

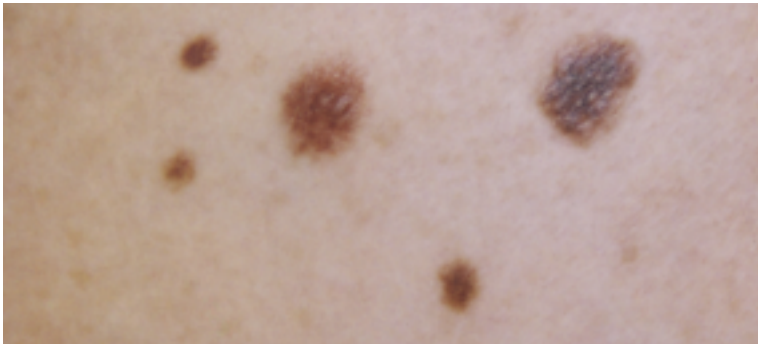
## LOOKING AFTER YOUR MOLES

### Who is at increased risk?

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This leaflet is designed to help you look after your own moles. It is hoped that it will be useful for everyone but it may be especially valuable for people who are at increased risk of melanoma (a form of skin cancer).

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Those who are at an increased risk of melanoma:

1. Patients with fair skin (skin which burns easily in the sun), freckles and/or red hair.
2. Patients with a family history of melanoma. For more information see [www.genomel.org/patient\\_information.php](http://www.genomel.org/patient_information.php)
3. Patients with large numbers of moles - sometimes called the atypical mole syndrome.
4. Patients who have had a melanoma are at an increased risk of developing *another* melanoma. They are approximately 8 times more likely to have a *second* melanoma than a similar person has of developing their first melanoma.

In the general population, approximately 1 in 150 people will develop a melanoma. It follows that from 150 melanoma patients, around 8 (5%) will develop *another* melanoma at some point.

Second melanomas are usually found or detected very early and therefore the outlook is good.

## LOOKING AFTER YOUR MOLES

### Looking after your moles

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Patients are usually recommended to look at their moles once a month.

Good light is needed and a partner is useful to examine areas such as the back and scalp. Become familiar with your moles so that you can recognise a change. If in doubt ask your doctor to check the mole.

**Things to remember:**

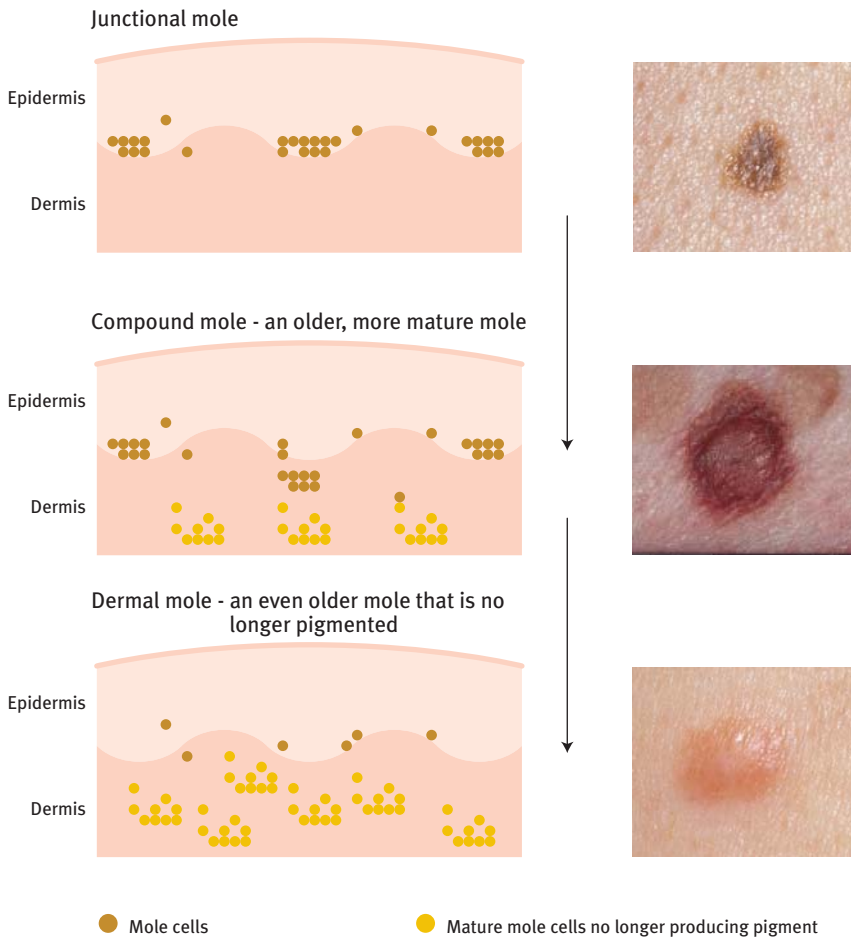
- If you have many moles you cannot be expected to monitor them all in great detail: you are looking for one that stands out from the crowd.
- Change usually occurs quite slowly over weeks and months so you have time to spot the development of the commonest type of melanoma: the superficial spreading melanoma.
- You are looking for changes in colour, size or shape.
- Normal moles do change as you get older. They often slowly become dome-shaped with age and lose their colour. Photographs of such moles follow. It is important to know how moles change normally with time, to distinguish from worrying changes.
- As we get older we develop lots of lumps and bumps, which are harmless but can cause anxiety especially when you have had a melanoma. If in doubt, show your family doctor.

## LOOKING AFTER YOUR MOLES

### Normal changes in moles (naevi) as you get older

When they first appear moles are flat and brown. However, on some parts of the body they can develop a smoothly domed shape and return to the general colour of the skin. You may have seen examples of these mature moles around the mouths of elderly people from which hairs often emerge.

These illustrations/photographs show examples of the changes in moles which occur normally as we get older.



## LOOKING AFTER YOUR MOLES

### Normal moles

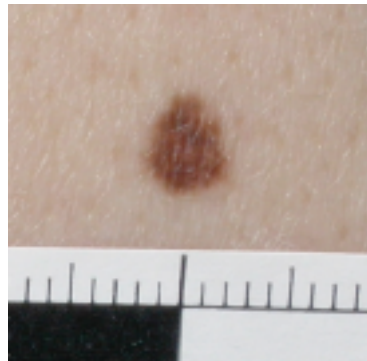
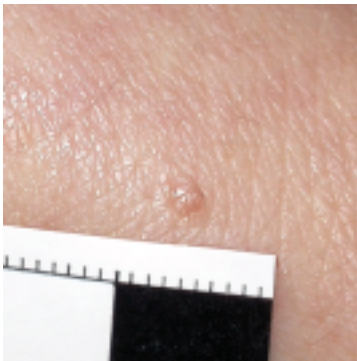
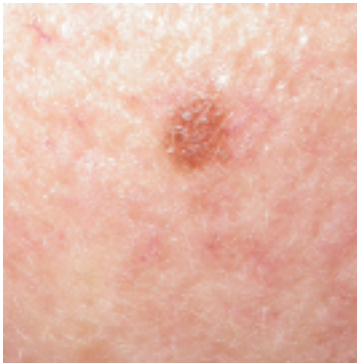
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Some doctors will give their patients close up photographs to help them monitor their moles.

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Normal moles come in a variety of shapes and sizes and the following photographs show mature moles which are all benign (harmless).

These photographs show normal variations in colour and shape. The important thing is to learn how to spot changes.



## LOOKING AFTER YOUR MOLES

### Normal moles

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More examples.



## LOOKING AFTER YOUR MOLES

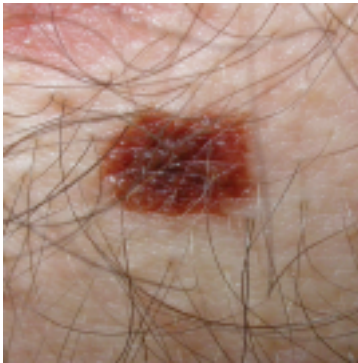
### Atypical moles

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Atypical moles are moles which are bigger than usual and more irregular in shape and colour. Atypical moles are a little more likely to become a melanoma than others.

These are examples. Such moles should be shown to your doctor.

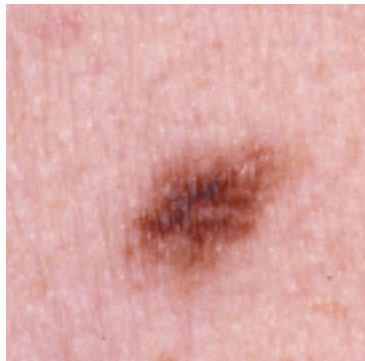
This atypical mole is red/inflamed in appearance.



This atypical mole is both variable in colour and irregular in shape.



This atypical mole is very irregular in shape.



## LOOKING AFTER YOUR MOLES

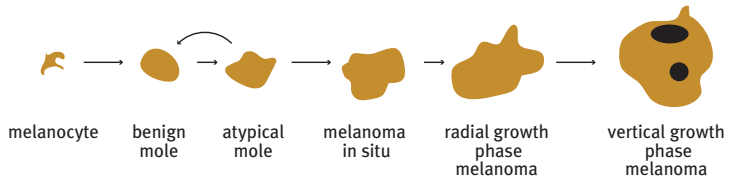
### What are atypical moles?

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Atypical moles are somewhere between a benign mole and a superficial spreading melanoma.

However, most do **NOT** progress, but disappear as we get older.

Moles that become more irregular in shape and colour over time should be shown to your doctor to exclude melanoma.



## LOOKING AFTER YOUR MOLES

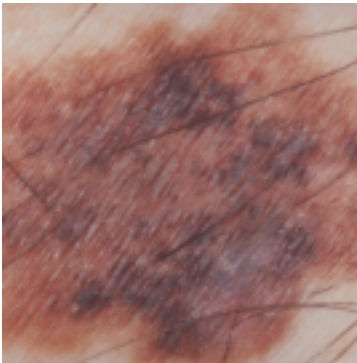
### Melanoma in situ

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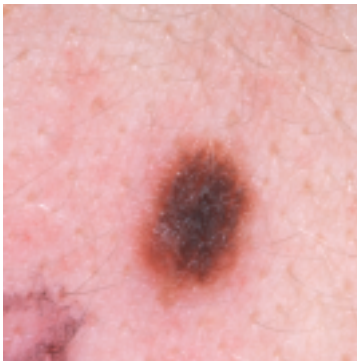
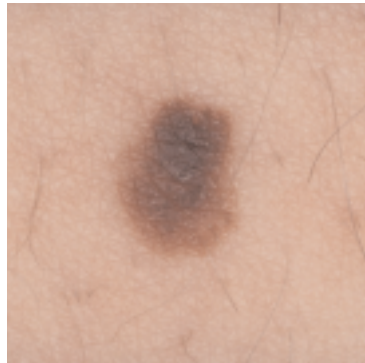
Very early melanomas are known as melanomas in situ and the following photographs are good examples.

These melanomas are so early that removal should cure the patient entirely.

This melanoma in situ has variable colour.



This melanoma in situ arose from a mole and was recognised by a change in shape.



This melanoma in situ is inflamed and felt itchy.



## LOOKING AFTER YOUR MOLES

### Superficial spreading melanomas

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These are melanomas which initially grow laterally (sideways) in the epidermis. This is known as the radial growth phase.

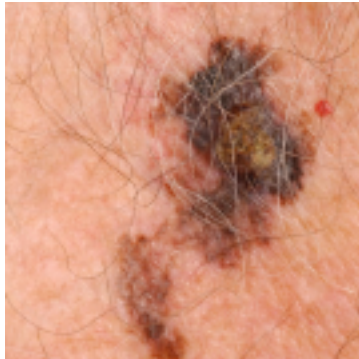
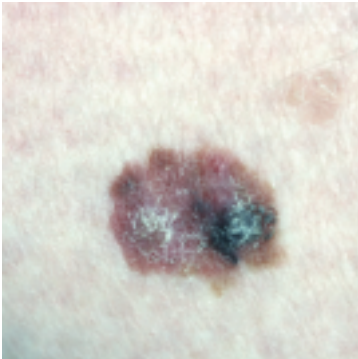
These melanomas often grow in moles and in their early stages look like moles.

Removal of a radial growth phase melanoma by surgery should cure the patient.

Otherwise, over time, the cancer cells start to grow downwards (vertical growth phase) into the dermis.

The thickness of a melanoma can be used to estimate further spread to other organs.

**Early diagnosis and treatment, when melanomas are thin, is therefore very important.**



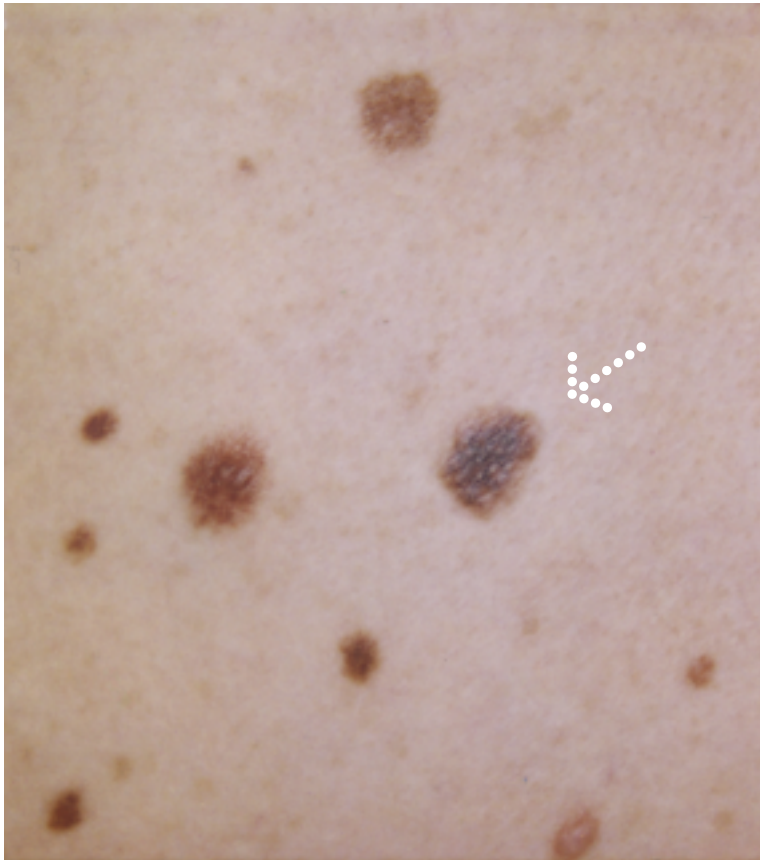
## LOOKING AFTER YOUR MOLES

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If people are very 'moley' they cannot be familiar with all of their moles - it is useful to look for one that stands out in the crowd.

In this photograph the arrow shows the mole that is subtly different, and proved to be an in situ melanoma.



## GLOSSARY

### **Benign**

A lump or growth, which is NOT cancer. These growths do not grow very quickly, and they do not spread to other parts of the body.

### **Biological therapy**

Cancer treatments which use substances that naturally occur in the body such as interferon or IL2.

### **Biopsy**

A sample taken from the body, often at an operation. The sample is usually taken so that the tissue can be examined by a pathologist, in order to make a diagnosis.

### **Cancer**

A disease in which cells, or lumps (tumours), grow in an uncontrolled way. That is, the lumps tend to continue to grow and may spread elsewhere in the body, and if they are not treated may interfere with the way the body functions or works.

### **Chemotherapy**

The treatment of disease with drugs or chemicals, which kill cancer cells. Chemotherapy may be given by injection, in a drip or as tablets, depending on what form of cancer is being treated. Some types of chemotherapy make patients feel sick, others may cause hair loss. Not all however do either.

### **Clinical Oncologist or Radiotherapist**

These are two names for the same type of doctor. These are doctors who look after cancer patients, who tend to use X-rays or radiotherapy, to treat cancer. They are also skilled in chemotherapy.

### **Clinical trials**

See Frequently Asked Questions – What is interferon? and What is a clinical trial?

### **Dermatologist**

A skin doctor.

### **Diagnosis**

The name given to the illness that a person has.

### **General anaesthetic**

Being put to sleep for an operation.

### **Malignant**

This is another word for cancer.

### **Medical Oncologist**

A doctor who looks after cancer patients who mainly uses drugs (chemotherapy, immunotherapy etc) to treat that cancer.

### **Melanoma**

A cancerous growth which may develop from normal skin or may grow from a mole.

### **Melanoma in situ**

Very early melanoma, which remains entirely in the top layer of the skin (epidermis). This sort of melanoma is curable and should never come back.

## GLOSSARY

### **Metastatic Cancer**

Cancer which has spread to other parts of the body.

### **Mole**

Harmless or benign growth of pigment cells in the skin.

### **MRI scan**

This is a type of body scan. It is less commonly carried out than CT scans. This sort of scan uses magnets therefore patients are asked questions about hip replacements etc. before the scan. It is important not to take any metal into the scanning room as a result. MRI scans may be ordered for special reasons, for example before an operation, or to investigate something which was not clear on a CT scan.

### **Nausea**

Feeling sick.

### **Oncologist**

A doctor who specialises in cancer treatment.

### **Oncology**

A general term for the study or treatment of cancer.

### **Pathologist**

A doctor who looks at tissue samples taken from the body to make diagnoses. He issues a “report” or “result” which summarises his findings.

### **Pathological**

The appearance of something removed from the body when examined down the microscope, which allows a doctor to make a diagnosis.

### **Primary cancer**

The first cancer to develop from which spread to other parts of the body could occur.

### **Radiographer**

A member of the health care team who takes the X-rays or scans the patient. The radiographer will prepare the “films”, which are the images or pictures produced by the scanner or X-ray machine, for the doctor to look at.

### **Radiologist**

This is a doctor who specialises in reading scans or X-rays: that is in interpreting the findings.

### **Randomised clinical trial**

A study of a drug in which treatment is “randomised”. Half the patients get the “new” treatment and half do not. Who gets the treatment and who does not, is decided randomly, usually by a computer.

## RESOURCES

### Useful web pages

There are several websites which give good information about different aspects of melanoma:

BACUP – [www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

Cancer Help UK – [www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)

Cancer Research UK – [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

Wessex Cancer Trust – [www.wessexcancer.org](http://www.wessexcancer.org)

MARC's Line – [www.wessexcancer.org](http://www.wessexcancer.org)

Macmillan Cancer Relief – [www.macmillan.org.uk](http://www.macmillan.org.uk)

BBC health information – [www.bbc.co.uk/health](http://www.bbc.co.uk/health)

The Cancer Counselling Trust – [www.cctrust.org.uk](http://www.cctrust.org.uk)

Marie Curie Cancer Care – [www.mariecurie.org.uk](http://www.mariecurie.org.uk)

NCRN – [www.ncrn.org.uk](http://www.ncrn.org.uk)

Melanoma Study Group – [www.melanomastudygroup.co.uk](http://www.melanomastudygroup.co.uk)

SunSmart – [www.sunsmart.org.uk](http://www.sunsmart.org.uk)

### Organisation addresses

Cancer Research UK

PO Box 123

London WC2A 3PX

### Wessex Cancer Trust

Bellis House

11 Westwood Road

Southampton SO17 1DL

## RESOURCES

### CD-Rom and DVD

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There is a detailed CD-Rom/DVD called “Melanoma – Dealing with the diagnosis”. This was produced by Professor Newton Bishop, and colleagues from St James’s University Hospital in Leeds and from Bradford Royal Infirmary.

The presentation contains text about melanoma, its diagnosis and its treatment. There are video clips showing self examination for swollen glands and clips of patients talking about their own experiences.

There are also photographs of moles and melanomas designed to help patients self examine with confidence.

The DVD version (to be used on a computer) contains 14 videos of full-length interviews with melanoma patients.

We have a CD-ROM which has edited interviews with melanoma patients.

They are both available for purchase, requestable by post from Leeds UK or via email, at a small cost.

We hope that other patients will find it helpful to watch to these videos.

If you would like to obtain this material or have comments for us, please go to:

[www.genomel.org](http://www.genomel.org)

or contact us at  
[info@genomel.org](mailto:info@genomel.org)