

MELANOMA RISK FACTORS

Age: Melanoma risk increases as you age, which is likely due to accumulated exposure to UV radiation. But melanoma is also found in younger individuals who spend a lot of time in the sun. Frequent sunburns, especially when they occurred during childhood, significantly increase the risk of developing melanoma.

UV exposure: Risk of melanoma is heavily influenced by UV exposure, whether from the sun or indoor tanning devices. UV rays damage the DNA of skin cells. The damaged genes cause the cells to divide and grow without control or order, a process that can eventually result in a malignant tumor.

Skin tone: Lighter-skinned individuals have a greater risk of developing melanoma than those with darker skin tones. The risk is also higher for individuals with blond or red hair, blue or green eyes, and skin that burns or freckles easily.

Moles: Most moles are harmless and will never develop into cancer, but having a large number of moles increases the risk for developing melanoma.

Family and/or personal history: Individuals who have had a melanoma or who have one or more parents or siblings with melanoma are at increased risk.

AIM at Melanoma The Foundation Working To End Melanoma.

AIM at Melanoma is a global foundation dedicated to finding successful treatments and, ultimately, the cure for melanoma, and improving the lives of those it affects. AIM manages and funds paradigm-shifting research initiatives; educates patients and health care professionals; and raises awareness of melanoma—all to end this disease in our lifetime.

AIM at Melanoma provides essential resources that help patients, families, and caregivers during and after treatment. Our services are free and confidential.

- Our Melanoma Physician Assistant provides answers to questions about melanoma, diagnostic tests, treatments, side effects, clinical trials, and many other melanoma-related topics.
- Our Peer Connect Program matches patients and their loved ones with peer mentors who have "been there" and can share their experiences. Talking with someone who is living with melanoma can be comforting and reduce the anxiety that a melanoma diagnosis brings.
- Our Living With Melanoma Symposiums provide patients, caregivers, and family members an opportunity to learn from leaders in the field of melanoma on a variety of survivorship topics.

✉ EngageUs@AIMatMelanoma.org



EVERYTHING YOU NEED TO KNOW ABOUT YOUR SKIN EXAM



MELANOMA IS COLOR BLIND



MELANOMA PREVENTION
IS OUR PRIORITY

PREPARING FOR YOUR EXAM

The better the doctor can see your natural skin, the more effective the exam will be. It's also helpful to look at your skin beforehand and make note of any areas that stand out to you. It's best to come to your appointment without nail polish, foundation, or makeup.



A

symmetry



B

Border



C

Color



D

Diameter



E

Evolution



FAQs

I have a lot of moles. Should I be worried about them?

These benign brown spots are entirely normal, can be raised or flat, and are made up of a collection of melanocytes (the pigment-producing cells) within the skin. Some of us are genetically predisposed to make them by the dozens, but sun exposure can also trigger new moles. Unfortunately, having certain types of moles or a large number of moles can put you at an increased risk of melanoma, but you shouldn't worry about every mole. Instead, you should assess your moles by using the A-E chart, below, and look for any new moles or moles that appear different from the rest.

FACT:

On average, a person's risk for melanoma doubles if he or she has had more than five sunburns.



What your doctor needs to know

Your doctor is probably going to ask you a series of questions, including: *Have you noticed anything new on your skin? Have you ever had skin cancer? Has a family member? Have you had any moles removed? Have you ever used an indoor tanning bed? Have you ever had a blistering sunburn?* Your answers help your doctor assess your risk factors for melanoma, so answer these questions honestly and completely. Mention any moles that fit the A-E characterization; any skin or lesion that has changed in appearance; and any skin or lesion that feels or looks different from the skin around it.

Does the dermatologist check my entire body?

Yes, and you should make sure s/he does. A thorough check means you are examined from your scalp to your feet and *all skin* in between: face, ears, lips, mouth, neck, chest, back, abdomen, buttocks, arms, and legs. Your doctor should also check your fingernails and toenails; in between your fingers and toes; your palms and soles; your armpits; and behind your ears.



What's the dermatologist looking for, exactly?

Pink, pearly, or rough-looking bumps, or sores that won't heal (these could be nonmelanoma skin cancers). Tiny rough papules over the face, the backs of the hands, or the forearms (possible precancers). Moles that are asymmetric or large (wider than the diameter of a pencil eraser) or that have unusual or uneven color or jagged borders, which could signal melanoma. A dark streak under a nail or inside the mouth, which could also be melanoma. Any mole or lesion on the skin that stands out from everything else around it—it's what we call the ugly-duckling sign.