



# Rx FOR SUCCESS

## Dysplastic Nevus

Skin moles are also known as nevi. An **atypical mole** has three of the following features by clinical inspection (i.e., gross visual examination):

- ▶ Greater than 5mm in diameter
- ▶ Irregular margin resulting in an unusual shape
- ▶ Flat and bumpy components
- ▶ Ill-defined or irregular borders
- ▶ Varying shades of color (mostly pink, tan, brown, black)

Atypical moles are harmless and do not require removal. If there is suspicion of melanoma, the mole should be excised. Microscopic inspection will show the distinct established pathological criteria of dysplastic nevi in a minority of these lesions. Thus, an “atypical” mole is a clinical diagnosis made by visual inspection; and a “dysplastic” nevus is a microscopic diagnosis after excisional biopsy. Unfortunately, the terms are sometimes used interchangeably in attending physician statements and pathology reports.

Atypical moles may occur sporadically (usually in fair skinned individuals with excessive sun exposure) or in families as part of **Familial Atypical Mole and Melanoma Syndrome (FAMM)**. This syndrome was previously called dysplastic nevus syndrome. Diagnostic criteria for FAMM are as follows:

- ▶ One or more first-degree or second-degree relatives with malignant melanoma.
- ▶ A large number of nevi (often more than 50), some of which are atypical on visual examination.
- ▶ Nevi that are dysplastic on histopathology.

About one-half of malignant melanomas develop in precursor moles. For the remaining melanomas, there is no specific precursor lesion, but the skin is often sun damaged. Risk factors for melanoma include:

- ▶ Personal history of melanoma.
- ▶ Personal history of atypical nevi.
- ▶ Personal history of fair skin with excessive UV exposure.
- ▶ Personal history of FAMM.
- ▶ Family history of melanoma in first or second degree relative(s).

### UNDERWRITING ACTION

#### No personal history of melanoma, FAMM, or dysplastic nevus syndrome

▶ Any number sporadic atypical nevi by clinical observation OR 1-7 sporadic dysplastic nevi by biopsy	0
▶ >7 sporadic dysplastic nevi by biopsy	Individual Consideration

#### With history of melanoma, FAMM, or dysplastic nevus syndrome

Any personal history of melanoma	Rate per melanoma table
Personal or family history of dysplastic nevus syndrome or FAMM by AP diagnosis	Individual Consideration

*To get an idea of how a client with dysplastic nevi would be viewed in the underwriting process, use the attached Ask “Rx” pert underwriter for an informal quote.*

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**Ask “Rx”pert Underwriter (Ask Our Expert)**

After reading the *Rx for Success* on Dysplastic Nevus, use this Ask “Rx”pert Underwriter for an informal quote.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had dysplastic nevi, please answer the following:

**1. Please list date(s) of first diagnosis.**

\_\_\_\_\_

**2. Was dysplastic nevus, atypia, dysplasia, or Clark’s nevus seen on pathology?**

- Yes, give name and date of all abnormal pathology \_\_\_\_\_
- No

**3. If there is a history of skin cancer, what type was diagnosed?**

- Basal cell carcinoma
- Squamous cell carcinoma
- Malignant melanoma

**4. Please note where the skin cancer was located.**

\_\_\_\_\_

**5. Has the cancer metastasized (spread) beyond the skin?**

- Yes. Please give details: \_\_\_\_\_
- No

**6. Has there been any evidence of recurrence?**

- Yes. Please give details: \_\_\_\_\_
- No

**7. For malignant melanoma only, what stage was the cancer?**

- Clark I/in situ
- Clark II/Breslow, less than or equal to 0.75mm
- Clark III/Breslow, .75 to 1.5mm
- Clark IV/Breslow, 1.51 to 4.0mm
- Clark V/Breslow, greater than 4.0mm

**8. Is your client on any medications?**

- Yes. Please give details: \_\_\_\_\_
- No

**9. Does your client have any other major health problems (e.g., heart disease, etc.)?**

- Yes. Please give details: \_\_\_\_\_
- No