



13 Questions to Ask Your Doctor About Melanoma

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Published July 31, 2010

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If you're a sun worshiper, you're gambling with your life. Melanoma is one of the deadliest skin cancers around and a leading killer of women. Get the information you need to protect yourself..

The rates of most cancers among American women are going down – except for one. Melanoma – the deadliest form of [skin](#) cancer – rose 50% in women ages 15-39 from 1980 and 2004, according to the [National Cancer Institute](#) (NCI).

"All age groups, even children, are getting melanomas at higher rates than they used to," says dermatologist [Cheryl Eberling, M.D., owner of Alpine Dermatology in Alpine, Utah](#), and a former NCI fellow. "No one is immune."

Despite that outlook, there's a bright spot: "[Melanoma](#) is preventable and treatable in most cases," Eberling says.

Four out of five melanoma cases are caught early enough to treat successfully, according to [Mayo Clinic](#). But to catch the disease in time, you have to be a savvy skin scout. Here are the answers to 13 questions that will save your life.

1. How often should you check for moles?

Every month, says Petra Rietschel, M.D., Ph.D., director of the Melanoma Sarcoma Division, Medical Oncology, Montefiore Medical Center, and assistant professor of medicine at [Albert Einstein College of Medicine](#), Bronx, N.Y. "I suggest patients pick the first day of their period or the month to make it easier to remember," she says.

[Ask your doctor](#) to give you a full-body scan at least once a year, advises Eberling. "If you have more than one risk factor, like a history of sunburn or a family history [of melanoma], ask your dermatologist if you should be screened more often."

"Mole mapping" is another option if you have a lot of them. The procedure, which uses computer software to plot and track changes in moles, costs several hundred dollars and isn't covered by [insurance](#).

"But you can do it yourself by dividing your [body](#) into sections and taking digital photos of each section every 3-6 months," Eberling says.

Vigilance is key: More than two-thirds of melanomas are found by patients themselves or their spouses, friends and family members, according to a 2009 Northwestern University study.

2. When's the best time to check your body?

After a shower, examine your naked body in a full-length mirror, says Paul M. Friedman, M.D., director of the DermSurgery Laster Center in Houston and co-author of [Beautiful Skin Revealed](#) (Sandow Media).

Work from top to bottom, examining your head, neck, shoulders, back and chest, on down. Use a

handheld mirror to get a good rear view or enlist your spouse or partner. Also check under nails, between toes and soles of your feet.

3. What should you look for?

”Keep an eye out for any mole that has grown or changed shape or color, as well as new dark moles,” Friedman says. “Pay special attention to any that a dermatologist has told you to watch more closely.”

4. When should you see a dermatologist?

As soon as you notice a suspicious-looking mole, a change in an existing one, or a sore that doesn't heal, call your doctor.

“See a doctor within two weeks of discovering a suspicious mole,” Rietschel says. If you can't get an appointment right away, “Say, ‘I have a suspicious spot that needs to be looked at,’” she advises.

See your doctor if the mole has any of these warning signs from the American Society for Dermatologic Surgery:

- A – *asymmetrical* or uneven shape. One half of the mole is different from the other half.
- B – *irregular border*. Edges may be ragged or blurred.
- C – *changes* in color, or uneven color. The mole may be brown, red, tan, or black.
- D – *diameter*. The mole is large – one-fourth inch or bigger.
- E – *evolving*. Report any change in a mole's size, shape, elevation or feel.

Also, touch the mole. Does it feel scaly, itchy, hard or lumpy? Oozing or bleeding? All are warning signs.

6. Does skin color increase melanoma risk?

Yes, if you're fair-skinned with red or blond [hair](#), light-colored eyes, freckles and sunburn easily.

But dark-skinned people can get melanomas also – and they're more likely to die from the disease. That's because many believe they're not at risk – and many [physicians](#) don't screen them as rigorously – so it's often found at a later stage.

In some cases, melanoma may not have anything to do with sun exposure, says Rietschel.

“Black people tend to get acrolentiginous melanomas – on the soles of the feet and under the nails.”

7. What else raises risk?

You're at higher risk if you have a large number of moles (50 or more) or have *dysplastic nevi*, moles the size of an eraser head or larger. These are more likely to turn cancerous than normal ones, says Rietschel.

Other risk factors:

- You were a sun-worshiper as a child or [teen](#), especially if you got severe, blistering sunburns.
- You live in a sunny spot like south Florida.
- You use tanning beds, particularly if you're under age 35. "They damage the cells' DNA," says Rietschel.
- You have a weakened [immune system](#) from cancer or AIDS.

8. Do other skin cancers increase the risk of melanoma?

Yes, "other skin cancers don't *cause* melanoma, but they indicate sun exposure," Rietschel says.

If you have a basal cell carcinoma, the most common skin cancer, or [squamous cell](#) carcinoma, the second most common, you've had a lot of sun exposure, Rietschel says.

"But the two aren't directly related to melanoma."

9. How do you lower risk?

- Stay out of the sun, particularly during its brightest hours, 10 a.m. to 2 p.m.
- Use a broad-spectrum sunscreen that protects against UVA and UVB rays with a sun protection factor (SPF) of at least 15. The higher the SPF number, the longer the protection lasts, says Rietschel. Apply the screen 20-30 minutes before you go out and every two hours after that.
- Cover up, wearing long sleeves and pants, a broad-brimmed hat and sunglasses that block both UVA and UVB rays. "[Clothing](#) is the best way to protect you from the sun," Eberling says.
- Avoid tanning beds.

10. What happens after a diagnosis?

If a mole looks suspicious, the doctor will do a biopsy, says Friedman. During the procedure, a [surgeon](#) cuts out the mole and some flesh surrounding it.

If it's larger than one millimeter the surgeon also cuts out the first lymph node in which cancer would show up (called the "sentinel" node) to see if cancer has spread.

11. What are the treatments if the cancer has spread?

Treatment options are controversial, because they are so toxic with low success rates, says Rietschel.

Dacarbazine (DTIC) is the only chemotherapy approved by the [Food](#) and Drug Administration (FDA) for melanoma.

"But the response rate in patients with [cancer that has spread] "is low at 15%," Rietschel says. And even if the cancer shrinks or even disappears, it often returns.

Interferon, an FDA-approved drug given after surgery to decrease the chances of the cancer returning, boosts the immune system. But it's a rough, yearlong treatment that makes you feel like you have the flu.

Two large trials in 1996 and 2000 found that melanoma tumors in those treated with interferon recurred eight months later than in patients not treated by interferon. But the interferon patients lived no longer than those in the control group, says Rietschel.

One of the most promising drugs is now in clinical trials. The B-RAF inhibitor “targets a common mutation of the tumor cells with very [few] side effects,” Rietschel says.

12. Should you get a second opinion?

Melanoma is nothing to dawdle over, says Eberting.

“Get it treated right away.”

Once the mole is removed, then you may want to consult with several doctors about the follow-up treatment, says Rietschel.

13. Is melanoma curable?

“It’s almost always curable if recognized and treated early,” Friedman says.

“But if the melanoma is thick – more than 1 millimeter [deep], about as thick as a Sharpie marker line – or has spread to another part of the body, the prognosis is less favorable,” Friedman says.

Test Your Skin Cancer IQ?

When it comes to your sun safety, is your [skin cancer](#) knowledge current or is ignorance bliss? Consider this: Skin cancer is diagnosed more often than all other cancers combined. Have we caught your attention now? [Find out](#) just how much you know when it comes to skin cancer and prevention.

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