GIM Podcast Interview-Dr. Sima Rozati

Katie Caviness-Crolley 0:05
Welcome to Medicine Made General, a podcast for patients brought to you by the Johns Hopkins Division of General Internal Medicine. I'm Katie Caviness Crolley, and I'm here with my co-host, Dr. Bimal Ashar. Hey, Bimal.

BA

Bimal Ashar 0:32
Hey Katie, how are you doing?

Katie Caviness-Crolley 0:33
I'm doing good. How are you?

BA

Bimal Ashar 0:35
I'm doing great. And, you know, as we're heading into summer, not too far from now, I'm really excited to have our guest on, Dr. Sima Rozati, an associate professor of dermatology here at Johns Hopkins. And in addition to being a general dermatologist, Dr. Rozati
also specializes in skin cancers and of various types. And so, Sima, welcome to the podcast.

S

Sima 1:03
Thank you for having me. I'm excited to be here today.

BA

Bimal Ashar 1:07
Well, I'm going to start very basic, Sima. You know, we learned in medical school, right? The skin is the largest organ of the body, right? So I'm just wondering whether you could tell us, well, what does it mean to have healthy skin and what,
Is it just cosmetic or how could it affect health?

S

Sima 1:31
Yeah, that's, yes, that's an important question. And the simple answer is no, it's not just cosmetic. Skin health is a thing. It just doesn't mean, I think, for whatever is out there in social media world, which I think at some point we'll get to, but it's not a perfect skin, right? Skin health or healthy skin, it doesn't mean poreless, wrinkle-

free, without pigmentation, right? Healthy skin is a functional skin, is a skin that can protect us from the outside world, from the outside exposures, is a
skin that is intact, the barrier is intact, is not chronically inflamed, is not irritated, can retain moisture and protect us against infection and environmental injury, and one that is regularly monitored for pre-cancerous or cancerous changes.

Katie Caviness-Crolley 2:33
Thank you for defining that. I think it would be helpful if you could do a brief overview of how sun damages the skin. Specifically, is it possible to reverse that damage?

S

Sima 2:44
Yes. So sun, when we talk about the sun, we are talking about the UV radiation that causes the skin damage. And there are like sort of two primary UV radiations that we usually discuss. We have most science about as one is the UVB, which is high energy. primary effects, the very superficial layers of the skin and is directly absorbed by the DNA. And so that triggers mutations in the DNA and basically results in carcinogenesis. And then we have the UVA that is a little bit lower in energy.
but then penetrates deeper into the skin and can cause oxidative, what we call oxidative stress to the DNA, to the protein, to the lipids that are in the layers of the skin. And also it is the one that degradates
the collagen and elastin, which then causes that hallmark of photo aging, which is wrinkles, sagging, this pigmentation, loss of elasticity. So to summarize, there are like multiple parallel pathways of UV induced sun damage beyond a simple sunburn because
that chronic UV radiation on the skin can cause chronic inflammation, genomic instability, and immunosuppression that collectively then drive both photoaging and photocarcinogenesis. And so, yes, we can reverse it.
but partially, right? We can improve the visible signs of sun damage by strict photo protection in the right patients with retinoids, with lasers, in patients that have already pre-cancerous changes. A lot of times we use field, basically treatments, topical field treatments, topical either chemotherapy
or immune modulators to reverse some of that sun damage to the skin. Can we give you a baby skin? No, we can't. And so that's why prevention is so important to like not even get there that we need to work on reversing it.

Bimal Ashar 5:07
Great. That's a great kind of overview on how sun affects the skin. And I wonder whether we can start with kind of skin cancers. And, you know, I think that's what people really dread, right? They're really worried about skin cancer. And I wonder whether you could just break down the types of skin cancers that you see. And

Sima 5:16
Mm.

Bimal Ashar 5:30
Um, you know what they, how serious are they?

Sima 5:34
So there are many types of skin cancers, but the most common ones that we associate with sun damage, and the most common ones are, you know, we can review those briefly. One of them is called basal cell carcinoma, which is our most common skin cancer.
And usually it appears like a little pearly pink papule or a non-healing ulcer on the skin that bleeds and tries to heal and then bleeds again. It grows very slowly and rarely it spreads, especially like in a normal patient, an immunocompetent patient. And so we need to take care of it, although it doesn't have so much risk of spreading, but it can grow locally and become really massive at times. And so we want to take care of that. Another common one is a squamous cell carcinoma, which usually appears like as a little scaly pink
crusted, sometimes tender, non-healing spot on the skin. And so that is more related to cumulative sun exposure. And so that one has a little bit higher risk of spreading. Still not, you know, in an immune competent patient.
It usually doesn't spread, but it can spread, especially if it's in high-risk areas such as the lips or the ears, or if patients have comorbidity or are immunosuppressed, then it does have the ability to spread. But the scariest of all, as
as most people hopefully have heard about, is melanoma. Melanoma rises is not as common as the other first two that we talked about, but it rises from pigment producing melanocytes. And it's the most dangerous of these three we talked about because it has a greater tendency to spread

beyond the skin and any other organ in the body. It can spread to any other organ. So what I tell patients is that when you do your own skin tracks or you wonder how you can screen your skin yourself, we have these rough guidelines that we call the ABCD ease of melanoma.
And so A stands for asymmetry. B stands for border irregularity. C stands for color variation, meaning either change in color of a spot or multiple colors like brown, black, gray, brown, black,
black red in one single mole. And so we were at C, D is for diameter, anything more than a tip of a pencil eraser. And E is actually the most important one. If you just forget whatever I just told you, E is for evolution. So any change.

Katie Caviness-Crolley 8:32
Mm.

S **Sima** 8:33
something is flat, becomes elevated, spontaneously bleeds without you picking at it, keeps scaling over, but really never heals. Or what I call the ugly duckling sign, meaning do you have just that one spot that just looks different from the other spots that you have on your skin? We want to know about it. We want to see it. We want to examine it and tell you what to do next.

Katie Caviness-Crolley 8:56
Gotcha. Thank you, Sima. You know, as we're recording this podcast, it's June 2026, you know, we're heading into summer. I was hoping to maybe talk about what are some of the biggest mistakes people make when it comes to protecting themselves from the sun. Can you talk more about that?

S **Sima** 9:12
I mean, how many hours do you have?
I would say I see I see different different common misconceptions in different like age populations. But one that I'm still really surprised by over like all this information that is out there about sun damage and sunburn.
is that people try to get a base tan for the summer and so like get there first hand so you know the rest of the summer their skin is safe. There's no such thing, right? Like tan is not protection. Tan is like the basically your skin telling you I'm...

already damaged, right? Your skin is trying to fight the UV radiation and the DNA damage that occurs with that. So there's no such thing of like preparing for the summer by getting a base tan. That's one of the big misconception.
I think another one that I hear a lot, also in the clinic I share with Dr. Ashar, is that people try to get their vitamin D with sun exposure. And so, you know, the truth is we have no idea how, like, there's no solid data on how much sun exposure what time of the day, for which skin type you have to receive to replenish your vitamin D, right? And so this is something we don't like to hear as dermatologists. Vitamin D is your diet and if needed, supplementation, but not with sun exposure. And so, you know, we consider UVs A carcinogen. So we don't want people out there. I rather have them ask, how can I enjoy outside while, you know, protecting my skin from the sun, than how much sun is safe for me to get to replenish my vitamin D?
And then another thing is that like, you know, people put sunscreen and they then they think they're safe, right? It's actually it's your sunscreen for sure helps, but it's not the only thing. So a lot of people come come back after their vacation. They're like, you know, I put the sunscreen on, but I still got the burn or I still got the tan. Well, you still need to wear the hat. You still need to try to stay in the shade. You still need to reapply your sunscreen. And also when you're putting the sunscreen, did you put enough? Did you cover your top of your ears, behind your neck, your hairline? So all of those really matter. And I think sometimes we forget about these things.

Bimal Ashar 12:00
So along those lines, right, the, you know, are there times of the day where people really should make sure that they've applied sunscreen on, you know, a good amount of sunscreen on in places that are exposed as opposed to other times of the day?

Sima 12:19
Yeah. The FDA particularly emphasizes limiting sun exposure between 10 to 2. I think most of us in our clinics encourage patients to be very careful, especially 10 to 4, especially in the US and in like basically northern hemisphere.
And also, you know, nowadays people can use UV index to get an idea of like how significant UV exposure is. But I would say, you know, I don't use UV index. I just go by the rule of 10 to 4. I have to be super careful, making sure I have my hat on,

reapply my sunscreen, stay in the shade.
Um, and I think that that's a that's a really um good rule of thumb.

Katie Caviness-Crolley 13:09
I wanted to go back really quick because you started to touch on this and I think this might be a little bit surprising to some of our listeners. Can you say more about, you know, does sunscreen protect you from getting skin cancer? There might be a misconception out there.

Sima 13:11
Mhm.
Okay.
Yeah, sunscreen decreases your risk for skin cancers, but it doesn't eliminate the risk, right? Because no sunscreen really blocks 100% of UV radiation, right? And most of us actually
under apply. There have been a couple of studies that show that most of us under apply sunscreen. And so that's why sunscreen should be paired with like seeing the shade using sun protective clothing, hats, sunglasses, and routine skin check. Now that also said routine skin checks is important because
not every single skin cancer is related to the sun. And so, you know, you might be never seeing the sun ever and still having a skin cancer, but that does not diminish the importance of sun protection.

Bimal Ashar 14:22
You know, sun protection and sunscreens are a huge business, right? There's so many different products out there. And it can get really confusing, like what SPF to use? Do I use a spray? Do I use a lotion? I wonder whether you've got any general recommendations for people.

Sima 14:26
Yeah.
No.
Mhm.
Yeah.
Yeah, yes, yes. This is something we daily discuss in our clinics is that, you know, a

simple rule is your sunscreen should be broad spectrum, SPF 30 and above. And if you're going to be sweating or swimming, it should be water resistant.
Okay. And then there's all these other questions related to what products are out there, right? Like mineral versus chemical sunscreens is also a big one. What should I go by? I think there is really, you know, the cumulative data really
Both also our American Academy of Dermatology, as well as, you know, experts in the field, both say physical, chemical, or hybrid sunscreen, all can effectively protect the skin when they applied.
accurately, right, appropriately on the skin. Mineral sunscreens are physical blockers, like mineral sunscreen are the ones that contain either titanium or zinc oxide. And so they usually, if they are good ones and they have a high percentage of these ingredients in them,
They tend to leave a little white residue. They are better tolerated when people have more sensitive skin and also basically safe for infants. Chemical sunscreen tend to be a little bit lighter, a little bit cosmetically elegant.
But they both work. As long as it's broad spectrum, as long as it's SPF 30, and as long as you put a good amount on your skin, it will work regardless of which one should you choose.

Bimal Ashar
I assume that you had talked about sunscreens and SPF and wanting it above 30 and some of the mineral versus chemical sunscreens, but I wonder whether you can talk a little bit about the formulations of sunscreen and how really to apply them and what makes the most sense as people go to the beach or daily use or other times where they'll be exposed to the sun.

Sima 0:36
Yeah, that's a great question. I think personally, I favor lotion and creams because I find them best reliable as far as like skin coverage goes. There are also other formulations like sticks. I think they're good for like little areas such as like the, you know, above the eyes or around the lips and on the ears.
Also, I think they're really good, like, for example, if you're already sweating, if you're already out there and you don't want to get your hands, it's time to reapply sunscreen. You want to get your hands greasy, like you're playing golf, you don't want to take your gloves off. That's a good time, you know, to have like a stick

sunscreen in your pocket and just apply it on and it will stay on even if your skin is wet.
And then sprays, I know people have sprays. They're convenient, but they're very easy to under apply. So you have to put generously spray and then you have to rub it in. You have to really be careful not to inhale it and not to directly spray it on the face.
And then it's very important, whatever you choose, that you put again sufficient amount and reapply every two hours and maybe even sooner if you're swimming and sweating A lot. And on that, like what is, that's another question is like what is sufficient amount of sunscreen?
You know, like a rough estimate is a full shot glass or a full one ounce is good, should be enough for an entire body. So that would make like about a teaspoon for the face and neck, a teaspoon for the chest and abdomen, right?
and a teaspoon for each arm and so on and so forth. So like the entire will be will be at least an ounce of sunscreen for an entire body and then reapplying it every two hours or sooner.

Katie Caviness-Crolley 16:38
I want to zoom out for a minute and just look at, you know, basic skincare routines. I don't know if anybody else is on Instagram, but I am. And I think my algorithm is starting to catch on that I'm in my 30s and I'm getting older. So I start to see all these things about, you know, retinol, hyaluronic acid, day cream versus night cream, moisturizers, SPF, everything.

S

Sima 16:44
Yeah.
Mhm.
Yeah.

Katie Caviness-Crolley 17:04
Are you able to break down and just say like, you know, what actually works versus what is more marketing? You know, what should someone be doing every day? I guess is what I'm trying to get with that.

S

Sima 17:15

Yeah. I mean, there is a lot, a lot, a lot, a lot of ingredients out there that are marketed as, you know, the overnight transformation. You're, you know, the, it takes 20 years off your skin. You suddenly will be a teenager.
I mean, it doesn't exist, right? I wish it did, but it doesn't. But there's a lot of good things out there, right? It's just not as fancy as people want it to be. You know, routine, scientifically proven, healthy skincare is simple and boring.
Okay. And so when patients ask me, listen, I don't want anything fancy. I just want to have a healthy skin that it looks good. And what I tell them is that the most important thing to prevent photoaging and
and this pigmentation and discoloration and wrinkles is number one is sunscreen. Number 2 is sunscreen. Number 3 is sunscreen. And then after that, you can think about, you know, moisturizing, right? Moisturizing helps
to keep the skin hydrated, to keep the skin smooth, right? And then, you know, what we have most proof as an anti, consistently, numerous studies have shown that it does work as an anti-aging ingredient and product.
is retinoids. So that works. Like, so if somebody is looking for a little bit, making their fine wrinkles a little bit lighter looking, their skin a little bit smoother, then retinoids are a product that they can look into.
add that to their skin routine. And then gentle cleanser, you know, gentle cleanser to get the makeup, the sunscreen, the dust, the external environmental things that we come exposed to during the day, get that off of your skin. So sunscreen, moisturizer, gentle cleanser,
That's, and for the right person, retinoid, that's really a good basic skin hygiene regimen.

S **Bimal Ashar** 19:47
You know, that's fantastic. I want to, I think you covered really what I was going to really want you to focus down on, which is great. But I'm wondering whether, so when we get back to sunscreen and you mentioning how important that is. So do you tell your patients, like, I don't care if it's raining, I don't care what time of year it is, put your sunscreen on every single day.

S **Sima** 20:12
That is so interesting you say that. You know, when I was telling my kids, I'm doing this interview today, they're like, please remember to tell them that even when it's

cloudy and even when it's cold outside, they still need to put their sunscreen on because they heard yesterday their friends say, oh, but it was so cold outside. I didn't think I would get a sunburn. And they came back to school the next day with the sun. So yes, I tell patients, you know, the UV rays that we know cause the sun damage and possibly the DNA mutations do go through the clouds and, you know, UV exposure and temperature.
are two different things. And so it can be cold and you still can get a really bad, bad sunburn that can increase risk, your risk for skin cancer. So both in cold temperature and both on a cloudy day, we should be, most of us should be wearing sunscreen.

Katie Caviness-Crolley 21:17
Mm.
Yeah, I mean, it sounds like sunscreen reigns supreme. I would love to know what are there any products out there that you think are overhyped?

S **Sima** 21:21
Yeah.
There's a lot of products out there.

Katie Caviness-Crolley 21:31
I keep asking you these hard questions.

S **Sima** 21:33
Yes, yes, no, there is, you know, it's hard because there is, there are some products that are like now PDRNs, exosomes, like things like that. There is a little bit of data on them, but the thing is, between the, there is no vigorous.
clinical studies on them. And then what, and these are not regulated, right? So the claims of like commercially that are claimed on the market, over-the-counter cosaceuticals, is just that there's a big gap there, right? So I think
What we talked about, and we can go a little bit more into detail, like of what a morning and night routine can look like, is that is really what we talked about is science-based. There's a couple of other ingredients that we can talk about. And other things I see, like on social media you brought up are hyped about.
is banana peels, beef tallow, anti-sunscreen movement. I mean, you name it, it's out there. And they're really, we shouldn't base our skin health based on trends, right?

Like we should go with
consistency and what is science based and what's evidence out there and just follow that through consistently over decades of life. Yes, so the trends of banana peel and beef tallow and all sorts of other things, these are hyped in social media and basically can damage the skin
irritate the skin and can cause discoloration, photosensitivity, and absolutely not recommended.

Bimal Ashar 23:28
I'm going to have to sell all the beef tallow I have now. So, you know, other than kind of what you outlined as far as that simple routine, are there any other things that are underrated that we can do? And I think I want to add a little bit to this as well is that

Katie Caviness-Crolley 23:31
Ha ha ha ha!

Bimal Ashar 23:48
Can you wash your face too much?

Sima 23:51
You absolutely can. Yes, it will leave you dry, scaly, you know, it will disrupt the skin's barrier. Too much exfoliating, it can really be irritating to the skin. And sometimes, actually, when people's skin gets irritated, they even exfoliate more. And
and then try to cover that with more products. And so it just becomes a snowball effect and a vicious cycle of skin irritation on top of skin irritation. And so I think for most patients that have already healthy skin, like they don't have any specific problems on their skin,
If they have a specific problem, then it needs to be addressed by their dermatologist. But a gentle, gentle cleanser that is not expensive can be extremely helpful to, again, remove the sunscreen, the makeup, the daily, you know, basically what we get daily exposures onto our skin.
And that's all there is needed. And you know, like if you wanted a morning routine and a night routine, right? A morning routine is like gently washing face with lukewarm water. And then if you're super motivated, putting your vitamin C serum on,

following it up with moisturizer and a broad spectrum sunscreen SPF 30. And then at night time, a gentle cleanser. If for patients that are like have a specifically targeted, basically want to have a specific targeted routine, either addressing acne or discoloration or
photo aging. Again, as we discussed, retinoids are good. We have plenty of data on them. Retinoid, when we use the retinoids, we mean like prescription retinoids. But for people who have never tried retinoids, because it can irritate the skin, and so you have to start slow a few nights a week and then build a tolerance.
And it's a nighttime routine that we recommend because it becomes more sensitive and actually deactivated in the sun with sun exposure. And retinoid is good. If you haven't tried it and you think you have sensitive skin, then an over-the-counter retinol moisturizer is a good one.
Otherwise, honestly, like day cream, night cream, there's nothing specific about day cream and night cream. It only makes sense if the day cream has sunscreen integrated into it, then obviously it makes sense to use it during the day, right, or in the morning. And the night cream, if it has the retinol-like
products, then it makes sense to use it at night. But otherwise, there's no such thing, really real category of day cream and night cream, and it's otherwise just marketing.

Katie Caviness-Crolley 26:44
Gotcha.
As we wrap up our time here with you, I was hoping to kind of go back to the social media trends and maybe dispel, you know, what it's like 1 myth or misconception that you wish people would stop believing. I know we've talked about banana peels and beef tallow, you know, can we can we just say a little bit more about that? What would you what would you say?

S

Sima 26:47
Thank you.
Mhm.
Mhm.
Yeah, I think, you know, it goes sort of back to that in general. People come in like when they have irritation on their skin, when they have a rash on their skin, when they have burning and itching and we go over their products. A lot of times I hear like, no, no, that product is natural.

I paid a lot of money for it. So that one is safe. The truth is like poison ivy is also natural, right? Like so UV radiation is natural. Tea tree oil is natural, but they cause a lot of irritation and contact dermatitis to the skin and can be damaging to the skin. So just because something is clean beauty or whatever else they use in marketing, chemical free, nothing is chemical free, right? Every single ingredient, even if it's natural, right? It is a chemical, right? The tea tree oil is still a chemical.
And so, and so I think that's like a really myth I wish people will let go of, because a lot of times when their skin gets irritated, they use these natural products and all it does is just, it's just further irritate their skin and damage their skin barrier.

This has been Medicine Made General from GIM at Johns Hopkins. Thank you for tuning in to our podcast. We hope you found this conversation helpful. Until next time, stay informed, stay healthy.