

About Melanoma Skin Cancer - A Quick Guide

Contents

This is a brief summary of the information on 'About melanoma skin cancer' from CancerHelp UK. You will find more detailed information on the website.

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The skin and melanoma

Melanoma is a type of cancer of the skin. The skin is a body organ. We do not normally think of it as an organ because it is so big.

The skin is made up of two layers, the epidermis and the dermis. Below is a diagram of the skin.

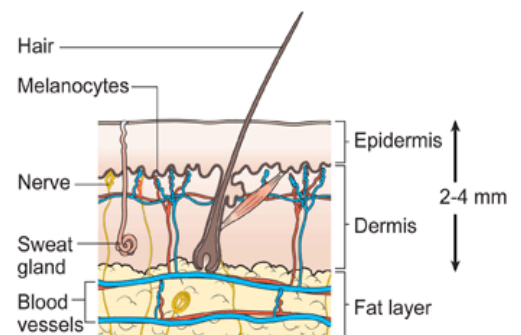


Diagram showing the structure of the skin
Copyright © CancerHelp UK

The cells that become cancerous in melanoma are called 'melanocytes'. They are found between the dermis and epidermis. The job of melanocytes is to make a pigment or colouring for the skin. The pigment helps to protect the body from the ultraviolet light of the sun which can cause burns.

People who originally come from hotter climates with more sunshine tend to have naturally darker skins. They do not have more of the melanocyte cells than paler races. But their melanocytes are more active, making more pigment.

Exposing your skin to the sun makes the melanocytes make more pigment. The pigment is then transferred to the other skin cells to protect them against the sun's rays.



Melanoma risks and causes

Melanoma is the 6th most common cancer overall in the UK (if non melanoma skin cancer is excluded). More women than men get melanoma.

There is one main factor that increases the risk of developing melanoma - ultraviolet light. Ultraviolet light comes from the sun or sunbeds. But some people are more at risk of getting melanoma than others. Risk factors related to sun exposure include

- Moles - The more moles you have, the higher your risk
- Being very fair skinned - especially with fair or red hair, or having lots of freckles (although people with darker skins can still get melanoma)
- Sunburn - Getting badly sunburned increases your risk of melanoma, particularly in childhood
- Where you were born - Fair skinned people born in a hot country, such as Australia or Israel, have an increased risk of melanoma throughout their life
- Sun exposure - on holiday, as well as sitting in the sun or sunbathing at home
- Sunbeds – Using sunbeds, particularly before the age of 35.
- Sunscreen - using sunscreens may protect you, as long as you don't spend too long in the sun

There are a couple of other known risk factors. You are more at risk if a close relative has had melanoma. Having had a melanoma or another type of skin cancer increases your risk. Having a lowered immunity increases your risk of melanoma, as it does with a number of cancers.

Preventing melanoma

If you have had an early melanoma removed in the past, you are at higher than

average risk of getting another one. So you should be extra careful.

Some SunSmart advice

Sunburn can double your risk of skin cancer. Basically, you should keep out of the sun when it is at its most intense. You should never use a sunbed. Remember to

- Spend time in the shade between 11am and 3pm
- Make sure you never burn
- Aim to cover up with T shirt, hat and sunglasses
- Remember to take extra care with children
- Then use factor 15+ sunscreen (sun cream)

People most at risk are those with fair skins, lots of moles or freckles or a family history of skin cancer. Cancer Research UK's SunSmart website has lots of information about protecting you and your children in the UK and abroad.

Checking for skin cancers

It is important that you make a habit of regularly checking your own skin. If you find any abnormalities on the skin that don't go away after 4 to 6 weeks or existing ones that are getting bigger you should get your GP to look at them.

Melanoma screening

At the moment there is no general screening programme in the UK for melanoma. But education programmes have been set up to tell people who is at risk, and what to look out for.

If you are

- Fair skinned



- Have a tendency to freckle or burn in the sun
- Have any moles on your skin

you should check your moles regularly. Or get your partner to examine them if they are somewhere you can't see easily. This is particularly important if you have been badly sunburned in the past. If you think you have a mole that is suspicious, go to your GP.

People at risk of melanoma

If you have had a melanoma diagnosed in the past or have a strong family history, you may be regularly seen at a pigmented lesion clinic. These are special clinics set up to check for melanoma. Your moles are examined by a doctor or nurse. If you have any moles that could be melanoma, they can be removed at the clinic and examined in the lab. Removing suspicious moles early can prevent an invasive melanoma developing.

Melanoma symptoms

There are definite signs that a mole is suspicious and should be seen by a doctor. If you have a mole that is

- Getting bigger
- Changing shape, particularly getting an irregular edge
- Changing colour - getting darker, becoming patchy or multi-shaded
- Itching or painful
- Bleeding or becoming crusty
- Looks inflamed

you should go to the doctor straight away. Moles with 3 or more different shades of brown or black are particularly likely to be melanoma. Melanomas are most common on the back in men and the legs in women.

Pre-cancerous moles can usually be removed under local anaesthetic. An early melanoma can be cured in this way. But if you leave them, they can become very difficult to treat.

Melanoma of the eye

Rarely, melanoma can start in the eye. This type of melanoma is most often diagnosed during a routine eye examination by an optician or eye specialist. There is more information about eye melanoma in the 'eye cancer' section of CancerHelp UK.

Pictures of abnormal moles

Below are pictures of abnormal moles, to try to give you an idea of what to look for.

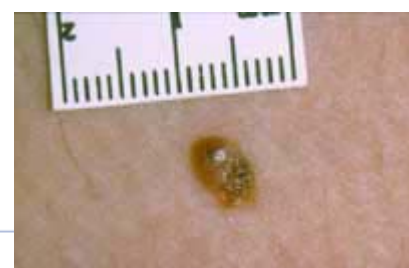
Dark mole

The photo below shows a very dark mole. Darkening is one possible sign that a mole is becoming cancerous. This mole is about a centimetre across.



Inflamed mole

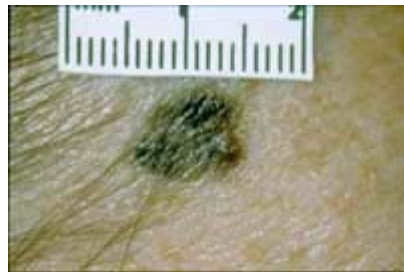
The photo below shows a mole that has an area of inflammation around it. The inflamed area is about 7 millimetres at its widest, but you can see that the original mole is much smaller than that. Inflammation is another sign that you should have checked out by a doctor.





Melanoma with irregular border

The photo below shows the irregular outline of a melanoma. Normal moles are usually much rounder, with smooth borders.



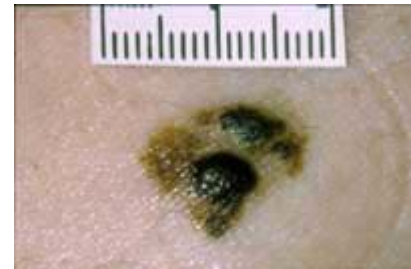
Melanoma with irregular shape and colour

Below is a very small melanoma – only about 4 or 5 millimetres across. But you can see clearly that it is not the same colour throughout. It also has an irregular shape. Irregular colour and shape are signs that should be checked by a doctor.



Spreading melanoma

The picture below shows clearly a melanoma that is spreading out from a normal mole. If you have a mole that has changed in this way, you should see your doctor as soon as possible.



Types of melanoma

The 3 main types make up 90% of all diagnosed malignant melanoma. Acral lentiginous melanoma and a few very rare types make up the other 10%.

Superficial spreading melanoma

About 7 out of 10 of all melanomas in the UK (70%) are this type. To start with, they tend to grow outwards rather than downwards. The melanoma is not usually at risk of spreading to other parts of the body until it begins to grow downwards.

Nodular melanoma

This type of melanoma tends to develop quite quickly. It is most often found on the chest or back. It will begin to grow downwards, deeper into the skin quite quickly if it is not removed.

Lentigo maligna melanoma

About 1 in 10 melanomas (10%) are this type. It is commonest on the face, and in people who have spent a lot of time outdoors. It grows very slowly.

Acral lentiginous melanoma

This type is most commonly found on the palms of the hands and soles of the feet or around the big toenail. It can also grow under the nails



Other types of melanoma

Melanoma can occur anywhere in the body, including in the internal organs, the eye, the vulva, vagina or rectum.

Should I see a melanoma specialist?

It can be very difficult for GP's to decide who may have a suspected cancer and who may have something more minor. The National Institute for Health and Clinical Excellence (NICE) has produced guidelines to help GP's decide which patients need to be seen urgently by a specialist.

What your GP should do

If you have a mole or other lesion that looks a little suspicious, it is acceptable for your GP to monitor it in the surgery for 8 weeks. The mole should be measured with a ruler or marker scale, and assessed on the 7 point scale described below.

If there is any possibility that the mole could be melanoma, your GP should send you to a hospital skin specialist. You should not have a suspected melanoma removed in the GP surgery.

Guidelines for urgent referral

The National Institute for Health and Clinical Excellence (NICE) guidelines say that all GPs should use the 7 point scale for assessing changes in moles. This has 3 major features and 4 minor ones. The major features are change in size, colour or shape. The minor features are 7mm or more across in any direction, inflammation, oozing or bleeding, and change in sensation - itching or pain, for example.

The doctor counts 2 points for any of the major features and 1 point for any of the minor features. If your mole scores 3

points you need urgent referral to a specialist. Strong concerns about any one feature also mean urgent referral is reasonable.

Questions for your doctor about melanoma

- How will I know if I have melanoma?
- What are the signs that a mole may be becoming malignant?
- Am I more likely to get melanoma than anyone else?
- What should I do to help stop myself getting melanoma?
- My sister had a cancerous mole removed. Does this affect my risk?
- Can I have screening for melanoma?
- I have a lot of moles. Should I be screened? How often?
- Is there a pigmented lesion clinic in this area?



Notes

More information

For more information about melanoma skin cancer, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on
0808 800 4040 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).