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MELANOMA DIAGNOSIS AND FOLLOW UP

New information regarding the diagnosis of melanoma is constantly becoming available. In the last few years medical studies have become available that have allowed medical practitioners to be more precise with their approach to melanoma diagnosis.

Melanomas are now being diagnosed far earlier than ever before. This is obviously good news as it means that the cure rate is improving. The reason that this is occurring is largely due to the availability of digital monitoring. The MoleMax machine is an example of a digital monitoring system.

EXAMINATION

The skin examination should be carried out using an instrument known as the dermatoscope. This device allows the doctor to view the pigment under the skin and, in skilled hands, improves diagnostic accuracy. This means that less melanomas are missed and patients undergo less unnecessary excisions. The dermatoscope can either be hand held or attached to a digital monitoring machine such as the Molemax.



MoleMax Machine

By using definite diagnostic criteria the pick up rate is about 92% in skilled hands. This means that 92% of melanomas have visible features which will alert the practitioner to the possibility that a melanoma is present. These features range from being obvious to extremely subtle.

It is important that the practitioner performing the skin examination is proficient in dermoscopy. Using a computer is no substitute for expertise in this area.

Any mole or lesion which is suggestive of melanoma is obviously promptly removed.

SHORT TERM MONITORING

As mentioned above, the pick up rate for melanoma on initial examination is about 92%. This means 8% of melanomas are not able to be diagnosed on their appearance alone. The best way to diagnose these very early melanomas is to digitally photograph them and compare the image in 3 months. The moles that are monitored short term are as follows:

- Moderately atypical and flat or slightly raised.
- Mildly atypical and recently appearing or recent change.

If these moles have changed at 3 months then they are surgically removed. Only about 20% of these moles change. Of the moles that are subsequently removed about 11% will be melanomas.

The other option is to remove all these moles surgically and not monitor them. However, this is undesirable because only about 2% of all the moles which would have been monitored will turn out to be melanomas.

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The other option is to remove all these moles surgically and not monitor them. However, this is undesirable because only about 2% of all the moles which would have been monitored will turn out to be melanomas. In other words, fifty benign moles would have to be removed to diagnose one melanoma.

Some people may be concerned that waiting for 3 months is an unnecessary delay in the diagnosis. This is a valid point but it must be remembered that monitored moles that subsequently turn out to be malignant are very early melanomas. The cure rate for these is almost 100%. The medical studies suggest that a delay in diagnosis of an early melanoma of three months does not affect the cure rate.

However, if the patient fails to return at 3 months for a comparison check then it is obviously impossible to diagnose any changes.

It is ultimately each patients responsibility to return for follow up. Mediskin Clinic offers a recall system but it is vital that you note the follow up date in your diary or on your calendar. Dr Wassall and Mediskin do not take responsibility for patients that fail to return for follow up.

LONG TERM MONITORING

Although regular skin examinations are important, there is now doubt over the effectiveness of long-term monitoring of individual moles. This is because the lifetime risk of a benign mole turning malignant is somewhere between 1 in 3000 to 1 in 10 000. In addition, around 35% of benign moles change over a 12 month period. Therefore, the current recommendation is to short term monitor suspicious moles and have a thorough examination annually (or at the time interval recommended by Dr Wassall). It is not necessary to monitor all stored moles in the long term if they have not changed after 3 months.



Dysplastic Nevus Syndrome

The exception to this is for people suffering from Dysplastic Nevus Syndrome or Atypical Mole Syndrome. These people tend to have lots of large, irregular moles and often have a family history of melanoma or have relatives with lots of moles. These patients should have their suspicious moles monitored long term and be checked every 6 months.

These people have a much higher risk of melanoma. Dr Wassall will inform you if you have this type of mole pattern.

SUMMARY

- Have a thorough skin check every year or as advised by Dr Wassall.
- Try to check your own skin every three months.
- If a new lesion appears or a lesion appears to be changing have it checked promptly.
- If you have moles stored for short term monitoring then ensure you return in 3 months for a follow up check. If any of these stored moles appear to be changing then come sooner.