

May is Melanoma Awareness Month



A few facts about Melanoma:

- Skin cancer is the most common and rapidly growing form of cancer in the US.
- Melanoma makes up 1% of the total skin cancer diagnosis, but is responsible for a majority of deaths from skin cancer.
- The rate of melanoma detection has been on the rise for the past 30 years.
- Every hour an American dies from melanoma. This translates in losing about 10,000 people from melanoma each year in the US.
- When melanomas are detected early, they will have a very good cure rate and prognosis.
- Awareness of this skin cancer and patient education is key!

History of melanoma

The term melanoma was described by Hippocrates in the 5th century BC, from the term melas, meaning dark, and oma, meaning tumor, in Greek. There was also a 2400 year old Peruvian mummy skeleton (yes that's right!) with archaeological evidence of having melanoma.

The first melanoma surgery was not until 1786 when a Scottish surgeon named John Hunter performed an excision of a growth (200 years) later proven to be metastatic melanoma; he called the growth a "cancerous fungous excrescence". I try not to use that term any longer when discussing melanoma with my patients. Interestingly, for any dermatology enthusiasts, this ancient melanoma excised by John Hunter is currently housed in the Hunterian Museum at Lincolns Inn Fields in London for viewing.

Current Knowledge of Melanoma

"As to the remote and exciting causes of melanosis, we are quite in the dark.... We are hence forced to confess the incompetency of our knowledge of the disease" – Dr. Thomas Fawdington, The Manchester Royal Infirmary, 1826.

The above sentence from 1826 by a notable doctor describes the frustration that researchers faced in explaining how melanoma came about and how to cure this deadly disease. For over a century since that statement, the treatment for melanoma was simply to excise the cancer, and hope that it did not come back. Lucky for us in this country, it no longer describes the current way we view melanoma management in the United States. Especially in last 30 years, several crucial genetic findings have been described that opened up new pathways in treating melanoma even when

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diagnosed at an advanced stage. Prognosis and life expectancy of melanoma patients continue to improve, both due to earlier detection as well as available advanced treatments with immunotherapy.

So where does melanoma come from?

Melanoma is a cancer that starts when a cell that makes our pigment, called a melanocyte, decides to go rogue and will not stop reproducing. This melanocyte's job is to deliver packets of pigment to our other cells that make up our skin. Why do we need the melanocyte to do this you may ask? It is to protect our skin from burning and allow humans to survive living under the sun. So when we see the sun and the skin noticeably tans, that means UV light has given a signal to the melanocyte to grow and deliver extra packets of pigment and also to reproduce. If a melanocyte has gotten too much stimulus for this (due to excessive tanning or other reasons), it may go rogue and reproduce uncontrollably. This is now called a MELANOMA.

What do I mean with "going rogue" for a melanocyte? That is still a million dollar question, but we now know that when a melanocyte sees too much sunlight, it can suffer damage in its DNA from the UV rays. Sometimes, that DNA damage may not have come from UV rays, and may have come from genetic traits inherited within a family. Sometimes, it is a combination of both .

Who Is At Risk

Risk factors for developing melanoma include having a fair skin tone, having a history of a lot of UV light exposure such as childhood blistering sunburns, having family members with melanoma, being immunosuppressed, having numerous irregular moles, and being older in age. However, melanoma is still one of the most common skin cancers in patients under the age of 30.

What Should I Look for?

I strongly encourage you to see a dermatologist for a total body skin exam, where he or she can examine your moles from head to toe. In addition, melanomas can also occur in the eye, mouth, under the nails, in the vaginal canal, and in your pet ! But that last one is for another time.

So please have your annual physicals with your primary care doctor and continue to monitor the skin and other at risk areas by visiting your dermatologist regularly.

In between your doctor's visits, I encourage patients to look at their moles periodically after a shower, using a hand held mirror, and look for any signs of asymmetry, multiple colors, irregular borders, moles larger than 6mm, and any moles that are changing (itching, scaling, bleeding, changing colors).

And if you are uncertain about your spots, please come to see us.

What Can I Do To Protect Myself?

I recommend you use sunscreen regularly when you are outside. An SPF 30 at a minimum is recommended (no SPF 3 or 8) and it is to be applied 30 minutes before you leave the house, and to be reapplied every 2-3 hours when you are outside. An extra layer of sun protective clothing over the skin is always a plus. Also keep in mind that between 10 am and 2 pm, the sun rays are very intense. Try to avoid those peak hours of sun exposure. But most of all, do not step into that tanning bed! Like one colleague of mine once said: Pale is the new tan!

-Francisca Kartono , DO, FAOCD, FAAD

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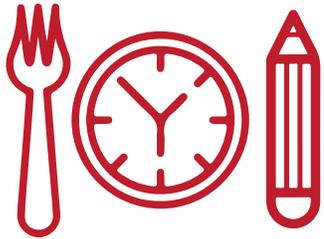
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To learn more, please visit www.theraclear.com or call our office for more information and schedule a session.



Lunch & Learns

Our Lunch and Learn about Melanoma and Sunscreen will be held on May 26th at the Brighton clinic location from 12:15-12:45pm. This is hosted by Dr. Kartono.

Please sign up at our front office or call us.

Refreshments will be provided.

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