



American Academy of Dermatology and AAD Association

2007 MELANOMA FACT SHEET

Q. What is melanoma?

A. Melanoma, the most serious form of skin cancer, is characterized by the uncontrolled growth of pigment-producing tanning cells. Melanomas may appear suddenly without warning, but also can develop from or near a mole. They are found most frequently on the upper backs of men and women or on the legs of women, but can occur anywhere on the body.

The overall incidence of melanoma is rising at an alarming rate. Between 1950 and 2001, the incidence rose 690 percent, and the overall mortality rate increased 165 percent.

Q. Is melanoma a serious disease?

A. Nearly 75 percent of all skin cancer deaths are from melanoma. Advanced melanoma spreads to internal organs and may result in death. One American dies from melanoma almost every hour (every 65 minutes). If detected in the early stages, melanoma has a 99 percent five year survival rate.

Q. How many people will develop melanoma this year?

A. It is estimated that there will be 108,230 *new* cases of melanoma diagnosed in the United States in 2007 – 48,290 in situ (noninvasive) and 59,940 invasive.* In 2007, 33,910 men and 26,030 women will be diagnosed with melanoma.

In addition, 8,110 people are expected to die from melanoma – 5,220 men and 2,890 women. Invasive melanoma is the fifth most common cancer in men and women.* **

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Q. How much does melanoma cost?

A. In 2005, the American Academy of Dermatology Association and the Society for Investigative Dermatology released a comprehensive study to quantify the toll skin diseases take on the nation's economy and healthcare system.

The estimated total direct cost associated with the treatment of melanoma in 2004 was \$291 million. Of that total, office visits account for \$101 million; hospital outpatient treatment accounts for \$74.5 million; prescription drugs account for \$77.5 million; hospital inpatient treatment accounts for \$35.4 million; and emergency room treatment accounts for \$1.2 million.¹

Q. What causes melanoma?

A. Excessive exposure to the ultraviolet radiation of the sun is the most important *preventable* cause of melanoma. People in southern regions, where the sunlight is more intense, are more likely to develop melanoma than those in northern regions. Melanoma also has been linked to excessive sun exposure in the first 10 to 18 years of life. Not all melanomas are sun related – other possible causes include genetic factors and immune system deficiencies.

Q. Who gets melanoma?

A. Melanoma can strike anyone. Caucasians are ten times more likely to be diagnosed with melanoma than other races. However, even among Caucasians, certain individuals are at higher risk than others. For example:

- Your chances increase significantly if you've already had one melanoma.
- You have a substantially increased risk of developing melanoma if you have many moles, large moles or atypical (unusual) moles.
- Your risk is increased if a blood relative, e.g., your parents, children, siblings, cousins, aunts, uncles, have had melanoma.
- If you are a Caucasian with fair skin, your risk is four times as great as a Caucasian with olive skin.
- Redheads and blondes have a two-fold to four-fold increased risk of developing melanoma. Blue or green eyes also increase your risk of developing melanoma.
- Five or more sunburns double your risk of developing skin cancer.

Q. What are atypical moles?

A. Most people have moles (also known as nevi). Atypical moles are unusual moles that are generally larger than normal moles, variable in color, often have irregular borders and may occur in far greater number than regular moles. Atypical moles occur most often on the back and also occur commonly on the chest, abdomen and legs in women. It is important to recognize that atypical moles are not limited to any specific body area -- they may occur anywhere. The presence of multiple atypical moles may mark a greater risk of melanoma developing either in a mole or on apparently normal skin.

Q. What does melanoma look like?

A. Recognition of changes in the skin is the best way to detect early melanoma. Melanoma generally begins as a mottled, light brown to black flat blemish with irregular borders. The blemish is usually at least one-quarter inch in size. It may turn shades of red, blue or white, crust on the surface and bleed. They most frequently appear on the upper back, torso, lower legs, head and neck. A changing mole, a new mole, or a mole that is different or "ugly" or begins to grow requires prompt medical attention.

If you notice a mole on your skin, you should follow the simple ABCD rule which outlines the warning signs of melanoma:

- **A**symmetry – One half does not match the other half.
- **B**order irregularity – The edges are ragged, notched or blurred.
- **C**olor – The pigmentation is not uniform. Shades of tan, brown or black are present. Dashes of red, white, and blue add to the mottled appearance.
- **D**iameter – While melanomas are usually greater than 6mm in diameter when diagnosed, they can be smaller. If you notice a mole different from others, or which **changes**, itches or bleeds even if it is smaller than 6mm, you should see a dermatologist

The American Academy of Dermatology urges everyone to examine their skin regularly. This means looking over your entire body including your back, your scalp, the soles of your feet, between your toes and the palms of your hands. **If there are any changes in the size, color, shape or texture of a mole, the development of a new mole, or any other unusual changes in the skin, see your dermatologist immediately.**

Q. Can melanoma be cured?

A. When detected in its earliest stages, melanoma is highly curable. The average five-year survival rate for individuals with melanoma is 92 percent, while the 10-year survival rate is 89 percent. For localized melanoma, melanoma that has not spread beyond the outer layers of the skin at the time of detection, the average five-year survival rate is 99 percent. Approximately 80 percent of melanomas are diagnosed at a localized stage.*

When detected early, surgical removal of thin melanomas can cure the condition in most cases. Early detection is *essential*; there is a direct correlation between the thickness of the melanoma and survival rate. Dermatologists recommend a regular self-examination of the skin to detect changes in its appearance. Additionally, patients with risk factors should have a complete skin examination by a dermatologist annually. Anyone with a changing, suspicious or unusual mole or blemish should be examined immediately.

Q. Can melanoma be prevented?

A. Sun exposure is the most preventable risk factor for skin cancer. You can have fun in the sun and Be Sun Smart. Here's how to do it:

- **Generously apply sunscreen** to all exposed skin using a Sun Protection Factor (SPF) of at least 15 that provides broad-spectrum protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays. Re-apply every two hours, even on cloudy days, and after swimming or sweating.
- **Wear protective clothing**, such as a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, where possible.
- **Seek shade** when appropriate, remembering that the sun's rays are strongest between 10 a.m. and 4 p.m.
- **Use extra caution near water, snow and sand** as they reflect the damaging rays of the sun which can increase your chance of sunburn.
- **Protect children** from sun exposure by applying sunscreen.
- **Get vitamin D safely** through a healthy diet that includes vitamin supplements. Don't seek the sun.
- **Avoid tanning beds.** Ultraviolet light from the sun and tanning beds causes skin cancer and wrinkling. If you want to look like you've been in the sun, consider using a sunless self-tanning product, but continue to use sunscreen with it.
- **Check your birthday suit on your birthday.** If you notice anything changing, growing, or bleeding on your skin, see a dermatologist. Skin cancer is very treatable when caught early.

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*Source: American Cancer Society's 2007 Facts & Figures

** Excluding basal cell carcinoma and squamous cell carcinoma, which together are the most common cancers in both sexes.

¹Source: The Burden of Skin Diseases 2004, Copyright 2006, the Society for Investigative Dermatology and the American Academy of Dermatology Association.