

MELANOMA FACT SHEET

Q. What is melanoma?

A. Melanoma, the most serious form of skin cancer, is characterized by the uncontrolled growth of pigment-producing cells. Melanomas may appear on the skin suddenly without warning, but also can develop on an existing mole. The overall incidence of melanoma continues to rise.

Q. Is melanoma a serious disease?

A. More than 75 percent of all skin cancer deaths are from melanoma.¹ Advanced melanoma spreads to internal organs and may result in death. One American dies from melanoma almost every hour (every 62 minutes).¹ 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.² If detected in the early stages before it reaches the lymph nodes, melanoma has a 99 percent five-year survival rate.¹

Q. How many people will develop melanoma this year?

A. It is estimated that there will be 116,500 *new* cases of melanoma diagnosed in the United States in 2008 – 54,020 noninvasive (in situ) and 62,480 invasive. In 2008, 34,950 men and 27,530 women will be diagnosed with invasive melanoma.³

In addition, 8,420 people are expected to die from melanoma – 5,400 men and 3,020 women.¹

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 healthcare system.

The estimated total direct cost associated with the treatment of melanoma in 2004 was \$291 million. Of that total, office visits account for \$101 million; hospital outpatient treatment accounts for \$76 million; prescription drugs account for \$78 million; hospital inpatient treatment accounts for \$35 million; and emergency room treatment accounts for \$1 million.⁴

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. People who live close to the equator, where the sunlight is more intense, are more likely to develop melanoma than those in other regions. 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.¹ For example:

- You have a substantially increased risk of developing melanoma if you have many moles, large moles or atypical (unusual) moles.
- Your risk is increased if a blood relative (e.g., your parents, children, siblings, cousins, aunts, uncles) has had melanoma.
- If you are a Caucasian with fair skin, your risk is higher than a Caucasian with 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.⁵⁻⁷

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, variable in color, often have irregular borders and may occur in far greater number than regular moles. Atypical moles occur most often on the back and also occur commonly on the chest, abdomen and legs in women. It is important to recognize that atypical moles are not limited to any specific body area -- they may 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.³ In females 15-29 years old, the torso is the most common location for developing melanoma which may be due to deliberate sun tanning.³ If you have a changing mole, a new mole, or a mole that is different, see a dermatologist as soon as possible.

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If you notice a mole on your skin, you should follow the simple ABCD rule which outlines the warning signs of melanoma:

- **A**symmetry – One half does not match the other half.
- **B**order irregularity – The edges are ragged, notched or blurred.
- **C**olor – 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.
- **D**iameter – While melanomas are usually greater than 6mm in diameter when diagnosed, they can be smaller. If you notice a mole different from others, or which **changes**, itches or bleeds even if it is smaller than 6mm, you should see a dermatologist.

The American Academy of Dermatology urges everyone to examine their skin regularly. This means looking over your entire body including your back, your scalp, the soles of your feet, between your toes and the palms of your hands. **If there are any changes in the size, color, shape or texture of a mole, the development of a new mole, or any other unusual changes in the skin, see your dermatologist as soon as possible.**

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 localized and has not spread beyond the outer layers of the skin is 99 percent.¹

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.⁸

Q. Can melanoma be prevented?

A. Sun exposure is the most preventable risk factor for all skin cancers, including melanoma.^{1,9} You can have fun in the sun and decrease your risk of skin cancer. Here's how to Be Sun SmartSM:

- **Generously apply water-resistant sunscreen** with a Sun Protection Factor (SPF) of at least 15 that provides broad-spectrum protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays to all exposed skin. Re-apply every two hours, even on cloudy days, and after swimming or sweating. Look for the AAD SEAL OF RECOGNITIONTM on products that meet these criteria.

- **Wear protective clothing**, such as a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, where possible.
- **Seek shade** when appropriate, remembering that the sun's rays are strongest between 10 a.m. and 4 p.m. If your shadow is shorter than you are, seek shade.
- **Protect children** from sun exposure by playing in the shade, using protective clothing, and applying sunscreen.
- **Use extra caution near water, snow and sand** as they reflect the damaging rays of the sun which can increase your chance of sunburn.
- **Get vitamin D safely** through a healthy diet that may include vitamin supplements. Don't seek the sun.⁶
- **Avoid tanning beds.** Ultraviolet light from the sun and tanning beds causes skin cancer and wrinkling. If you want to look like you've been in the sun, consider using a sunless self-tanning product, but continue to use sunscreen with it.
- **Check your birthday suit on your birthday.** If you notice anything changing, growing, or bleeding on your skin, see a dermatologist. Skin cancer is very treatable when caught early.

¹American Cancer Society. 2008 Cancer Facts and Figures.

<http://www.cancer.org/downloads/STT/2008CAFFfinalsecured.pdf>.

²Cancer Epidemiology in Older Adolescents & Young Adults. SEER AYA Monograph Pages 53-57.2007.

³World Health Organization, Solar ultraviolet radiation: Global burden of disease from solar ultraviolet radiation. Environmental Burden of Disease Series, N.13. 2006.

⁴The Society for Investigative Dermatology and the American Academy of Dermatology Association, The Burden of Skin Diseases 2004. Copyright 2006.

⁵Bower CP, Lear JT, Bygrave S, Etherington D, Harvey I, Archer CB. Basal cell carcinoma and risk of subsequent malignancies: a cancer registry-based study in southwest England. J Am Acad Dermatol 2000;42:988-91.

⁶Hemminki K, Dong C. Subsequent cancers after in situ and invasive squamous cell carcinoma of the skin. Arch Dermatol 2000;136:647-51.

⁷Rosenberg CA, Greenland P, Khandekar J, Loar A, Ascensao J, Lopez AM. Association of nonmelanoma skin cancer with second malignancy. Cancer 2004;49:81-5.

⁸Berg, A. US Preventive Services Task Force. Screening for skin cancer. <http://www.ahrq.gov/clinic/ajpmsuppl/skcarr.htm>

⁹Robinson, JK. Sun Exposure, Sun Protection and Vitamin D. JAMA 2005; 294: 1541-43.