# Understanding melanoma and their causes and prevention.

# Egeler Leeuwen\*

Netherlands Cancer Institute, Amsterdam, the Netherlands.

# Introduction

Melanoma is a type of skin cancer that originates in the melanocytes, the cells responsible for producing melanin, the pigment that gives skin its color. While melanoma is less common than some other types of skin cancer, it is significantly more dangerous due to its ability to spread to other parts of the body. Understanding melanoma's causes, symptoms, treatment options, and prevention strategies is crucial for reducing its impact and improving patient outcomes.

## What is melanoma?

Melanoma occurs when melanocytes mutate and begin to grow uncontrollably. This uncontrolled growth can lead to the formation of malignant tumors. Melanoma can develop on any skin surface, but it is more likely to occur in areas that have been exposed to the sun, such as the face, arms, back, and legs. It can also form in less visible areas, such as the soles of the feet, palms of the hands, and under the nails [1].

## Causes and risk factors

The exact cause of melanoma is not fully understood, but several risk factors have been identified:

- 1. Ultraviolet (UV) Radiation: The most significant risk factor for melanoma is exposure to UV radiation from the sun or tanning beds. UV radiation can damage the DNA in skin cells, leading to mutations that cause cancer.
- 2. Fair Skin: Individuals with fair skin, light hair, and light eyes are at a higher risk of developing melanoma. This is because they have less melanin, which provides some protection against UV radiation [2].
- **3.** Family History: A family history of melanoma increases the risk. Genetic factors can play a role in making individuals more susceptible to the disease [3].
- 4. Moles: Having a large number of moles or atypical moles (dysplastic nevi) increases the risk of melanoma. These moles are more likely to become cancerous.
- 5. Immune System Suppression: People with weakened immune systems, such as those who have had organ transplants, are at higher risk of developing melanoma [4,5].
- 6. Age and Gender: Melanoma can occur at any age, but it is more common in older adults. Additionally, before age 50, women are more likely to develop melanoma, but

after age 50, the incidence is higher in men [6].

## Symptoms and diagnosis

Early detection of melanoma is crucial for successful treatment. The first signs of melanoma are usually changes in the size, shape, or color of a mole or the appearance of a new mole. The ABCDE rule is a helpful guide for identifying suspicious moles:

- Asymmetry: One half of the mole does not match the other half.
- Border: The edges of the mole are irregular, scalloped, or poorly defined [7].
- Color: The color is not uniform and may include shades of brown, black, pink, red, white, or blue.
- Diameter: The mole is larger than 6 millimeters (about the size of a pencil eraser), although melanoma scan be smaller.
- Evolving: The mole changes in size, shape, or color over time.

Other symptoms may include itching, tenderness, or bleeding. If any of these signs are present, it is important to see a dermatologist for evaluation [8,9].

To diagnose melanoma, a dermatologist will perform a skin examination and may take a biopsy of the suspicious mole or skin lesion. The biopsy involves removing a small sample of tissue, which is then examined under a microscope for cancer cells.

#### Stages of melanoma

Once melanoma is diagnosed, it is staged to determine the extent of the disease. Staging is based on the thickness of the tumor, whether it has spread to nearby lymph nodes or other parts of the body, and other factors. The stages range from 0 to IV:

- Stage 0 (Melanoma in situ): The cancer is confined to the outermost layer of skin (epidermis) and has not spread.
- Stage I: The tumor is up to 2 millimeters thick and may or may not have ulceration.
- Stage II: The tumor is thicker than 2 millimeters and may have ulceration, but it has not spread to lymph nodes or other organs.
- Stage III: The cancer has spread to nearby lymph nodes or lymphatic channels.

Citation: Leeuwen, E. Understanding melanoma and their causes and prevention. Res Clin Dermatol. 2024;7(3):204.

<sup>\*</sup>Correspondence to: Egeler Leeuwen, Netherlands Cancer Institute, Amsterdam, the Netherlands. E-mail: leeuwengeler@nk.nl

Received: 16-May-2024, Manuscript No. aarcd-24-140858; Editor assigned: 19-May-2024, PreQC No. aarcd-24-140858(PQ); Reviewed: 23-May-2024, QC No. aarcd-24-140857; Revised: 15-June-2024, Manuscript No. aarcd-24-140857(R); Published: 05-July-2024, DOI:10.35841/aacrd-7.3.204.

• Stage IV: The cancer has spread to distant lymph nodes or other organs, such as the lungs, liver, or brain.

#### **Treatment Options**

The treatment of melanoma depends on the stage of the disease, the location of the tumor, and the patient's overall health. Treatment options include:

- Surgery: The primary treatment for early-stage melanoma is surgical removal of the tumor. The goal is to remove the cancerous tissue along with a margin of healthy skin to ensure all cancer cells are eliminated. In cases where melanoma has spread to lymph nodes, a lymph node dissection may be performed.
- Immunotherapy: This treatment uses the body's immune system to fight cancer. Immune checkpoint inhibitors, such as pembrolizumab and nivolumab, help the immune system recognize and attack melanoma cells. Another type of immunotherapy, known as cytokines (e.g., interleukin-2), boosts the overall activity of the immune system.
- Targeted Therapy: This treatment targets specific genetic mutations in melanoma cells. For example, BRAF inhibitors (such as vemurafenib and dabrafenib) are used to treat melanomas with BRAF mutations. MEK inhibitors (such as trametinib) are often used in combination with BRAF inhibitors.
- Radiation Therapy: This treatment uses high-energy rays to kill cancer cells. It is often used when melanoma has spread to the brain or other distant sites, or to relieve symptoms.
- Chemotherapy: Although less commonly used for melanoma, chemotherapy may be an option for advanced cases that have not responded to other treatments. Drugs like dacarbazine and temozolomide can help shrink tumors and slow the progression of the disease.

#### Prevention and early detection

Preventing melanoma involves protecting the skin from UV radiation and being vigilant about skin changes. Key prevention strategies include:

- 1. Sun Protection: Use sunscreen with a high SPF, wear protective clothing, and seek shade, especially during peak sun hours. Avoid tanning beds, which expose the skin to harmful UV radiation.
- 2. Regular Skin Exams: Perform self-examinations monthly to check for new or changing moles. Have a dermatologist perform a professional skin exam annually or more frequently if you have risk factors for melanoma.
- 3. Education and Awareness: Educate yourself and others about the risks of UV exposure and the importance of

early detection. Support public health initiatives that promote skin cancer awareness and prevention [10].

## Conclusion

Melanoma is a serious form of skin cancer that can be lifethreatening if not detected and treated early. By understanding the risk factors, recognizing the symptoms, and taking preventive measures, individuals can reduce their risk of developing melanoma. Advances in treatment options, particularly in immunotherapy and targeted therapy, have improved outcomes for many patients. Nonetheless, continued research and public awareness are essential to further combat this disease and improve survival rates. Regular skin checks and prompt medical attention to suspicious changes in the skin are vital steps in the fight against melanoma.

## References

- 1. Huang AC, Zappasodi R. A decade of checkpoint blockade immunotherapy in melanoma: Understanding the molecular basis for immune sensitivity and resistance. Nature immunology. 2022;23(5):660-70.
- 2. Rambow F, Job B, Petit V, et al. New functional signatures for understanding melanoma biology from tumor cell lineage-specific analysis. Cell Rep. 2022;13(4): 840–853.
- 3. Santos Bernardes S, de Souza-Neto FP, Pasqual Melo G, et al. Correlation of TGF- $\beta$ 1 and oxidative stress in the blood of patients with melanoma: A clue to understanding melanoma progression?. Tumor Biology. 2016;37:10753-10761.
- 4. Karami Fath M, Azargoonjahromi A, Soofi A, et al. Current understanding of epigenetics role in melanoma treatment and resistance. Cancer cell international. 2022;22(1):313.
- Keskus A, Goretsky A, Liu Y, et al. Melanoma clonal subline analysis reveals genetic factors driving intra-tumor heterogeneity. Cancer Research. 2024;84(6\_Supplement):7407.
- 6. Chen A, Neuwirth I, Herndler-Brandstetter D. Modeling the tumor microenvironment and cancer immunotherapy in next-generation humanized mice. Cancers. 2023;15(11):2989.
- 7. Berwick M, Erdei E, Hay J. Melanoma epidemiology and public health. Dermatol Clin. 2009;27(2):205-14.
- 8. Dimitriou F, Krattinger R, Ramelyte E, et al. The world of melanoma: Epidemiologic, genetic, and anatomic differences of melanoma across the globe. Curr Oncol Rep.2018;20:1-9.
- 9. Trager MH, Geskin LJ, Samie FH, et al. Biomarkers in melanoma and non-melanoma skin cancer prevention and risk stratification. Exp Dermatol. 2022;31(1):4-12.
- Strashilov S, Yordanov A. Aetiology and pathogenesis of cutaneous melanoma: Current concepts and advances. Int J Mol Sci. 2021;22(12):6395.

Citation: Leeuwen, E. Understanding melanoma and their causes and prevention. Res Clin Dermatol. 2024;7(3):204.