

FACT SHEET: MELANOMA

Melanoma is a serious skin cancer which is curable if detected early .

Melanoma grows from pigment cells (melanocytes) in the outer layer of the skin and mucous membranes (epidermis). Although melanoma usually starts as a skin lesion, occasionally it occurs in other parts of the body such as the eye, mouth or vagina.

Melanoma tends to spread out within the epidermis before moving into the deeper layer of the skin (the dermis).

It can occur in adults of any age. Melanoma is common in people aged 50-70. Occasionally it can occur in teenagers but it is almost unheard of in children.

CAUSES

The risk factors for developing melanoma include:

- Exposure to sunlight particularly during childhood
- Serious sunburn, especially when young - however, melanoma sometimes occurs on areas of the body not normally exposed to the sun
- Family history of melanoma
- Fair skin which burns easily - melanoma is common in people with Northern European ancestry, and melanoma is not common among dark-skinned people
- A large number of abnormal moles (called atypical naevi) - these moles are usually larger than 6mm, with an irregular shape and multi-coloured. Atypical naevi are not cancers, and a melanoma does not necessarily start in an atypical mole

DIAGNOSIS

The first sign of a melanoma is usually a change in a freckle or mole, or a new spot on the skin. A melanoma often looks like an unusual freckle with an irregular edge. It may have a variety of colours including brown, black, blue, red and, occasionally, light grey.

An early melanoma is normally flat but it may later become raised. Other signs are a spot, freckle or mole which is itchy or tender, or bleeds or has a crust. Melanomas can occur anywhere on the body, not only in areas that get a lot of sun.

If your doctor suspects you have a melanoma, it should be removed and sent to a laboratory for examination under a microscope (histology).

If you have a melanoma, the doctor should examine your whole body to see if any cancer cells have spread to other areas and whether you have any more melanomas. Other tests are not usually needed.

The thickness of a melanoma is measured in millimeters (from the top to the deepest point it has reached). Death is unlikely if a melanoma is less than 0.75 mm thick. About half the patients are dead within 5 years if the melanoma is more than 4 mm thick.

A melanoma is also classed by the level of the skin it has reached. The earliest melanoma, known as Level I, is confined to the epidermis. Invasive melanomas are described from Levels II to V, depending on how far they have invaded deeper levels of skin.

There are different types of melanoma. The most common type, a superficial spreading melanoma, starts as a flat, freckle-like spot which first spreads out sideways in the skin. Other types include nodular, acral, lentigo maligna, and amelanotic melanoma.

Staging refers to how far the cancer has spread to other parts of the body. A Stage I melanoma is an early cancer that is limited to the skin.

WARNING SIGNS OF MELANOMA

- Change in size, especially if it grows larger rapidly
- Change in colour, especially if it develops multiple shades of tan, brown, black, and a mixture of red, white, blue, or the colour spreads from the edge into the surrounding skin
- Change in shape especially if it develops an irregular notched border which used to be regular.
- Change in height: especially if it used to be flat.

THE ABCDs OF MELANOMA

Please be aware that not all melanomas are pigmented. Kelly et al have proposed the addition of “EFG” (Elevated, Firm and Growing progressively for more than a month) to the “ABCD” acronym to aid in clinical diagnosis of red amelanotic melanomas. It is important to note that the “ABCD” rule does not appropriately include presentations of red amelanotic melanomas and can be easily misdiagnosed.

A pigmented lesion (mole or freckle) should be checked by an experienced doctor if it has any of the ABCD characteristics. Not all such lesions prove to be malignant.

- A - Asymmetry
- B Border irregularity
- C - Colour variation
- D - Diameter over 6 mm



TREATMENT

Early melanomas are excised surgically. The extent of surgery depends on the thickness of the melanoma and its site. Most thin melanomas do not need extensive surgery. They are usually removed using a local anaesthetic, and the defect stitched up. A small area of normal skin around the melanoma is also excised to make sure that all the melanoma cells have been removed.

For thicker melanomas, a much wider area of skin is cut out. A skin graft might be necessary, which replaces the removed skin with skin taken from another part of the body. The lymph glands in the area may also be removed.

If the melanoma is widespread, other forms of treatment may be necessary.

FOLLOW-UP

After treatment, regular check-ups are arranged for a period. These checks are important to treat any further problems from the melanoma and to detect any new melanoma early.

Regular self skin examination is advisable.