Melanoma

Melanoma is the least common, but most dangerous form of skin cancer. It is a cancerous (*malignant*) tumor that begins in melanocytes. Melanocytes are cells which produce the color (*pigment*) called melanin that colors our skin, hair, eyes and moles.

CAUSES

The exact cause of melanoma is unknown. You may have a higher risk of melanoma if you spend or have spent a lot of time in the sun. This is especially true in parts of the world with more intense sunlight. This includes sun lamp and tanning booth exposure. Your risk is higher if you have a fair skin that does not tan easily. You may also have a higher risk if you have a close relative with melanoma, or if you have a large number of skin moles. You may have a lower risk if you are an individual with darker skin color.

SYMPTOMS

A skin mole is suspicious for melanoma if it has any of these four characteristics. This is called the ABCD's of melanoma:

- **A**symmetry – the mole is of an irregular shape, and not simply round or oval.
- **B**order – the edge of the mole is irregular and not smooth.
- **C**olor – a melanoma may have multiple colors in it, including brown, black, blue, red or tan.
- **D**iameter – size over 6 millimeters.

Any new mole, or mole that is noticeably changing in appearance, should be checked for melanoma.

DIAGNOSIS

Your caregiver can look at your skin and find lesions or moles that may be suspicious for skin cancer, including melanoma. Removing tissue to test it (*biopsy*) is needed to positively identify melanoma. The size and extent of the biopsy will depend on the location, size and appearance of the skin lesion or mole. Based on the appearance of the biopsy specimen under the microscope, the pathologist can determine if it is a melanoma. The pathologist can also see if it has spread to deeper layers of skin.

PREVENTION

You can reduce your risk for melanoma by minimizing sun exposure. Practice the three S's:

- Slap on a hat.
- Slip on a shirt.
- Slather on the sunscreen.

Do not spend time in the sun during peak midafternoon hours. Sunscreens with SPF 15 or higher and UVA and UVB block should be applied regularly. You should do this even there is brief exposure to sunlight. You should avoid sunburns always! Use sunglasses that block UV light. Be sure to see your caregiver if you have any new or changing moles.

PROGNOSIS

If you have a melanoma that is detected and treated before it has spread, you are very likely (99%) to survive and live a normal life. Likelihood of survival is less if the melanoma has spread deeply, or to other organs. For all cases of melanoma, survival is 92% after 5 years. Most melanomas are detected in the early stages.

RISKS AND COMPLICATIONS

Melanoma tends to spread. The complications of melanoma are related to presence of metastases in other organs, such as liver, lung, bone and brain. Melanoma can occasionally recur years after the initial diagnosis. For these reasons, if you have melanoma, you will need follow-up visits with your caregiver for many years.

TREATMENT

The treatment of melanomas is surgical and requires total removal of the melanoma. Lymph nodes may also be removed. If the melanoma has spread before surgery can be done, or if examination of the tissue removed shows spread of the melanoma, then use of medications to fight cancer (*chemotherapy*) must be used. Your caregiver will discuss your treatment options with you. Continual work is being done to find better treatment for this disease. You can ask about being included in a clinical trial to evaluate new forms of treatment.

SEEK MEDICAL CARE IF:

- You notice any new moles, or you have any moles that are changing.
- You have had a melanoma removed, and you notice a new growth near the same location.
- You have had a melanoma removed, and you experience any new or unexplained health problems.

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