

MELANOMA – WHEN IS A MOLE NOT A MOLE?

By Patricia Aitchison DARM, RMT, DSM, OSM, SMTO

Last summer without warning my fit and apparently healthy 65-year-old father was diagnosed with secondary melanoma. Until then I had thought that I had a good understanding about skin cancer. Like many people, I knew that it was important to use sun cream and avoid getting burned on holiday. However, it took my father's personal journey to make me realise how very little I actually knew about this devastating disease and the changes to attitude and lifestyle that I needed to make in order to limit the risks for both myself and my family.

Massage will not prevent skin cancer, but as therapists we come into close contact with the skin and in particular, the difficult to see areas of the body such as the back and the backs of the legs. This gives us an ideal opportunity to pick up on suspicious changes in moles and blemishes and encourage clients to seek medical opinion at a much earlier stage. As early detection is vital to the outcome and treatment of the disease, educating clients and being aware of the early signs of melanoma can significantly influence our clients' future health. Last year on holiday I spoke to a woman who had been diagnosed with melanoma, which had been spotted by her acupuncturist. She told me that like her, some of her fellow patients also owed their lives to their therapists, including chiropodists (yes cancerous moles can even appear on the soles of the feet).

Facts:

- 600+ people in Scotland are diagnosed with melanoma each year and it is the 3rd most common cause of death in young men and 5th most common cause of death in young women (1).
- In Australia 40 new cases of Melanoma per 100 000 of the population are diagnosed each year (2)
- In Europe the figures are 13-21 per 100 000(2)
- Skin cancer is the fastest rising cancer in Scotland (3)
- More than 3 out of 10 people with malignant melanoma have never been abroad (3)
- Cases of Malignant melanoma have increased by 24% in the last five years (4)

The good news is that if it is caught early, 96% of melanoma patients will have no further problems. (4)

The following includes a simplified pathology of Melanoma, the warning signs and most importantly preventative measures.

The Skin

The skin is the largest organ of the body and one of its main functions is protection. The skin is the first line of defence against external factors such as bacteria, chemicals, and variations in temperature. Skin secretions kill bacteria and the pigment melanin provides a chemical pigment defence against ultraviolet light that can damage skin cells. Between the skin's epidermis and the dermis are a layer of cells called *melanocytes*, which produce a brown-black skin pigment called *melanin*. Melanin not only gives us our hair and skin colouring and it also helps protect against the damaging rays of the sun. (A diagram of the skin can be found on the web site for CancerBACUP, details below)

Melanoma

Melanocytes give melanoma its name. As a person ages, melanocytes can form concentrated clusters that appear on the skin's surface as small, dark, flat or dome-shaped benign moles or liver spots. Moles appear in childhood and can continue to appear up until the age of 40. Increased exposure to the sun in childhood can increase the number of moles, which develop. It is common for adults to have between 15 and 40 moles. People also tend to have either all round or all oval shaped moles. Sometimes the melanocytes cells grow out of control and become a malignant melanoma.

Initially melanoma cells grow laterally and confine themselves to the epidermis and to the top layers of the dermis. At this early stage when the thickness of the tumour is less than 1.5mm, removal gives a 91- 96% five-year survival rate (4) (this doesn't mean that you will only have five years to live but that after five years the chance of it recurring are small).

However, if left untreated, the cells will begin to grow down into the dermis and the area could begin to appear raised or dome-shaped. At this point the cancer will come into contact with lymph and blood vessels and with it the greater likelihood that it could spread through these vessels to distant sites. If removal is delayed until the tumour is over 3.5mm the five-year survival rate drops to around 42-52%(4). Other factors that will determine the long-term prognosis include: - how fit and well you are and whether the cancer has spread to lymph nodes and other parts of the body.

Treatment

Initial treatment involves the removal of the lesion and at least a one-centimetre margin of normal looking skin around it. Sometimes the amount of skin removed means that a skin graft is required. As cancer cells are spread both in blood and lymph, sometimes surgeons may perform a sentinel node biopsy whereby a lymph node in the lymphatic drainage path from the site of the primary tumour is removed and checked for evidence of cancer. Further treatment will depend on the initial findings.

Where are melanomas found?

Melanoma can appear anywhere on the body including the scalp, fingers, palms, soles of the feet, the genitals, lips, or under the fingernails or toenails, mouth and eyes. However, the most common sites for men are the back, head and neck, and for women the arms and legs especially between the ankle and the knee.

Melanoma – The Warning Signs*

The major ABC of moles.

- Asymmetry (A).** Melanoma can develop in an existing mole or it will appear as a new lesion that can resemble an ordinary mole. Whilst a non-cancerous mole is generally symmetric and circular in shape a melanoma usually has an irregular outline.
- Bigger (B).** An existing mole or new lesion, which has got bigger. Melanomas start out small; by the time a lesion has grown to 6 millimetres or larger other abnormalities will most likely be present.
- Colour Variation (C).** One of the earliest detection signs of melanoma can be the appearance of more than two (2) colours within the lesion. For example, in addition to brown and black there is also present another colour(s) such as: - tan, dark brown, red, blue, white, grey, or black. However, lesions can also be flesh coloured, or surrounded by redness or lighter areas of de-pigmentation.

In addition to the 3 major features above, the 4 minor features to look out for are: -

- A lesion which is red or inflamed**
- Crusting or oozing**
- Itching**
- Lesions measuring more than 5cm.**

Make an appointment to see you G.P. if you think that you have any of the above signs and symptoms.

If in doubt ‘check it out’

Remember, if caught early, melanoma is curable

**Incorporates the Glasgow 7 point checklist (6)*

Risk Factors For Melanoma

- Malignant melanoma is very rare in childhood.
- It is most common in people between the ages of 40 and 60 and the incidence increases significantly as people get older (5). However, the incidence in the 20-30 year age group is rising (2)
- Whilst anyone, regardless of skin type and ethnic group can contract skin cancer, people with fair skin, blue/grey/green eyes and red/ blond hair, and lots of freckles are at a higher risk.
- The risk increases for people who are easily sunburned and rarely tan.
- There is strong evidence, which suggests that exposure in the early years in particular the first 5 years of life, may increase an individual’s subsequent risk factor for developing melanoma in later life. (6)
- Occasional sunburn and intermittent intense exposure to sunlight experienced by adults (and children) who do not spend much time outside may also increase the danger.
- Using sunbeds increases the risk of skin cancer (3)

Sunbeds

The risk of skin cancer is related to a lifetime exposure to UV light. As sunbeds emit UV light, the link between sunbed usage and skin cancer is now established. Using a sunbed once a month doubles your annual dosage of UV radiation. Increasing this to weekly usage means that you will experience 6 times the normal annual dose of radiation. There is no safe way to use sunbeds and each time you switch it on, you increase your risk of skin cancer. (3)

Prevention

- There is no such thing as a healthy tan. Any exposure to UV rays causes photo ageing of the skin, which ultimately means leathery, wrinkly looking skin. A tan is actually a sign that the skin has already been damaged. (3)
- Vitamin D is essential for bone health. 10-15 minutes daily exposure to the face and hands of the equivalent of Spring Sunshine is all that is required.
- Plant trees and place canopies over children's play areas.
- Use high SPF sunscreens of at least SPF15+ that block out both UVA and UVB radiation, but do not rely on them only for sun protection.

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- Avoid exposure particularly during the hours of 11 AM to 3 PM when sunlight pours down 80% of its daily UV dose.
- Avoid reflective surfaces, such as water, sand, concrete, and white-painted areas. (Clouds and haze are *not* protective and in some cases may intensify UVB rays.)

Sunscreens

- Babies and young children should be kept out of the midday sun and wear suitable hats and clothing to protect them from the sun at all times.
- Older children and adults regardless of skin type benefit from using SPF's of 15+. Adults who burn easily should use SPF 30. Some experts recommend that all people should use SPF 30 on the face.
- Follow the instructions on the sun cream. Most people fail to apply the cream as often as they should and use insufficient amounts. An adult should aim to use about one quarter of a four-ounce bottle at each application. Remember to include the feet, neck and ears. Do as the Aussies do and 'Slap it On'
- Waterproof sun creams will last for only around 40 minutes in the water and must be reapplied. Even if not swimming waterproof suncreams should be reapplied at least every 2 hours (4)
- Apply sun-protection creams 15- 30 minutes before going out, even if only for a short time in the sun.
- Don't wear any other creams such as moisturiser under the sun cream.
- There is no sun cream available which will give you total protection in the sun.

Protective Clothing

- Wearing sun-protective clothing protects better than sunscreens. Special clothing is becoming popular in countries such as Australia. The material which is similar to that used in swim wear is an excellent choice for children (and adults) to wear at watermarks and the beach as the clothing block out around 97% of the UV rays. The clothing is rated using SPF ratings or a system called the UPF (ultraviolet protection factor) index, with 50 UPF being the highest. The suits which cover down to the elbows and the knees are available on-line or from sports shops and some high street chains for around £25. Details of companies who sell sun protection kids and adults clothing is available on the Cancer Research UK website, detailed below.
- Everyone, including children, should wear hats with wide brims. (However, even wearing a hat may not be fully protective against skin cancers on the head and neck.) Foreign legion type hats are excellent for babies and young children.
- Cover up with long sleeves and long trousers when out and about in hot sun. Loosely fitted, unbleached, tightly woven fabrics give good protection. The tighter the weave the more protective the garment.
- Washing clothes over and over improves UPF by drawing fabrics together during shrinkage. An easy way to assess protection is simply to hold the garment up to a window or lamp and see how much light comes through. The less the better.
- Everyone over the age of one should wear good quality wrap-around sunglasses that block all UVA and UVB rays when in the sun. Children's toy sunglasses can do more harm than good (4)

The summer holidays season is approaching and many of us will be heading for sunnier climates and be out and about in the sunshine. The evidence of a good holiday has for too long now been how good your tan is. Pale and interesting may not be quite as appealing but on the evidence available it is the **only** safe option. I hope you have found this article helpful both from a person and a professional point of view.

Have a sun safe and enjoyable summer

In writing this article my thanks go firstly to my dad who has encouraged me spread the news about melanoma and especially to Professor Rona M Mackie CBE MD DSc FRSE FRCP FRCPath, Department of Public Health, University of Glasgow, who does so much for her patients and for her support and guidance in writing this article.

Further information:

- Alison Craig formed **The Shaw Melanoma Charitable Trust** in 2001 in memory of her daughter, Nicola Shaw who was only 23 when she lost her life to melanoma. Further information on the work of the charity and information on how you can help can be obtained by writing to: -Alison Craig The Shaw Melanoma Charitable Trust, 7 Powmill Road, Prestwick Ayrshire, KA9 2NX
- HEBS leaflet **Take care of yourself in the Sun** is available from many outlets including pharmacies, tourist information centres and Thomas Cook Travel shops.
- Cancer Research Website www.cancerhelp.org.uk also includes details companies who produce sun protection swimwear and clothing for adults and children.

References:

- (1) The Shaw Melanoma Charitable Trust e:mail@shawmelanomaorg.uk
- (2) Dermatology.co.uk www.dermatology.co.uk/melanoma/index.asp
- (3) HEBS www.hebs.scot.nhs.uk
- (4) Cancer Research UK www.cancerhelp.org.uk
- (5) CancerBACUP www.cancerbacup.org.uk
- (6) Professor Rona M Mackie, CBE MD DSc FRSE FRCP FRCPath, Department of Public Health, University of Glasgow

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