The role of genetic factors in the development of melanoma.

Jiyeon Feng*

Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, USA

Introduction

Melanoma, a type of skin cancer, is a complex disease influenced by a combination of genetic and environmental factors. While excessive exposure to ultraviolet (UV) radiation is a well-known risk factor, recent research has highlighted the significant role of genetic factors in the development of melanoma. This article explores the interplay between genetics and melanoma, shedding light on the specific genetic factors that contribute to its development.

Multiple studies have demonstrated that certain genetic variations can increase an individual's susceptibility to melanoma. One of the most well-known genetic factors is the presence of mutations in genes such as BRAF, NRAS, and CDKN2A. BRAF mutations, for example, are commonly found in melanomas and can lead to the activation of cell growth signaling pathways. Similarly, NRAS mutations contribute to the uncontrolled growth of melanocytes, the pigment-producing cells in the skin. CDKN2A mutations, on the other hand, are associated with familial melanoma, a form of the disease that tends to run in families.In addition to these specific gene mutations, genome-wide association studies (GWAS) have identified numerous single nucleotide polymorphisms (SNPs) associated with melanoma susceptibility. SNPs are variations in a single nucleotide within a DNA sequence, and certain SNPs have been found to increase the risk of melanoma development. These genetic variations are thought to affect various biological processes, including DNA repair mechanisms, immune response, and pigmentation, which collectively influence melanoma risk [1].

Apart from specific gene mutations and SNPs, inherited traits such as fair skin, light eye color, red or blonde hair, and freckling have long been recognized as risk factors for melanoma. These traits are associated with reduced melanin production, the pigment responsible for protecting the skin from UV radiation. Consequently, individuals with fair skin are more susceptible to sunburn and have an increased risk of developing melanoma upon UV exposure.Moreover, studies have identified several genetic factors responsible for determining pigmentation, including MC1R, ASIP, and TYR genes. Variations in these genes can affect melanin production and distribution, thus influencing an individual's susceptibility to melanoma. For instance, certain MC1R variants are more commonly found in individuals with red hair, who tend to have a higher risk of developing melanoma [2].

While genetic factors play a significant role in melanoma development, it is important to acknowledge the interaction between genetics and environmental factors. Excessive exposure to UV radiation, especially during childhood, remains a primary environmental risk factor for melanoma. In individuals with certain genetic predispositions, UV exposure can further increase the likelihood of melanoma development. The cumulative effects of genetic and environmental factors contribute to the overall risk and progression of the disease. In addition to specific gene mutations and single nucleotide polymorphisms (SNPs), other genetic factors contribute to melanoma development. For instance, mutations in the MC1R gene have been associated with an increased risk of melanoma, particularly in individuals with red hair and fair skin. MC1R is involved in regulating melanin production and pigmentation [3].

Furthermore, certain hereditary conditions are known to elevate the risk of developing melanoma. For example, individuals with a family history of melanoma have a higher likelihood of developing the disease themselves. Inherited conditions such as familial atypical multiple mole melanoma syndrome (FAMMM) and dysplastic nevus syndrome (DNS) are characterized by the presence of multiple atypical moles and carry an increased risk of melanoma [4].

It is worth noting that while genetic factors play a significant role, they do not act in isolation. Environmental factors, especially exposure to UV radiation from the sun or artificial sources like tanning beds, interact with genetic predispositions to influence melanoma risk. Individuals with certain genetic variations may be more susceptible to the damaging effects of UV radiation, leading to a higher likelihood of melanoma development [5].

Conclusion

Melanoma is a multifactorial disease influenced by the interplay between genetic and environmental factors. Specific gene mutations, SNPs, and inherited traits associated with pigmentation influence an individual's susceptibility to melanoma. Understanding the genetic factors involved in melanoma development is crucial for risk assessment, early detection, and personalized treatment strategies. Further research into the genetic underpinnings of melanoma will undoubtedly enhance our knowledge of the disease and pave the way for targeted interventions aimed at preventing and treating this potentially life-threatening condition.

Citation: Feng J. Advances in the treatment of psoriasis: biologic therapies. Res Clin Dermatol. 2023;6(3):143

^{*}Correspondence to: Jiyeon Feng, Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, USA. E-mail: jiyeon.feng4@nih.gov Received: 14-Apr-2023, Manuscript No. AARCD-23-104679; Editor assigned: 15-Apr-2023, PreQCNo. AARCD-23-104679 (PQ); Reviewed: 29-May-2023, QCNo. AARCD-23-104679; Revised: 03-May-2023, Manuscript No. AARCD-23-104679 (R); Published: 15-May-2023, DOI: 10.4679/aarcd-6.3.143

References

- 1. Miller AJ, Mihm Jr MC. Melanoma. N Engl J Med. 2006;355(1):51-65.
- 2. Houghton AN, Polsky D. Focus on melanoma. Cancer cell. 2002;2(4):275-8.
- 3. O'Neill CH, Scoggins CR. Melanoma. J Surg Oncol. 2019;120(5):873-81.
- 4. Garbe C, Leiter U. Melanoma epidemiology and trends. Clin Dermatol. 2009;27(1):3-9.
- 5. Thompson JF, Scolyer RA, Kefford RF. Cutaneous melanoma. The Lancet. 2005;365(9460):687-701.

Citation: Feng J. Advances in the treatment of psoriasis: biologic therapies. Res Clin Dermatol. 2023;6(3):143