



# Melanoma:

## Finally, lots of optimism on the horizon

By Dr. Mariusz J.A. Sapijaszko

**M**elanoma, the most deadly form of skin cancer, continues to be a challenge for patients, physicians and researchers alike. This is despite the great work of so many awareness campaigns on skin cancer prevention and detection. Melanoma is one of the few cancers that continues to show an increasing incidence, particularly among young women.

This aggressive and treatment-resistant skin cancer is best managed by prevention and early detection, as well as standard and innovative therapies. Although melanoma represents only a small fraction of all forms of skin cancers, it accounts

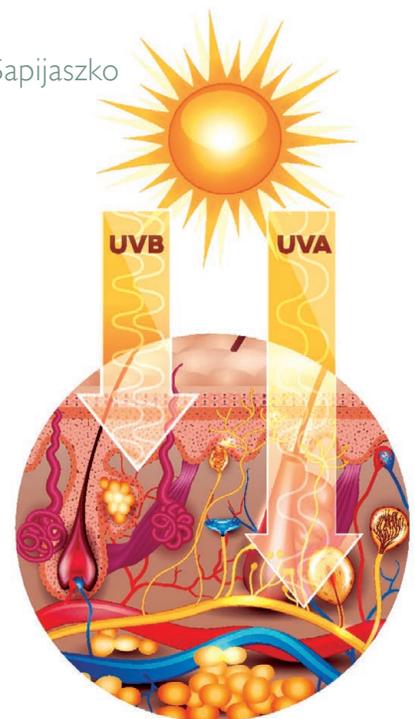
for 75 per cent of skin cancer deaths. These statistics underscore the need for risk-factor management and early detection.

Fortunately, recent progress in the treatment of the most advanced forms of melanoma has given hope to those diagnosed, and represents a truly innovative treatment protocol.

### Melanoma risk factors

Research has shown that certain risk factors make people more likely to develop melanoma. These include:

- light skin, hair and eye colour (these people generally have an inability to tan).
- exposure to UV radiation from natural sources such as the sun, as well as from tanning beds.
- moles (nevi) (the more moles a person has, the higher the chances of developing melanoma).
- family or personal history of melanoma.
- immunosuppression.
- certain genetic predispositions, such as xeroderma pigmentosum.



Anyone with any of these risk factors should get familiar with their skin, self-monitor it regularly (see page 5) and see a doctor for a complete skin examination if any changes arise.

### Prevention

The key to melanoma prevention is to avoid excessive exposure to UV radiation from the sun or tanning beds. UV radiation is a significant risk for the development of skin cancers, including melanoma.



Dermatologists recommend avoiding peak hours of the sun from 11am to 2pm, seeking shade, wearing sun-protective clothes including long-sleeved shirts, long pants and wide-brim hats, and using a broad-spectrum sunscreen (UVA and UVB protection) with an SPF of at least 30. It is important to note that sunscreen is not a substitute for staying out of the sun and wearing appropriate clothes.



### Monitoring

Examine your skin with the ABCDE mnemonic:

- A** Look for moles that are not symmetrical
- B** Look for moles that have irregular borders
- C** Look for moles that have multiple colours within them
- D** Look for moles that are eight millimetres or larger
- E** Look for any changes in your moles

If you find any of the above characteristics in a mole, it is best to see a doctor and have the mole examined. This can be done by a family doctor or a dermatologist.

### Treatment

If melanoma is suspected then it is important to have the mole biopsied, as this is currently the best way to confirm the diagnosis. All melanomas require surgical excision. The type of excision depends on many factors, with the thickness of the melanoma being the key one. As such, thinner melanomas require less skin excision, whereas thicker melanomas need larger tissue excision.

In addition, some patients will benefit from removal and analysis

of the first draining lymph node (the sentinel lymph node). Further treatments with chemotherapy or radiation might be needed.

### New and innovative therapies

In recent years, unprecedented breakthroughs in melanoma therapies have helped to control and, in some cases, cure this aggressive disease. The care of patients with advanced stages of melanoma has been revolutionized by the use of targeted immunotherapies. These modalities work with the patient's immune system to combat melanoma cells. Such treatments include pembrolizumab and ipilimumab. Specific melanomas (those with an abnormal BRAF gene) can be treated with vemurafenib, dabrafenib and trametinib. Although these drugs can treat advanced melanoma, they can also have significant side effects. As such, a thorough discussion with the treating physician is required.

### Prognosis

The prognosis of patients with melanoma depends on several factors, most importantly the thickness of the melanoma. The key is to have regular post-diagnosis follow-ups with a doctor and to continue with skin self-examinations. The advent of new therapeutic modalities has revolutionized the treatment of advanced melanoma and offers patients a real chance of surviving this challenging condition.

A suntan is not worth the risk. Take care of your body and your skin. If you have suspicious moles or growths, see your family physician or ask to see a dermatologist. To learn more about melanoma, visit [www.canadianskin.ca/en/cancer-1](http://www.canadianskin.ca/en/cancer-1). 

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## Voices behind melanoma

We recently interviewed patients with melanoma and their families. Here is a glimpse of their journeys:

*"[During treatment] you get the chills, you get the sweats, diarrhea, vomiting. I didn't lose my hair, but I lost chunks of it. Headache like a railway spike through the brain... I lost weight, I lost energy, I lost fitness."*

– Patient living with melanoma

*"We agreed to talk about his illness very briefly, to the point, very practical, so our life is not all about illness."*

– Mother of a 25-year-old with melanoma

*"Melanoma itself [has] very little [effect]. I had an ugly spot on the back of my hand. It was ugly so I wanted to get it taken off... I thought, this is just going to be inconvenience, hassle. Not understanding how serious it was... and eventually I was [diagnosed with melanoma] at stage 3A."*

– Patient living with melanoma

*"If your partner identifies something that is concerning or questionable, don't wait. Go do something about it right away... The more you take responsibility for your own treatment, the better off you are."*

– Patient living with melanoma