

AM NEW YORK – January 14

## [UN Chamber Music Society, New York Philanthropic Hold Concert Supporting Music Therapy for Cancer Patients](#)

The UN Chamber Music Society of the United Nations Staff Recreation Council kicks off 2019 with a concert for the Helen Sawaya Fund on at Carnegie Hall, where they will be joined by a handful of musicians from the New York Philanthropic. Based at Mount Sinai West, the Helen Sawaya Fund is a philanthropy program that provides music therapy and other complementary treatments for cancer patients. For cancer patients undergoing chemotherapy or radiation, the biggest benefit from music therapy is pain management. At its most basic level — and to an admittedly trivial degree — the theory should be familiar to anyone who puts in earbuds when they run or go to workout. The same relief comes, hopefully, for patients enduring more consequential and debilitating pain.

— ***The Helen Sawaya Fund, Mount Sinai West***

HEALTHINATION – January 15

## [The Five Main Lung Cancer Treatment Types](#)

January 15

Treatments for lung cancer have improved significantly over the last decade. During the last 10 years, newer medications have emerged that are helping people live longer and better quality lives. One of those discoveries was targeted therapies. "Targeted therapies are really going after the specific cause, the specific molecule that's abnormal and producing the cancer," said Jorge Gomez, a lung oncologist at The Mount Sinai Hospital. Because targeted therapies focus on killing cancer cells and spare the healthy cells, they tend to cause less side effects than chemo. "Targeted therapies are appropriate for patients who have those activating mutations or changes in the cancer cell that can respond to those targeted therapies," concluded Dr. Gomez.

— ***Jorge E. Gomez, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Lung Oncologist, The Mount Sinai Hospital***

HEALTHINATION – January 15

## [Treating Lung Cancer with Targeted Therapy: How These Groundbreaking Drugs Work](#)

Treatments for lung cancer have improved significantly over the last decade. During the last 10 years, newer medications have emerged that are helping people live longer and better quality lives. One of those discoveries was targeted therapies. "Targeted therapies are really going after the specific cause, the specific molecule that's abnormal and producing the cancer," said Jorge Gomez, a lung oncologist at The Mount Sinai Hospital. Because targeted therapies focus on killing cancer cells and spare the healthy cells, they tend to cause less side effects than chemo. "Targeted therapies are appropriate for patients who have those activating mutations or changes in the cancer cell that can respond to those targeted therapies," concluded Dr. Gomez.

— ***Jorge E. Gomez, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Lung Oncologist, The Mount Sinai Hospital***

ONCLIVE – January 15

## [Dr. Cho on Targets for Immunotherapy in Multiple Myeloma](#)

Hearn Jay Cho, MD, associate professor of medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai, discusses current and emerging targets for immunotherapy in the treatments of patients with multiple myeloma. BCMA is a significant target in multiple myeloma with several corresponding antibody-based therapies similar to chimeric antigen receptor T-cell therapies. These agents, specifically BCMA antibody-drug conjugates and bispecific agents, have shown promising response data in early-phase clinical trials.

— ***Hearn Jay Cho, MD, PhD, Associate Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai***

ONCLIVE – January 15

### [Dr. Shao on Managing Toxicity With Neratinib in HER2+ Breast Cancer](#)

Theresa Shao, MD, assistant professor of medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai, discusses managing toxicities associated with neratinib in patients with HER2-positive breast cancer. The CONTROL trial was designed to see whether the addition of budesonide or cholesterol to loperamide prophylaxis could offset the high rates of neratinib-associated diarrhea seen in patients in the ExteNET trial, patients did not receive prophylaxis, instead, they were given loperamide as needed, said Dr. Shao.

— **Theresa Shao, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

CBS NEW YORK - January 18

### [‘If You Have Breasts, You’re At Risk’: Survivors Urge Women To Get Screened For Breast Cancer, Regardless Of BRCA Status](#)

We’ve all heard of the BRCA genes: Mutations in those genes put women at increased risk for breast and ovarian cancer. “That’s a huge misconception, that women with a big family history are all related to BRCA. That’s just one of the genes. Most women with breast cancer will not have an identifiable mutation,” said Dr. Elisa Port, the chief of breast surgery at The Mount Sinai Hospital. The take-home lesson here, as Dr. Port put it: If you have breasts, you’re at risk. Get regular mammograms because the earlier you find breast cancer, the better your chances.

— **Elisa Port, MD, FACS, Director of the Dubin Breast Center, Chief of Breast Surgery, The Mount Sinai Hospital**

ONCLIVE - January 24

### [Dr. Llovet Discusses Second-Line Ramucirumab In Advanced HCC](#)

Josep Llovet, MD, PhD, director and founder of the Liver Cancer Program and professor of medicine at the Icahn School of Medicine at Mount Sinai, discusses the results from the phase III REACH-2 study of ramucirumab (Cyramza) as a second-line treatment of patients with advanced hepatocellular carcinoma (HCC). Data showed that ramucirumab was significantly better than placebo in terms of overall survival at 8.2 months versus 7 months, respectively, said Dr. Llovet. Dr. Llovet also discussed the results of a meta-analysis, which evaluated patients with alpha-fetoprotein (AFP) levels greater than 400 from both the REACH and REACH-2 trials. “There were slightly better outcomes in this patient population where the 5-month median survival improved to 8 months,” Dr. Llovet said. “This is a key takeaway from this trial,” he added.

— **Josep M. Llovet, MD, PhD, Director, Founder, The Liver Cancer Program, Professor, Medicine, Icahn School of Medicine at Mount Sinai**

ONCLIVE – January 24

### [Dr. Jagannath On Treatment Advances In Transplant-Ineligible Patients With Myeloma](#)

Sundar Jagannath, MD, director of the myeloma program at the Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai, discusses the progress that has been made in transplant-ineligible patients with multiple myeloma. “Patients who are not eligible for transplant are often elderly and frail patients over the age of 75 or 80 with renal impairment and comorbidities. With immunotherapy and other novel therapies, physicians are able to safely give combination therapy to these patients,” said Dr. Jagannath. These approaches result in meaningful remissions. He added, “The second notable advance in this setting is the ability to look for minimal residual disease (MRD) in the bone marrow. Now, more patients are going into complete remission or stringent complete remission—both biochemical remissions—as well as demonstrating morphologically negative bone marrow.”

— **Sundar Jagannath, MD, Professor, Medicine, Hematology, Medical Oncology, Director, Myeloma Program, Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

ONCLIVE – January 24

### [Dr. Chari On Treatment Of Penta-Refractory Patients With Myeloma](#)

Ajai Chari, MD, director of clinical research in the Multiple Myeloma Program at the Icahn School of Medicine at Mount Sinai, discusses the treatment of patients with penta-refractory multiple myeloma. Myeloma in general is an exciting field, with over 10 drugs receiving Food and Drug Administration (FDA) approval in the past decade, including 4 in 2015, said Dr. Chari. However, with 6 classes of drugs and multiple drugs in each class, it becomes challenging when patients exhaust those options. The so-called penta-refractory patients are the ones who have disease progression after treatment with proteasome inhibitors, immunomodulatory agents, and the CD38-targeted monoclonal antibody daratumumab (Darzalex), added Dr. Chari. A big question of ongoing research is what the standard of care should be for these patients. However, there are three promising options. One of them, selinexor, recently received a fast-track designation by the FDA for this patient population, he added. JSK916, an antibody-drug conjugate, and bb2121, a chimeric antigen receptor T-cell therapy, have earned breakthrough designations.

— **Ajai Chari, MD, Associate Professor, Medicine, Hematology, Medical Oncology, Director, Clinical Research in the Multiple Myeloma Program, Associate Director, Clinical Research, Mount Sinai Cancer Clinical Trials Office, Icahn School of Medicine at Mount Sinai**

HEALIO - January 28

### [Mastectomy May Not Eliminate Need For Future Imaging, Biopsy](#)

Mastectomy did not eliminate the need for additional breast imaging or biopsy among women who underwent the procedure for breast cancer, according to a study performed by researchers at the Icahn School of Medicine at Mount Sinai. “Autonomy and choice in treatment are encouraged, and can be empowering for patients, but decision-making can also result in anxiety, fear and distress,” Soojin Ahn, MD, and associate professor of surgery at the Icahn School of Medicine at Mount Sinai. “Some patients might choose more extensive surgery with the hope that this will eliminate the need for breast imaging and biopsy later when, in fact, this is not necessarily the medically beneficial course,” added Dr. Ahn. Clinical implications of the study suggest doctors need to be more informed and have better expectations for what they disclose to their patients. “The most important part of decision-making in breast cancer treatment includes disease-specific factors, such as tumor size and location, molecular subtype and clinical stage,” said Dr. Ahn.

— **Soojin Ahn, MD, Assistant Professor, Surgery, Icahn School of Medicine at Mount Sinai, Dubin Breast Center**

ONCLIVE – January 28

### [Extended Adjuvant Therapy In Breast Cancer Requires Individualized Approach](#)

“De-escalation of adjuvant therapy for patients with early-stage hormone receptor (HR)-positive breast cancer continues to be an area of investigation, with the constant goal to avoid overtreatment in this population,” said Paula Klein, MD, and associate professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai. Researchers have been focused on how to best select patients for extended adjuvant therapy beyond 5 years of tamoxifen with additional time on tamoxifen or an aromatase inhibitor (AI). “The stage has been set to continue adjuvant therapy beyond the 5 years and there are some hallmark trials that certainly pave the way but, once again, with the full knowledge that we are over treating patients. There have been some studies looking at less of an extension that seem to be just as good. The goal is to find the high-risk patient who is bound to recur, despite the 5 years of endocrine therapy, and only treat those—that is the holy grail,” added Dr. Klein.

— **Paula Klein, MD, Associate Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

MD LINX – January 29

[Fibrosis Markers Tied To Mortality After Liver Cancer Surgery](#) – David Douglas

January 28

Noninvasive markers of fibrosis are associated with perioperative mortality and survival after liver resection for hepatocellular carcinoma, a retrospective study suggests. Compared to an APRI of 1.5 or less, higher scores were associated with higher mortality at 30 days and 90 days. This was also the case for a Fib4 above 4.0, with a 30-day mortality OR of 5.41 and a 90-day OR of 2.74. "These tests are used in clinical practice as approximate markers of fibrosis stage, so it is not surprising that they correlate with outcomes as well, as fibrosis stage is also linked to outcomes, especially when portal hypertension is already present," said Scott Friedman, MD, chief of liver diseases at the Icahn School of Medicine at Mount Sinai, who was not involved in the research. "Increased portal hypertension was also associated in this study with increased mortality to the same extent in these patients. In aggregate, the findings reinforce earlier studies indicating that non-invasive markers of this type may help identify high-risk patients undergoing liver resection," added Dr. Friedman.

— **Scott L. Friedman, MD, Dean, Therapeutic Discovery, Professor, Department of Medicine, Liver Diseases, Pharmacological Sciences, Chief, Division of Liver Diseases, Icahn School of Medicine at Mount Sinai**

FOX NEWS – January 29

[Former Olympic Hockey Player Says Radon Caused Stage 4 Lung Cancer](#) –

Lindsay Carlton

January 28

It's the second leading cause of lung cancer, and you don't even know when it's present: radon. It's an odorless tasteless gas that seeps up through the ground and diffuses into the air—and often times, right into your home. Rachael Malmberg, a former member of the U.S. Women's ice hockey Olympic team had no idea her childhood and current home had dangerous levels of radon until it was too late, and she was diagnosed with stage 4 lung cancer. "When radon is inhaled, radioactive particles can damage the cells that line the lung, and that damage then propagates and creates a malignant cell that starts dividing and causes cancer," said Jorge Gomez, MD, a lung oncologist at the Mount Sinai Hospital. "There was a very recent meta-analysis in 2018 which showed a very clear association between lung cancer and radon exposure that increases as the amount of radon exposure increases." Some studies have also linked radon exposure to other cancers like childhood leukemia. "You need a long-term exposure -- probably five years to get lung cancer," concluded Dr. Gomez.

— **Jorge E. Gomez, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

MEDSCAPE – January 30

[NSAIDs Tied To Improved Survival In Head And Neck Cancer Subset](#)

Regular use of aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs) is associated with dramatically improved survival in a subset of patients with head and neck squamous cell carcinoma. Results of a recent study suggest that NSAIDs could improve outcomes for head and neck cancer patients and other cancer patients with a PIK3CA mutation. Regular use of aspirin or NSAIDs has been associated with improved outcomes in a number of malignancies, including ovarian cancer, colorectal cancer, and lung cancer in men. "It is provocative to see that there was a survival benefit, but this isn't in any way conclusive," said Richard Bakst, MD, associate professor of radiation oncology at the Icahn School of Medicine at Mount Sinai, who was not involved in the research. "Another interesting point was that this study was done across a variety of cancer sites, and the results were irrespective of the human papillomavirus and other factors — it was not anatomically or risk-factor driven," Dr. Bakst said.

— **Richard Bakst, MD, Associate Professor, Radiation Oncology, Icahn School of Medicine at Mount Sinai**

ONCLIVE – January 31

### SABCS 2018 Showcased Practice-Changing Advances In Breast Cancer

New standards of care, de-escalating therapy, and precision medicine were a handful of themes highlighted during the 2018 San Antonio Breast Cancer Symposium. Results of the phase III KATHERINE trial demonstrated a new standard of care in the adjuvant setting of high-risk, HER2-positive breast cancer. Additional clinical trials with pivotal data included the IMpassion130 trial in triple-negative breast cancer, the PHARE trial in HER2-positive disease, the SOLAR-1 study in PIK3CA-mutant breast cancer, and the TAM-01 study in estrogen receptor–positive breast cancer. “This year, the 2018 SABCS was remarkable in providing clinical material that would be not only relevant to the practicing clinician outside of academia, but also as a guide to where academic research and medicine should be going,” said Stephen C. Malamud, MD, associate professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai.

— **Stephen C. Malamud, MD, Associate Professor, Medicine, Hematology, Medical Oncology, Icahn School of Medicine at Mount Sinai**

ONCLIVE – February 5

### Dr. Chari On Role Of Immunotherapy In Myeloma

Ajai Chari, MD, director of clinical research in the Multiple Myeloma Program at the Icahn School of Medicine at Mount Sinai, discusses the role of immunotherapy in the treatment of patients with myeloma. While checkpoint inhibitors have had dramatic impact in many solid tumors and some hematologic malignancies, this class of drugs has remained questionable in myeloma. There were promising phase III studies evaluating the use of combinations of pembrolizumab (Keytruda), lenalidomide (Revlimid)/pomalidomide (Pomalyst), and dexamethasone, but these trials were abruptly halted by the U.S. Food and Drug Administration due to toxicity concerns. Interim results from both the KEYNOTE-183 and KEYNOTE-185 studies showed an increased risk of mortality with the addition of pembrolizumab to these regimens. Moving forward, investigators will have to be very careful determining which immunotherapy agents will work best in which setting, Dr. Chari said. For instance, physicians may need to tweak how checkpoint inhibitors are being used. Perhaps they should just be used in heavily treated patients with an unmet medical need who require close monitoring.

— **Ajai Chari, MD, Associate Professor, Medicine, Hematology, Medical Oncology, Director, Clinical Research in the Multiple Myeloma Program, Associate Director, Clinical Research, Mount Sinai Cancer Clinical Trials Office, Icahn School of Medicine at Mount Sinai**

FIERCE BIOTECH – February 7

### HiberCell Launches With \$60M+ To Combat Cancer Relapse And Metastasis

HiberCell, a new startup focused on preventing cancer metastasis and relapse, launched Thursday with research from Mount Sinai and \$60.75 million in funding from ARCH Venture Partners, Hillhouse Capital, and 6 Dimensions Capital. The company reports it is the first to exclusively focus on detecting and treating tumor dormancy that can lead to cancer spread. “While we have made great strides in treating primary tumors, the unfortunate and painful truth is that relapsed or metastatic cancer still claims the lives of most people with cancer, even when their primary tumor has been successfully treated,” said Julio Aguirre-Ghiso, PhD, professor of medicine, hematology, and medical oncology at The Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai.

— **Julio A. Aguirre-Ghiso, PhD, Professor, Medicine, Hematology and Medical Oncology, Oncological Sciences, Director, Solid Tumor and Metastasis Research, Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

Additional coverage: [End Points News](#); [Xconomy](#)

R&D MAGAZINE – February 8

## Researchers Develop Prostate Cancer Prediction Tool That Has Unmatched Accuracy

A team of researchers from the Icahn School of Medicine at Mount Sinai and Keck School of Medicine at the University of Southern California (USC) have developed a novel machine-learning framework that distinguishes between low- and high-risk prostate cancer with more precision than ever before. The framework, described in a *Scientific Reports* paper, is intended to help physicians—in particular, radiologists—more accurately identify treatment options for prostate cancer patients, lessening the chance of unnecessary clinical intervention. Prostate cancer is one of the leading causes of cancer death in American men, second only to lung cancer. While recent advances in prostate cancer research have saved many lives, objective prediction tools have, until now, remained an unmet need. “By rigorously and systematically combining machine learning with radiomics, our goal is to provide radiologists and clinical personnel with a sound prediction tool that can eventually translate to more effective and personalized patient care,” said Gaurav Pandey, PhD, assistant professor of genetics and genomic sciences at the Icahn School of Medicine at Mount Sinai. “The pathway to predicting prostate cancer progression with high accuracy is ever improving, and we believe our objective framework is a much-needed advancement.”

— **Gaurav Pandey, PhD, Assistant Professor, Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Science Daily](#); [Becker's Hospital Review](#); [NewsMedical](#); [Eancer](#)

CANCER NETWORK – February 8

## Does Chemotherapy Increase The Risks Of Myelodysplastic Syndrome And Acute Myeloid Leukemia?

Receipt of chemotherapy was associated with a 1.5-fold to more than 10-fold higher risk of developing therapy-related myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML) for 22 types of solid tumors, a large-scale, population-based cohort study published in *JAMA Oncology* showed. “This has been reported previously that patients can develop therapy-related MDS and AML,” said John Mascarenhas, MD, associate professor of hematology and medical oncology at the Icahn School of Medicine at Mount Sinai. “It’s a confirmatory study more than anything on a large, population-based scale.” The study researchers estimated that in 2018, nearly 360,000 adults with one of the 23 cancers included in this study will have received chemotherapy and lived longer than 1 year. “One of the highlights of this study was that one of the diseases that we did not see that increased risk was in colon cancer,” said Dr. Mascarenhas. Possible explanations for why colon cancer was not associated with an increased risk include the use of oxaliplatin, which is less leukemogenic than other platinum-based agents.

— **John O. Mascarenhas, MD, Associate Professor, Medicine, Hematology and Medical-Oncology, Director, The Adult Leukemia Program, The Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

MEDSCAPE – February 8

## Robotic Mastectomy In U.S.: Starts, Draws Fire, Stops

Robotic mastectomy for invasive breast cancer was performed for the first time in the United States last year, but the move toward this surgical approach ground to a halt soon afterward. Debates have begun as to whether this surgery is truly safe, and if the robot radically changes the operation. Critics and supporters agree that the robotic procedure takes longer and costs more, and there are no long-term results. However, robotic mastectomy surgeries have the potential to be the future for a subset of breast cancer patients who qualify. Dr. Alice Yao, MD, assistant professor of surgery at the Icahn School of Medicine at Mount Sinai uses the procedure for breast reconstructive surgery. “In breast reconstruction, the traditional skin incision can be 15 to 45 cm. In the robotic version, it is only 5 to 8 cm. This is a big deal in our field,” said Dr. Yao. Smaller incisions mean less scarring and recovery time for patients.

— **Alice Yao, MD, Assistant Professor, Surgery, Icahn School of Medicine at Mount Sinai**



NEWSDAY – February 12

### [South Nassau Hospital Gets Feil Charitable Donation For Cancer Center In Oceanside](#)

South Nassau Communities Hospital received a \$1.75 million gift that will be used to open a cancer center at its main campus in Oceanside. The money was granted by the Louis Feil Charitable Lad Annuity Trust, which has given more than \$8.45 million to the hospital in the past several years. The new cancer center could be open in three to five years, according to Rajiv Datta, MD, chairman of the department of surgery and director of cancer services at South Nassau Communities Hospital. The \$1.75 million donation was the largest gift the hospital received in 2018. The hospital is also expanding cancer care through the Mount Sinai Health System, which South Nassau joined last year. By aligning itself with Mount Sinai's Tisch Cancer Institute, South Nassau said its patients will have access to cutting-edge clinical trials and leading physicians.

— **Rajiv Datta, MD, Chair, Department of Surgery, Director, Cancer Services, South Nassau Communities Hospital**

— **The Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

SHE KNOWS – February 12

### [Signs of Ovarian Cancer You Might Miss](#)

Although ovarian cancer doesn't get as much attention as breast cancer or even cervical cancer, it's still a major health concern. In fact, it's the fifth-leading cause of death in women ages 35 to 74. According to the National Ovarian Cancer Coalition, an estimated 1 in 75 people with ovaries will develop ovarian cancer in their lifetime. Stephanie V. Blank, MD, director of women's health and professor of obstetrics, gynecology, and reproductive science at the Icahn School of Medicine at Mount Sinai, says some symptoms of ovarian cancer include bloating, bowel changes, abnormal urination and pelvic discomfort. Treatment is typically surgery and chemotherapy. "It is extremely important that every woman suspected of having ovarian cancer be evaluated by a gynecologic oncologist to make the decision regarding the order and choice of treatments," said Dr. Blank.

— **Stephanie V. Blank, MD, Professor, Obstetrics, Gynecology, Reproductive Science, Icahn School of Medicine at Mount Sinai, Director, Women's Health, The Mount Sinai Hospital**

ONCLIVE – February 12

### [Dr. Cho Discusses Role of Bispecific Agents in Myeloma](#)

Hearn Jay Cho, MD, PhD, associate professor of medicine, hematology, and oncology at the Icahn School of Medicine at Mount Sinai discusses the role of bispecific agents in the treatment of patients with myeloma. Bispecific agents are interesting because early efficacy data have been comparable to those seen with chimeric antigen receptor (CAR) T-cell therapy. However, this class of drugs is more easily administered than CAR T-cells. All of these T-cell-directed therapies—bispecific agents, CAR, T-cells, and engineered T-cell receptors—are similar in that they are testing the theory of whether a genetically modified T cell can have a similar effect to that seen with a naturally produced T cell directed towards an antigen expressed in the tumor cell.

— **Hearn Jay Cho, MD, PhD, Associate Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, The Mount Sinai Hospital**

**U.S. NEWS & WORLD REPORT – February 14**

### **7 Ways to Prevent Skin Cancer**

Skin cancer affects 1 in 5 Americans, and more than 3 million cases of nonmelanoma skin cancer will be diagnosed this year, according to the American Academy of Dermatology. Nonmelanoma skin cancers can be split into two subcategories — basal cell carcinoma and squamous cell carcinoma — depending on where in the skin they occur. These both tend to be relatively low-risk cancers, especially when treated appropriately. Regardless of which type of skin cancer you develop, “when skin cancers are caught early, they are often curable,” says Dr. Desiree Ratner, director of the Comprehensive Skin Cancer Program at Mount Sinai Beth Israel. It’s important to be aware of your skin so you can protect it, Ratner says. Annual visits to your dermatologist are a good way to keep track of skin changes. These changes are where skin cancer shows up, so they need to be checked out when they turn up. “Often what may look like a nonhealing pimple or a normal mole to a novice may in fact be skin cancer,” says Dr. Angela Lamb, associate professor of dermatology at the Icahn School of Medicine at Mount Sinai.

— ***Desiree Ratner, MD, Clinical Professor, Dermatology, Icahn School of Medicine at Mount Sinai***

— ***Angela Lamb, MD, Associate Professor, Dermatology, Icahn School of Medicine at Mount Sinai, Director, Westside Mount Sinai Dermatology Practice, Chief Technology Officer, Dermatology***

— ***Hooman Khorasani, MD, Associate Clinical Professor, Dermatology, Chief, Division of Dermatologic and Cosmetic Surgery, Icahn School of Medicine at Mount Sinai***

— ***Gary Goldenberg, MD, Assistant Clinical Professor, Dermatology, Pathology, Icahn School of Medicine at Mount Sinai***