

Spotting Melanoma



By Rashad J. Gober

In recent years, the FDA has approved a variety of drugs showing great promise for treating malignant melanoma. Yet doctors are still agreeing on one point: the best way to **STOP** this deadly skin cancer is to **SPOT** it – as early as possible.



Melanoma, Defined

Melanoma is a form of cancer that affects melanocytes, which are cells in the skin that produce melanin, which gives skin its pigment. Most melanomas appear as dark spots on the skin – the result of the melanocyte cells continuing to produce melanin even after becoming cancerous.

Melanomas can appear in any part of the body that contains melanocytes. “In addition to the skin on the body, they can appear on the scalp, face, eyes, mouth, hands, and feet, like between the toes,” says Dr. John Chung, a dermatologist with Skin Cancer & Cosmetic Dermatology Center. “When we do a skin check, we check all of these areas.”

Skin cancer is the most common kind of cancer in the United States, and melanoma is the most dangerous form of skin cancer. Why? “Because it’s more likely to spread to other organs,” says Dr. Cara Hennings, a dermatologist with UT Erlanger Dermatology. “It metastasizes a lot more easily than the other two main kinds of skin cancer.”

Also, the cellular process for many melanomas may be underway for a while without any symptoms surfacing, making it one of the trickiest cancers to recognize. And since there’s also no way to predict how the melanoma is going to behave (i.e. grow quickly or slowly), it’s also one of the most difficult cancers to treat.

Am I susceptible?

The No. 1 cause of melanoma is excessive UV light exposure, which you can get from the sun or from tanning beds. According to the American Academy of Dermatology, research shows that indoor tanning increases your risk of melanoma by 75%.

Additionally, if you have a family history of melanoma, you have a significantly higher risk of getting it yourself, as some melanomas are caused by an inherited gene.

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Also, if you are fair-skinned, burn easily, or have a large number of moles – either normal or abnormal moles – your risk of getting melanoma goes up as well. “A mole doesn’t necessarily mean a raised or warty area,” explains Dr. Karin Covi, a dermatologist at the offices of Dr. C. Rodney Susong. “It’s *anything* pigmented on your body. If you have 100 moles, even if they are small, your risk increases and it becomes even more important to monitor your skin.”

Finally, if you have a personal history of melanoma, you have the highest risk of all for developing it again.

Know your ABCDE

One of the best ways to prevent melanoma is to really know your skin. Be aware of any moles on your body and know your ABCDEs. ABCDE is a helpful acronym in detecting melanomas on your body because most melanoma lesions exhibit some, or all of, these features: (A) asymmetry, (B) irregular borders, (C) different colors, (D) diameter (typically greater than 6mm), and (E) evolution, which refers to whether or not the spot changes or develops.

According to Dr. Chung, “E” is a fairly new criteria, but it is one of the most important. “E is about a mole that has *changed*,” he says. “Moles can look relatively benign, but often when you find it has changed, it’s melanoma.”

Sometimes, the skin around melanomas can be itchy or irritated – but not always. “Most people think it will always hurt or itch, but that’s usually a later symptom,” says Dr. Hennings. “In the early stages, most melanomas are flat and don’t have any symptoms. They are black and multicolored, maybe having a little red or blue in them.”

Another way to detect melanoma is to know the “ugly duckling rule,” which basically refers to a mole on your skin that looks distinct from other moles you may have (or that appears, if you have no moles). Any “ugly duckling” needs to be evaluated by a dermatologist or plastic surgeon as soon as possible.

In the end, developing skin awareness is not about being alarmist, Dr. Covi says, just smart. “When we encourage detection, it’s not about creating anxiety,” she says. “It’s just about developing mindfulness about your

COULD THIS BE YOU?

It’s true that melanomas frequently go undetected – particularly in people who live alone, never look at themselves in a mirror, or have lots of hair covering their skin. But in other cases, melanomas may be noticed, but just ignored for a variety of understandable reasons. According to Dr. Covi, these are common ones:

- * “It’s not a big deal.”
- * “I don’t really trust doctors.”
- * “It’s probably a tick bite.”
- * “I’ll do it...later.”
- * “I don’t want to have to mess with health insurance.”
- * “Nobody told me I was at risk.”
- * “I’m too young to get cancer.”

Dermatologists also say that in general, women tend to pay more attention to skin than men. Frequently, it’s a woman urging a man to go get his skin checked.



Karin Covi, M.D.
dermatologist,
offices of Dr. C.
Rodney Susong

own body and understanding that you are your own best friend.”

When diagnosing melanoma, a dermatologist will usually begin by using a handheld device called a dermascope to visualize pigment in the skin. If necessary, he or she will follow this up with a biopsy to further analyze a suspicious area.

Treatment

The treatment course for melanomas typically involves surgery. If they are detected early, malignant melanomas can typically be cured by minor surgical excision (cutting them out). Most people can have it done



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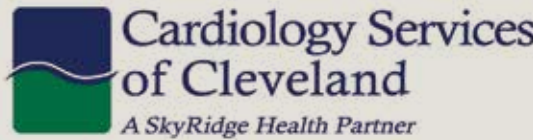
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as an outpatient procedure with local anesthesia. Given the advancements in surgery, less tissue is removed in these surgeries, scarring tends to be minimal, and most patients tolerate it relatively well.

“If the melanoma is 1 mm or less, it can almost always be cured through a wide local incision,” says Dr. Covi. “An excision is made of a healthy margin to ensure there are no leftover tentacles.”

The amount of skin that will need to be removed will depend on where the melanoma is on the body and how deep it is. If the melanoma is rather deep, then removal of one or more lymph nodes in the area to check for metastatic melanoma cells may also be recommended.

In addition to this standard of care, new drug therapies have been developed in recent years for the treatment of malignant melanoma. “Up until a decade ago, we didn’t have anything other than surgery,” says Dr. Covi. “Now, there’s a slew of medications that are proving to be highly successful in shrinking advanced metastatic melanomas. It’s unprecedented. It’s so exciting.”

Some of the newer drugs on the market are “targeted” therapies – they work by looking for a certain receptor on the melanoma. But although these drugs (e.g., vemurafenib, dabrafenib) have shown to be very effective, they only work for people who have melanomas with a specific gene mutation – the BRAF mutation.

Another class of drugs approved by the FDA actually works by helping the immune system be more active in attacking cancer cells – a process called biologic therapy. Examples of biologic therapy drugs used to treat melanoma include ipilimumab and interleukin-2 (IL-2).

Prevention is Key

Avoiding harmful exposure to the sun is a practical measure you can take to prevent melanoma and other skin cancers from developing. Be sure to wear sunscreen with good protection against UV rays and cover your body when you are out in the sun. And be sure to take extra precautions if you are fair-skinned or burn easily.

Also, stay away from tanning beds. Your preference may be a bronzed glow, but any skin cancer survivor will tell you that the aesthetic appeal is simply not worth the health risk.



Cara Hennings, M.D.
dermatologist,
UT Erlanger
Dermatology

As stated above, use the ABCDE acronym and really know your skin. Do monthly skin exams and be on the lookout for suspicious looking lesions or moles. If anything appears out of the ordinary, be sure to make an appointment with your dermatologist as soon as possible.

Perhaps the most vital prevention measure is to get annual dermatology exams. “Dermatologists are trained to see these things,” says Dr. Chung. “Every single person should be checked – especially after puberty – once a year by a dermatologist. Not just people at risk.” If your family has a history of skin cancer or melanoma, then make it a point to see your dermatologist more often than the average person.

“Melanoma is the sixth most common cancer in the U.S., and it’s increasing annually just because of recreational sun exposure and use of tanning beds,” says Dr. Hennings. “As dermatologists who are witnessing this, we can’t emphasize enough the importance of protecting yourself from the sun and getting your skin checked regularly.”

“Nobody should die from melanoma. No one,” says Dr. Chung. “Among my patients, I’ve never had one person die that I’ve been following on a regular basis. The earlier you come to the doctor, the better. If everybody starts getting checked at puberty, nobody should have a life sentence.” **HS**



John Chung, M.D.
dermatologist,
Skin Cancer
& Cosmetic
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