



Malignant Melanoma

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Malignant Melanoma

What is Malignant Melanoma?

The cells within the skin, which produce natural pigment, are called melanocytes. A collection of melanocytes appear on the skin surface as a mole (naevus or beauty spot). Malignant melanoma is a form of skin cancer, which affects those pigment producing cells, and often appears as a new or changing mole. The cause is not fully understood, although repeated exposure to high intensity sunshine is the major contributing factor.

Ultraviolet rays within sunlight are known to cause skin cancers. U.V.B. is responsible for burning the skin and is strongly associated with the development of Malignant Melanoma. U.V.A. is associated with prematurely ageing the skin and causes non-melanoma skin cancers (basal cell carcinoma and squamous cell carcinoma).

The number of reported malignant melanomas has risen sharply in recent years and this form of skin cancer is a significant health problem in Britain today. There were 11,000 new cases of melanoma reported in 2007.

If treated whilst in the earliest stages of development, malignant melanoma can be cured. However, if left, this form of skin cancer will spread to other areas of the body (metastasise) when it may prove more difficult to cure. It is vital that malignant melanoma is recognised and treated without delay. The white adult population is at risk of developing malignant melanoma, although those most vulnerable are the fairer skinned. Persons and families with many skin moles are also at greater risk. Malignant melanoma seems to be twice as common in women and frequently appears on the lower limbs. The most common site for men is the back, although malignant melanoma can occur anywhere in the body.

Childhood sun exposure has now been identified as an important factor in the development of malignant melanoma in younger adults. Although most frequently seen in the 40-50 age group, there is a significant increase in the 20-40 age group.

What are the early Warning Signs?

It is important to check your skin and moles regularly, every 6-12 months. If malignant melanoma is in the family, whole body checks can be carried out more frequently (every 2-3 months). Become familiar with all your moles: should any change occur, you will recognise the mole as being abnormal to all the others. Malignant melanoma stands out as being different. See your doctor if any mole changes in character.

There are three major signs of malignant melanoma, all of which relate to **Change in Character;**



Change in size. Has the mole grown recently? Does it appear larger than the other moles?



Change in shape. Has the mole developed an irregular outline or map-like edge? Does it appear different in shape to the other moles?



Change in colour. Has the mole become a darker shade or become black? Does the mole look different in colour compared to all the other moles?

Other suspicious signs of malignant melanoma are as follows;

Change in sensation

Does the mole itch? Have you become aware of the mole?

Inflammation

Is there any inflammation or redness surrounding the mole?

Bleeding

Does the mole bleed spontaneously or when knocked? Does the mole ooze or crust?

If in Doubt - Check it out! See Your G.P.

Malignant melanoma remains the rarest form of skin cancer, but it is the most serious. Malignant melanoma is curable if treated early.

Scan your skin; involve your family and people close to you.

How is Malignant Melanoma Treated?

All suspected malignant melanomas of the skin are treated with surgery, which involves removing the complete tumour with an area of surrounding skin. This may be all the treatment required. Following removal and examination of the tumour, a wider excision or skin graft may be required. Skin graft procedures involve a hospital admission for a few days to allow rest and promote wound healing. Fortunately, this is becoming less necessary and most malignant melanomas are treated on an outpatient basis.

Treatment for later stage Malignant Melanoma

Other forms of treatment for later stage malignant melanoma include further surgery, radiotherapy, chemotherapy and/or bio-immunotherapy. Research is currently being undertaken into various therapies such as vaccines and gene therapy.

Follow-up Care

Regular check-ups are offered to patients who have been diagnosed with malignant melanoma. These are arranged to detect any recurrence of malignant melanoma and to advise on further treatment. The frequency and length of time between the check-ups depends on the thickness of the melanoma. Initially, these check-ups may be frequent (every 3-4 months) then gradually reduced to annual visits.

Can we Prevent Malignant Melanoma?

- Avoid sunburn at all cost. Enjoy the benefits of fine weather without being at risk
- Wear light cool clothing of a light weave, wide brimmed hats and 100% U.V sunglasses.
- Avoid sun exposure during mid-day hours if possible. Remain indoors or seek some shade. Encourage your employer to adopt sun protection policies, e.g. outdoor shaded areas, sunscreens and hat for outdoor workers and travellers to foreign countries.
- Use high protection factor sunscreens (SPF 15+). Apply regularly every 2-3 hours, more frequently if perspiring or swimming. Use when exposed to high altitude U.V rays even in winter skiing.
- Avoid the use of sun beds. Artificial U.V. radiation is now known to be harmful and contributes to the development of skin cancers.
- Wear 100% U.V protective sunglasses.
- Protect other members of the family as well, especially children. It is recommended that babies up to 6 months old remain out of strong sunshine altogether. Use hypoallergenic, high factor (SPF 15+) sunscreens for children before school during summer terms. Waterproof sunscreen is useful if children are playing in water or swimming.
- Carry out 6-12 monthly whole body skin and mole checks. Teach the whole family to carry out similar checks.
- Do not delay in seeking medical advice if you find an unusual or atypical mole.

Early melanoma is curable



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Other information leaflets on skin cancer available from the Wessex Cancer Trust:
No. 17: Living with Melanoma
No. 26: Skin Cancer
No. 27: Squamous Cell Carcinoma
No. 28: Basal Cell Carcinoma

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The Wessex Cancer Trust supports many aspects of cancer care for adults and children, including research, counselling, the production of cancer prevention/patient information leaflets, the appointment of breast care nurses, the improvement of patient facilities, the purchase of equipment and the provision of mobile breast screening units, as well as financial help for cancer patients and their families.

We depend upon voluntary contributions to maintain our cancer information service for patients and the public. We need your help to help others; and would welcome your financial support.

WESSEX CANCER TRUST

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