

## Treatments

If the melanoma is in the early stages, it's usually treated with surgery (cutting off the mole and the tissue around it) at a dermatologist's (skin doctor) office. Depending on how advanced the melanoma is, the surgery may be followed by one or more *systemic therapies* to kill all cancer cells in the body (systemic therapies affect cells all over your body). Your healthcare provider and oncologist (a doctor who specializes in cancer) will help you select the one that's best for you.

**CHEMOTHERAPY**—Powerful drugs used to kill cancer cells in the entire body. There are a variety of chemotherapy strategies and options.

**IMMUNOTHERAPY**—(biologic therapy) Boosts the body's immune system to help fight the cancer cells. There are a variety of options available.

**LASERS**—A focused beam of light that can burn the melanoma away.

**RADIATION THERAPY**—High-energy rays used to kill or shrink cancer cells.

**TARGETED THERAPY**—Newer, personalized medicines used to treat different types of metastatic melanoma. Targets and attacks the cancer cells that have abnormal changes (mutations) in specific genes (the BRAF, MEK, or KIT gene) without killing the healthy cells.

- **BRAF.** The BRAF gene normally helps cells grow. Mutations in the BRAF gene cause cancer cells to grow out of control.<sup>1</sup>
- **MEK.** The MEK gene normally helps cells grow and move around. Mutations in the MEK gene cause cancer cells to grow out of control.<sup>2</sup>
- **KIT.** The KIT gene normally helps control how fast cells grow and move around.<sup>3</sup>

Please consult with your healthcare provider to discuss all of your therapy options and the potential side effects of each.

**FACT:** About half of all metastatic melanoma patients have mutations in the BRAF gene.

8% of melanomas have changes in the MEK gene.

15% of melanomas have changes in the KIT gene.

1. The abnormal BRAF gene can be treated using vemurafenib and dabrafenib.
2. The abnormal MEK gene can be treated using trametinib or a combination of trametinib and dabrafenib.
3. Mutations in the KIT gene can be treated using dasatinib, imatinib, or nilotinib.

## What Should I Discuss with My Healthcare Provider?

- Please explain the different types of skin cancer. How is melanoma different?
- What stage is my melanoma? What does this mean?
- What are my treatment options and what do you recommend?
- Will I need to take other tests before we decide on the best treatment option?
- Are there short and long-term side effects? If so, what are they?
- How often should I see you for follow-up appointments?
- Are there any symptoms I should look out for in between follow-up appointments?
- What clinical trials are available for me?



## Consider a Clinical Trial

Clinical trials are research studies where new drugs are tested on volunteer patients. Researchers are studying many of the treatments we've listed above, as well as new experimental treatments and vaccines for melanoma. More research on melanoma treatments is needed. If you're diagnosed with melanoma, consider participating in clinical trials. Talk with your healthcare provider about which one might be right for you.

Visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov) to see a list of available clinical trials.

\*Sources: American Cancer Society, American Society of Clinical Oncology, Centers for Disease Control and Prevention (CDC), Melanoma Research Foundation, National Cancer Institute

## Want to Learn More?

### MEN'S HEALTH ONLINE RESOURCE CENTER

[www.MensHealthResourceCenter.com](http://www.MensHealthResourceCenter.com)

### AMERICAN MELANOMA FOUNDATION

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

### SKIN CANCER FOUNDATION

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

### AMERICAN ACADEMY OF DERMATOLOGY

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

### MEN'S HEALTH LIBRARY

[www.MensHealthLibrary.com](http://www.MensHealthLibrary.com)

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**PLEASE NOTE:** Men's Health Network does not provide medical services. Rather, this information is provided to encourage you to begin a knowledgeable dialogue with your physician. Check with your healthcare provider about your need for specific health screenings.

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# Facts About Melanoma



**MHN** Men's Health Network™  
[www.menshealthnetwork.org](http://www.menshealthnetwork.org)

# What is Melanoma?

Melanoma is a type of skin cancer that affects the cells (*melanocytes*) that produce pigment (skin color). Unlike other skin cancers, melanoma grows quickly and can spread (metastasize) to other parts of the body. If it's not treated right away, it can be deadly.

- Caught early and treated, melanoma is almost always curable.
- Men usually wait longer than women before getting their skin checked, and are nearly twice as likely to die from melanoma.
- Caucasians and older men have a higher risk of developing melanoma than the general population.
- Every year, approximately 75,000 Americans are diagnosed with melanoma; about 10,000 of them die.

## Signs of Melanoma

Keep an eye out for moles or birthmarks that look unusual. The ABCs of melanoma (below) can help you spot potential problems. Also, look out for ones that itch, hurt, bleed, or ooze.

- A**symmetry: one half does not look like the other half
- B**order: irregular, jagged, or uneven edges
- C**olor: more than one color (tan, brown, black, white, red, or blue)
- D**iameter: size of mole bigger than pencil eraser (6 mm)
- E**volving : changes color, size, or thickness



## Check It Out!

**LOOK AT YOURSELF.** Once a month, give yourself a thorough, head-to-toe exam and look over every part of your body that you can see, including your scalp and underarms. Don't forget about areas that you might not think to check, such as under your nails, the soles of your feet, the palms of your hands, and the genital area. Use a mirror if you need to.

**GET HELP.** Men may develop skin cancers on the top of the head, behind the ears, or on the upper back—areas that are nearly impossible for them to see on their own. So ask your partner to examine those out-of-sight areas. Offer to examine your partner as well. Women tend to develop skin cancers in places they can see, such as the lower part of the legs. However, they may still have areas that are out of reach. Don't be shy!

**FACT: 30% of melanomas in men are found on the back.**



## Detection

If you see a questionable mole or other mark, call your healthcare provider immediately. Through a series of tests, your healthcare provider will determine whether the mole is benign (not cancerous) or malignant (cancerous). In addition, he or she will:

- Take your medical history.
- Examine your skin.
- Biopsy any suspicious spots or moles (a biopsy is removing a small piece and examining it under a microscope to see whether it's cancerous).
- If your healthcare provider finds a cancerous area, he or she may order additional tests to see how severe the cancer is and whether it has spread to other parts of the body. These may include:
  - Blood tests
  - Imaging tests (chest x-rays or CT/MRI/PET scans)
  - Genetic testing

Remember: melanoma can spread very quickly, so the sooner you get an expert to examine you, the better. **Acting quickly may save your life!**

## Risk Factors

Exposure to ultraviolet (UV) radiation from the sun (or tanning beds) is the main cause of melanoma. Anyone who is exposed to UV is at risk, but your chance of developing it is much higher if you:

- Have fair/light skin, blonde/red hair, and/or blue eyes
- Are sensitive to the sun (burn easily, no tan)
- Were ever diagnosed with skin cancer in the past
- Have many moles or birthmarks on your body
- Have a family history of melanoma
- Are taking certain medications (ask your healthcare provider)
- Are a Caucasian male
- Had a sunburn in the childhood and adolescent years

**FACT: Those with a darker skin color are not immune. Although less common, African Americans can also develop melanoma, usually on the palms of their hands and soles of their feet.**

## Reducing Your Risk

It's important to take every possible precaution to protect yourself. Here's how:

**APPLY SUNSCREEN.** Sunscreen is not "for women only"—and it could save your life. Make sure the bottle says "Broad Spectrum SPF" and "UVA/UVB." (SPF stands for Sun Protection Factor. Sunlight is made of UVA and UVB rays; UVA reaches deep into our skin and ages us, while UVB burns the top layer of our skin).

Apply sunscreen 30 minutes before you go outside, and don't forget about your nose, ears, lips, top of head, and toes (if you're wearing sandals or will be barefoot). If you're planning to be outside for a while, use a waterproof sunscreen of SPF 30 or higher and reapply every two hours. UV light is present even on cloudy, rainy, and snowy days, so be sure to use sunscreen every day.

**GET A NEW HAT.** Baseball caps shield your forehead and your face, but they don't protect the sides of your face or the back of your neck. So if you're going to be out in the sun, wear a hat with a wide brim all the way around.

**COVER UP.** Wear lightweight, light-colored clothing, long-sleeved shirts, and pants that cover up as much of your skin as possible. Yes, even on hot days.

**WEAR WRAPAROUND SUNGLASSES.** Make sure they provide 100% UV protection.

**STAY AWAY FROM SUN LAMPS AND/OR TANNING BEDS.** Tanning beds are popular with young people. Regular use can increase the risk of developing melanoma greatly! Even occasional use increases the risk.

**KEEP COOL.** When outdoors, stay in the shade as much as possible, especially between 10 am to 4 pm, when the sun is highest and UV rays are strongest.

## Stages of Melanoma

**STAGE 0**—(melanoma *in situ*)—melanoma is on top layer of skin.

**STAGE I**—melanoma spread deeper into skin (less than 1 mm thick).

**STAGE II**—melanoma spread deeper into skin (more than 1 mm thick) but not into lymph nodes or other parts of the body.

**STAGE III**—melanoma spread from skin and to nearby lymph nodes in the body.

**STAGE IV**—(metastatic melanoma)—melanoma has spread throughout the body, from skin to lymph nodes and certain organs, including the lungs, liver, bones, and brain.

