

Melanoma Facts

Q. What is melanoma?

A. Melanoma, the most serious form of skin cancer, is characterized by uncontrolled growth of pigment-producing cells. Melanomas might appear on the skin suddenly, but they also can develop on an existing mole. The overall number of melanoma cases continues to rise.

Q. Is melanoma a serious disease?

A. Approximately 75 percent of all skin cancer deaths are from melanoma. Advanced melanoma spreads to lymph nodes and internal organs and may result in death. One American dies from melanoma almost every hour. Melanoma is the most common form of cancer for young adults 25-29 years old and the second most common cancer in adolescents and young adults 15-29 years old. If detected and treated before it reaches the lymph nodes, melanoma patients have a 98 percent five-year survival rate. Five-year survival rates for regional- (lymph nodes) and distant- (other organs/lymph nodes) stage melanomas are 62 percent and 15 percent, respectively.

Q. How many people will develop melanoma this year?

A. It is estimated that there will be 114,900 *new* cases of melanoma diagnosed in the United States in 2010 — 46,770 noninvasive (*in situ*) and 68,130 invasive. In 2010, about 38,870 men and 29,260 women will be diagnosed with invasive melanoma. In addition, 8,700 people are expected to die from melanoma — 5,670 men and 3,030 women.

Q. How much does melanoma cost society?

A. In 2005, the American Academy of Dermatology Association and the Society for Investigative Dermatology released a comprehensive study to quantify the toll skin diseases take on the nation's economy and health care system. The estimated total direct cost associated with the treatment of melanoma in 2004 was \$291 million.

Q. What causes melanoma?

A. Excessive exposure to the ultraviolet radiation of the sun is the most important *preventable*

cause of all skin cancers, including melanoma. Not all melanomas are exclusively sun-related — other possible influences include genetic factors and immune system deficiencies.

Q. Who gets melanoma?

A. Melanoma can strike anyone. Caucasians are more likely to be diagnosed with melanoma than other races. However, even among Caucasians, certain individuals are at higher risk than others. For example:

- You have a substantially increased risk of developing melanoma if you have greater than 50 moles, large moles, or atypical (unusual) moles.
- Your risk is increased if a blood relative has had melanoma.
- If you are a Caucasian who has fair skin, your risk is higher than a Caucasian who has olive skin.
- Redheads and blondes have a higher risk of developing melanoma. Blue or green eyes also increase your risk of developing melanoma.
- Your chances increase significantly if you've already had a previous melanoma, but also increase if you have had either basal cell carcinoma or squamous cell carcinoma, the more common forms of skin cancer.
- Your risk for melanoma might also be increased if you have had other previous cancers, such as breast or thyroid cancer.

Q. What are atypical moles?

A. Most people have moles (also known as nevi). Atypical moles are unusual moles that are generally larger than normal moles, are variable in color, often have irregular borders and might occur in far greater number than regular moles. Atypical moles occur most often on the upper back, torso, lower legs, head and neck. It is important to recognize that atypical moles are not limited to any specific body area — they can occur anywhere. The presence of atypical moles is an important clinical risk factor for melanoma developing in a mole or on apparently normal skin.

Q. What does melanoma look like?

A. Recognition of changes in the skin is the best way to detect early melanoma. They most frequently appear on the upper back, torso, lower legs, head and neck. In females 15-29 years old, the torso is the most common location for developing melanoma, which might be due to high-risk tanning behaviors. If you notice a mole on your skin, you should follow the simple **ABCDE** rule, which outlines the warning signs of melanoma:

- **Asymmetry:** One half does not match the other half.
- **Border irregularity:** The edges are ragged, notched, or blurred.
- **Color:** The pigmentation is not uniform. Different shades of tan, brown, or black are often present. Dashes of red, white, and blue can add to the mottled appearance.
- **Diameter:** Melanomas usually are greater than 6mm in diameter when diagnosed, but they can be smaller.
- **Evolving:** A mole or skin lesion looks different from the rest or is changing in size, shape, or color.

Q. Can melanoma be cured?

A. When detected in its earliest stages, melanoma is highly curable. The average five-year survival rate for individuals whose melanoma is detected and treated before it spreads to the lymph nodes is 98 percent. Early detection is *essential*; there is a direct correlation between the thickness of the melanoma and survival rate. Dermatologists recommend a regular self-examination of the skin to detect changes in its appearance. Additionally, patients with risk factors should have a complete skin examination by a dermatologist annually. Anyone with a changing, suspicious or unusual mole or blemish should be examined as soon as possible. Individuals with a history of melanoma should have a full-body exam at least annually and perform monthly self-exams for new and changing moles.

Q. Can melanoma be prevented?

A. Sun exposure is the most preventable risk factor for all skin cancers, including melanoma. You can have fun in the sun and decrease your risk of skin cancer.

- Generously apply a broad-spectrum, water-resistant sunscreen
- Wear protective clothing
- Seek shade.
- Protect children
- Use extra caution near water, snow, and sand
- Avoid tanning beds
- If you notice anything changing, growing, or bleeding on your skin, see a dermatologist. Skin cancer is very treatable when caught early

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