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The Cosmetic Effects of Cancer Treatment

In the SoHo neighborhood of New York City, nurses from far and wide assembled recently to discuss not just survival for the patient with cancer, but the debilitating side effects of some cancer treatments. Oncology experts Edith Peterson Mitchell, MD (Clinical Professor, Department of Medical Oncology, Jefferson Medical College of Thomas Jefferson University, Philadelphia, Pennsylvania), Beth Zubal, RN (Oncology Nurse Practitioner, Washington University School of Medicine, St. Louis, Missouri), and renowned makeup artist and breast cancer survivor Jan Ping were panelists for a seminar sponsored by Amgen and ONSEdge: "Coping With Cancer From the Outside In: Facing the Skin-Related Side Effects of EGRF Inhibitors."

The purpose of this seminar was to discuss the cosmetic implications of cancer and its various treatment options. Panelists sought to inform oncology nurses of the vital role they can play in the lives of patients by educating them, addressing patients' aesthetic needs, and offering crucial emotional support.

When one panelist asked the audience of nurses how many of them deal with patients with these symptoms, almost all raised their hands. Nurses are grateful for this long-overdue educational opportunity.

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Taking Charge of One's Self-Esteem

When Jan Ping, a celebrity makeup artist who was diagnosed with breast cancer 4 years ago, took the stage, the human component of the cosmetic implications of EGRF inhibitors was evident. "I feel very passionate about self-image," Ping began, "and cancer takes a toll on our self-image."

Ping explained that working in the beauty industry made her cancer treatments even harder. "I gained close to 20 pounds, and at one point, I had a head-to-toe body rash -- and no hair, except on my chin."

Ping acknowledged that "the physical effects are really challenging and terribly debilitating." And although Ping may represent the face of beauty, for many patients with cancer, she also represents the face of hope. It is why so many patients look to her for inspiration -- she is someone who survived cancer and now advocates for patients with cancer around the world. Ping devotes much of her time to educating fellow cancer survivors about the aesthetic and confidence

battle that comes with cancer treatment. She stresses how hard -- yet crucial -- it is to derive genuine self-confidence during treatment, when a patient's optimism and confidence levels can be very low.

Ping's Makeup Tips to Share With Patients

"Tell patients that all they need is foundation and powder from the drugstore. Remind them to use moisturizer and sunscreen, and this includes men." As far as male patients are concerned, Ping thinks "permission" to wear makeup is the main hurdle for them.

One of Ping's main concerns for these patients is the dryness of their skin. She cannot emphasize enough the importance of moisturizing, and said that a heavy cream is best, along with a moisturizing foundation -- one that is very emollient, like a cream foundation or concealer. Some blush and foundations (powder, gel, and cream-based makeup) can also work to neutralize the effects of the skin rash. "It's so helpful and helps with confidence," Ping said. Other tips from Ping include the following:[8]

Face. Even a slight amount of face makeup, for both men and women, can give that patient a boost. Choose a color of foundation that matches the skin tone. Men and women both look better with a touch of powder or gel bronzer. Even if patients don't usually wear makeup or prefer softer colors, Ping suggested trying something different. And for dark circles under the eyes, apply a moisturizing concealer around the orb of the eye, from lash line to brow bone.

Nurses can instruct patients to rub a little foundation on the palm of their hands and gently dab on the skin. If they need only a little bit of coverage, it's best to mix the foundation with whatever cream or lotion that they're otherwise using. "A little goes a long way, so tell them to be light handed and they can add more as needed by using their hands or a sponge to apply it," Ping said.

With all the moisturizing, their skin will probably be shiny, so Ping suggested just a bit of loose translucent powder on the few shiny spots to make them less obvious. "Colorless powder is probably the best, but if all they can find is pressed powder, that will work as well." Ping suggested that nurses help patients choose either colorless or translucent -- "the nurse can see what condition the skin is in and advise the patient on what will work best."

Eyes. Ping recommended using a neutral eye color to line the upper lash line. Pen or pencil adheres better than powders. She suggested smudging this line rather than making a straight line that doesn't look natural.

Lips. Ping suggested using lip balm and to stick with nonpigmented lip balms or petrolatum-based products because of the drying of the skin.

Nails. Ping suggested avoiding nail trauma, manicures, pedicures, and pushing on the cuticles. Patients should not push back the cuticles or bite their fingernails. The nails should be clipped short and moisturized, without nail polish. And above all, patients should avoid acrylic nails because they can trap bacteria and lead to infection.

The bottom line, though, is to remain confident. "Assure patients that it's normal to feel self-conscious and a little down. It's an evolution and it takes time for them to get to a new place."

