

Melanoma: New options for patients



By Dr. Habib Kurwa and Matthew Karpman

Melanoma is a malignant tumour of the pigment-producing cells (melanocytes) of the skin. After squamous cell carcinoma and basal cell carcinoma, melanoma is the third most common skin cancer and can be the most dangerous. As doctors and patients work together to become advocates for health, knowing the facts about melanoma can only help decrease skin cancer rates.

Melanoma: A preventable cancer

It is important to know what can put you at risk for melanoma. The number one preventable risk factor for developing the disease is intense sun exposure leading to sunburn and cumulative sun exposure over time. Physical traits such as fair skin, red or blonde hair, freckles and light-coloured eyes increase your risk of sunburn.

Places with hotter climates tend to see higher rates of melanoma. The highest incidence in the world

is found in Australia and New Zealand, where a predicted 14,000 people will be diagnosed with melanoma this year alone. In Canada, one in 56 men and one in 69 women is expected to develop melanoma during their lifetime.

Approximately 10 per cent of melanomas are linked to inherited genes, so having a family member with melanoma puts you at greater risk of developing the disease yourself. Other people at risk are those who have numerous moles, or moles of an unusual colour or shape.



Self-examination: Learn how to do it properly

The good news is that when melanoma is detected early, the cure rate is high and there are fewer complications. A simple but thorough method of identifying moles that are at risk of being melanoma is to look for the **ABCDEs** of skin cancer: **asymmetry** (A), **border** (B), **colour** (C), **diameter** (D) and **evolution** (E).

Using a mirror in a well-lit room, scan your entire body for moles or discolourations that are asymmetrical or have an irregular, ragged and imprecise border. Make sure to note any colour variation within the lesions. You can also measure the diameter of the lesions, since melanomas are typically larger than six millimetres (although in some cases they can be smaller). Last, look for changes in these moles over time and keep track of symptoms such as itching, tenderness or bleeding. A good place to start is by having your physician demonstrate the first

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skin check for you. Yearly check-ups can also be helpful.

Treatments and research

In order to diagnose melanoma, an excisional biopsy is usually performed where the entire suspicious mole is cut out from the skin. The biopsy is then sent to a pathologist who looks for evidence of melanoma cells under a microscope.

The treatment of melanoma depends on its stage and type, but the mainstay of treatment is surgery. A surgeon will cut out a margin of normal-looking skin around the original melanoma site to make sure the entire lesion is removed. For thin melanomas that have been detected early, this may be all that needs to be done. However, melanoma may spread to nearby lymph nodes and so those lymph nodes may also need to be surgically taken out. In some patients with high-risk disease, radiation therapy can be used after surgery to minimize the risk of developing another melanoma in the same location.

If the initial melanoma has spread, drug therapy can be used in addition to surgery. Drugs such as high-dose interleukin-2 and ipilimumab can be used to stimulate the body's own immune system to fight off cancer cells. Scientists have also recently discovered that the BRAF gene plays a role in helping cancer cells to grow. Drugs such as vemurafenib can turn off that gene and help increase the survival time in some individuals. As a last resort for patients with resistant disease, chemotherapy remains an option. The provinces do not yet cover many newer drugs such as ipilimumab and vemurafenib, but the CSPA is working on getting this changed. If you are affected, contact the CSPA.

There is currently a surge in

research devoted to discovering the causes of and finding new treatments for melanoma. Researchers in Australia are working on developing a vaccine. See more research on page 22.

Survival and prevention

Although melanoma can be a harmful disease, patients have many treatment options available. If melanoma can be caught early, before any further spread occurs, the survival rate can be as high as 95 per cent after five years. Prevention of sunburn is key, as is monthly checks of your moles keeping the ABCDEs of melanoma in mind. If you think you might have skin cancer, contact your dermatologist immediately.



If you or a loved one has melanoma, ask your physician about the resources and support groups available to help you overcome potential obstacles. Visit canadianskin.ca to learn how the CSPA and its affiliates help melanoma patients. 

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6 simple tips for melanoma prevention

1. Seek shade between 10 a.m. and 4 p.m., when UV radiation is at its highest.
2. Use sunscreen with an SPF of at least 30 daily.
3. Wear protective clothing such as a wide-brimmed hat, long sleeves and sunglasses.
4. Do not use tanning salons.
5. Take extra caution when by water, snow and sand. These surfaces can reflect the UV rays from the sun back onto your body.
6. Talk to your dermatologist about yearly skin checks and how to perform skin cancer self-examinations in between office visits.

