



**What is Melanoma?** Melanoma is a cancer of the melanocytes which are the pigment producing cells of the skin. Melanoma can arise from a pre-existing mole (nevus) or in normal skin. Melanoma begins on the skin surface and then can grow downward, invading blood and lymphatic vessels, leading to metastasis (spread to other body organs) and possible death. It is very important to detect melanoma early, before it has spread.

**What causes Melanoma?** There are a number of risk factors for melanoma. These include a family history of melanoma and excessive sun exposure or other UV radiation from tanning booths. People with fair skin who easily sun burn are at higher risk. People who have a large number of moles, more than 50, are at greater risk, especially if these moles are irregular appearing as in dysplastic or atypical moles. Anyone can develop melanoma, but people with more risk factors are more likely to develop melanoma.

**What does Melanoma look like?** Melanoma can occur anywhere on the skin including areas that are not normally sun exposed. Periodic self examination of the skin is advised to look out for new or changing moles. Melanomas are often brown or black in color, but may also present as pink, red, or white. They may be raised or flat. When monitoring your skin, the following warning signs should be noted:

### **ABCDs of Melanoma**

- A: Asymmetrical shape: One half does not match the other
- B: Border Irregularity: The edges are ragged, notched or blurred
- C: Color: The color is not uniform
- D: Diameter: Larger than a pencil eraser (6mm)

**How are Melanomas treated?** Melanoma treatment begins with a biopsy to confirm the suspicion. This may be a biopsy of the whole lesion or a portion of a larger lesion. If melanoma is detected, the treatment is dependent upon the depth the melanoma has penetrated the skin.

The majority of melanomas are treated with surgical excision or removal of the melanoma and part of the surrounding normal skin (margin). Early melanoma confined to the top layer of the skin or epidermis is known as melanoma in situ. Surgical removal of melanoma in situ is associated with almost 100% cure rate.

Deeper melanomas run the risk of invasion of the blood or lymphatic vessels and spread to the local lymph nodes. A procedure called a sentinel lymph node biopsy may be performed to remove and check the local lymph nodes for melanoma spread. The decision to perform a sentinel lymph node biopsy is based on the depth and location of the melanoma.

Melanomas which have spread to other organs (Metastatic Melanoma) may warrant chemotherapy, immunotherapy or radiation under the guidance of a cancer specialist (oncologist).

Your provider may also perform blood tests and radiologic exams depending on the extent or depth of the melanoma.

**How is Melanoma prevented?** Rigorous sun protection is the best way to reduce one of the major risk factors for melanoma. Wearing hats, long sleeves, sunscreens and avoiding outdoor activities during the mid-day are recommended. Avoid all tanning bed use. Periodic examination of the skin, looking out for the ABCD warning signs, will help to detect new or changing moles. If a mole is changing, please let your doctor know.