

Boston Heights resident Beth Mancini remembers the prenatal appointment listening to her daughter's fetal heartbeat, but the joyous event turned haunting.

"When the nurse practitioner put the probe on my belly, she noticed I had a lot of moles. She asked if I had others. I told her I had lots. She touched a spot on my back and said words I will never forget: 'Do yourself a favor and get that one checked!'"

As a mom of a 3-year-old and working full-time, Mancini delayed an appointment at first but reconsidered. The dermatologist immediately biopsied the mole.

"I remember getting the call when I was tucking my son into bed. I overheard my husband's side of the conversation, and he sounded so serious when he handed the phone to me. The doctor said it was melanoma. I listened to the doctor's voice and knew this was a bigger deal than I thought."

Melanoma, the most deadly of all skin cancers, will be diagnosed in 120,000 new cases in the US just this year, according to the American Cancer Society. While it is curable in the early stages, one American dies from melanoma every hour.

"People think skin cancer is something you get cut off and you move on with your life, but melanoma is not like that," says Mancini. Melanoma can metastasize to distant organs and become fatal. In Mancini's

case, she was lucky: after the initial excision, her lymph node biopsy showed no signs of the cancer. She soon began getting her skin checked every three months because of possible recurrence.

"Someone who's had melanoma needs to be screened every three to six months, or if they have 'atypical mole syndrome'—50 moles or more— they should be checked every six months," says Dr. Margaret Mann, assistant professor of dermatology at Case Western Reserve School of Medicine and director of aesthetic dermatology at University Hospitals Case Medical Center in Brunswick and Westlake. For those patients, Mann recommends "mole-mapping," or total body photography, where they track high-risk patients using high-resolution imaging of moles.

For non-high-risk patients? "I like the American Association of Dermatology's advice: check your birthday suit on your birthday," she says. Look at the ABCDE's of the moles. Is the spot asymmetrical, has border irregularity, color that isn't uniform, diameter of a pencil eraser or larger, and evolving? If so, have it biopsied. If the spot has changed over six to eight weeks, have it evaluated.

"Knowing what I know now,

I would've gone to the doctor well before. The mole had many of the signs—oddly shaped, dark-colored, big. Almost textbook. But I didn't know what to look for, and had no idea melanoma was so aggressive," says Mancini.

What can you do to lessen your chances of getting melanoma?

"There are risk factors we can't control: family history, genes, skin types, weakened immune system. We worry about what we can control: sun exposure and tanning beds."

The World Health Organization has declared tanning beds as a known carcinogen. The Skin Cancer Foundation says just one indoor tanning session increases the user's chance of developing melanoma by 20%. Indoor UV tanners can increase their risk by 74%. Your risk also increases if you've had more than five bad sunburns.

"I tell patients to enjoy the warmth of the sun, but not the rays," says Mann. "Wear sun protective clothing, hats and sunscreen, and avoid 10-4 mid-day sun."

Sunscreen type is important: look for a broad spectrum sunscreen with UVA and UVB protection and an SPF 30 or 45 or higher, with ingredients like zinc oxide and titanium dioxide. "You need 1 ounce—a shot glass full—to cover the body. Put it on every hour if you're in water or sweating," she advises.

Mann has heard myths from

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patients' mouths. "They'll say, 'I don't want to burn, so I'll just get a base tan.' But any color is the cell's response to UV damage. Tanning is no good. It's a sign that the sun has damaged our skin."

Even if you're dark-haired, dark-skinned or dark-eyed, you're not safe. "Melanoma doesn't discriminate. I've seen it in every population."

But the good news is new medications have been developed within the last five years, and one is in the pipeline, Mann says. According to the American Academy of Dermatology, the five year survival rate for patients whose melanoma is detected before spreading to lymph nodes is 98%.

That's good news for Mancini as well. Now past her 10-year anniversary, she seeks to warn others. "I don't want people to be afraid but I do want them to be aware. Aware enough that they will go and get things checked out to be on the safe side. The alternative is not an option." ■

The father of freelance journalist Kristine Meldrum Denholm died of melanoma. www.KristineMeldrumDenholm.com

PREVENTION

- Check your birthday suit on your birthday.
- Get your skin checked regularly by a professional.
- Avoid tanning beds. There is no "healthy glow." Pale is in!
- Avoid the sun between 10-4.
- Use broad spectrum sunscreen. It should be UVA-UVB protection, SPF 30 or above, and use 1 ounce every two hours if you're in the sun.
- Hold on to your hat. Sport sun-protective clothing.
- Teach your children well. Encourage kids to use sunscreen, as skin cancer is usually a result of sun before the age of 20.

