Melanoma and Other Skin Cancers - What to Look Out For

Patient Advice

Most moles are healthy and will stay that way.

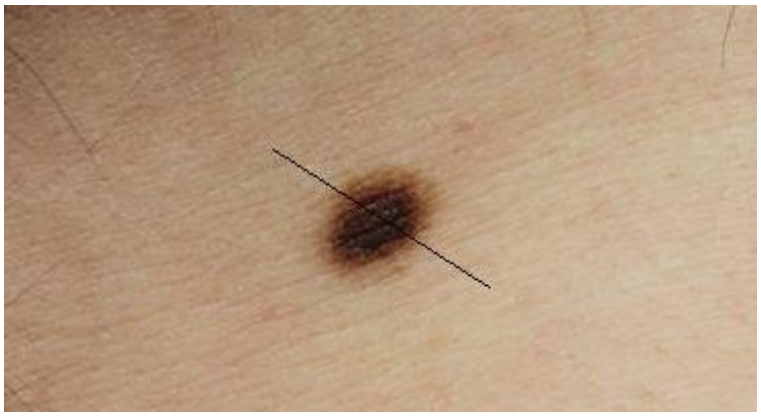
Healthy moles tend to have the following appearances:

- **Symmetry** in shape and colour ie if you draw a pretend line through a mole, one half looks like the other
- A **smooth, even border**
- An **even colour**
- Some moles become elevated i.e. grow up out of the skin. Such moles tend to be **soft and wobbly** with a smooth or warty surface

The following page will show you examples of healthy moles ….

Symmetry - in shape and colour

Border - smooth



Symmetry - in shape and colour

Even though there are two **colours** they are a similar shade of brown and the colour is evenly distributed in a symmetrical fashion

Border - smooth

Soft and wobbly moles

Symmetry - in shape and colour

Borders - smooth

When you look very closely at your moles they may not all be completely symmetrical and so it is important to **compare your moles, something we call pattern comparison.**

If a mole is **similar** in shape, colour and size to the others on your body and is behaving in the same way it is likely to be normal.

It can be helpful to take photographs of your moles and store them on your computer. You and your partner / family member can check them every three months to look for change. If one mole is changing when compared to the others it should be reported to your GP as soon as possible.

The patient below has healthy moles. They are similar in shape and colour, and photographs taken over a period of three months confirmed that none of them were changing.

Cancerous moles are called melanoma. They may or may not itch and may or may not bleed. Melanoma tend to have the following appearances, which are best remembered by the **ABCD** rule:

A = Asymmetry: an irregular shape, where one half looks different to the other

B = Border: look around the edge of the mole. Melanoma will often have an irregular, uneven, notched, or blurred border

C = Colour: one colour that is different to the other moles, or more than one colour that is uneven or patchy, such as shades of black, brown, blue, grey, white or pink

D = Diameter more than 6mm: although we much prefer to find and remove melanomas before they get this large, any lesion that is noticed when it is already over 6mm in diameter needs a closer look

C also stands for comparison, which is perhaps the most important clue to the diagnosis of melanoma (and other skin cancers). It is quite common to have a few healthy moles that are not completely symmetrical, and some patients have a number of regular larger moles that look similar to each other, **as such it is important to look at all of your moles and compare them with each other** - if one mole looks different to the rest, especially if it is changing (or may be changing), this is what we call an **ugly duckling**, which must be checked with a health professional at the first possible opportunity.

The next pages shows images of melanoma.

Asymmetry in shape
Border - jagged
Colour - black, different to the patient's other moles

Asymmetry in shape
Border - notched (red arrow)
Colour - black and brown. Different to the patients other moles

Asymmetry - shape and colour
Border - notched and irregular
Colour - mainly black, but a close-up look shows pink and brown in the middle

Asymmetry - shape and colour
Border - notched and irregular
Colour - black, brown and red/pink. Three or more colours is always suspicious

Asymmetry - shape and colour
Border - notched
Colour - pink and brown colours that are unevenly distributed evenly throughout the mole i.e. colours are asymmetrical

As well as melanoma there are other types of skin cancer. In addition to the **ABCD** rule, also look out for **EFG** that can apply to melanoma and other skin cancers. **The EFG rule only applies to a skin lesion that has all of the following features:**

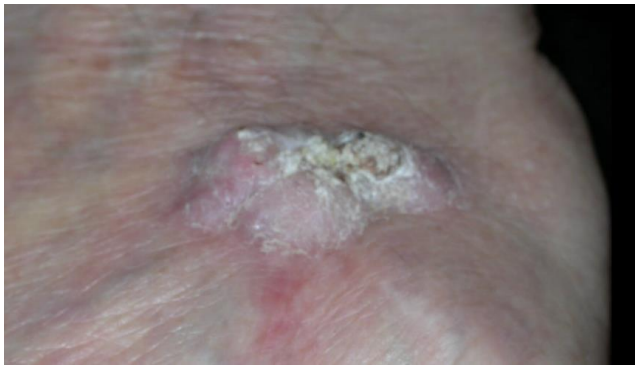
E = Elevated (raised)
F = Firm (hard to the touch)
G = Growth … persistent growth

The next page shows examples of skin cancers presenting in this way …

Elevated - this **melanoma** had grown outwards and upwards to form areas of hard lumps and give it a 'bubble wrap' appearance
Firm to palpate (to the touch)
Growth - persistent growth

Elevated - this **melanoma** had grown upwards
Firm to palpate (to the touch)
Growth - persistent growth

Elevated - this **melanoma** had grown upwards. It is termed amelanotic as it produces no colour
Firm to palpate (to the touch)
Growth - persistent growth



Elevated - this is a **squamous cell carcinoma**, most commonly found on sun-exposed parts of the body. This lesion had grown upwards and had produced a rough, scaly surface
Firm to palpate (to the touch)
Growth - persistent growth

Elevated - this is a **basal cell carcinoma**, which can bleed and scab intermittently, and never properly heals. They tend to have a shiny 'pearly' appearance
Firm to palpate (to the touch)
Growth - persistent growth

So far we have looked at the **ABCD** and **EFG** rules, but it is also important to remember the **ugly duckling**, which is any skin, nail or mucosal (lips and genitalia) lesion that looks or is behaving differently to the rest of your moles / skin lesions.

Melanoma of the nail

Melanoma of the nail

Melanoma of the lip

Lentigo maligna of the nose
- this is precancerous and would turn in to a melanoma if left untreated

Squamous cell carcinoma of the lip
- a non-healing ulcer

A superficial (thin) basal cell of the back

SO TO SUMMARISE

Check for:

- **A = A**symmetry / **B = B**order / **C = C**olour / **D = Diameter more than 6 mm**
- **EFG =** an **E**levated and **F**irm and **G**rowing lesion
- **The ugly ducking**

And get to know you own moles …….

Get to know your moles –

This patient has many harmless moles. They are the same colour and symmetrical in shape.

The patient was confident the moles had not changed.

Get to know your moles –

The lesion with a circle was different to the rest. It was removed and found to be a melanoma.

This advice (and website) can viewed for free by GPs and patients at www.pcds.org.uk