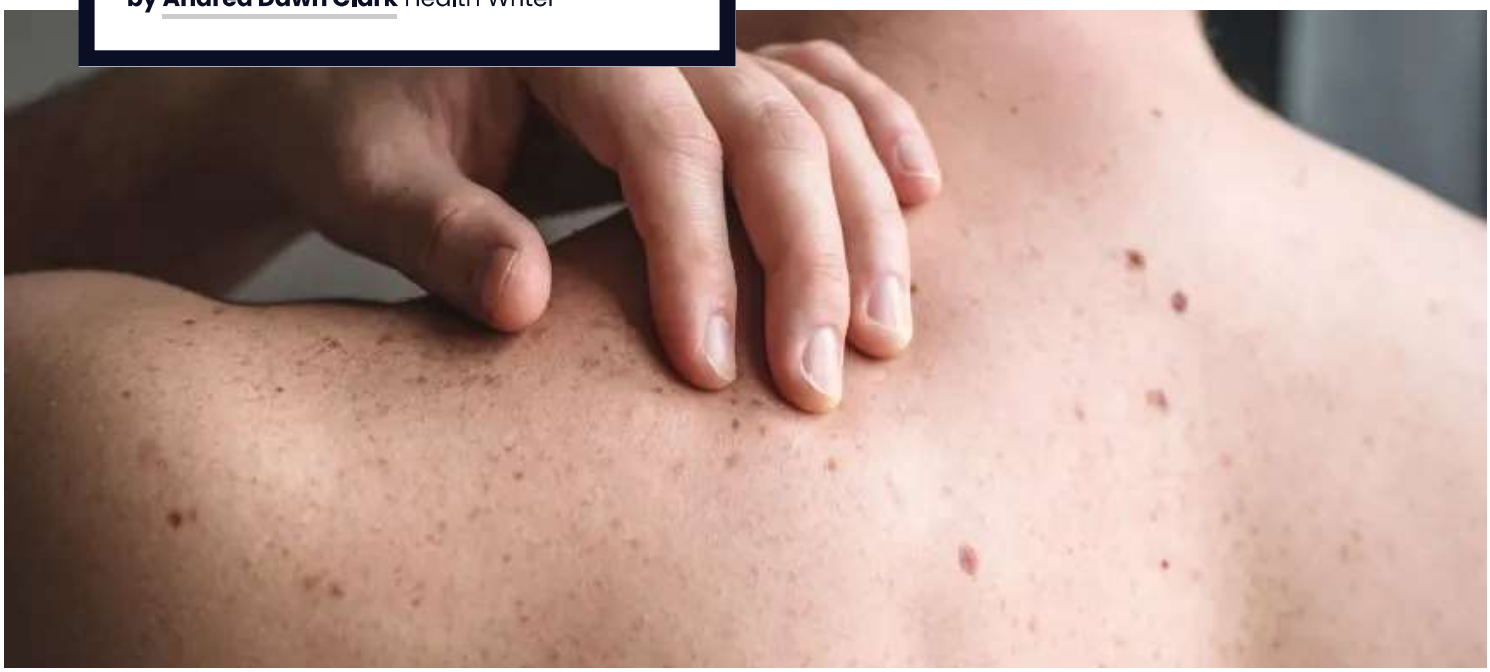
MELANOMA

Do You Know the ABCDEs of Melanoma?

Learn how to examine your skin for signs of this stealthy cancer with a life-saving acronym.

by **Andrea Dawn Clark** Health Writer



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IF YOU NEEDED any more convincing to get a sunscreen habit, perhaps this might do it: An estimated 9,500 Americans are diagnosed with skin cancer every day—making it the most common cancer in the United States. And although the type of skin cancer known as melanoma represents just 1% of those cases, it accounts for the majority of skin cancer deaths, per the American Cancer Society (ACS). Not only that, but the rates of melanoma in the country have been steadily rising over the past few decades.

Melanoma develops in cells (called melanocytes) that produce melanin, a.k.a. the pigment in your skin that determines its color. While the exact cause of melanoma has yet to be pinned down, scientists do know that exposure to ultraviolet (UV) rays from the sun or tanning beds increases your risk of developing it, according to the Mayo Clinic. There are also various types of melanoma, some of which can be tricky to detect.

"Melanomas can sometimes look like relatively benign-appearing moles and do not always have to be pigmented—a type of melanoma called an amelanotic melanoma, which is typically pink in hue, can be more easily missed," says Rachel Westbay, M.D., a board-certified dermatologist at Marmur Medical in New York City. "That being said, there are guidelines that dermatologists tend to follow to help us guide whether a biopsy is indicated to rule out melanoma." Luckily, the guidelines follow a memorable acronym: ABCDE.

What Are the ABCDEs of Melanoma?

There are five factors that dermatologists routinely consider as they examine the spots and dots that cover your skin to clue in whether something doesn't look right. This same ABCDE diagnostic can also help you find signs of melanoma as you inspect any mole or blemish yourself. Think of it as a quick cheat sheet that could save your life.

• **Asymmetry**

"Melanoma is often asymmetrical, which means the shape isn't uniform," says Dr. Westbay. Translation: If you drew an imaginary line down the center of a mole and each side wasn't a mirror image of the other, consider it suspicious. Non-cancerous moles are typically uniform and symmetrical in shape.

• **Border**

"Melanoma often has borders that aren't well-defined or are irregular in shape," she explains: Think jagged, blurred, or notched edges. On the other hand, noncancerous moles usually have smooth, well-defined borders.

• **Color**

"Melanoma lesions are often more than one color or shade. Moles that are benign are typically one color," says Dr. Westbay. Moles also tend to be brownish, whereas melanomas can be really dark brown or even black in color.

• **Diameter**

Melanoma growths are normally larger than 6 millimeters (mm) in diameter. "That's about the diameter of a standard pencil," Dr. Westbay notes. (Caveat: That doesn't necessarily mean that smaller moles can't be melanoma.)

• **Evolution**

"Unlike most benign moles, melanoma will often change characteristics, such as size, shape, or color over time," she says. "If you have a mole or skin growth, watch it for signs of changes."

Melanoma and Skin of Color

Plain and simple: "Dark skin requires the same protection and regular examination needed for lighter skin types," says Dr. Westbay. "Many people incorrectly believe that individuals with dark skin are adequately protected from the sun."

People with darker skin tones naturally have higher levels of melanin pigment within their skin. And while melanin shields skin cells from some sun damage, "that natural SPF protection from a darker complexion is not enough to protect against UVA and UVB rays —both of which play a role in skin cancer formation," she says.

This misconception around skin of color can lead to significant delays in detection, and because of the skin's depth in tone, easily visible presentation can happen in later stages. According to the Skin Cancer Foundation, late-stage melanoma diagnoses are more prevalent among Hispanic and Black people than non-Hispanic white people; 52% of non-Hispanic Black patients and 26% of Hispanic patients receive an initial diagnosis of advanced-stage melanoma, versus 16% of non-Hispanic white patients. "Unfortunate delays can make the outcomes often worse for people of color," says Dr. Westbay.

How to Examine Your Skin at Home

If diagnosed and treated early enough, 99% of all skin cancer cases are curable—making early detection key. So, if your aim is early detection, and it should be, who knows your body better than you? "Skin self-checks are ideally performed monthly," says Erum Ilyas, M.D., a board-certified dermatologist based in King of Prussia, PA, with the Schweiger Dermatology Group. "That means checking your face, ears, neck, chest, back, arms, hands, legs, and feet." Try doing it after a bath or shower, in a well-lit room with a full-length mirror, suggests Dr. Ilyas.

As for how to hone in on any potential melanoma suspects in need of an ABCDE inspection, remember that game you used to play in pre-school called "one of these things is not like the other?" Well, that's the theory behind the "ugly duckling rule," according to Dr. Ilyas. "For people who have a lot of moles and freckles, the task of deciding if something has changed can feel daunting," she says. "If one of your moles stands out as different from the rest, that's the 'ugly duckling' and should be checked." An ugly duckling could be a little larger, smaller, lighter, or darker than the other lesions near it. If a freckle or mole is all by itself, it's also regarded as an ugly duckling in need of checking.

Do you have moles that have been around since you were a kid? Don't slack on checking those spots either. "About 25% of melanomas arise within preexisting moles," says Dr. Westbay. "The remaining 75% are melanomas that arise 'de novo'—meaning they develop on their own and not within a lesion."

Some areas might be a little harder to see—like your back, the backs of your arms, and the back of your legs. That's when the help of a trusted companion can come in handy. A study at Northwestern University Feinberg School of Medicine showed a significant benefit with partner-assisted melanoma skin self-examinations, increasing the likelihood of detection with at-risk melanoma survivors and their partners.

One of the toughest areas to see on your own is your scalp. "To check your scalp, you want to part your hair in multiple areas while it's wet," says Dr. Ilyas. "This may be best achieved by your hairstylist or barber. Ask them to use your phone and take a photo of any spots they see on your scalp. I recognize that a hair stylist can't examine your moles and spots, but they can locate them on your scalp and help you identify where to focus your attention."

When to See a Doctor

"The most important thing to do is to visit your dermatologist once a year to have your moles checked," says Dr. Ilyas. Don't have a dermatologist? Ask your healthcare provider to suggest a board-certified dermatologist you can see. A dermatologist can use a hand-held dermatoscope to examine any concerning moles, marks, or patches in greater detail.

After you get the seal of approval from your dermatologist, keep up with your monthly self-checks. "If you notice any of the ABCDEs of melanoma, make an appointment right away for it to be evaluated," says Dr. Westbay. You can also send a photo of any suspicious growth to your dermatologist ahead of time.

Bottom line: Know your ABCDEs, get a mole-check appointment on the calendar, and start scanning that skin on a monthly basis!

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Andrea Dawn Clark

Andrea Dawn Clark is the Editorial Director at John Jay College, City University of New York (CUNY). With over 20 years of professional publishing experience, she's worked at numerous consumer magazines as an Executive Editor... more