

**A patient with a suspected melanoma may be referred to a consultant dermatologist or plastic surgeon for diagnosis. All patients with a confirmed melanoma should be discussed at the melanoma or skin cancer MDT at the cancer centre for further management.**

Every year in Ireland, over 700 new cases of melanoma are diagnosed. There are 100 melanoma related deaths. Over 60% of patients are female. It is the third most common cancer diagnosed in the 15-44 year age group. The cumulative risk of developing a melanoma before the age of 75 is 1 in 78 for males and 1 in 80 for females.

Data Source: National Cancer Registry, Ireland

## RISK FACTORS

- Atypical moles
- A large number of moles (>50)
- Fair complexion e.g. fair skin, blue eyes, red/blond hair
- A previous melanoma or other non-melanoma skin cancer
- Immunosuppression
- A family history of melanoma
- History of childhood sunburn
- Sun bed exposure

## GENERAL RECOMMENDATIONS

The prognosis for melanoma is closely related to the thickness of the tumour. A patient who presents with signs and symptoms suggestive of melanoma should be referred to a consultant dermatologist or consultant plastic surgeon. Primary healthcare professionals should encourage all patients to be aware of skin changes, in order to minimise delay in presentation of symptoms. Lesions suspicious of melanoma should not be removed in primary care.

## GP BIOPSY ADVICE

If a patient presents with a suspicious pigmented lesion the patient should be referred with the lesion intact to a consultant dermatologist or consultant plastic surgeon.

All excised lesions should be sent for histopathological diagnosis. Prophylactic excision of naevi in the absence of suspicious features should not be carried out.

If a melanoma has been inadvertently excised, the patient should be referred urgently to a consultant dermatologist or consultant plastic surgeon for multi-disciplinary follow-up and care.

Shave excisions and punch biopsies should not be carried out on naevi.

## OPPORTUNISTIC ASSESSMENT

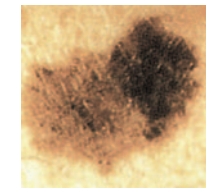
General practitioners are encouraged to opportunistically assess patients attending their practice for signs of skin malignancy.

To make a referral, **FAX**, or **POST** a **PIGMENTED LESION REFERRAL FORM**. Additional forms can be obtained by ringing the National Cancer Control Programme on (01) 828 7100 or by logging onto [www.cancercontrol.hse.ie](http://www.cancercontrol.hse.ie)

## SUSPICIOUS LESIONS WHICH MAY REQUIRE URGENT REFERRAL TO A CONSULTANT DERMATOLOGIST OR PLASTIC SURGEON

- Any new or changing lesion which is pigmented
- A long-standing pigmented lesion which is changing progressively in shape, size or colour regardless of age
- A new pigmented line in a nail, especially where there is associated damage to the nail, or a lesion growing under a nail.
- A pigmented lesion which has changed in appearance or which is persistently itching or bleeding
- An “Ugly Duckling”, pigmented lesion, is one that looks different to all the other pigmented lesions

## The ABCDE Lesion System



**A**  
Asymmetry in two axes



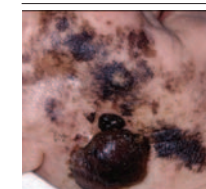
**B**  
Irregular **B**order



**C**  
At least two different **C**olours in lesion



**D**  
Maximum **D**iameter >6mm



**E**  
Evolution of lesion

Photographs reproduced courtesy of British Columbia Cancer Agency