

## WHAT TO DO IF YOU FIND A SUSPICIOUS MOLE OR LESION

### If you have an HMO plan:

Call your primary care physician and ask for an appointment immediately. If your physician says your lesion is nothing to worry about or advises waiting, insist on a referral to a dermatologist for a second opinion—unless the physician is absolutely certain of the diagnosis and is willing to put it in writing so you can research it further.

If your physician is vague about the diagnosis and unwilling to give you a referral, make an appointment yourself. Many primary care physicians have misdiagnosed melanomas that were fatal; it isn't worth the risk, even if you have to pay out of pocket for the dermatologist appointment.

### If you have a PPO plan, indemnity insurance, or a referral:

Make an appointment with a dermatologist's office. If you can't get an appointment within *one week*, even after insisting that you suspect melanoma, you can:

- Make an appointment with a board-certified general surgeon or plastic surgeon.
- Make an appointment with the dermatology department of a large hospital.
- Call the American Academy of Dermatology (888-462-3376) for information about other dermatologists in your area, or visit [www.aad.org/findaderm](http://www.aad.org/findaderm).

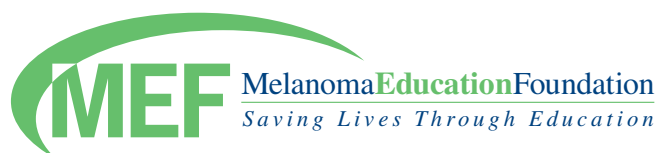
### Before having a suspicious mole or lesion biopsied or removed:

- Unless the lesion is in a cosmetically sensitive area, insist on surgical excision (complete surgical removal) rather than shaving or punch biopsy.
- Ask the dermatologist or surgeon whether the biopsy will be done in a dermatopathology lab (a pathology lab that specializes in skin diseases). *If not, insist on it.*

If the pathology report indicates a moderately or severely dysplastic nevus (atypical mole), ask the dermatologist or surgeon if the margins were clear (if the mole was completely removed). If not, schedule another appointment to complete the surgery. If the mole was normal or only slightly dysplastic, clear margins are not usually considered essential.

If the pathology report is positive for melanoma, ask for a copy of the report. Ask the dermatologist or surgeon what the thickness of the melanoma is. A melanoma with a thickness of  $\frac{1}{32}$  inch (.75 mm) or less is almost always curable by surgical excision.

Narrow area excision (removal of additional skin) and three-month follow-up exams for the first two years are standard practice for all melanomas, even when they are thin.



[www.melanomaeducation.net](http://www.melanomaeducation.net)