Wise, flawless and skinny? You must watch late-night TV

People who watch late-night television should be smart, rich, slim and sexy.

In fact, they should represent the upper percentile of the nation.

That's according to the skills they would gain as they cross over the boundary from the world of regular TV to the realm of unremitting infomercials.

Late-night television is different. It is aggressively informative in an unrelenting manner unlike any other TV program, except perhaps for the Save the Children campaign.

A 30-second commercial about an automobile might be so engaging that the entertainment value stays with you, while the name of the actual product is long forgotten. But the infomercial is always on message.

And because of that, night shift workers, insomniacs, mothers of colicky babies and others who park in front of the one-eyed monster late at night should be among the most powerful people on Earth.

BILL BEAN

After all, don't they eat better? They have within the reach of their credit card a bevy of choppers, juicers and fryers that chop, juice and fry with fewer trans fats, lower carbs, more fibre and better flavour. They should be among the select few with gifted palates.

And despite all that food, they have all the tools to be fantastically slim. Thanks to Slimin6, Winsor Pilates and 6-Second Abs, they can have the rock-hard physique that the rest of us would die for, all thanks to an exercise program that amounts to 10 minutes a month, three times a year. Now, everyone can look like a Dallas Cowboy cheerleader, except they don't have to wear the shorts with the white fringe. Thanks to the fantastic exercise programs, they can eliminate the pooch, tone the abs and 'size the butt.

They can all have beautiful hair. If they have frizzy hair, they can straighten it; if they have straight hair, they can curl it, thanks to the Ceramic Pro or the Multi-Styler Pro. (You know it's the right stuff because it has "Pro" in the name.)

They can have flawless skin. Jessica Simpson and Marge Simpson once had skin blemishes that caused them to be shunned. But thanks to ProActive Solution and Vanessa Williams, they now have chemically altered skin that looks just like the real thing.

They will stand taller. Thanks to light therapy for their tendon pain, they are able to be more erect. Thanks to Walk Fit insoles, they are more comfortable on their feet.

They can go where many of us have never gone before. You've heard it said that "A man's reach should exceed his grasp, or what's a heaven for?" Well, thanks to the Little Giant home ladder system, everything is within their reach and their grasp. They can paint the stairwells we lesser mortals do so haphazardly, and can even do pushups on the Little Giant, converting this famous ladder system into a home gymnasium.

They will be amazingly rich. Thanks to Wize Trade, they have learned how to make money almost effortlessly. While the rest of us toil at the workplace every day, they have learned the secrets to making $3,000 in their first 60 seconds. And then they move on to Better Trade and make $13,000 in just three hours a day. In just a month, they can retire (to a fantastic investment opportunity in an as-yet unconstructed condominium tower in Toronto with views of the waterfront).

And really, aren't they just plain sexier? They have fantastic friends who are dancing and laughing, wearing latex dresses and gold lamé bikinis, while talking on the telephone all the time. Just call the number on the screen, they say, and you can join the party. Or go one-on-one with the man or woman of your choice. People who watch late-night television have unbelievable relationships with other human beings.

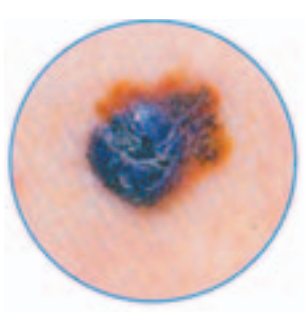
So there you have it. It's clear who is at the top of the human food chain. People who watch late-night TV have all the tools to be healthier, better-looking, more fun to be with, richer and able to reach things on the top shelves of closets. With all this within their grasp, they are probably already in complete control of our county and are now in a position to control the world.

And, truth be known, we are.

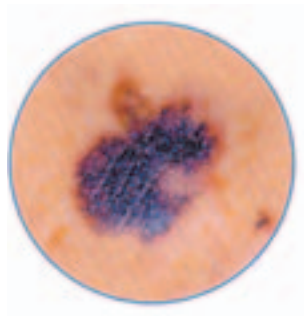
• Bill Bean, who writes every Saturday, is surprised how few readers have written in about their fathers-in-law. Maybe fathers-in-law truly are the invisible in-laws. Write him at The Record, 160 King St. E., Kitchener N2G 4E5 or by the magic of modern e-mail at bbean@therecord.com.

ABCDs OF MELANOMA

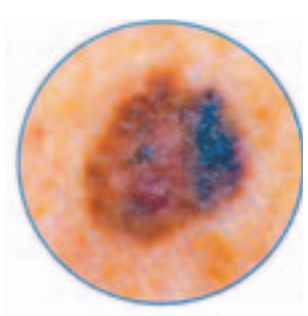
It's important to notice abnormal or changing moles as soon as possible so they can be checked by a doctor. The Canadian Cancer Society recommends people remember the ABCDs of melanoma when checking their skin for changes in moles or other coloured spots.



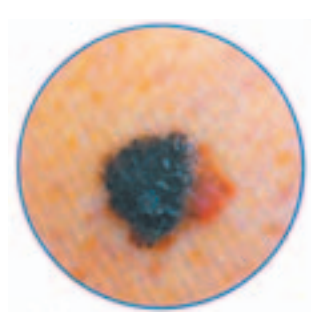
Asymmetry
One half is unlike the other half



Border
Irregular, scalloped or poorly defined border



Colour
Varied shades of tan, brown, black and sometimes white, red, or blue



Diameter
Larger than six millimetres (size of a pencil eraser)

Sun: Sunscreens not enough for full protection, doctor warns

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And Kobayashi said sunscreens alone, even those with a higher sun protection factor (SPF), are insufficient. Protective clothing and hats should also be worn, even on a cloudy day, because harmful UVB rays travel through the clouds very easily.

Portable shade should be made available for outdoor sports where natural shade doesn't exist, he added.

Basal cell carcinoma must be treated since it will continue to grow, invading and destroying surrounding tissue. Eventually it will cause disfigurement and, in rare cases, death.

Most basal cells require surgery, but some can be treated with superficial radiation or an anti-cancer medication in a cream. With surgery, there is always a scar, and when the cancer is advanced there is sometimes deformity. Kobayashi has had patients lose part or all of an ear and part of a nose.

However, unlike the more serious melanoma skin cancer, basal cell rarely spreads to other parts of the body.

Dr. David Hogg, a medical oncologist at Princess Margaret Hospital in Toronto and a leading Canadian melanoma researcher, spoke recently in Kitchener at an education forum sponsored by the Cancer Prevention and Early Detection Network of Waterloo Region.

"In Canada this year, we predict to see 4,000 or 5,000 cases of melanoma, and about 20 per cent of those will ultimately prove fatal," Hogg said. "Unlike basal cell or squamous cell, in which the fatality rate is one per cent or less, this is really quite high.

"It's clearly related to sun exposure, and the thing that kills people with this tumour is spread. This tumour has a propensity to go to other places in the body."

Canadians have a one-per-cent risk of developing melanoma over their lifetime, but the incidence has risen steadily over the last quarter-century, Hogg said. "It's the steepest rise in any cancer ... and it's really concerning."

Skin cancers of all kinds are mostly found in sun-exposed areas — the upper back, sides of the head and neck, calves, upper chest, ears and nose.

However, Kobayashyi said they can occur anywhere. He has had two young female patients with melanoma in the labia, the folds of skin outside the vagina. Another older woman had one near her anus. All did well, but Kobayashi has also had several melanoma patients die recently in their 30s and 40s.

PETER LEE, GRAND RIVER LIFE
Dr. David Hogg is a leading Canadian melanoma researcher.

Hogg said that in addition to sun damage and having fair skin, family history is a significant risk factor in melanoma.

"About 10 per cent of people will have a relation with melanoma, and about three cent of people will have a very strong family history with lots of affected members," he said. "Of the 10 per cent, about one-quarter or 30 per cent will have a mutation in the gene.

"People with family history are at very high risk. People with a mutation in the gene, we think have about a 60 to 80 per cent chance over their life of developing this cancer. That's huge, compared to a one-per-cent risk in the general population."

Hogg oversees a melanoma clinic at Toronto Sunnybrook Cancer Centre, which to date has registered more than 400 families with a familial predisposition to melanoma.

"We watch those patients like hawks," he said. "Any kind of skin lesion that looks the least bit dubious with changes, we take it off.

"In that group of patients over the last seven years, we've had no deaths. We're very pleased with that. We think we're having an impact."

Melanomas arise from moles or other coloured spots. They are usually asymmetrical, have a notched and irregular border, a variety of colours and are usually more than six millimetres in diameter. People with many moles, especially atypical ones, are at higher risk of melanoma.

"If you have something on your skin that hasn't changed in 10 years, it's unlikely to be malignant," Hogg said.

"But if you see a lesion that starts changing over time — size, shape, form, depth — that's a signal it should be taken off by a dermatologist or plastic surgeon."

The thinnest melanomas (known as cutaneous) are the most treatable and have a five-year survival rate of about 95 per cent. With the thicker (nodular) lesions that rise out of the skin, the five-year survival rate drops to about 40 per cent.

When the cancer spreads to lymph nodes, patients are usually treated with interferon, an immune system booster that has modest success and nasty side-effects. When the melanoma cells spread through the blood to other parts of the body, chemotherapy and sometimes surgery and radiation are used.

"If we treat a patient with metastatic (melanoma) with chemo, we tell them overall they have about a 15 per cent chance of any response to the drug, meaning the tumour shrinks," Hogg said. "That means 85 per cent of people have no response whatsoever."

For those who do respond, the tumour merely shrinks, but that is not a cure.

"In most of the patients I treat, the tumour becomes resistant to chemotherapy after six to 12 months, then comes back with a vengeance," Hogg said.

"Melanoma has a nasty habit of coming back after many years. We've seen in our clinics people who have primary melanoma excised in their 30s and have it come back 20 to 25 years later. This is a very strange disease and it behaves in a very unpleasant fashion."

Once it spreads, melanoma becomes very aggressive, he said.

However, Hogg and his colleagues are excited by a class of new "designer drugs" that target the genetic manifestation of the tumours. "This is probably the best hope we've had in a quarter-century for treating this disease," he said.

akelly@therecord.com

GRAND RIVER LIFE
Two family doctors dismissed Trudy Metzger's concerns about a tiny white spot on her nose. Then she discovered she had a family history of skin cancer and requested an appointment with a specialist. A biopsy confirmed that she had basal cell skin cancer.

WHAT YOU NEED TO KNOW

SOURCE: CANADIAN DERMATOLOGY ASSOCIATION

Basal cell skin cancer
- Most common form of skin cancer;
- North American incidence rising by five per cent a year;
- A child born in 1994 has a 28 to 33 per cent lifetime risk;
- Of 78,000 new cases of all types of non-melanoma skin cancer expected in Canada this year, more than 60,000 — 80 per cent — will be basal cell.

What does it look like?
- Most commonly appears on face and neck, but also on trunk and legs;
- A sore or pimple-like growth that bleeds, crusts over and reappears (any sore that doesn't heal within two months should be checked by a dermatologist);
- A firm, flesh colour or slightly reddish bump, often with a pearly border and possibly small blood vessels on the surface, which gives it a red colour;
- A small, red, scaling patch seen most often on the trunk.

Cause
- Ultraviolet radiation from the sun is the prime cause. Frequent severe sunburns and intense sun exposure in childhood increase the risk in adulthood.

Who is at risk:
- Those with fair skin with blond or red hair and skin that usually burns in the sun;
- Those over 50 are most at risk, but it is increasingly being seen in teens and 20s;
- Men more at risk than women;
- Those with a previous basal cell cancer;
- Organ transplant patients with medication-compromised immune systems.

Treatment
- Depends on tumour size and location;
- Surgical excision with curettage (scraping) and cautery (burning to seal off blood vessels);
- Large tumours located near important structures such as eyes need specialized surgery.

On the Web
www.dermatology.ca
www.skincancer.org
www.aad.org
www.cancer.ca