

Melanoma

Melanoma is a serious type of skin cancer which, if not removed early while it is thin, spreads internally and is usually fatal. It is often ignored until too late because, in the early stages, it may look harmless and cause no discomfort. Many people do not realize that something small on their skin may kill them if not treated promptly.

Although it is rare in young children, melanoma occurs in every age group after puberty and is the most common cancer in young adults of ages 25-29. Among women of ages 30-35 the incidence is exceeded only by breast cancer. Overall melanoma is the 6th most common cancer in males and 7th in females. The U.S. incidence of melanoma now exceeds that of new HIV infections; 55,100 new cases were predicted for 2004. The incidence is currently increasing at an epidemic rate. Most new melanoma patients have no family history of the disease; it can strike anyone regardless of health, physical condition, or skin complexion. On the average, there is a melanoma death in the U.S. almost every hour.

The good news is that melanoma is easy to detect yourself at an early stage while it is thin and easily cured by simple, painless removal in a doctor's office. All it takes is a 10 minute monthly skin check. These pages show you how to check your skin and what to look for.

RISKS

Melanomas often develop from pre-existing moles but may also arise in normal skin and in freckles, blemishes, birthmarks, and other pigmented areas. Sun exposure is believed to be a factor in about 70% of new melanomas, but they may also occur in areas that are not normally exposed to sunlight.

The first step in finding melanoma is to learn about moles, which are common pigmented skin lesions that may be flat or raised. There are two types of moles, ordinary and *atypical* (the medical term for atypical moles is *dysplastic nevi*). Ten to fifteen percent of the white population has atypical moles. Check out <http://www.melanoma.com> for pictures of atypical moles.

The average lifetime risk of developing melanoma in the white population is about 1 in 70 but may be much higher if you have any of the following risk factors:

- 50 or more ordinary moles
- Any atypical moles, even one.
- History of any blistering sunburns, especially under age 20
- Sun-sensitive skin which burns or freckles easily
- Personal or family history of any type of skin cancer
- Sporadic exposure of normally covered skin to strong sunlight
- Use of tanning beds or lamps

Among African Americans, the average lifetime risk of melanoma is about 15 times lower than in the white population. Melanoma is uncommon in children under age 12. In the U.S., the incidence of melanoma is about equal in males and females, but males have a higher death rate from melanoma, probably because they check their skin less frequently.

Melanoma occurs in every part of the country. The five states with the highest predicted incidence of new cases are California, Florida, Texas, New York, and Pennsylvania. When adjusted for

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population differences, the prevalence of melanoma is nearly as high in Massachusetts as in Florida and almost as high in New York as in Texas and California. The risk in northern and central states is not much less than in Sunbelt states. Australia and New Zealand have the highest incidence of melanoma in the world, with New Zealand's rate nearly five times the U.S. rate.

DETECTION

The American Cancer Society recommends a monthly skin self-exam. You should become familiar with your skin and your own pattern of moles, freckles, blemishes, and birthmarks. Check your skin monthly and be alert to changes in the number, size, shape, or color of spots on your skin or sores that do not heal.

The best time to do this simple exam is after a shower or bath. Use a full-length and a hand mirror, so you can check your skin from head to toe, noting anything new. If you do the exam regularly, you will know what is normal for you. Remember the warning signs and check with your health care professional or dermatologist if you find something.

Conducting a skin self-exam:

Facing the mirror: Check your face, ears, neck, chest, and belly and both sides of your arms and the tops and palms of your hands.

Sitting down: Check the front of your thighs, shins, tops of your feet, and in between your toes. Check the bottom of your feet, your calves, and the backs of your thighs. (use hand mirror)

Standing up: Check buttocks, lower back, upper back, and the back of the neck. (use hand or wall mirror).

Early Detection

A is for **ASYMMETRY**: One-half of a mole or birthmark does not match the other.

B is for **BORDER**: The edges are irregular, ragged, notched, or blurred.

C is for **COLOR**: The color is not the same all over, but may have differing shades of brown or black, sometimes with patches of red, white, or blue.

D is for **DIAMETER**: The area is larger than 6 millimeters (about ¼ inch - the size of a pencil eraser) or is growing larger.

Warning Signs

- A sore that does not heal.
- A new growth.
- Spread of pigment from the border of a spot to surrounding skin.
- Redness or a new swelling beyond the border.
- Change in sensation - itchiness, tenderness, or pain.
- Change in the surface of a mole - scaliness, oozing, bleeding, or the appearance of a bump or nodule.

TREATMENT

Treatment for melanoma is based on the age and general health of the affected individual, as well as how far the disease has progressed. Patients work with an oncologist, a doctor who specializes in cancer, as well as a dermatologist, a doctor who specializes in skin and related illness.

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Melanoma

TREATMENT OPTIONS (Continued)

Removal of the tumor: In the early stages of melanoma the removal of the tumor may be sufficient to cure the disease.

Chemotherapy: The use of chemical drugs to treat cancer (or other disease).

Radiation therapy (radiotherapy): The use of high-energy X-rays to treat cancer.

Immunotherapy (biochemical therapy, biotherapy): A form of therapy that stimulates the immune system to kill or control cancer cells.

PREVENTION

Limit Exposure to Midday Sun

Avoid or limit exposure to the sun between 10 am and 4 pm, when UV rays are strongest and do the most damage. When outside, seek shade whenever possible.

Cover Up

Sunscreens alone do not protect your skin from the sun. Wear a wide-brimmed hat, tightly woven full-length clothing, and UV-protective sunglasses to shield your skin and eyes from the sun. Remember to use sunscreen on any exposed skin.

Use Sunscreen

Use sunscreen of SPF 15 or higher at least 15 minutes before going outside. Choose a sunscreen that has both UVA and UVB protection and apply liberally. Reapply sunscreen every two hours or more frequently after sweating or being in the water.

Protect Children from the Sun

Minimize children's exposure to sunlight between 10 am and 4 pm. When outdoors, protect children by using wide-brimmed hats, tightly woven full-length clothing, UV-protective sunglasses, and liberally applying sunscreen that is rated at least SPF 15 and provides both UVA and UVB protection. Scientists have found a link between childhood sunburn and skin cancer later in life.

Avoid Indoor Tanning

Avoid exposure to radiation from sunlamps, tanning parlors, or other artificial tanning devices. Exposure to UV rays from any source can lead to skin damage.

SCHEDULING AN APPOINTMENT

Call 275-2662 to schedule an appointment at the University Health Service (UHS). UHS offers a full range of services. All visits to UHS are confidential.

LINKS

ABC's of Melanoma:

<http://www.melanoma.com/>

Melanoma Patients' Information Page

<http://www.mpip.org/>

Melanoma Foundation

<http://www.melanoma.org/>

MEF Home Page

<http://www.skincheck.com/>