



EUROPEAN ACADEMY OF
DERMATOLOGY AND VENEREOLOGY

Information Leaflet for Patients

MELANOMA DURING PREGNANCY

The aim of this leaflet

This leaflet is designed to help you understand more about melanoma during pregnancy. It tells you what this condition is, how to recognize it, what can be done (and why early treatment is important), and if it safe to become pregnant with a history of melanoma.

MELANOMA DURING PREGNANCY

How common is melanoma during pregnancy and what is the prognosis?

Melanoma, the most dangerous form of skin cancer, is the most common cancer that can occur during pregnancy. Approximately one-third of women diagnosed with melanoma are at childbearing age at the time of diagnosis.

Some recent studies suggest that melanomas diagnosed during pregnancy through the year following birth have a worse prognosis (or expected outcome), with higher mortality than non-pregnant women. This worse prognosis may be related to the fact that pregnant women experience changes of their immune system leading to a reduction in the body's defence against tumours. It may also be related to the delayed diagnosis of more advanced tumours, as many pregnant women may overlook a suspicious mole (as the focus may be less on skin cancer screening during this time), or postpone consultation with a dermatologist.

Why is early diagnosis of melanoma important for a good prognosis?

When melanoma is detected at the beginning of its evolution (i.e. it is thinner than 1 mm), the prognosis is excellent. However, if melanoma is detected later, the thicker the tumour is, the higher the risk becomes fatal.

If I am pregnant, what should I know and do in regards to melanoma?

1. Know your risk for melanoma

The most important risk factors for developing melanoma are:

- Several moles (over 50) on your body
- Presence of atypical moles (moles that are asymmetrical, with irregular borders, different colours, and with a diameter greater than 5 mm)

- Excessive sun exposure in the past, including sunburns or use of sun beds
- Fair complexion that is highly sensitive to sunlight: fair skin, blond or red hair, blue/green eyes, freckling, or skin that is easily sunburned
- First-degree relatives with a diagnosis of melanoma or other skin cancers
- History of a previously melanoma.

If you have any of these risk factors, your risk of getting a melanoma is higher. However, anyone can develop a melanoma, so even if you do not have these risk factors it does not mean you are completely protected against melanoma.

2. Check your skin regularly

During pregnancy, your skin undergoes many normal changes. However, you should look for changes that are warning signs of developing melanomas. These signs are:

- The "ABCDE rules" of moles: moles that are **A**symmetric, have irregular **B**orders, have many different **C**olours, have a **D**iameter greater than 5 mm and are **E**volving (i.e. changing in any way over weeks/months)
- Moles that change in any way (in colour, shape, size, texture, or symptoms like itching or bleeding)
- New moles that appear after the age of 35+
- New small bumps, which are brown, black, or may be red/pink/skin-coloured, symmetrical, firm, without any symptoms, which do not heal but instead grow over weeks/months.

Look at all of your skin once every month. Use mirrors or ask your partner/spouse or

family member to help look at more difficult to reach areas. In case you notice any of the warning signs, go see a dermatologist right away.

3. Have your skin checked by a dermatologist

A proper skin check by a dermatologist means inspecting the skin all over your body, including the scalp, mouth, palms of your hands and soles of your feet, and genital area.

During the examination, a dermatologist may use a *dermatoscope* to look at your moles. This technique is perfectly safe during pregnancy, as it only uses a magnifying glass and light, and greatly improves the diagnostic accuracy compared to an examination which is solely visible to the naked eye.

During the examination, the dermatologist may want to perform a biopsy of a suspicious-looking mole, in case the visual and *dermatoscopic* examination could not establish the diagnosis with certainty. This means removing the mole completely by surgery in order to have it examined under the microscope by an expert pathologist. The procedure is performed under local anaesthesia and is perfectly safe for you and your baby. You must inform the doctor if you have any allergies to anaesthetics.

If you are pregnant and have risk factors for melanoma, it would be helpful to have your skin checked by a dermatologist **at least twice during your pregnancy**, and at least twice during the first year following birth. Many skin changes can occur during pregnancy, and repeated skin checks can help distinguish between suspicious modifications and the normal pregnancy-related ones at an early stage.

Your dermatologist may take pictures of your skin and moles, possibly also through the *dermatoscope*, in order to better assess possible changes at subsequent visits. This

technique is safe for you and your baby, and highly improves the dermatologist's ability to detect signs of any malignant change very early.

4. Don't delay

The longer a melanoma is allowed to grow on your skin, the higher the chances are that it spreads to the body and eventually become fatal. Thus, early removal of melanoma at the very beginning of its development is the most important step to ensure a good prognosis and possibly save your life.

Do not delay going to the doctor immediately if you have noticed a suspicious sign on your skin. Early melanomas can be completely cured by skin surgery; the procedure is usually performed under local anaesthesia, and is safe for you and your unborn baby at any stage of your pregnancy and the period after delivery.

In contrast, advanced tumours that are detected in the late stage may require more complex imaging tests and treatments that increase risks for your pregnancy.

5. Protect your skin

Excessive exposure to ultraviolet (UV) radiation is a main trigger for melanoma. Therefore, you should avoid too much sun exposure in order to decrease your melanoma risk.

For this you should:

- Wear protective clothing with longer sleeves, wide-brimmed sunhats, and sunglasses
- Seek shade when outside
- Avoid direct sun exposure at mid-day
- Use sunscreens on skin areas that cannot be protected by clothes; apply sufficient amounts and reapply every 2 hours to ensure optimal UV protection
- Do not use sun beds.

MELANOMA DURING PREGNANCY

Combined with a healthy diet that is rich in vitamin D, these measures should allow you to maintain a healthy and active life, enjoying nature and all your favourite outdoor activities without taking unnecessary risks for your skin.

Is it safe to become pregnant if I have already had melanoma?

To date, there is no definitive evidence that a pregnancy worsens the prognosis of a previous melanoma. There is no conclusive proof that pregnancy occurring after the diagnosis of melanoma increases the risk of tumour recurrences or death.

Nevertheless, the safety and risks of pregnancy are different from one person to another, as they depend on many things like the stage of your melanoma, the type of treatment you received, the type of imaging tests you need, and on your own individual health condition.

Therefore, if you consider becoming pregnant after the diagnosis of melanoma, you should discuss this in depth with your dermatologist, oncologist, and obstetrician. With their help, you should clarify the following: if your current treatment or follow-up tests present risks for the pregnancy, if your current health status is compatible with a successful pregnancy, and if a possible pregnancy would impact your necessary treatment and follow-up plan.

Regardless of the stage of the previous tumour, you are at high-risk of developing a new melanoma. Therefore during pregnancy, you should continue to keep all follow-up appointments with your dermatologist, check your skin regularly, and be alert for any warning signs.

Can melanoma affect my baby?

If your melanoma was diagnosed in the early stage, it is unlikely that it would cause problems to you or your child. If you are diagnosed with metastatic melanoma during pregnancy, it is possible that melanoma cells cross the placenta and spread to the foetus. However, this only occurs rarely.

More frequently, it is the systemic treatment you may need for metastatic melanoma or some tests like CT (computed tomography) or PET (positron emission tomography) scans that can harm your unborn baby. Your attending physicians, including the oncologist, radio-nuclear medicine specialist, and obstetrician, should explain the risks and benefits of every treatment or test to you, for both your and your baby's short and long-term health. ■

