

Cancer Association of South Africa (CANSA)



Fact Sheet on How to Check a Mole according to the 'A B C D E FG' Acronym

Introduction

In dermatology a mole is a pigmented spot on the skin. It is also referred to as a nevus (plural: nevi). They rarely become cancerous. Monitoring moles and other pigmented patches is an important step in detecting skin cancer, especially malignant melanoma.

[Picture Credit: Mole on Skin]



According to Krige (2010) there are distinct differences in malignant melanoma between black and white populations regarding the incidence, anatomical distribution, histogenetic types of melanoma, stage at presentation and prognosis. In South Africa, the incidence of malignant melanoma is 15 times less among individuals with a dark skin tone than it is among individuals with a light skin tone.

In fair or light-skinned populations, more than 90% of melanomas occur in sun-exposed skin whereas 60% of melanomas among Africans arise in non-sun-exposed skin, involving in particular, plantar (soles of the feet), palmar (palms of the hands), subungual (under the nail) and mucosal surfaces. The volar (relating to the palm of the hand or the sole of the foot) and subungual areas are the most common anatomical sites of malignant melanoma in black populations, with 70% of melanomas found on the lower limb and 90% of melanomas on the leg occurring below the ankle. These views are supported by Hudson & Krige (1995).

Incidence of Malignant Melanoma in South Africa

According to the National Cancer Registry (2014) the following number of Malignant Melanoma cases was histologically diagnosed in South Africa during 2014. Histologically diagnosed means that a

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tissue same (biopsy) was forwarded to an approved pathology laboratory where a specially trained pathologist confirmed a cancer diagnosis.

Group - Males 2014	Actual No of Cases	Estimated Lifetime Risk	Percentage of All Cancers
All males	869	1:187	2,36%
Asian males	8	1:697	0,86%
Black males	100	1:1 036	0,91%
Coloured males	86	1:174	2,05%
White males	674	1:48	3,27%

Group - Females 2014	Actual No of Cases	Estimated Lifetime Risk	Percentage of All Cancers
All females	755	1:311	2,00%
Asian females	3	1:9 396	0,25%
Black females	151	1:1 072	1,00%
Coloured females	58	1:345	1,42%
White females	543	1:66	3,31%

The frequency of histologically diagnosed cases of Malignant Melanoma in South Africa for 2014 was as follows (National Cancer Registry, 2014):

Group - Males 2014	0 – 19 Years	20 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 59 Years	60 – 69 Years	70 – 79 Years	80+ Years
All males	10	12	63	109	168	210	184	96
Asian males	0	0	2	1	0	1	3	1
Black males	1	1	6	16	19	24	19	9
Coloured males	0	1	12	6	16	22	18	9
White males	1	12	41	75	93	134	112	46

Group - Females 2014	0 – 19 Years	20 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 59 Years	60 – 69 Years	70 – 79 Years	80+ Years
All females	10	26	86	110	147	176	116	72
Asian females	0	0	0	1	0	0	1	1
Black females	4	2	11	16	28	30	57	17
Coloured females	3	1	12	9	10	12	9	2
White females	3	23	63	84	109	134	68	52

N.B. In the event that the totals in any of the above tables do not tally, this may be the result of uncertainties as to the age, race or sex of the individual. The totals for 'all males' and 'all females', however, always reflect the correct totals.

The ABCDE of Malignant Melanoma

Moles, brown spots and growths on the skin are usually harmless — but not always. Anyone who has more than 100 moles is at greater risk for melanoma. The first signs can appear in one or more atypical moles. That is why it is so important to get to know one's skin very well and to recognize any changes in the moles on your body. Look for the ABCDE signs of melanoma, and if you see one or more, make an appointment with a physician immediately.

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A - Asymmetry

Should one draw a line through the picture of the mole on the right, the two halves will not match.



B - Border

The border of the mole on the right is uneven. The edges may be scalloped or notched.



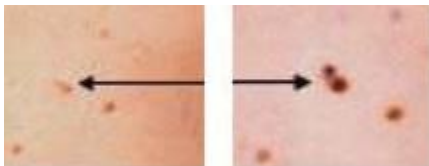
C - Colour

Having a variety of colours is another warning signal. A number of different shades of brown, tan or black could appear. A melanoma may also become red, blue or some other colour.



D - Diameter

Melanomas usually are larger in diameter than the size of the eraser on an ordinary pencil (6 mm), but may sometimes be smaller when first detected.



E - Evolving

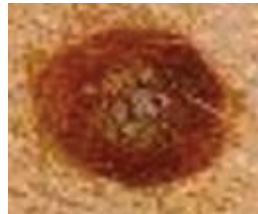
Any change — in size, shape, colour, elevation, or another trait, or any new symptom such as bleeding, itching or crusting — points to danger.

Other warning signs are:

- A sore that does not heal
- A new growth
- Spread of pigment (colour) from the border of a spot to surrounding skin
- Redness or a new swelling beyond the border
- Change in sensation – itchiness, tenderness, or pain
- Change in the surface of a mole – scaling, oozing, bleeding, or the appearance of a bump or nodule

Some Dermatologists also add a 'FG' to the Acronym

Because melanomas are often fast-growing spots, or a pre-existing mole changes in size, shape or colour and bleeds, itches or reddens, some dermatologists have added a 'FG' to the acronym which stands for 'Fast Growing'.



FG – Fast Growing

Any mole that grows in size very quickly over a relatively short period of time, should be checked out by a dermatologist.

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Sources and References Consulted or Utilised

Hudson, D.A. & Krige, J.E. 1995. Melanoma in black South Africans. J Am Coll Surg. 1995 Jan., 180(1):65-71.

Krige, J.E.J. 2010. Melanoma in black South Africans. SAJS, 48(3):74-75.

Melanoma Skin Cancer Foundation

<http://www.skincancer.org/skin-cancer-information/melanoma#panel1-1>

Mole on Skin

<http://www.aestheticshub.com/articles/articles/skin-cancers-and-moles>

National Cancer Registry - 2011

http://www.nioh.ac.za/?page=national_cancer_registry&id=41

University of California, San Francisco

<http://www.dermatology.ucsf.edu/skincancer/general/types/melanoma.aspx>

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