

“A diagnosis of melanoma is not for the faint of heart, and for good reason,” says Dr. Gregory Wilmoth of the Southern Dermatology and Skin Cancer Center in Raleigh.

“With early detection,” he says, “there are rarely complications in the treatment of basal and squamous cell skin cancer, both the result of over-exposure to the sun. There is a better than 90 percent cure rate for these types of cancer. But it is melanoma—where cells are wildly out of balance and dividing rapidly—that gets our very focused, undivided attention.”

Nearly 150,000 new cases of melanoma will be reported this year, Dr. Wilmoth notes—an increase of about three percent per year for the last decade—and it will cause an estimated 8,600 deaths, about one American every hour.

“The positive way to look at those numbers is the awareness that the five-year survival rate for melanoma when it’s detected early is 99 percent. If it’s detected at that superficial state, where it’s less than .75 millimeters thick, there is in fact a very high cure rate. The serious problem comes when melanoma completes its horizontal growth and becomes invasive. And thankfully it’s true that the vast majority of melanomas are removed in the earlier stages of growth.

“Young women, 20 to 35, are the group experiencing the most rapid increase in developing melanoma. Why is that so? One factor, I believe, is the fact that young women more commonly use tanning beds—which leads directly to a higher risk of melanoma. A tanning bed puts out UVA light,” Dr. Wilmoth explains, “so you can get exposure without being burned—and too many consider this ‘a safe tan.’

“In fact, culturally, we can engage in unsafe practices and feel pretty safe doing so. I can get a UVB blocking sunscreen

Dr. Wilmoth conducting a skin check for problems of any kind, including skin cancer. After age 50, an annual skin check is a good idea.



Melanoma: *Cells Wildly Out of Balance*

which will allow me to go to the beach for five days and stay out in the sun every day from 8 to 5 and just get cooked with UV radiation without getting a burn.

“Are we making ourselves falsely feel safe? Are we over exposing ourselves to ultraviolet light that is damaging to our skin and our well-being? I really think that is an important health care issue.

“Sunscreens are important—I recommend at least an SPF of 45—but they don’t replace such commonsense practices as wearing protective clothing, avoiding going into the mid-day sun, and seeking out shade rather than direct sunlight,” Dr. Wilmoth notes. “If you’re going to the beach, sit under an umbrella. Wear some of the newer clothing designed specifically to block the sun’s rays. I actually don’t preach a great deal about sunscreen because it too often gives us a false sense of security—and how many people actually apply fresh sunscreen every two hours?”

INTUITIVE AWARENESS

“In my experience,” Dr. Wilmoth continues, “eight out of ten people come here with a melanoma somewhere on their body because they intuitively know there’s a problem. They have a pigmented lesion that is changing over time. They come here because ‘It looks funny,’ or, commonly for men, because ‘My wife has been bugging me about this mole, she thinks it looks funny.’

“I certainly encourage people to be familiar with their bodies. A monthly exam is fine, but it may not need to be that often. Ideally, everyone will have a skin check with a dermatologist regularly, and certainly every year beyond the age of 50. We will occasionally find a problem mole, even when the patient is unaware that it exists.

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“I want to emphasize that the vast number of moles, new and old, that appear on our skin—and most adults commonly have 40 or more moles at any one time—are perfectly harmless. But I want to find the ones that aren’t harmless—that are, in fact, potentially lethal. And that takes cooperation between patient and doctor.”

Health & Healing: There are different kinds of melanomas.

DR. WILMOTH: The most common is the superficial spreading melanoma—about 70 percent of all cases. It travels along the top layer of the skin for a fairly long time before penetrating more deeply. Obviously, we want to excise it at the earliest possible date.

Older patients are more likely to have lentigo maligna on chronically sun-exposed, damaged skin on the face, ears, arms, and upper trunk. Far less common are acral lentiginous melanoma and nodular melanoma. Nodular melanoma is usually invasive by the time it is first diagnosed. It is first recognized when it becomes a bump.

“They are all melanoma in my mind. The scary thing about melanoma is that it is almost always completely asymptomatic. It doesn’t bleed, doesn’t hurt, and generally doesn’t bother people. The misconception

that most people have about melanoma is that it needs to be raised up from the skin, and that it’s usually big and bleeding. Fifty years ago, we were taught that melanomas were very large. Now we’re taught that melanoma is commonly a tiny little thing of perhaps six millimeters—about the size of the eraser on a pencil.

“Melanoma is far more common in fair-skinned people, and most of them report some kind of sunburn in their past. In fact, most people with melanoma say they have had a severe burn at some point. We do know that genetics is a significant factor. Risks increase dramatically for a person who has a first-degree relative with a history of melanoma. Two genes have been identified as markers for melanoma.

He&H: What’s actually happening to the skin when melanoma arrives?

DR. WILMOTH: Melanoma is a type of skin cancer, and cancer begins in the cells—the building blocks that make up tissues. We learned in biology that cells grow and divide to form new cells in an amazing and orderly way. But something kicks the process out of balance—such as excessive exposure to ultraviolet sun rays—and new cells form when the body doesn’t need them and old cells don’t die on schedule. Masses of cells form tumors. Some of those tumors can be cancerous, with the ability to spread to other locations in the body.

Melanoma occurs in the skin’s pigment cells—the melanocytes. The melanocytes produce melanin, the pigment that gives skin its natural color. Generally, melanoma is more common in older people, but when I was practicing in Florida I had many melanoma patients in their early twenties. **h&h**

For more information about skin conditions and their treatment, contact:

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