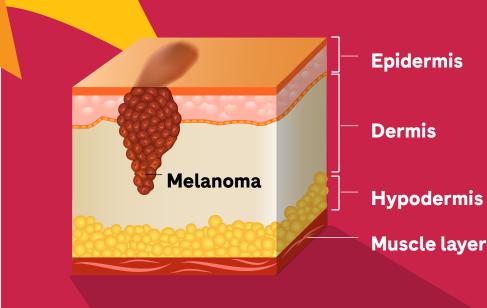


# Melanoma facts



## What is melanoma?

Melanoma is an aggressive skin cancer that originates from melanocytes, 1 which are cells in the skin and eyes that produce and contain melanin.2

Melanoma develops when unrepaired DNA damage to melanocytes triggers mutations that cause the melanocytes to grow rapidly and form malignant tumors.

#### **Metastatic melanoma**

is melanoma that has spread to other parts of the body.

# What is the incidence and mortality of melanoma?

most common malignancy in the United States<sup>3</sup>

projected increase in annual cases by 2040 globally4

#### **Deadliest** cutaneous cancer

In 2024 there will be an estimated 100,640 new cases with 8,290 deaths in the U.S.<sup>5</sup>



people in the U.S. die from melanoma<sup>5</sup>

U.S. melanoma death rates have been decreasing since 2013.

The World Health Organization predicts that from 2020 to 2040, the number of melanoma deaths globally

will increase by **68**% rising to **96,000** 

### What are the risk factors?

Lifetime UV exposure is the most important environmental risk factor<sup>7</sup>



Incidence rates increase after age 60

#### Skin **Damage**

History of blistering sunburns

#### Cancer

Family history of melanoma or other skin cancer

### Skin tone

Fair skin pigmentation at higher risk

#### Moles

Presence of atypical moles



Melanoma survival rates



Regional



Localized melanoma is highly curable

with a simple surgical excision.

Early stage survival rates are 100% whereas late stage is quite poor at 35%.5

**Delaying treatment** of a Stage 1 (localized) melanoma by just one month increases the risk of death by 5%.6

As it grows by just a few millimeters, the melanoma's lethality increases markedly.

# How is melanoma diagnosed?

# Abnormal skin lesion\*

- "ABCDE" criteria7 A= Asymmetry of a mole
- or birthmark
- B= Border irregularity C= Color variation

D= Diameter is >6mm

E= Evolving size, shape, color, bleeding or scabbing

# **Diagnostic biopsy**

Standard of care for suspicious pigmented skin lesions

# **Clinical correlation**

High percentage of melanomas diagnosed histologically which were not identified on clinical examination8

H&E is the primary tool for melanoma diagnostic evaluation and IHC the main complementary tool

Melanocytic versus non-melanocytic

MelanA, S-100, SOX-109

for developing melanoma?<sup>12</sup>

Benign versus **Malignant** 

**Invasive** 

ient subtype; for other less common subtypes, diagnostic pathways may be different. \*\*There are no p16 IHC tests labeled for use in evaluation of melanomas.

**In-situ** versus

Complementary

IHC: HMB45, MART1/

PRAME, p16 IHC," HMB-45, KI-67, cytogenetic tools, FISH9, Gene Expression Profile10

HMB45, MART 1/MelanA, p16, are considered supportive to the morphologic diagnosis but not diagnostic per se. 11

Deeper levels, MART1/MelanA, SOX-10

What should I do to reduce my potential

Wear sun protective clothing, a hat and sunglasses



**Apply sunscreen and** re-apply often especially after swimming



Make evaluation of your skin a routine and discuss any changes with your physician/dermatologist



**Educate yourself** and others

#### Signature Page for MC-US-11979 v1.2

Karen Benzing
Process Manager 19-Sep-2024 15:01:32 GMT+0000

Signature Page for MC-US-11979 v1.2