Identifying Suspicious Pigmented Lesions
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American Cancer Society Facts & Figures 2010
- 2010 melanoma estimates
  - 68,130 cases of invasive melanoma
    - 38,870 men
    - 29,260 women
  - 46,770+ cases of melanoma in situ
- Overall lifetime risk
  - 1 in 50 Caucasians
  - 1 in 200 Hispanics
  - 1 in 1,000 African Americans

Melanoma Statistics
- Accounts for less than 5% of skin cancers, but more than 73% of deaths.
- 2010 Mortality
  - 8,700 deaths
  - 5,670 men
  - 3,030 women
- In the U.S., one patient dies every hour from metastatic melanoma.

2010 Estimated US Cancer Cases*

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Oral cavity</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>All Other Sites</td>
<td>19%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Estimates based on squamous cell skin cancer and in situ lesions not several urinary bladder.

Early Detection
- Given lack of effective therapies for patients with advanced disease, early detection of melanoma is a clinical imperative.
- Melanomas detected by physicians are thinner than those detected by patients.

5 Year Survival

<table>
<thead>
<tr>
<th>Stage</th>
<th>Survival Rate</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>95%</td>
</tr>
<tr>
<td>II</td>
<td>90%</td>
</tr>
<tr>
<td>III</td>
<td>85%</td>
</tr>
<tr>
<td>IV</td>
<td>70%</td>
</tr>
</tbody>
</table>

American Joint Committee on Cancer
Benign Nevi

- junctional nevus
- compound nevus
- intradermal nevus

- flat, pigmented
- raised, pigmented
- raised, non-pigmented

Reviewing the ABCD(E)s

- Asymmetry
- Border irregularity
- Color variation
- Diameter
- Evolving

Asymmetry

- Half the lesion does not match the other half.

Border irregularity

- The edges are ragged, notched, or blurred.

Color variation

- Pigmentation is not uniform and may display shades of tan, brown, or black. White, reddish or blue discoloration is especially concerning.

Diameter

- A diameter greater than 6mm is characteristic, although some melanomas have smaller diameters.
Evolving
- Changes in the lesion over time are characteristic.

Are they all this easy to find?

**MELANOMA**

Seborrheic Keratosis

Amelanotic Melanoma

Atypical Nevi
History

- Ask about suspicious lesions
  - New or changing mole or blemish
  - Variation in color and/or increase in diameter, height or asymmetry of borders
  - Bleeding, itching, ulceration, pain

- Assess risk factors
  - Previous personal history of melanoma
  - Positive family history of melanoma
  - Numerous nevi
  - Presence (or history of) atypical/dysplastic nevi
  - Fair skin
  - Red hair and blue eyes
  - History of non-melanoma skin cancer
  - History of sunburns or excessive UV light exposure, including indoor tanning

Examination

- Assess signature nevi

- Remember the ABCDEs and look for the "ugly duckling"

Signature Nevi

- Similar-appearing nevi, or recurring patterns within nevi, constitute a given patient’s "signature" lesions.

  - Useful to look for other lesions that display similar morphologic characteristics before close inspection of a particular nevus.

"Ugly Duckling" Method

- Recognition of a pigmented or clinically amelanotic lesion that simply looks different from the rest.

Conclusion

- Maintain a high degree of suspicion

- Remember ABCDEs of melanoma and look for the "ugly duckling"

- Biopsy anything that doesn’t look right

- Refer your patient to a dermatologist if needed