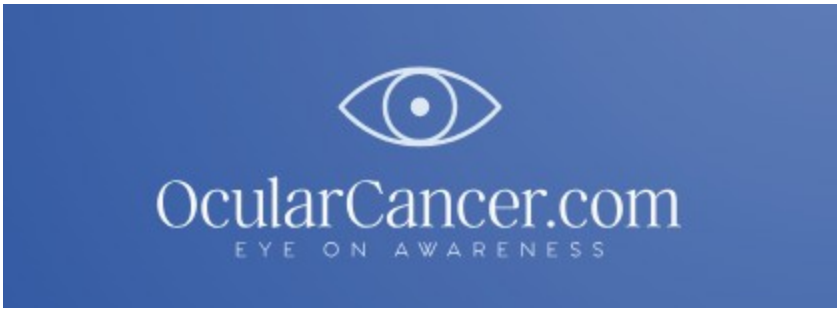

👁️ Conjunctival Melanoma Fact Sheet

Cancer Type: Ocular Surface Cancer
Primary Site: Conjunctiva (membrane covering the white of the eye and inside of eyelids)
Rarity: Very Rare (less than 2% of all eye tumors)
Source: OcularCancer.com

🔍 What is Conjunctival Melanoma?

Conjunctival melanoma is a rare and potentially life-threatening cancer that originates in the **melanocytes** (pigment-producing cells) of the conjunctiva. It appears as a darkly pigmented or sometimes pink lesion on the surface of the eye and can spread locally or metastasize (spread to other parts of the body).

📊 Key Facts:

- **Prevalence:** ~0.2 to 0.5 cases per million people annually
- **Typical Age at Diagnosis:** 50 - 70 years old
- **Gender:** Affects both men and women equally
- **Laterality:** Usually affects one eye (unilateral)

🧬 Causes & Risk Factors:

- **Primary acquired melanosis (PAM)** with atypia (pre-cancerous condition)
- Pre-existing **nevus** (eye mole)
- UV radiation exposure (possible risk factor)
- Fair skin and light-colored eyes
- Genetic mutations (e.g., **BRAF**, **NRAS**, **TERT** promoter mutations)

👁️ Signs and Symptoms:

- Pigmented (dark brown, black) or non-pigmented (pink, flesh-colored) lesion on the eye
- Lesion may be **raised**, **vascularized**, or **mobile**
- Growth or change in a pigmented spot on the conjunctiva
- Redness, irritation, or foreign body sensation (sometimes)
- Possible spread to local lymph nodes

🩺 Diagnosis:

- **Slit-lamp examination** by an ophthalmologist
- **Photographic monitoring** of lesions over time
- **Biopsy** (excisional or incisional) to confirm malignancy
- **Immunohistochemistry & genetic testing** for mutation profiling
- **Imaging** (MRI, CT, ultrasound) to check for orbital or systemic spread
- **Sentinel lymph node biopsy** in some cases

⚙️ Staging & Spread:

- **Local invasion:** Can extend onto the cornea, sclera, or eyelids
- **Lymphatic spread:** Regional lymph nodes (parotid, submandibular, cervical)
- **Distant metastasis:** Lungs, liver, brain (rare but possible)

💉 Treatment Options:

- **Surgical excision** with clear margins
- **"No-touch" surgical technique** to prevent cell seeding
- **Cryotherapy** to edges after removal
- **Topical chemotherapy** (e.g., Mitomycin C)
- **Radiation therapy** (plaque brachytherapy or proton beam in advanced cases)
- **Lymph node dissection** if nodal involvement
- **Systemic immunotherapy or targeted therapy** (in metastatic or advanced cases)

🎯 Prognosis:

- **5-year survival rate:** ~80 - 90% with early diagnosis and treatment
- **Local recurrence:** Up to 50% (close follow-up essential)
- **Metastasis risk:** ~15 - 25% in long-term follow-up
- **Best outcomes** with early detection and complete surgical removal

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🔄 Follow-Up & Monitoring:

- Frequent eye exams every 3 - 6 months initially, then annually
- Long-term monitoring for recurrence or metastasis
- Imaging of lymph nodes and distant organs as needed

❤️ Support & Resources:

- Genetic counseling for mutation-positive patients
- Ocular oncology and surgical specialists
- Survivor networks and rare cancer support groups
- Eye prosthetics (if extensive surgery is needed)

📌 Key Takeaways:

- **Early detection is critical** - monitor pigmented or growing eye lesions
- High recurrence risk demands **regular, long-term follow-up**
- Advanced therapies now offer improved outcomes even in complex cases
- **Conjunctival melanoma is rare but treatable** when caught early

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📚 **For more information, patient stories, and support**, visit:
🌐 OcularCancer.com - Your resource for education, awareness, and connection for rare eye cancers.