

I have a suspicious mole – how do I know if it's melanoma?

1. Visual examination

When doctors examine a mole, normally they can identify whether there are signs of melanoma. Using visual examination, they can often determine whether further treatment is necessary.

2. Measurement with Nevisense

In more difficult cases, additional information may be necessary. For these moles, Nevisense helps your doctor to a make a more precise decision by providing:

- a proven method, tested in the world's largest melanoma detection study¹⁾
- objective diagnostic information
- immediate results

3. Mole removal?

If any signs of melanoma are detected in these first two steps, your mole may need to be removed by performing an excision or excisional biopsy. By surgically removing the suspicious mole, your doctor can then send it to a laboratory for further analysis.

¹⁾ Clinical performance of the Nevisense system in cutaneous melanoma detection: an international, multi-centre, prospective and blinded clinical trial on efficacy and safety. Malvehy J, Hauschild A, Curiel-Lewandrowski C, et al. British Journal of Dermatologu, 2014 Mau 19, DOI: 10.1111/bjd.13121.

Why Nevisense?

Nevisense provides unique diagnostic information

Nevisense provides objective diagnostic data that is unavailable through any other method. This helps your doctor make better and more accurate decisions about diagnosis and treatment. The ability to accurately measure your mole reduces the need for unnecessary mole removals as well as the risk of leaving a potential melanoma undetected.

Many moles are removed unnecessarily

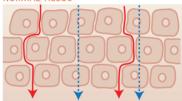
Most moles are harmless. But because melanoma is a serious disease that can be difficult to identify with absolute certainty, a mole that is even slightly suspicious is often removed as a precaution. This leads to the removal of many benign moles, causing unnecessary discomfort or scarring for patients. Nevisense can give your doctor the added information needed to rule out these harmless cases without having to surgically remove the mole.

Faster answers mean faster treatment

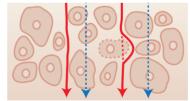
The good news is that melanoma is largely curable if detected and treated early. Nevisense provides fast, objective information, allowing your doctor to immediately determine the next steps in your treatment.

Using varying electrical frequencies, Nevisense can detect the abnormal cellular structures that are the signs of melanoma.

NORMAL TISSUE

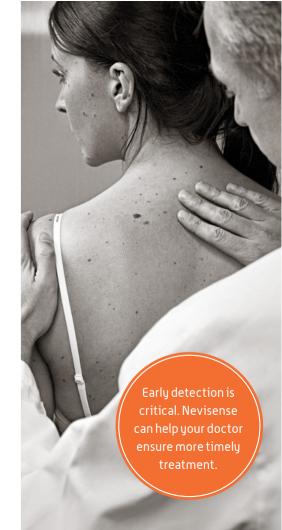


ABNORMAL TISSUE



— Low frequencies - primarily reflect the environment outside the cells.

---- High frequencies - reflects the environment both inside and outside the cells.



Results in just a few minutes.

If your doctor has suggested using Nevisense, it is because he or she wants to gather the most complete information about your case before deciding whether to remove a mole. Nevisense measures cell characteristics beneath the skin's surface, allowing your doctor to accurately identify signs of melanoma that cannot be visually detected.

The Nevisense procedure is simple, painless and takes just a few minutes to perform. The device sends tiny, harmless electrical impulses into the skin's surface – impulses so small that they cannot be felt when the measurement is taken. The only thing you'll feel is the measuring probe touching your skin.



MOISTENING THE SKIN



REFERENCE MEASUREMENT



MOLE MEASUREMENT

What happens next?

- 1. If your doctor decides that the mole is benign, you can rest easy. Be sure to follow your doctor's recommendations and continuously monitor your moles for any future changes in size, color or shape.
- 2. If your doctor decides that the mole requires treatment, removal of the mole will be planned as soon as possible and the mole will be sent to a lab for analysis.



The procedure is fast, harmless and precise.



2) Clinical performance of the Nevisense system in cutaneous melanoma detection: an international, multi-centre, prospective and blinded clinical trial on efficacy and safety. Malvehy J, Hauschild A, Curiel-Lewandrowski C, et al. British Journal of Dermatology. 2014 May 19. DOI: 10.1111/bjd.13121.

