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Fewer Moles Can Still Mean High Skin Cancer Risk

Written by Chuck Green | Published on August 20, 2015



Researchers call for more melanoma screenings after concluding that people with few moles can still have a high risk of skin cancer.



Don't be fooled if you don't have that many moles.

You still could be at risk for developing melanoma, the deadliest form of skin cancer.

The presence of more than 50 moles on your body is a well-known risk factor for melanoma.

However, board-certified dermatologist Dr. Caroline Kim, fellow of the American Academy of Dermatology, and her colleagues noticed that only a small fraction of their advanced stage melanoma patients had a significant number of moles.

In addition, many patients referred to Kim for skin cancer screenings who had multiple and atypical moles tended to develop less aggressive melanomas.

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Kim reviewed 281 cases seen in a year in a melanoma clinic to verify these observations.

The findings, presented at this week's [American Academy of Dermatology](#)

annual summer meeting, suggest that patients with multiple moles had, on average, thinner tumors with fewer dividing cells. That means they were less aggressive.



Meanwhile, those with fewer than 50 moles had tumors with more aggressive features, including thicker depth and more dividing cells.

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Any Mole Can Be Dangerous

Patients with more moles are more easily identified and are more often referred for screenings, so "our findings highlight the need to make sure we're not missing patients with fewer moles" who might be more prone to developing more aggressive melanomas, said Kim, who is director of the Pigmented Lesion Clinic at the Beth Israel Deaconess Medical Center in Boston.

Kim told Healthline that melanomas can appear in any color, including pink or skin-colored, as well as be darkly pigmented.

“Patients with fewer moles might not be receiving the message that they're at risk of melanoma.”

Dr. Caroline Kim, Beth Israel Deaconess Medical Center



Consequently, people should bear in mind that any lesion that's a so-called “ugly duckling,” or looks different from anything else on their skin — especially if it's growing, changing in size, shape, or color — should be evaluated, said Kim.

“Patients with fewer moles might not be receiving the message that they're at risk of melanoma,” said Kim, who is also an assistant professor of dermatology at Harvard Medical School.

In fact, Kim was struck by how often those patients indicated they were unaware they could develop melanoma or thought they didn't need to be screened since they didn't have a lot of moles.

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Patients, Physicians Should Ask for

Screenings

Since there is no program for routine melanoma screenings, it's largely up to the primary care physician and patients to ask about melanoma screenings and to be aware of the disease.

"By identifying patients with multiple moles alone, we're missing a piece of the population that will still develop melanoma," Kim told Healthline. "We need to educate all patients about melanoma and better understand which patients in particular are at risk for aggressive disease."

For now, Kim said patients with a history of significant sun damage, fair skin, and/or family history of melanoma should be screened for the disease.

"It's evident in the clinic that there are patients who develop melanoma who don't clearly have any known risk factors," she said.

That suggests the need for more research on risk factors to better identify all patients at risk, she added.

Melanoma accounts for less than 2 percent of skin cancer cases in the United States. However, it causes a large majority of skin cancer deaths.

The [American Cancer Society estimates](#) that there will be more than 73,000 new melanoma cases diagnosed in the United States this year.

Almost 10,000 people are expected to die from the disease this year.

Melanoma rates have been rising for the past 30 years, the organization reports.

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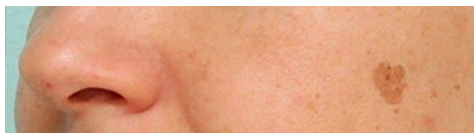
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