have trouble finding a sunscreen that doesn't irritate your eyes, try a sunscreen made for infants. If you never miss a jibe, you may not need to reapply sunscreen ... but if you're in and out of the water a lot, reapply every couple of hours. The same is true if you sweat heavily. Water, sand and snow can reflect up to 85 percent of the sun's rays which means your skin may sunburn more quickly.

- **WEAR 99%+ UV BLOCKING WRAPAROUND SUNGLASSES.** I highly recommend polarized lenses and a close-fitting, wrap around style to reduce UV ray damage from the side. When on the water, use Chum's to help keep your sunglasses on and attach a "floater" just in case they do come off. If you need prescription sunglasses, check out <http://www.sporteyes.com/>; they're an excellent source for sport sunglasses including prescription and polarized options.

- **WEAR A BROAD BRIMMED HAT.** I like the heavy canvas Quiksilver hats which hold their shape when wet or dry, do a great job of protecting the eyes and skin, have a secure fastening system, and are washable. Buy a fairly loose fitting hat to compensate for shrinkage. Don't waste your time with light canvas or fabric hats that shrink two or three sizes the first time they get wet and have floppy brims.

- **WEAR A LONG SLEEVED RASH GUARD or WETSUIT.** A wetsuit is an excellent protection in cooler climates against UV ray skin damage. In a warmer climate, use a rash guard. I recommend those made of polypropylene rather than lycra. Avoid cotton T-shirts which provide only SPF 6 or 7 when dry and only 1 to 3 when wet. If you don't wear specially made sun-protective clothing or clothing with tight weave, then apply sunscreen under the clothing.

- **AVOID MIDDAY SUN.** Take a lunch break in the shade between 11am and 1pm. Take a siesta from 1pm until 2pm And don't even think about laying in the sun! If there are no shade trees around, use an umbrella but remember to minimize reflected UV rays. Pay attention to the UV Index information released daily by the National Weather Service. The UV Index gives the next day's amount of UV rays on a scale of 0 to 10, or minimal to very high.

- **DRINK LOTS OF WATER AND AVOID DEHYDRATING FLUIDS.** Don't wait until you're thirsty to have something to drink since you'll already be two quarts low and that's too much to drink at one time. The only hydrating fluid is two parts hydrogen and one part oxygen ... that's right, pure WATER. If it contains sugar or alcohol or caffeine, it's no longer hydrating but in fact, has become dehydrating. If you have a soft drink, beer or strong coffee or tea, your body excretes twice as much fluid as you drank! Maybe you've wondered why you crave another one so soon! One side effect of drinking dehydrating fluids is fatigue and loss of concentration and focus, and if the fluid was a sugary soft drink, you may also notice a "blood sugar low" after the initial burst of energy. Take note if you're into windsurfing competition! If you just can't stand plain water, then drink unsweetened tea. Try four tea bags to a gallon of water (you won't have to worry about caffeine!) and let stand overnight in the refrigerator ... it makes a cool, thirst quenching and hydrating drink. Add a twist of lemon or lime if you like.

What about "sports" and other "high energy" drinks? If it contains sucrose (ordinary white table sugar), avoid it like the plague. Find one with two or three carbohydrate sources, including glucose polymers and fructose. I personally would avoid sports drinks with only one carbohydrate source, even if that source is fructose. Make sure it has between 20-28 grams of carbohydrates per 8 ounces (under 20 isn't enough and over 28 can cause nausea and diarrhea), over 100 grams of sodium (which helps glucose enter the blood stream quickly), and has no artificial flavors, colors, or preservatives. Avoid artificial sweeteners like aspartame, which can cause headaches for some people. Finally, make sure it contains the main electrolytes (potassium, calcium, sodium, chloride, magnesium and phosphates). The one I use and recommend is Shaklee Corporation's "Performance". One final word: don't look for a lot of vitamins or herbs in your Sports Drink ... your goal is to hydrate the body and restore liver glycogen, not "feed" it. Take your proteins, vitamins and herbs after you exercise!

- **FORGET ABOUT TANNING BOOTHS.** They claim to use "harmless" UVA rays, but the fact is they still damage your skin and eyes ... it just takes longer. UVA rays go deeper into the skin and can penetrate the eye, damaging the retina. UVB rays in real sunlight is thought to cause certain types of cataracts, as well as pinguecula and pterygium. And remember, sun protection is one of the best defenses against wrinkling!

Ch. 5 Treating Eye Disorders

- **"PREVENTION IS THE BEST MEDICINE"** Wear a hat and UV blocking sunglasses. If you've never tried polarized lenses, I strongly recommend you do. You'll probably never go back to just plain lenses!
- **IF YOU ALREADY HAVE A PROBLEM, CONSULT AN EYE DOCTOR.** In the case of pterygium, chances are that no treatment will be necessary if the pterygium is not causing any noticeable problems or symptoms. Drops may aid the dryness and the intermittent inflammation associated with this condition. If clear vision is threatened by the presence of a pterygium, then surgical excision will probably be indicated. Other indications for surgery are increasing astigmatism or the desire for removal for cosmetic reasons.
- **BE AWARE OF THE POSSIBILITY OF RECURRENCE.** Unfortunately, a pterygium may return, particularly in young people, sometimes quite rapidly after removal, especially in high risk climate areas. Also, despite adequate excision, symptoms of dryness and irritation may persist.
- **IF YOU SUSPECT YOU MAY HAVE A MORE SERIOUS CONDITION, SEE AN EYE DOCTOR IMMEDIATELY.** Cataract can be treated but in the case of macular degeneration, treatment can only prevent further damage. You only have one set of eyes and you need them to windsurf. Since an ounce of prevention is a worth a pound of cure, wear that hat and those UV blocking wrap-around sunglasses!!! Get it? Got it? Good!

Ch. 6 Treating Skin Damage

CURETTAGE AND ELECTRODESICATION. One of the most commonly used treatments in which the physician scrapes the lesion and controls bleeding with electrocautery-heat produced by an electric needle.

SHAVE REMOVAL This procedure uses a scalpel to shave the keratosis. The shaving destroys the base of the lesion and the bleeding is stopped by cauterization.

CRYOSURGERY A dermatologist will often freeze off the lesions with liquid nitrogen. Healing takes about two weeks but sometimes a white spot can result at the site of the old lesion.

DERMABRASION This process removes the upper layers of skin by sanding or using a fine wire brush operating at 20-25,000 revolutions per minute. Redness and soreness usually disappear after a few days.

LASER SURGERY This treatment, which is described as "invasive", focuses the beam from a carbon dioxide laser onto the lesion which vaporizes the outer layers of skin (epidermis and upper dermis). This may result in considerable swelling and sun sensitivity for up to several months following treatment, and sometimes even result in scarring.

TOPICAL MEDICATIONS Several treatments are effective in removing keratoses, particularly when lesions are numerous and the above treatments would be impractical.

5-FLUOROURACIL (5-FU) 5-FU is generally recognized as the preferred treatment for AKs and skin cancer. The patient applies the medication twice daily for four to six weeks, with progress checked by a physician. This is an extremely invasive treatment which can cause serious discomfort due to skin breakdown. Adverse reactions to Efudex are: burning, crusting, contact dermatitis (inflammatory skin rash, erosions (shallow ulceration of the epidermis), erythema (redness of the skin due to congestion of the capillaries), hyperpigmentation (darkening of the skin), irritation, pain, photosensitivity, pruritus (itching), scarring, rash, soreness and ulceration, emotional upset, insomnia, irritability, medicinal taste, stomatitis (inflammation of the oral mucosa), eosinophilia (the accumulation of an abnormally large number of polymorphonuclear leukocytes), thrombocytopenia (decrease of number of platelets in the blood resulting in potential for increased bleeding and decreased clotting), toxic granulation (the formation of small, red, grain like prominences on the raw surface of the affected skin, associated with the process of healing), alopecia (hair loss as a result of chemotherapy, usually temporary), blistering, bulbous pemphigoid (blisters), discomfort, ichthyosis (alligator skin), scaling, suppuration (formation and discharge of pus), swelling, telangiectasia (a permanent dilation of blood vessels, creating small focal red lesions), tenderness, urticaria (pale or reddened irregular, elevated patches and severe itching, hives), skin rash, conjunctival reaction (of the whites of the eyes), corneal reaction, lacrimation (shedding tears), nasal irritation, and finally, herpes simplex (resulting in throat, mouth and lip lesions). This is a treatment you don't want to take if you are pregnant or plan to become pregnant due to potential hazards to the fetus, i.e. birth defects. Treatment stages include 1. Erythema (redness of the skin); 2. Usually followed by vesiculation (formation of a closed membrane shell or "crocodile skin"; 3. Desquamation (shedding of the epithelial elements of the skin, in scales or small sheets; exfoliation); 4) Erosion (shallow ulceration of the epidermis); and 5) reepithelialization (the formation of new skin). Complete healing of the lesions may not be evident for 1 to 2 months following cessation of Efudex therapy.

- **Masoprocol cream, 10%** The patient applies the medication twice daily for three to four weeks, with progress checked by a physician. This is a somewhat less invasive treatment which can result in redness and flaking but most reactions are usually more moderate than 5-FU.

- **Fluorhydroxyl Acid Peel with 5-FU** This new technique incorporates the use of a glycolic acid peel along with Efudex, once a week for 6-12 weeks. First, a 70% glycolic acid peel is done over 6 minutes, then neutralized by water, followed by a single application of Efudex. There is almost no irritation experienced by the patient, and medical journals have shown that results are better than using the 5-FU alone. Reportedly, the procedure is well tolerated and the skin appears so normal that no one can tell they just had the peel done until the results start to show. In researching for this article, I

found sources where you can buy up to 30% glycolic acid peel but it seems the 70% therapeutic product is reserved for medical use only. (<http://store.yahoo.com/skindoctor/ac.html>)

Trichloroacetic Acid or Phenol Chemical Peel. The chemical peel is usually applied while the patient is under light sedation. The top layers of the burned skin slough off and are usually replaced within seven days by growth of new epidermis. Chemical peels may result in considerable swelling and sun sensitivity for several weeks or months following treatment and can result in scarring.

Levulan Kerastick. This new non-surgical treatment uses a photo sensitizer stick containing 20% aminolevulinic acid that is physician applied directly to the lesion. The following day, patients return for a "blue" light treatment which activates the acid. The treatment claims to be noninvasive, have a high success rate and to result in clearance or improvement in four weeks (<http://www.goldskincare.com>). Adverse reactions include bleeding. Other side effects may occur that usually do not need medical attention as they may go away during treatment as your body adjusts to the medicine: burning, crawling, itching, numbness, prickling, "pins and needles," stinging, or tingling feelings; darkening of treated skin; lightening of treated skin; scaling or crusting; skin sore; small red raised itchy bumps; swelling of skin; blister; oozing; open sore on skin ; pain; pus filled blister or pimple; raw skin; scabbing; tenderness.

Solaraze. This a topical gel contains Diclofenac Sodium which utilizes a Hyaluran Induced Targeting delivery technology. In October of 2000, the U.S.A. Federal Drug Administration approved Solaraze for the treatment of AKs. It's also approved in Canada and five member states of the EU (France, Germany, Italy, Sweden and UK).

(<http://www.docguide.com/news/content.nsf/news/E156C8C51659F49E85256981004BA525?OpenDocument&id=>

[undefined&count=10&highlight=0](#)) Adverse reactions include skin rash, pain, tingling or burning sensation; itching skin; flu-like syndrome (body ache; headache; fever, with or without chills). Less common are swelling; increased skin sensitivity; or skin rash, itching, redness, or pain caused by reaction from exposure to sun; blood in the urine; cough; decrease in body movement; dry, itching, or burning eyes; eye pain; fever; headaches, including migraines; high blood pressure; increased sensitivity of eyes to light; infection; nasal congestion; pain or tenderness around eyes and cheekbones; redness or swelling of eyes; shortness of breath; skin rash other than at the application site; sore throat; tightness in chest; troubled breathing; ulcers or sores on skin, other than at the application site; wheezing. Other side effects may occur that usually do not need medical attention as they may go away during treatment as your body adjusts to the medicine: burning skin; dry skin; red skin; scaly skin; thickened skin; tingling skin; acne; back pain; belching; bleeding skin; chest pain; diarrhea; heartburn; indigestion; joint pain; lack or loss of strength; loss or thinning of hair; muscle pain; neck pain; runny nose; stomach upset or pain. Check with your dermatologist for the latest research results on these treatment methods. At the time this article was written, the research indicated that the more red, raw and uncomfortable the treatment, the better the results. You might want to know that before you opt for the more comfortable treatment methods.

Ch. 7 Alternative Treatment Methods

Certain non-prescription natural cosmetic skin products on the market make claims of removing AKs without scarring, burning or other side effects. None contain drug compounds or carriers. None are approved by the F.D.A. for treatment of Actinic Keratosis or skin cancer.

- **SkinAnswer Gel (Lane Laboratories).** "SkinAnswer", has been tested by several dermatologists who report excellent results on both AKs and skin cancer, but so far none have

published their findings. The product is available on the internet for between \$35-55/tube. The active ingredient in SkinAnswer is a glycoalkaloid which is produced in many fruits and vegetables as part of their defense against insects and other animals. In Australia, these compounds (found in a rare plant in the Solanum family) were the basis for native folk medicine cancer treatments. Prior local research had shown promising results so Dr. I. William Lane (Ph.D. in Agricultural Biochemistry and Nutrition, Rutgers University) initiated further research that led to the development of this all-natural topical product containing aloe vera and urea (for soothing and moisturizing), oil of melaleuca and methol (to refresh) and extracts of willow bark and sand brier (the natural source of glycoalkaloids). If you are interested in learning more about the product, check out: <http://www.lanelabs.com/> or http://www.drdauidwilliams.com/premiums/1_year/answer_skin_cancer.htm

I've personally tried this product on several AKs and found it to be totally non-invasive! The gel applies easily and has a pleasant, cool tingling feeling. The affected area was not uncomfortable in any way and the resulting "scab" disappeared as expected. There were no side effects whatsoever. Moreover, the white, scaly dry spots have thus far not returned after six months.

- **Proper Nutrition.** Research has shown that Vitamins A, C and E work independently in the prevention and treatment of skin cancers. They also work together to help prevent the formation of new lesions. Vitamin A effectively treats some premalignant and malignant skin conditions but the current consensus is that it probably does not cure skin cancer, rather only helping prevent the formation of new lesions as long as therapy is continued. This was true for a variety of skin cancers ranging from malignant basal cell carcinomas to premalignant actinic keratoses lesions when treated with oral retinoids. (http://www.findarticles.com/m0887/n3_v17/20847594/p1/article.jhtm I) One study found that regular supplementation of both vitamins A and E were associated with a 70% reduced risk for basal cell carcinomas. In addition, an increase in dietary vitamin C has been shown to reduce UV-induced tumors in mice. (http://www.aad.org/PressReleases/vitamins_prevention.html) An October 1998 study reported in the Journal of the American Academy of Dermatology suggests that vitamins A, C and E are increasingly important because of their antioxidant capabilities. Multiple controlled studies showed that retinoids can reduce and prevent wrinkles, brown spots and actinic keratoses. Patients reported improvement in skin texture and tone after starting a retinoic acid treatment program. (<http://www.citizens.org/na/nd98/briefs.html>, 4Birt DF; Pelling JC; Nair S; Lepley D. Diet intervention for modifying cancer risk. Prog Clin Biol Res 1996;395:223-34) Over 200 different studies showed that, on average, eating 5 or more fruits and vegetables a day cuts cancer risk in half. (http://www.ca5aday.com/prevention/prev_eat.htm) In my opinion, it just makes good sense to eat a proper diet, eliminate or at least minimize empty calories --- the biggest culprit being sucrose or common table sugar --- and supplement with a high quality, natural multi-vitamin/mineral product and when indicated, additional vitamins A (as beta-carotene), C and E (as d-alpha tocopherol succinate).

Ch. 8 My Personal Experience with AKs

I already had signs of skin damage before moving to Oahu, Hawaii. On my arrival, I incorporated my business and, as part of the requirements, I had to provide health insurance to my only employee (me!) so I joined the Kaiser Plan. One of the windsurfers at Kailua Beach Park was a medical doctor with Kaiser so I selected him as my assigned physician. He expertly removed one AK surgically around 10 years ago. It was an easy procedure, healed quickly without scarring, and it's never come back. He also removed a number of AKs with cryotherapy. I found freezing AKs to be an easy procedure with minimal personal discomfort during the two week healing period. After moving to Maui, I continued with Kaiser. Last year, I had additional AKs on the scalp removed with cryotherapy. However, several didn't respond as expected and needed "more aggressive treatment" with Efudex (fluorouracil) Topical Cream

5%. I've just finished that treatment and it was like putting my entire scalp and forehead in a "Dark Ages torture rack" for almost six weeks ... and I really never want to do it again! During the Efudex treatment, I experienced constant burning, itching, "pins and needles", and "skin crawling" and most of the adverse reactions listed previously to one degree or another. Throughout the six week treatment program, the only relief I got from the pain and discomfort was taking a warm shower and sleeping ... so I took several long showers a day and fortunately, I could sleep well at night. During the second or "crocodile skin" stage of treatment, my forehead and scalp became so thick and tight I couldn't even raise my eyebrows! I tried several well-known moisturizers but they burned so badly I had to wash them off; I also tried a couple moisturizers from Shaklee Corporation and both gave temporary relief. Exactly 28 days after beginning the Efudex treatment, I entered the erosion stage and the discomfort became unbearable ... so much so I had to call my doctor at Kaiser who agreed I could go off the medication. The discomfort, however, continued unabated. Moreover, I didn't want to see anyone or have anyone see me.

Once healing started at the beginning of the sixth week, it progressed rapidly. At the beginning of the seventh week, the skin appeared almost normal and I could finally raise my eyebrows again. However, several small pimples I'd noticed under the hard crusty shell developed into boil-like infections after the final stage, but fortunately they cleared up within a week or two. Also, a couple of areas of redness near the hairline still persist but hopefully they'll completely go away soon.

Ch. 9 Conclusion

I'm convinced that PREVENTION IS THE BEST MEDICINE. If however, you already have signs of AK or skin cancer, then see your medical doctor or dermatologist as soon as possible. If you are concerned about your vision, see your eye doctor.

Hopefully, by the time you need skin damage treatment:

Medical researchers will have found a less invasive treatment method than the preferred Efudex --- although remember, the present thinking is that the redder and rawer the skin becomes, the better the chances of eliminating AKs and skin cancer!

A natural product without serious side effects, like SkinAnswer, will have been proven through double-blind studies to be safe and effective and the F.D.A. will have put it on its approved drug list.

Researchers will have developed a product which prevents skin cancer by repairing sun-damaged DNA. Actually, such a product, called Dimericine, already exists and is presently undergoing testing! Already, clinical trials have shown that it can reduce the incidence of skin cancer for people with a rare inherited disease called xeroderma pigmentosum, or XP, who can blister in minutes and suffer skin cancer at 1,000 times the rate of average people.

Most windsurfers, while young in heart, are obviously still too old to limit sun exposure in their childhood ... definitely too late for that but we can do that our children! So remember to "slip, slop, slap", as the cancer societies new sun-safety campaign says:

"Slip on a shirt, slop on sunscreen and slap on a hat" anytime you or your children are in the sun. Actually, make that "slip, slop, slap and slog" ... slog on your sunglasses!