

# Cancer Association of South Africa (CANSA)



## CANSA Fact Sheet on Malignant Melanoma of the Skin

### Introduction

Malignant melanoma is the most dangerous type of skin cancer, developing from pigment cells (melanocytes) that become cancerous, often appearing as new or changing moles with irregular shapes, colours, or borders (ABCDEs), though it can also arise on normal skin and in non-sun-exposed areas. Malignant melanoma of the skin is sometimes referred to as only melanoma.

[Picture Credit: ABCDEs of Melanoma]

These cancerous growths develop when unrepaired DNA damage to skin cells (most often caused by ultraviolet radiation from the sun or tanning beds) triggers mutations (genetic defects) that lead the skin cells to multiply rapidly and form malignant tumours. These tumours originate in the pigment-producing melanocytes in the basal layer of the epidermis. Melanomas often resemble moles. Some melanomas develop from moles. The majority of melanomas are black or brown, but they can also be skin-coloured, pink, red, purple, blue or white. Melanoma is caused mainly by intense, occasional UV exposure (frequently leading to sunburn), especially in those who are genetically predisposed to the disease. (Skin Cancer Foundation, 2025).



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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January 2026

|                                 | Benign                                                                            |                       | Malignant                                                                          |                                                        |
|---------------------------------|-----------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|--------------------------------------------------------|
| Symmetrical                     |  | <b>A</b><br>Asymmetry |  | Assymetrical<br>(the two sides do<br>no match)         |
| Borders are even                |  | <b>B</b><br>Border    |  | Borders are uneven                                     |
| One color                       |  | <b>C</b><br>Color     |  | Two or more colors                                     |
| Smaller than<br>6 mm (1/4 inch) |  | <b>D</b><br>Diameter  |  | Larger than<br>6 mm (1/4 inch)                         |
| Ordinary mole                   |  | <b>E</b><br>Evolution |  | Changing in size,<br>shape, color, or<br>another trait |

[Picture Credit: Benign vs Malignant Skin Cancer]

#### **A - Asymmetry**

Should one draws 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.

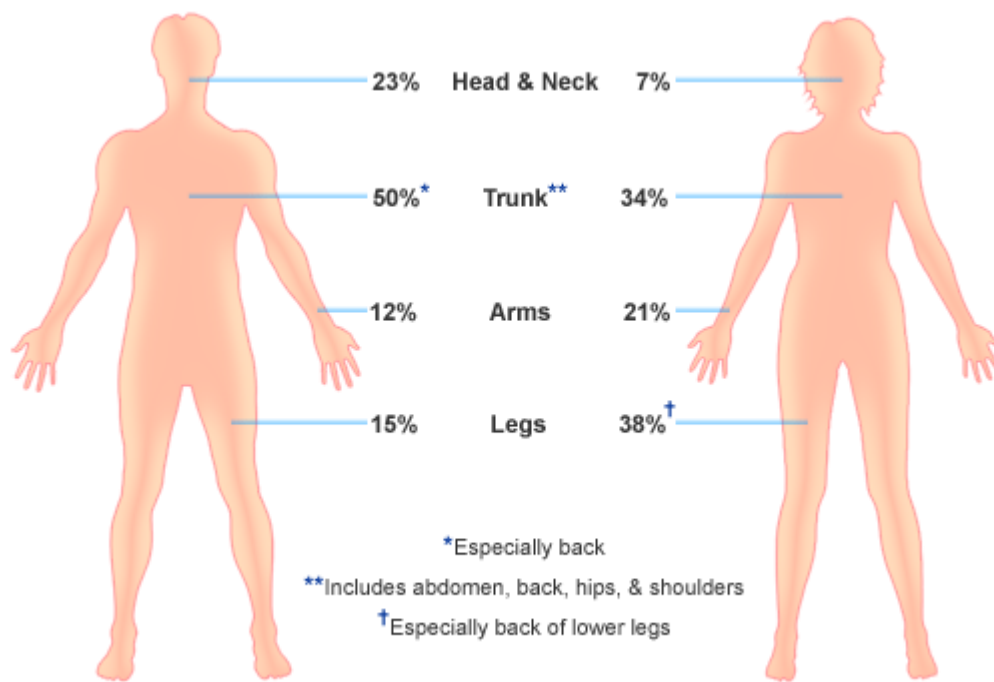
#### **E - Evolving**

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

Melanoma frequently develops on women's legs and men's trunks but can occur anywhere, including hidden areas like between toes, under fingernails, and even the soles of feet.



[Picture Credit: Where Melanoma Frequently Develop]

(American Academy of Dermatology Association, 2026; My Health Alberta, 2024; Granville Health System, 2025).

**Tasdogan, A., Sullivan, R.J., Katalinic, A., Lebbe, C., Whitaker, D., Puig, S., van de Poll-Franse, L.V., Massi, D. & Schadendorf, D. 2025.**

“Cutaneous melanoma is a common cancer in Australia and New Zealand, Europe, and North America, and its incidence is still increasing in many regions. Ultraviolet (UV) radiation exposure (for example, through excessive sunlight exposure) remains the primary risk factor for melanoma; however, public awareness campaigns have led to a marked reduction in mortality. In addition to genetic damage from UV radiation, specific genetic alterations have been linked to melanoma. The stage of the tumour at the time of diagnosis is of greater importance for melanoma prognosis than in almost any other cancer. Context-dependent genetic mutations that attenuate tumour-suppressive mechanisms or activate growth-promoting signalling pathways are crucial factors in the development of cutaneous melanoma. In addition to external factors such as UV radiation, the tumour microenvironment can contribute to melanoma progression, invasion and metastasis. Cutaneous melanoma treatment has improved considerably over the past decade with the discovery and development of immune checkpoint inhibitors and therapy targeting BRAF and MEK. Over the next decade, several priorities are likely to influence melanoma research and management, including the continued advance of precision medicine methods to identify the most suitable patients for the most effective treatment, with the aim of improving clinical outcomes.”

#### Conflict of interest statement

Competing interests: A.T. declares speakers' honoraria from Merck Sharp & Dohme. R.J.S. declares personal fees from Marengo, Merck, Novartis, Pfizer and Replimune for consulting/advisory board activity, and research grant support to his institution from Merck. C.L. declares conflicts of interest with BMS, Pierre Fabre, Sanofi, Novartis, MSD, Amgen, Merck Serono, Roche, Influx and Pfizer. S.P. declares research grants from Almirall, Pfizer, Regeneron, Sanofi, La Roche Posay, Philogen, ISDIN and International School of Derma; consulting fees from Sanofi, Regeneron, ISDIN, L'Oreal, La Roche Posay and International School of Derma; personal fees from Sanofi, Sunpharma, Cantabria, Eucerin, ISDIN, L'Oreal, La Roche Posay, Almirall, Avene and Pierre Fabre; and support for attending meetings and/or travel from Almirall, Cantabria and ISDIN. D.M. declares personal fees from Novartis, Sun Pharma, Bayer HealthCare Pharmaceuticals Inc., Pierre-Fabre Oncology, Sanofi Genzyme, MSD Italia S.r.l., Roche and Skyline Dx B.V., and Sakura; and a grant from Regeneron. D.S. reports personal fees

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January 2026

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and non-financial support from Roche/Genentech, Merck Serono, Sanofi/Regeneron, SunPharma, Neracare, Replimune, Helsinn, OncoSec and InFlaRx; grants, personal fees and non-financial support from Amgen and Novartis; grants, personal fees, non-financial and other support from BMS; and personal fees from Merck Sharp & Dohme, Immunocore, Incyte, 4SC, Pierre Fabre, Array BioPharma, Pfizer, Philogen, Regeneron, Nektar and Sandoz; outside the submitted work. A.K., D.W. and L.V.v.d.P.-F. declare no competing interests.

**Puckett, Y. & MacKenzie, D.N.** 2025. Subungual Melanoma. *In*: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. 2025 Aug 9.

“Longitudinal melanonychia encompasses several distinct conditions, including lentigo, nail matrix nevus, and subungual melanoma. Lentigo and nail matrix nevus represent benign lesions, while subungual melanoma is a malignant entity. Subungual melanoma arises from melanocytes within the nail apparatus and represents a specific subtype of cutaneous malignant melanoma. Most commonly, this form corresponds to acral lentiginous melanoma, a variant that typically develops on the palms and soles of the feet. First recognized by Boyer in 1834, subungual melanoma was later described in more clinical detail by Hutchinson in 1886. Hutchinson identified a hallmark feature known as the “Hutchinson sign,” characterized by pigmentation extending from the nail onto the adjacent skin, a finding strongly associated with subungual melanoma.

“Also referred to as nail unit melanoma, subungual melanoma accounts for up to 3% of all melanoma cases in individuals with lightly pigmented skin. Among populations with darkly pigmented skin, the percentage rises significantly, accounting for up to 30% of melanoma diagnoses.[14] In approximately 65% of cases, nail melanoma initially presents as a dark, vertical pigmented band affecting a single nail.[15] These bands often exceed 3 mm in width and display proximal widening along with irregular lateral borders. Nail plate dystrophy frequently accompanies the pigmentation, serving as an additional clinical clue to the diagnosis.”

#### Conflict of interest statement

Disclosure: Yana Puckett declares no relevant financial relationships with ineligible companies.

Disclosure: Duncan MacKenzie declares no relevant financial relationships with ineligible companies.

### **The International Classification of Disease 10<sup>th</sup> Version (ICD-10)**

The International Classification of Diseases (ICD) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics. This includes providing a format for reporting causes of death on the death certificate.

ICD serves a broad range of uses globally and provides critical knowledge on the extent, causes and consequences of human disease and death worldwide via data that is reported and coded with the ICD. Clinical terms coded with ICD are the main basis for health recording and statistics on disease in primary, secondary and tertiary care, as well as on cause of death certificates. These data and statistics support payment systems, service planning, administration of quality and safety, and health services research. Diagnostic guidance linked to categories of ICD also standardizes data collection and enables large scale research.

For more than a century, the International Classification of Diseases (ICD) has been the basis for comparable statistics on causes of mortality and morbidity between places and over time. Originating in the 19<sup>th</sup> century, the latest version of the ICD, ICD-11, was adopted by the 72<sup>nd</sup> World Health Assembly in 2019 and came into effect on 1<sup>st</sup> January 2022.

The ICD-10 Code malignant melanoma of skin, unspecified – C43.9.  
(World Health Organization, 2025).

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### **Tumour Grade vs Tumour Stage**

A cancer's grade describes how abnormal the cancer cells and tissue look under a microscope when compared to healthy cells. Cancer cells that look and organise most like healthy cells and tissue are low grade tumours. Doctors describe these cancers as being well differentiated. Lower grade cancers are typically less aggressive and have a better prognosis.

While a grade describes the appearance of cancer cells and tissue, a cancer's stage explains how large the primary tumour is and how far the cancer has spread in the patient's body.

There are several different staging systems. Many of these have been created for specific kinds of cancers. Others can be used to describe several types of cancer.

One common system that many people are aware of puts cancer on a scale of 0 to IV.

- Stage 0 is for abnormal cells that haven't spread and are not considered cancer, though they could become cancerous in the future. This stage is also called "in-situ."
- Stage I through Stage III are for cancers that haven't spread beyond the primary tumour site or have only spread to nearby tissue. The higher the stage number, the larger the tumour and the more it has spread.
- Stage IV cancer has spread to distant areas of the body.

(University of Texas, MD Anderson Cancer Center. 2025).

### **Incidence of Skin Cancer Among Individuals of Colour**

Most skin cancers are associated with ultraviolet (UV) radiation from the sun or tanning beds, and many people of colour are less susceptible to UV damage thanks to the greater amounts of melanin in the skin of individuals with a darker skin. Melanin is the protective pigment that gives skin and eyes their colour, however, people of colour can still develop skin cancer from UV damage.

Additionally, certain skin cancers are caused by factors other than UV - such as genetics or other environmental influences - and may occur on parts of the body rarely exposed to the sun. For example, darker-skinned people are more susceptible to acral lentiginous melanoma (ALM), an especially virulent form of melanoma (the deadliest type of skin cancer) that typically appears on the palms of the hands and soles of the feet.

Acral lentiginous melanoma (ALM) accounts for about 5% of melanoma cases and is a leading cause of skin cancer deaths. The disease initially appears as a bruise or nail streak on the skin. Most patients do not notice ALM until it has already begun to spread aggressively throughout the body. Bob Marley was killed from this form of malignant tumour under his toenail. ALM (also called subungual melanoma) affects people of Asian or African descent more than any other race or ethnicity.

According to the latest edition of the National Cancer Registry (2023) the following number of Malignant Melanoma cases was histologically diagnosed in South Africa during 2023. Histologically diagnosed means that a tissue sample (biopsy) was forwarded to an approved pathology laboratory where a specially trained pathologist confirmed a cancer diagnosis. In the National Cancer Registry all cases of malignant melanoma are grouped together, whether it is melanoma of the skin or melanoma affecting different specific body organ(s).

| Group - Males<br>2023 | Actual<br>No of Cases | Estimated<br>Lifetime Risk | Percentage of<br>All Cancers |
|-----------------------|-----------------------|----------------------------|------------------------------|
| All males             | 1 179                 | 1:186                      | 2,82%                        |
| Asian males           | 13                    | 1:563                      | 1,10%                        |
| Black males           | 128                   | 1:1 199                    | 0,87%                        |
| Coloured males        | 114                   | 1:202                      | 2,32%                        |
| White males           | 924                   | 1:41                       | 4,51%                        |

| Group - Females<br>2023 | Actual<br>No of Cases | Estimated<br>Lifetime Risk | Percentage of<br>All Cancers |
|-------------------------|-----------------------|----------------------------|------------------------------|
| All females             | 1 111                 | 1:279                      | 2,41%                        |
| Asian females           | 15                    | 1:794                      | 0,96%                        |
| Black females           | 215                   | 1:955                      | 0,91%                        |
| Coloured females        | 101                   | 1:312                      | 1,95%                        |
| White females           | 780                   | 1:53                       | 4,51%                        |

The frequency of histologically diagnosed cases of Malignant Melanoma in South Africa for 2023 was as follows (National Cancer Registry, 2023):

| Group - Males<br>2023 | 0 – 19<br>Years | 20 – 29<br>Years | 30 – 39<br>Years | 40 – 49<br>Years | 50 – 59<br>Years | 60 – 69<br>Years | 70 – 79<br>Years | 80+<br>Years |
|-----------------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------|
| All males             | 5               | 21               | 54               | 84               | 222              | 296              | 324              | 163          |
| Asian males           | 0               | 0                | 0                | 1                | 1                | 3                | 7                | 1            |
| Black males           | 2               | 2                | 5                | 13               | 30               | 34               | 25               | 17           |
| Coloured males        | 0               | 2                | 4                | 11               | 23               | 26               | 34               | 14           |
| White males           | 3               | 17               | 45               | 69               | 168              | 233              | 258              | 131          |

| Group - Females<br>2023 | 0 – 19<br>Years | 20 – 29<br>Years | 30 – 39<br>Years | 40 – 49<br>Years | 50 – 59<br>Years | 60 – 69<br>Years | 70 – 79<br>Years | 80+<br>Years |
|-------------------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------|
| All females             | 5               | 21               | 92               | 132              | 213              | 225              | 264              | 159          |
| Asian females           | 0               | 0                | 0                | 0                | 3                | 5                | 2                | 0            |
| Black females           | 1               | 2                | 14               | 27               | 43               | 48               | 48               | 32           |
| Coloured females        | 0               | 2                | 8                | 10               | 19               | 19               | 30               | 13           |
| White females           | 4               | 17               | 68               | 95               | 148              | 153              | 184              | 111          |

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.

In South Africa, the incidence of malignant melanoma is 15 times less among dark skinned individuals than in among the white population. 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, palmar, subungual (under the nail) and mucosal surfaces.

The volar 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.

(Krige, J.E.J. 2010; Hudson, D.A. & Krige, J.E. 1995).

## Metastatic Melanoma

"Metastatic" means that the melanoma has spread to one or more parts of one's body. It is also referred to as 'advanced' or 'Stage IV' Melanoma.

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Although it cannot be cured, it can be treated. Melanoma starts in the cells that make melanin, the pigment that gives colour to one's skin. It can spread anywhere in the body, but it first tends to go to the lymph nodes (a network of glands that fight infection) near where it formed.

From there it can travel to organs like the brain, lungs, liver, and bones, as well as other areas of the skin -- including places far away from where it started (what doctors call the "primary site").

Causes of Melanoma - the sun's ultraviolet (UV) rays are the main cause. Artificial sunlight (such as from tanning beds) can also trigger melanoma of the skin. UV radiation damages the DNA in skin cells, prompting them to multiply rapidly and become cancer. Melanoma can happen after intense UV exposure (think of very bad sunburns), especially in people whose genes put them at risk for the disease. But it can also happen due to everyday UV exposure, without burning, over a long time.

Anyone can get melanoma, including people with dark skin tone.

- It is more likely if one is white, especially if one has light hair and eyes.
- One has had many blistering sunburns, especially as a child or teenager.
- One has several large or many small moles, including beauty marks and brown blemishes.
- Unusual moles run in one's family.
- If anyone in one's family has already had any type of skin cancer.
- One's immune system is weak.

Parts of the Body Affected by Melanoma - melanoma is often found on the belly, back, head, or neck in men, and on the arms and legs in women. But it can happen anywhere on the skin, including places that one might not expect, like the palms of one's hands, fingernails, the bottoms of one's feet, scalp, and even the genitals.

Symptoms - melanomas often resemble moles, and some develop from moles. Most are black or brown, but they can also be skin-coloured, pink, red, purple, blue, or white. Sometimes a change to an existing mole or to normal skin is the first warning sign of advanced melanoma.

Other clues depend on where the cancer has spread to:

- Lymph nodes - they may feel hard, swollen, and painful.
- Skin - one may notice hardened lumps under one's skin.
- Lungs - one may be breathless or have a cough that does not get better.
- Liver - one may feel pain in the right side of the belly (under the lower right ribs) or not have one's usual appetite.
- Bones - one may feel an ache in one's bones.
- Brain - warning signs may include a headache that does not go away, weakness or numbness in one's arms or legs, seizures, and changes in the personality or mood.

Other symptoms can include unexpected weight loss and feeling very tired or not well in general. All of these symptoms can be caused by other conditions, so it is important to see a doctor to find out what is going on.

(Cancer Research UK, 2025).

## Screening for Malignant Melanoma of the Skin

Consider the following screening options:

- *Skin examinations by a trained professional* - during the skin examination the professional person will conduct a head-to-toe inspection of the skin. This may include an examination with the use of a Dermascope. This type of examination is currently offered by the Cancer Association of South Africa (CANSA).
- *Skin examinations done at home* - a self-examination may help in determining where moles, freckles and other skin marks are on the skin. One can then, on a regular basis, inspect one's skin with the purpose of noticing any changes. It is best to do this standing in front of a full-length mirror while using a hand-held mirror to inspect hard-to-see areas. Be sure to check the fronts, backs and sides of the arms and legs. In addition, check the groin, scalp, fingernails, soles of the feet and spaces between the toes. It is often helpful to get a family member to assist in checking hard-to-see areas.

(Dermatology and Skin Cancer Institute, 2026).

## Diagnosing Malignant Melanoma of the Skin

Sometimes malignant melanoma of the skin can be detected simply by looking at the skin, but the only way to accurately diagnose melanoma is by doing a biopsy. In this procedure, all or part of the suspicious mole or growth is removed, and a pathologist analyses the sample under a microscope. (Mayo Clinic, 2023; Web MD, 2026; MacMillan Cancer Support, 2026).

## Where Melanoma may Spread to in the Body

Should Melanoma spread (metastasise) it will most probably spread as indicated below:

| Cancer Type:             | Main Sites of Metastasis (Spread)                           |
|--------------------------|-------------------------------------------------------------|
| Bladder                  | Bone, liver, lung                                           |
| Breast                   | Bone, brain, liver, lung                                    |
| Colon                    | Liver, lung                                                 |
| Colorectal               | Liver, lung, peritoneum (lining of abdomen)                 |
| Kidney                   | Adrenal gland, bone, brain, liver, lung                     |
| Lung                     | Adrenal gland, bone, brain, liver, other lung               |
| <b>Melanoma</b>          | <b>Bone, brain, liver, lung, skin, muscle</b>               |
| Ovary                    | Liver, lung, peritoneum (lining of abdomen)                 |
| Pancreas                 | Liver lung, peritoneum (lining of abdomen)                  |
| Prostate                 | Adrenal gland, bone, liver, lung                            |
| Stomach                  | Liver, lung, peritoneum (lining of abdomen), ovaries        |
| Thyroid                  | Bone, liver, lung                                           |
| Uterus                   | Bone, liver, lung, peritoneum (lining of abdomen), vagina   |
| Non-melanoma skin cancer | Very rare: lymph nodes, lung, bone (if in head/neck region) |

## Treatment of Malignant Melanoma of the Skin

The best treatment for each individual patient depends on the stage of the malignant melanoma, age and overall health of the patient.

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### *Treating early-stage melanomas*

Treatment for early-stage melanomas usually includes surgery to remove the melanoma. A very thin melanoma may be removed entirely during the biopsy and require no further treatment. It may, however, be necessary for the doctor to remove the melanoma as well as a small border of normal skin and a layer of tissue beneath the skin. For people with early-stage melanomas, this may be the only treatment needed.

### *Treating melanomas that have spread beyond the skin*

If the melanoma has spread beyond the skin, treatment options may include:

Surgery - surgery is used to remove affected lymph nodes. If the melanoma has spread to nearby lymph nodes, the surgeon may remove the affected nodes. Other additional treatments, before or after surgery, may also be recommended by the treating doctor.

Chemotherapy - chemotherapy uses drugs to destroy the cancer cells. Chemotherapy can be given intravenously, in pill form or both so that it travels throughout the body. Chemotherapy can be given via a vein in the arm or leg in a procedure called isolated limb perfusion.

Radiation therapy - this treatment uses high-powered energy beams, such as X-rays, to kill cancer cells.

Biological therapy - biological therapy boosts the immune system to help the body fight the cancer.

Targeted therapy - targeted therapy uses medications designed to target specific vulnerabilities in cancer cells.

(NHS UK, 2023; Cleveland Clinic, 2021; Mayo Clinic, 2023; Icon Cancer Centre, 2026).

## **Reducing the Risk for Malignant Melanoma of the Skin**

Many cases of skin cancer, including malignant melanoma, can be prevented by following the following precautions:

- Avoid midday sun. Avoid the sun when its rays are the strongest. For most places, this is between about 10:00 and 15:00. Because the sun's rays are strongest during this period, try to schedule outdoor activities for other times of the day, even in winter or when the sky is cloudy.
- Use a good quality sunscreen. Use a broad-spectrum sunscreen, preferably one with the CANSA Seal of Recognition.
- Wear protective clothing. Sunscreens don't provide complete protection from UV rays, so wear tightly woven clothing that covers your arms and legs and a broad-brimmed hat, which provides more protection than a baseball cap or visor does.
- Avoid tanning beds. Tanning beds emit UV radiation, which can increase the risk of skin cancer.

- Become familiar with the skin so changes can be noticed easily. If anything, unusual is noticed, make an appointment with a doctor and point it out to him/her.
- Refer to the *CANSA Fact Sheet on Solar Radiation and Skin Cancer* – available on CANSA's Website: [www.cansa.org.za](http://www.cansa.org.za)

### About Clinical Trials

Clinical trials are research studies that involve people. They are conducted under controlled conditions. Only about 10% of all drugs started in human clinical trials become an approved drug.

Clinical trials include:

- Trials to test effectiveness of new treatments
- Trials to test new ways of using current treatments
- Tests new interventions that may lower the risk of developing certain types of cancers
- Tests to find new ways of screening for cancer

The **South African National Clinical Trials Register** provides the public with updated information on clinical trials on human participants being conducted in South Africa. The Register provides information on the purpose of the clinical trial; who can participate, where the trial is located, and contact details.

For additional information, please visit: <https://pactr.samrc.ac.za/>

### Summary for the Average Reader

Melanoma is the most serious and aggressive form of skin cancer, originating in the pigment-producing cells known as **melanocytes**. While it accounts for less than 2% of all skin cancer cases, it is responsible for the majority of skin cancer-related deaths due to its ability to spread rapidly to other organs.

#### Warning Signs (The ABCDE Rule)

Early detection is critical, as melanoma has a nearly 100% cure rate when caught in its earliest stage. Dermatologists use the ABCDE checklist to identify suspicious spots:

- **A - Asymmetry:** One half of the spot does not match the other.
- **B - Border:** The edges are irregular, ragged, notched, or blurred.
- **C - Colour:** The colour is not uniform and may include shades of brown, black, pink, red, white, or blue.
- **D - Diameter:** The spot is larger than 6mm (about the size of a pencil eraser), though it can be smaller.
- **E - Evolving:** The mole is changing in size, shape, colour, or elevation, or it begins to itch, bleed, or crust.

#### Main Types of Skin Melanoma

1. **Superficial Spreading Melanoma:** The most common type (70% of cases); it usually grows along the skin surface before penetrating deeper.

2. Nodular Melanoma: The most aggressive type; it grows vertically into deeper skin layers quickly and often appears as a firm, raised bump.
3. Lentigo Maligna Melanoma: Typically found in older adults on chronically sun-damaged areas like the face and neck.
4. Acral Lentiginous Melanoma: Occurs on palms, soles, or under nails. This is the most common form in people with darker skin tones.

#### Risk Factors

- UV Exposure: Excessive exposure to sunlight or tanning beds is the leading cause.
- Physical Traits: Fair skin that burns easily, red or blond hair, and blue or green eyes increase risk.
- Moles: Having more than 50 typical moles or any atypical (dysplastic) moles.
- History: A personal or family history of melanoma or severe, blistering sunburns.

#### Diagnosis and Treatment

- Diagnosis: If a spot is suspicious, a biopsy is performed to examine the tissue under a microscope.
- Treatment: Primary treatment is surgical excision to remove the tumour and a margin of healthy skin. Advanced stages may require immunotherapy, targeted therapy, radiation, or chemotherapy.

(AI Overview, 2026).

#### **Medical Disclaimer**

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