

What is Melanoma?

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Melanoma is a skin cancer. This type of skin cancer begins in cells called melanocytes. Melanocytes give color to the skin and other tissues. Most often, melanoma begins in a mole on the skin. Sometimes it happens in other areas such as the eye.

Doctors rate cancer by stages after making a diagnosis. Staging helps the doctor plan the best treatment. Stages for melanoma run from stage 0 to stage IV. The higher the stage of cancer, the more severe the disease.

Melanoma is more dangerous than other skin cancers. Melanoma can often be found early when it is easier to treat. If not found early, it can spread to other parts of the body. This makes it harder to treat.

Types of Melanoma

- Superficial spreading melanoma
 - Grows along the top portion of your skin before growing into the deeper layers.
 - Most common type diagnosed in younger people.
- Nodular melanoma
 - Grows quickly towards the second layer of your skin (dermis).
 - The second most common type of melanoma.
 - Often diagnosed after it has spread to other layers of the skin.
- Lentigo maligna melanoma
 - Slow growing
 - Found in areas that have had a lot of exposure to the sun in older adults (face, ears, or arms).
- Acral lentiginous melanoma
 - Not related to ultraviolet light exposure.
 - Found on the palms of the hands or soles of the feet, including fingernails and toenails.
 - The least common type of melanoma.
- Mucosal melanoma
 - Found in tissues that line body cavities and hollow organs. This tissue is mucosal tissue.
 - Most commonly found in the mouth, nasal cavity, and esophagus.
 - Less commonly found in the rectum, urinary tract, and vagina.

- Ocular melanoma
 - Melanoma found in the eye
 - Two types of ocular melanoma:
 - Uveal
 - Conjunctival

Melanoma Risk Factors

- Exposure to ultraviolet (UV) rays through tanning beds or sun.
- Fair skin and blue, green, gray, or light-colored eyes.
- Blonde or reddish hair.
- More than 50 moles.
- Personal or family history of melanoma.
- Atypical mole and melanoma syndrome (AMS): when an individual has a large number of atypical moles.

Tests Used to Diagnose Melanoma

At an appointment with your doctor, they will review your medical history. Your doctor will provide a physical exam, along with a full-body skin exam. If they find anything of concern, they may choose to perform a biopsy.

A biopsy removes all or part of a tumor. A doctor called a pathologist will look at it under a microscope. There are many different types of biopsies. Your doctor will choose the best one for you.

1. Excisional biopsy: The doctor removes the entire tumor.
2. Incisional biopsy: The doctor removes a piece of the tumor.
3. Punch biopsy: The doctor removes a small but deep piece of the tumor.
 - a. This biopsy is done if on the face, ear, finger, toe, and palm of the hand or sole of the foot.
4. Shave biopsy: The doctor removes the top two layers of the skin (epidermis and part of the dermis).

After a skin biopsy confirms melanoma, doctors may recommend a biopsy of the lymph nodes to check to see if cancer has spread.

- Lymph node biopsy
 1. Sentinel lymph node biopsy-surgery: The doctor removes one or more nearby lymph nodes to test for cancer cells.
 - a. The sentinel lymph node is the first lymph node to which cancer cells will likely spread from the primary (first) tumor.
 2. FNA (fine needle biopsy): The doctor collects a sample of a lymph node or lesion felt by the doctor, using a fine needle done in the clinic.
 3. Excisional lymph node biopsy: The doctor removes enlarged lymph nodes through a small surgical incision in the skin.

Your doctor will receive a pathology report with results from the biopsy. This report provides details about the tumor. Your doctor can look at this report, and share them with you, to help make treatment decisions.

Talk with your doctor if you are interested in learning what your pathology report says. The pathology report includes many important details pertaining to your tumor.