

MELANOMA IN SITU

YOU HAVE BEEN DIAGNOSED WITH MELANOMA IN SITU WHICH IS STAGE 0 SKIN CANCER

WHAT IS IT?

Patients with melanoma in situ (stage 0) have melanoma cells only in the outer layer of skin (epidermis). There is no invasion of the deeper layer (dermis) and therefore virtually no potential for spread. Melanoma in situ is curable by adequate removal with surgery.

HOW DID I GET IT?

The diagnosis of melanoma in situ, which is believed to be a precursor for invasive melanoma, may be an indication that genetic and environmental influences may be present in an individual that place them at increased risk for developing other in situ or melanomas in the future.

TREATMENT

Patients with melanoma in situ are treated by surgical removal of the lesion with the goal of obtaining minimal surgical margins that are free of any evidence of melanoma cells when examined under the microscope. Virtually all patients with melanoma in situ are cured following an adequate excision of the entire lesion with a 0.5 cm margin of normal skin surrounding the lesion.

This normal skin margin is confirmed by a physician who examines the removed specimen under the microscope. Inadequate excision of a melanoma in situ can lead to a recurrence of the lesion or progression in the area to a more advanced melanoma.

See handout on Mohs Surgery for additional information.



AFTERCARE

People with melanoma in situ should always avoid sun exposure to prevent new melanomas and have routine skin evaluations performed by dermatologists.

The ABCDEs of Melanoma

These characteristics are used by dermatologists to classify melanomas. Look for these signs:

A: Asymmetry

B: Borders that are irregular

C: Color - more than one or uneven distribution of color

D: Diameter - or a large (greater than 6mm)

E: Evolution of your moles - know what's normal for your skin and check it regularly for changes