

Melanoma Strikes

All Ages

“Melanoma remains a lethal skin cancer for many,” notes Dr. Gregory Wilmoth of The Dermatology & Skin Cancer Center in Raleigh, “and researchers are engaged in the long-term process of turning this sometimes killer into a chronic disease rather than a death sentence for many.”

“Melanoma, if not caught early, is the most deadly of all skin cancers and is the fastest-growing cancer in the U.S. and worldwide,” he notes. One out of 50 Americans has a lifetime risk of developing melanoma, experts say.

“In the not-distant past,” notes Dr. Wilmoth, “melanoma was commonly found in the later stages of life, but that is no longer the case. We’re now seeing patients as young as six years old with melanoma, and in some countries—notably Australia—this killer cancer is at epidemic proportions and it is continuing to increase at the rate of seven percent each year.”

In the U.S., about 68,000 people are diagnosed with melanoma each year, resulting in about 8,700 deaths.

FDA APPROVES NEW DRUGS

In the past few months, notes Dr. Wilmoth, the FDA has approved two new drugs that hold the promise of reducing the death rate for patients with stage-three or stage-four melanoma.

A drug called Zelboraf attacks a genetic mutation found in about half of melanoma patients, sharply limiting the disease’s ability to spread. A diagnostic test to determine whether patients carry the mutation was approved by the FDA at the same time. Zelboraf was clinically effective in 50 percent of patients who had a specific genetic mutation called BRAF V600E.

A few months earlier, the FDA approved another late-stage melanoma drug called Yervoy, which acts to trigger the body’s anti-cancer immune response.

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“In a double-blind study,” notes Dr. Wilmoth, “676 patients with highly advanced melanoma got either Yervoy or another chemotherapy treatment regarded as less effective. Those getting Yervoy lived on average for 10 months, compared to six months for those not getting it.”

“But the really dramatic news is that 20 to 30 percent of patients getting Yervoy had a spectacular response to the drug: the cancer that had spread through their bodies either dramatically reduced in size, or simply disappeared. The other 70 to 80 percent of patients had no response at all.”

“With those kinds of results,” notes Dr. Wilmoth, “it seems the drug has the potential to allow prolonged survival for up to 30 percent of the almost 9,000 Americans—some 2,700 patients—who are now dying each year of advanced melanoma.”

Yervoy is a laboratory-made protein called an antibody, explains Dr. Wilmoth, “which attaches to and stimulates certain white blood cells that, in turn, destroy the melanoma when the drug works. It does not induce the usual nausea and hair loss that come with chemotherapy.”

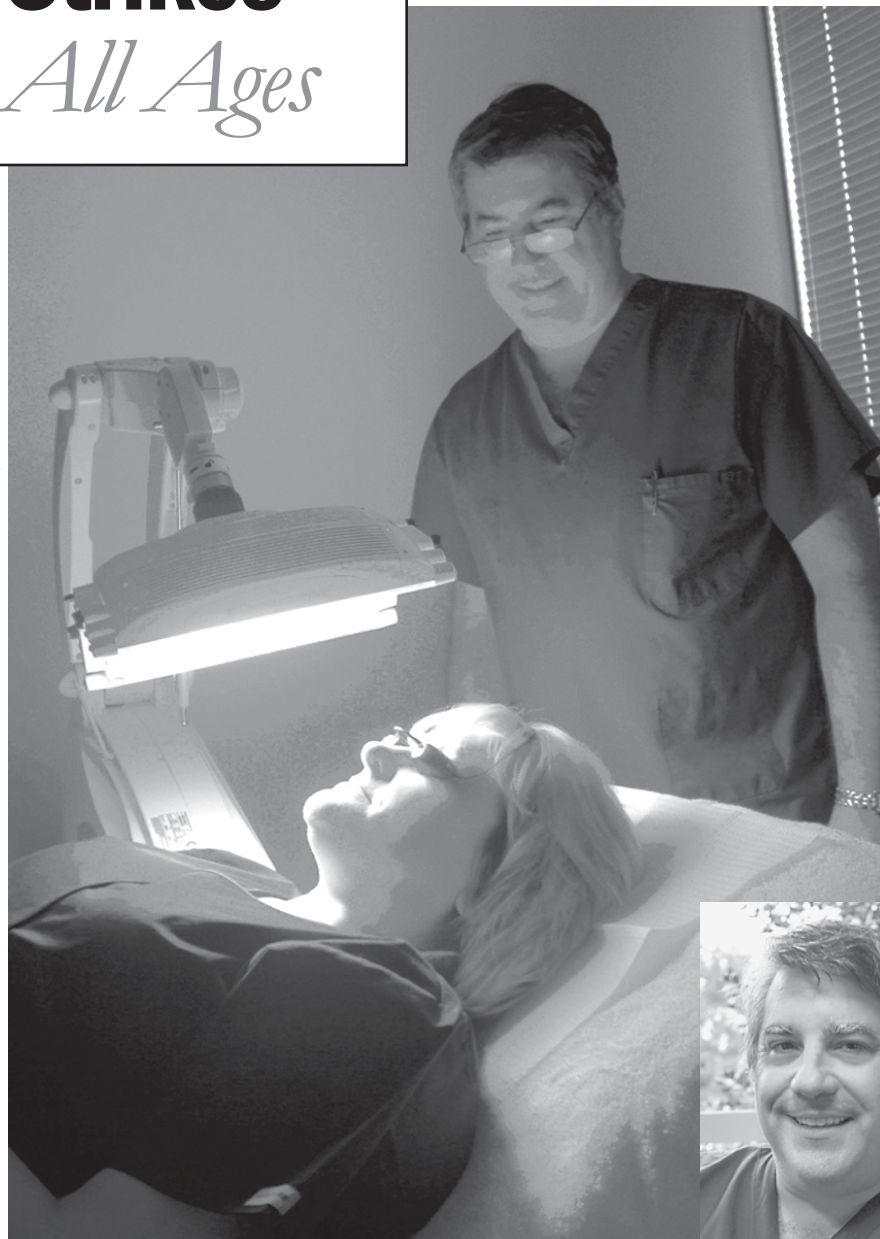
“But it often does have serious side effects: it can set off autoimmune diseases, including rheumatoid arthritis and colitis, conditions which are treatable with steroids.”

SKIN CANCER

“With early detection, there are rarely complications in the treatment of basal and squamous cell skin cancer, both the result of over-exposure to the sun,” notes Dr. Wilmoth. “There is a better than 90 percent cure rate for these types of cancer. But it is melanoma—where cells are out of balance and dividing rapidly—that is of critical concern.”

“In my experience, eight out of ten people come here with a melanoma somewhere on their body because they intuitively know there’s a problem. They have a pigmented lesion that is changing over time. They come here because ‘It looks funny,’ or, commonly for men, because ‘My wife has been bugging me about this mole, she thinks it looks funny.’”

“Ideally, everyone will have a skin check with a dermatologist regularly, and certainly every year beyond the age of 50. We will occasionally find a problem mole, even when



Dr. Wilmoth supervises a Photodynamic Therapy session which has the potential to clear hundreds of precancerous lesions in a single session.



the patient is unaware that it exists. The critical key to treating melanoma is removing it surgically at its earliest stage.

“I want to emphasize that the vast number of moles, new and old, that appear on our skin—and most adults commonly have 40 or more moles at any one time—are perfectly harmless. But I want to find the ones that aren’t harmless—that are, in fact, potentially lethal. And that takes cooperation between patient and doctor.”

MELANOMA ASYMPTOMATIC

“The scary thing about melanoma is that it is almost always completely asymptomatic. It doesn’t bleed, doesn’t hurt, it generally doesn’t bother people. The misconception that most people have about melanoma is that it needs to be raised up from the skin, and that it’s usually big and bleeding. Fifty years ago, we were taught that melanomas were very large. Now we’re taught that melanoma is commonly a tiny little thing of perhaps six millimeters—about the size of the eraser on a pencil.”

What causes melanoma? “There’s a good deal of indirect evidence that sun

exposure is a factor,” says Dr. Wilmoth. “Melanoma is far more common in fair-skinned people, and most of them report some kind of sunburn in their past. In fact, most people with melanoma say they have had a severe burn at some point. Genetics is a significant factor. Risks increase dramatically for a person who has a first-degree relative with a history of melanoma. Two genes have been identified as markers for melanoma.”

“All types of skin cancer begin in the cells—the building blocks that make up tissues. We learned in biology that cells grow and divide to form new cells in an amazing and orderly way. But something kicks the process out of balance—such as excessive exposure to ultra violet sun rays—and new cells form when the body doesn’t need them and old cells don’t die on schedule. Masses of cells form tumors. Some of those tumors can be cancerous, with the ability to spread to other locations in the body.”

“Melanoma occurs in the skin’s pigment cells—the melanocytes. The melanocytes produce melanin, the pigment that gives skin its natural color.”

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