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Melanoma

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Melanoma

Skin cancer has emerged to be the most common type of cancer globally, and this has made it a talk in almost all countries. The United States is among the nations where skin cancer is common. Therefore, melanoma is among the types of skin cancer that is the most solemn and grows in melanocyte cells that produce melanin (Schadendorf et al., 2015). Melanin is a pigment that provides color to the skin. Melanoma can also form in other areas apart from the skin, such as the eyes; however, it can rarely form inside the body. The significant relationship of the disease process melanoma to the immune system is based on the microenvironment that impacts cancer cells propagation, metastasis, and development.

Schadendorf et al. (2015) stated that melanoma cells are closely related to immune system control. Dendritic cells (DC) are mainly recognized as a demanding immune resident that links essential and adaptive immune systems. Remarkably, the DC inflection in the melanoma microenvironment outlines both tumor progression and anti-melanoma immunity. Consequently, the DC leads to a conspicuous target for handling the immune system for medication tenacities designed to improve the protection responses or to overawed the onset of developed resistance to melanoma immunotherapy.

Evidence-based modality treatment for melanoma cancer is surgery. While the melanoma disease occurs in stages, treatment of the disease will depend on the location and affected place. According to Avilés-Izquierdo et al. (2016), although surgery is a typical treatment for melanoma, other factors need to be considered, such as the general health of a person, the risks of the melanoma returning after treatment, and gene alteration of the cells. Stage 0 to stage IV, the evidence-based medicine is surgery. However, since cancer has developed tremendously at stage IV, reaching the lymph node and other areas of the body can also be treated using radiation

therapy. Evidence is presented that supports the utilization of surgical techniques in treating Melanoma cancer and resolves some of the disagreements that have developed.

Lugowska et al. (2018) researched the immunotherapy of melanoma and found out that the recent immunotherapy is transforming oncology. Currently, melanoma care standard of individuals is immunomodulating modalities, including ¹ anti-CTLA-4 antibody ipilimumab as well as anti-PD-1 medication. The enhancements of the development of free existence and general endurance survival linked to such treatments are unparalleled at the same time established in stage III trials. According to research conducted by Dick et al. (2019), argued that advanced computing has the potential of decreasing missed diagnoses for melanoma. Therefore, computer-aided diagnosis is essential for helping dermatologists eliminate human reasoning challenges for performing repetitive roles.

Melanoma can develop in all aspects of the skin; however, in most cases, it does occur in areas where it can easily be seen. This makes it possible for them to be noticed easily. The pathophysiology of melanoma is portrayed by its development, where it can grow in or close to an earlier prevailing precursor lesion or in healthy skin (Schadendorf et al., 2015). Similarly, a malignant melanoma emerging in healthy skin is regarded as developing de novo with no precursor lesion indication. Furthermore, solar radioactivity encourages a lot of melanomas. Likewise, melanoma may develop in unexposed regions of the skin, such as the perineum and palms. Melanoma can develop in two stages. The first stage is the radial growth period, where the malignant cells form in an epidermis's outward style. However, after some time, the disease advances to the vertical development stage, where the malignant cells attack the dermis and progress the capacity to metastasize.

Individuals need to regularly assess their skin to recognize any uncommon developments in their skin or variations in prevailing moles. The early signs of melanoma consist of a new spot on the skin or a variation in the prevailing mole's shape and color. Not all moles are dangerous; however, several signs must be noticed to realize if one has melanoma, for example, the size and shape of the mole, if the mole has an asymmetrical shape when the edge is rough, and the presence of dark spots. On the other hand, melanoma symptoms include wounds that never heal, itchiness and pain, incomplete loss of vision, and variations in texture and size of the prevailing mole (Avilés-Izquierdo et al., 2016). Surgery and radiotherapy are the used evidence-based treatment methods. Treatment of melanoma is critical as it affects the skin; based on the melanoma stage, different treatment methods are used. Surgery and radiotherapy being treatment methods are supported and rational to be used as a treatment strategy. The developed treatment guidelines are followed, and thus lack of compliance to the procedures will lead to clinical investigations.

Masters prepared nurses can be informed with this information immensely. Melanoma cancer is presented in detail, from its relationship with the immune system to the signs and symptoms and the evidence-based treatment. Information plays a critical role in master's prepared nurses because of the work they do, such as delivering advanced patient care, performing research, educating students and people online, and performing consultations and executing evidence-based solutions that transform healthcare. This information will help them develop a patient education session as signs and symptoms are present, helping them realize cancer. The most important information presented was the evidence-based treatment modalities, and the most confusing information is signs and symptoms. Patients with melanoma have a

safety issue of ultraviolet radiation (Luke et al., 2017). Thus, evasion of the sun is almost impossible while it is harmful to patients.

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