Thirteen Minutes of Sun

Safe sun exposure must balance the risks of skin cancer with an increasing list of known benefits derived from adequate vitamin D levels. Rhodes and colleagues investigated the United Kingdom casual sun exposure recommendations, which are based on data from theoretical and in vitro models. Specifically, 13 minutes of midday sun exposure on a cloudless day, three times per week, with 35% exposed skin surface area over a 6-week summer period in Greater Manchester resulted in vitamin D sufficiency (90% of the population with $\geq 20$ ng ml$^{-1}$ serum 25-hydroxyvitamin D (25(OH)D); 26% with $\geq 32$ ng ml$^{-1}$ 25(OH)D). These findings provide a quantitative assessment that can be used to more accurately determine future sun exposure guidelines. See page 1411

Careful Comparisons

Because patients with psoriasis suffer from fewer bacterial and viral infections than would be expected given their defective epidermal barrier, the documented increased antimicrobial peptides/proteins (AMPs) in psoriatic skin are not surprising. Atopic dermatitis patients, on the other hand, are susceptible to bacterial infections, and early reports indicated lower AMP levels in the skin of these patients compared with those of patients with psoriasis. Harder and colleagues, however, report that AMPs (RNase 7, psoriasin, and human $\beta$-defensins-2 and -3) were induced in atopic patients to levels comparable with those of healthy subjects but not to the levels detected in psoriatic subjects. Thus, increased susceptibility to infection does not appear to result from reductions in AMPs in atopic skin. See page 1355

Going Up

The incidence of squamous cell carcinoma (SCC) has been increasing rapidly over the past 50 years. In order to provide up-to-date reporting on SCC incidence trends for purposes of predicting the future burden of these cancers, Hussain and colleagues analyzed the comprehensive Swedish National Cancer Registry, comprising 51,146,364 person-years of follow-up from 1990 to 2005. SCC incidence increased at a substantial rate, and the rates for both SCC and Merkel cell carcinoma were age dependent. Biological, behavioral, and environmental factors were proposed to underlie these rapid increases. See page 1323

Vitamin D and Cancer Risk

Because UV radiation causes both DNA damage to keratinocytes and vitamin D synthesis, researchers have suggested that vitamin D formation may protect keratinocytes from DNA damage and the resultant carcinogenesis. Asgari and colleagues, however, demonstrated that higher prediagnostic serum 25-hydroxyvitamin D (25(OH)D) levels are associated with higher levels of basal cell carcinoma, the most common and most costly cancer in the United States. The carcinogenic effects of a level of UV radiation exposure that leads to high serum 25(OH)D levels may overwhelm any possible protective effects of vitamin D. See page 1438

Analysis of Life

Health-related quality of life (HRQL) scores reflect the impact of disease and treatment as reported by a patient. The threedimensional, dermatology-specific Skindex-29 HRQL questionnaire comprises 29 items in three domains: symptoms, emotions, and functioning. To assist in the interpretation of Skindex-29 scores, Prinsen and colleagues identified strong cutoff scores based on three patient-based anchors expected to indicate severely impaired HRQL: the impact of skin disease on HRQL, patients’ assessment of disease severity, and the presence of psychiatric morbidity. These scores will be useful clinically for identifying severely impaired HRQL and formulating patient treatment plans. See page 1318