



**PETER
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PLASTIC SURGEON

Melanoma

(Malignant melanoma)

What is it?

Melanoma is a malignant tumour of the pigment-forming cells of the skin, the melanocytes. Fortunately, malignant melanoma is far less common than basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs), which are termed as non-melanocytic skin cancers. The incidence of melanoma is rising and Queensland has the highest rate of melanoma in the world. Melanoma has the ability to spread throughout the body, making them the most deadly form of skin cancer. Approximately 5 to 10% of people who have this skin cancer will die as a result of it but fortunately this percentage is becoming smaller because general practitioners and specialists are now able to recognise the very early and subtle changes in moles which might signal the start of a melanoma. If a melanoma is removed in the early stages, the risk of dying from it is extremely low.

People more likely to develop melanoma are those with large numbers of moles (naevi) and those who burn easily and tan poorly. People who have had excessive, intermittent sun exposure producing sunburns are also thought to be at increased risk. Statistics also show that family members of people with melanomas have an increased risk of developing melanomas themselves. Surprisingly, people who work inside are slightly more at risk for melanoma than outdoor workers.

There are various types of melanoma. They usually present somewhere on the visible skin although scalp melanomas do occur, as do melanomas in areas never exposed to the sun. Melanomas may less commonly affect the conjunctivae, which is the membrane covering the outer lining of the eye, the lining of the mouth and the vulva.

The best treatment for melanoma is surgical excision. Melanomas must be removed before they spread throughout the body. Once they spread, none of the current treatments available are effective although there are many new treatments being tested, such as melanoma vaccines. A suspected melanoma must be removed, ideally in its entirety, so the whole lesion can be examined by a histopathologist and the diagnosis confirmed. Following removal of the tumour it is important that patients are examined in order to discover any changes in lymph glands which may indicate recurrence or spread of the melanoma. People who have had one melanoma are at increased risk of developing other melanoma, so they should have skin checks yearly or use a service such as Molemap. Family members should also be warned that they too may have a slightly increased risk of melanoma.

For further information download the booklet from The Cancer Council.