

LOOKING AFTER YOUR MOLES

Who is at increased risk?

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).



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
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 200 people will develop a melanoma. It follows that from 200 melanoma patients, around 8 (4%) will develop *another* melanoma at some point.

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

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Looking after your moles

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:

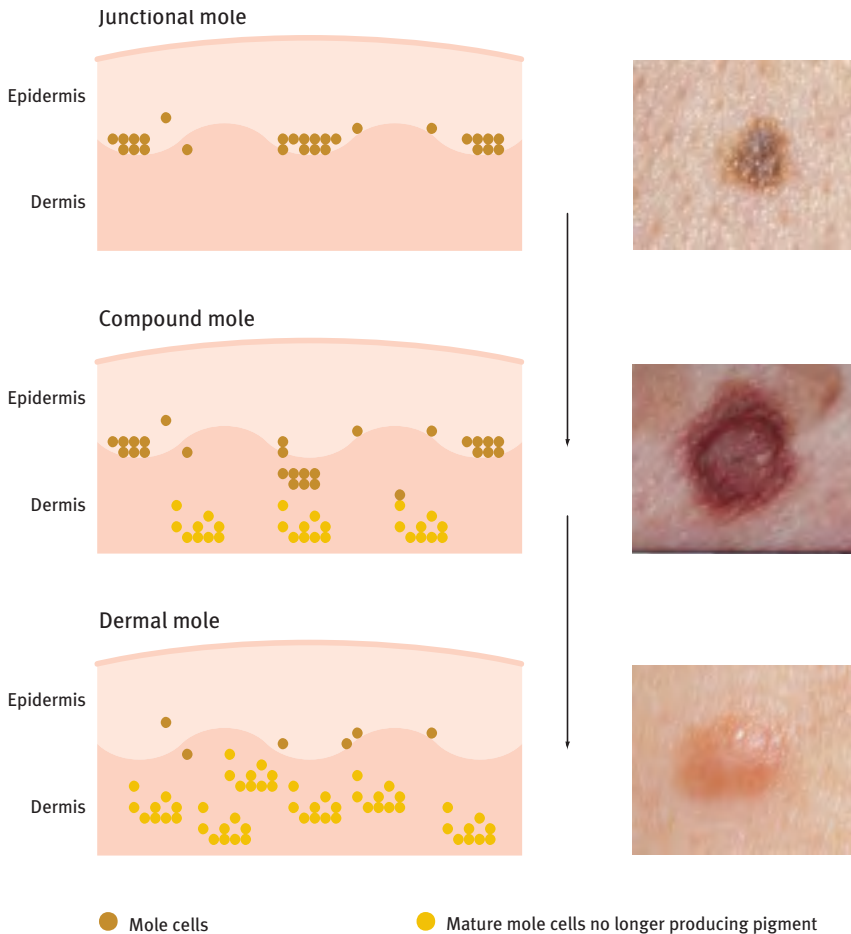
- If you have many moles you cannot be expected to monitor them all in great detail: you are looking for one that stands out from the crowd.
- Change usually occurs quite slowly over weeks and months so you have time to spot the development of the commonest type of melanoma: the superficial spreading 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. There are photographs of such moles overleaf. 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 when you have had a melanoma. If in doubt, show your family doctor.

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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



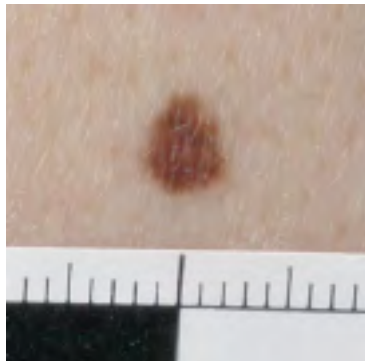
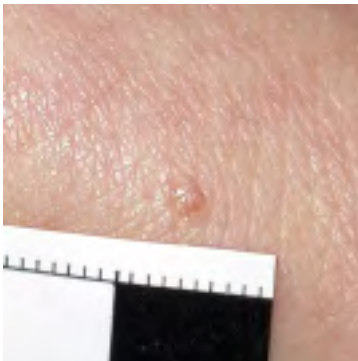
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Normal moles

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

Normal moles come in a variety of shapes and sizes and the first set of photographs below and overleaf shows mature moles which are all benign or harmless.

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



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Normal moles

More examples.



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Atypical moles

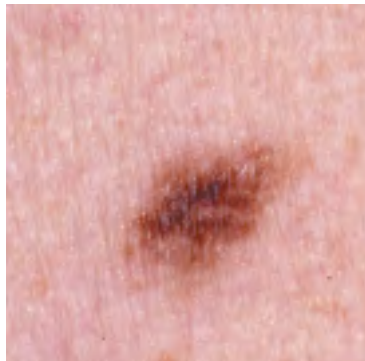
Atypical moles are moles which are bigger than usual and more irregular in shape and colour. Atypical moles are a little more likely to become a melanoma than others.

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.



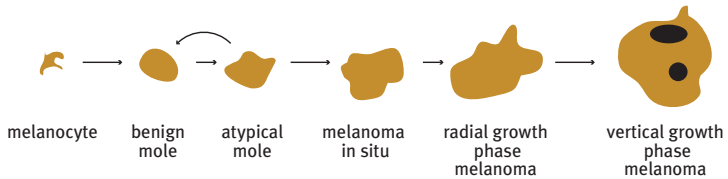
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What are atypical moles?

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.



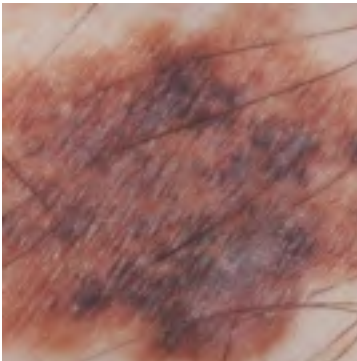
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Melanoma in situ

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

These melanomas are so early that they should be entirely cured once removed.

This melanoma in situ has variable colour.



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



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Superficial spreading melanomas

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

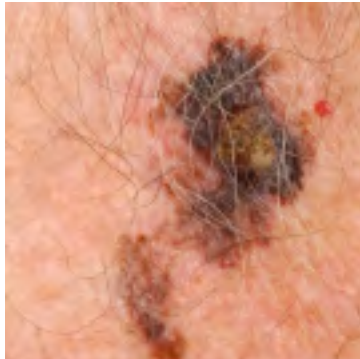
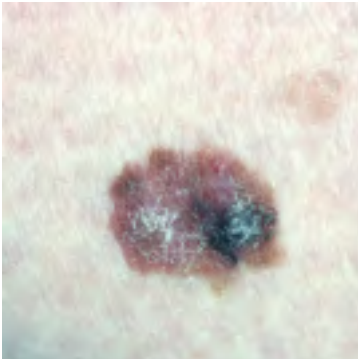
These melanomas often grow in moles and in their early stages look like moles.

Removal of 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.



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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.

