

DERMATOLOGY & ADVANCED SKIN CARE

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The ABCDEs of MELANOMA

What You Need To Know

What You Need To Look For

Melanoma is the most dangerous form of skin cancer. In its advanced stages, it can cause serious illness; if it spreads to the internal organs, it can even be life-threatening. Fortunately, melanoma rarely strikes without warning signs. Watch for them, because when melanoma is found early, it is almost always curable.

Moles, brown spots and growths on the skin are usually — but not always — harmless. Anyone who has more than 100 moles is at greater risk for melanoma. The first signs can appear in one or more of these moles. That's why it's so important to know your skin very well. Examine the skin all over your body once a month and have a physician check you over once a year.

The Triggers: Heredity, the Sun's Rays, and Tanning

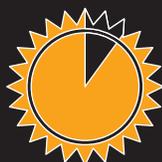
Heredity plays so large a part in melanoma that the term "melanoma family" has been coined. The risk is greatest if a close relative (mother, father, siblings or children) has had a melanoma.

However, most often melanoma is triggered by intense, intermittent sun exposure—the kind that may leave you sunburned. Why has the number of cases more than tripled in the past 20 years? People now engage in more outdoor activities than in the past, often wearing less clothing. Worse yet, more than a million Americans visit tanning salons every day, and the ultraviolet A and B rays they emit are both extremely harmful. ☹️

DID YOU KNOW?



Among young people 18-29 years old diagnosed with melanoma who have ever used a sunbed, 76 percent of the melanomas were caused by the sunbed use.



About 86 percent of melanomas can be attributed to exposure to ultraviolet (UV) radiation from the sun.

Your Smartest Move: PREVENTION

While skin cancers — even melanomas — can almost always be cured if found and treated early, you can avoid getting them in the first place. Here are some sun safety practices that really work:



Seek the shade, especially between 10 AM and 4 PM.

Do not burn.

Avoid tanning & UV tanning beds.



Cover up with clothing, including a broad-brimmed hat and UV-blocking sunglasses.



Use a broad spectrum (UVA/UVB) sunscreen with an SPF of 15 or higher every day. For extended outdoor activity, use a water-resistant, broad spectrum sunscreen with an SPF of 30 or higher.

Apply 1 ounce (2 tablespoons) of sunscreen to your entire body 30 minutes before going outside. Reapply every two hours or after swimming or excessive sweating.

Keep newborns out of the sun. Sunscreens should be used on babies over the age of six months.

Examine your skin head-to-toe every month.



See your doctor every year for a professional skin exam.

The ABCDEs of MELANOMA

For more images and further information on skin cancer prevention, detection, and treatment, please visit SkinCancer.org.

The Melanoma Alphabet

The first five letters of the alphabet are a guide to the early warning signs of melanoma.

Learn these signs, and if you see any of them, see your doctor right away. These signs are not *proof* of melanoma. They only mean you should be on guard.

The following photographs compare benign moles and malignant ones, according to the melanoma alphabet.

BENIGN MALIGNANT

A stands for ASYMMETRY

Unlike melanoma, this benign mole is **symmetrical**. If you draw a line through the middle, the two sides will match.



If you draw a line through this mole, the two halves will not match, meaning it is **asymmetrical**, a warning sign for melanoma.

B stands for BORDER

A benign mole has smooth, even **borders**, unlike melanomas.



The **borders** of an early melanoma tend to be uneven. The edges may be scalloped or notched.

C for COLOR

Most benign moles are all one **color**—often a single shade of brown.



Having a variety of **colors** is another warning signal. Different shades of brown, tan or black could appear. A melanoma may also become red, white or blue.

D for DIAMETER

Benign moles usually have a smaller **diameter** than malignant ones.



Melanomas usually are larger in **diameter** than the eraser on your pencil tip (1/4 inch or 6mm), but they may sometimes be smaller when first detected.

E for EVOLVING or changing

Common, benign moles look the same over time. Be on the alert when a mole starts to **evolve** or **change** in any way.



When a mole is **evolving**, see a doctor. Any change—in size, shape, color, elevation, or another trait, or any new symptom such as bleeding, itching or crusting—points to danger.

How to Cut Your Risk

While you cannot change inherited traits, you can protect yourself from the sun with clothing, including a broad-brimmed hat and UV-blocking sunglasses, as well as sunscreen with an SPF of 15 or greater (30 or greater for extended or intense outdoor exposure). Seek the shade, especially between 10 am and 4 pm.

Half of all melanoma patients have unusual-looking, *atypical* moles (dysplastic nevi). Never skip a single skin examination if you are in a melanoma family, have atypical moles, or have a history of melanoma. Children in melanoma families should be checked by a physician from age 10 on.

Treatments

Surgery is the main way to treat melanomas. Using a scalpel, the physician removes the entire growth and a safety margin of surrounding skin. The growth is sent to the laboratory to verify that all cancerous cells have been removed.

Sometimes melanoma cells spread to the local lymph nodes, glands that release immune system fluids into the bloodstream. These nodes may be removed to keep them from sending melanoma cells to other parts of the body.

For advanced cancers, chemotherapy, radiation and immunotherapy (drugs that stimulate the immune system) are used. These treatments may slow the disease and lengthen lives, but late-stage melanomas are hard to stop completely. Recognizing the early warning signs is the key to saving lives. 📧



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