

MAY 2013 • PHYSICIANS

Skin Cancer Malignant Melanoma

Melanoma accounts for <5% of all skin cancers.¹ Yet it is the fifth-most common cancer in men and the seventh-most common cancer in women.¹ Doctors will diagnose about 76,700 new cases in 2013.¹ About 9,500 people will die from it.¹

Melanoma is not one of the top 10 causes of cancer deaths. This is partly because about 84% of cases are diagnosed at the local stage.¹ The 5-year survival rate is 98% at this stage.¹ However, survival rate drops to 62% for melanomas diagnosed at a regional stage and 15% for those diagnosed at a distant stage.¹ Thus, prevention and early diagnosis are the keys to keeping the death rate low.

Methods of prevention

The following things are fairly risk-free* and apply to everyone. You might want to talk about them with your patients during their office visits.

- Use sunscreen when outdoors.
 - Broad spectrum—protects against both UVA and UVB rays
 - SPF 30 or higher
 - Reapply every 2 hours, more often if in and out of water or sweating.
- Stay in the shade, especially between 10 AM and 2 PM.
- Wear protective, tightly woven clothes.
- Wear a wide-brimmed hat and sunglasses.
- Avoid sunbathing and tanning booths.

*Sun protection should be balanced with sun exposure needed for vitamin D synthesis.

Reducing risk in older women

In March 2013, a study about aspirin use and risk of melanoma was published.² The study shows that women who take aspirin have a 21% lower risk of melanoma than those who don't. The longer they took aspirin, the lower their risk was:

- 1 year of aspirin use: 11% decrease in risk
- 1-4 years of aspirin use: 22% decrease in risk
- ≥5 years of aspirin use: 30% decrease in risk



Melanoma awareness month

May is melanoma awareness month. Raise your awareness and that of your patients:

- Remind yourself to look for possible skin cancers while examining your patients.
- Refresh your memory on the guidelines for doing a biopsy.
- Encourage your patients to do monthly self-exams.
- Teach your patients the ABCDEs of melanoma.
- Encourage your patients to protect themselves and their loved ones from the sun.

About 60,000 white women were followed for 12 years. All of them were postmenopausal. Aspirin users were defined as women who reported taking aspirin a minimum of 2 times a week in the 2 weeks before entering the study. A history of cardiovascular disease was more common in aspirin users than in nonusers. But the study didn't say why the women were taking aspirin or what the dose was.

Of course, aspirin increases the risk of bleeding in the stomach and intestines, so the benefits should be weighed against the risks. At this time, aspirin is not recommended for cancer prevention in the general population. More studies would be needed to confirm this study and determine the dose. Studies would also have to closely examine the benefits versus the risks.

Early diagnosis

Screening options include a full-body exam by a doctor or a thorough self-exam. Some organizations support screening and some do not (Table). Either way, doctors should keep an eye out for suspicious spots or moles when doing a physical exam.

Organization	Support Screening?
AAD	Yes (both screening options if history of melanoma)
AAFP	No
ACOG	Yes (full-body exam by doctor if at high risk)
ACPM	Yes (full-body exam by doctor if at high risk)
ACS	Yes (both screening options)
PDQ	No
USPSTF	No

AAD, indicates American Academy of Dermatology; AAFP, American Academy of Family Physicians; ACOG, American Congress of Obstetricians and Gynecologists; ACPM, American College of Preventive Medicine; ACS, American Cancer Society; PDQ, Physician Data Query; and USPSTF, U.S. Preventive Services Task Force.

What to look for

The ABCDEs of melanoma are warning signs. If you see them, a biopsy should be the next step.

People at high risk

Anyone can get melanoma—men, women, and children of any age, race, or ethnicity. But these people are at higher risk:

- Those who have had melanoma before
- Those who have close relatives with melanoma
- Those who have unusual-looking moles
- Those who have >50 moles on their body
- Those who have been sunburned more than once, especially as a child or teenager
- Those who have fair skin, ie, those who freckle or sunburn easily
- Those with natural blond or red hair and light-colored eyes
- Those who use tanning booths
- Those with HIV, an organ transplant, or other cause of a weakened immune system

the **ABCDEs** of melanoma

A  **Asymmetry**
One half does not match the other half

D  **Diameter**
Greater than 6 millimeters

B  **Border Irregularity**
The edges are notched or ragged

E  **Evolving**
Change in size, shape, or shade of color

C  **Color**
Varied shades of tan, black and brown



Biopsy guidelines

The American Academy of Dermatology provides these guidelines for biopsy³:

- Preferred: remove the entire affected tissue plus some normal tissue; use an elliptical or punch excision with sutures or shave below anticipated affected tissue
- Acceptable: partial removal of the affected tissue when
 - Spot or mole is on the face or extremity (limb, finger, palm, sole)
 - Suspicion of melanoma is low
 - Spot or mole is very large
- Repeat when
 - Original sample was inadequate
 - Additional information is needed for staging

References

1. American Cancer Society. Cancer Facts and Figures 2013. <http://www.cancer.org/research/cancerfactsfigures/index>. Accessed March 8, 2013.
2. Gamba CA, Swetter SM, Stefanick ML, et al. Aspirin is associated with lower melanoma risk among postmenopausal Caucasian women [published online ahead of print March 11, 2013]. *Cancer*. doi: 10.1002/cncr.27817.
3. Bichakjian CK, Halpern AC, Johnson TM, et al for the American Academy of Dermatology. Guidelines of care for the management of primary cutaneous melanoma. *J Am Acad Dermatol*. 2011;65:1032-1047.