Melanoma
What is Melanoma?
Malignant Melanoma is a form of Skin Cancer which can start in a pre-existing mole or normal looking skin.

What causes Melanoma?
Although the cause is not fully understood there is strong evidence to suggest that Ultraviolet (UV) rays from the sun or possibly from sun beds can do damage to the skin.

What are the symptoms?
An alteration in skin appearance usually noted as a changing mole which is irregular in outline, shape or colour.

How is skin cancer diagnosed?
It is recommended that all suspected Melanomas initially be diagnosed with surgery. Melanoma caught at an early stage of development has a good chance of a cure.

Treatment – Excision biopsy
This involves removing the mole, usually under a local anaesthetic. The sample is sent away to confirm the diagnosis. It may take two to three weeks for the biopsy results to be ready. One of the things that will be looked at under the microscope is how deep or how thick it is. Thin Melanomas are less likely to spread elsewhere in the body.

Treatment – wide local excision
If a Melanoma is diagnosed as a result of the excision biopsy the Doctor will recommend a wide local excision. This involves another operation to remove an extra margin of skin from around the original Melanoma site which is again examined under a microscope. This is to reduce the risk of any Melanoma cells being left behind in the surrounding skin.

If possible, the wound will be stitched closed, although sometimes it is necessary to repair the area with a skin graft or other types of plastic surgery. You may require time to get back to your usual routine depending on the type of surgery you have had.
Further treatment
There is a small chance that your Melanoma may spread or come back and this may be removed by further surgery. Chemotherapy type treatments or Radiotherapy may also be used.

Research and clinical trials are ongoing to find the best and new treatments. For up-to-date information please ask your Skin Cancer Clinical Nurse Specialist.

Follow-up
Once surgery is complete, you will need to have regular check-ups at the hospital. For an individual timetable, please ask. The length of follow up varies but is initially 3 monthly.

Patients with a diagnosis of a thicker Melanoma (Stage IIC and above) will be offered regular CT scans.

<table>
<thead>
<tr>
<th>Possible Advantages of Surveillance Imaging (having regular scans)</th>
<th>Possible Disadvantages of Surveillance Imaging (having regular scans)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the Melanoma comes back (recurrent Melanoma), it is more likely to be detected sooner. It is possible that this could lead to a better outcome by allowing treatment with drugs (such as immunotherapy drugs) to start earlier.</td>
<td>Although early drug treatment of recurrent Melanoma might improve survival, there is currently no evidence showing this.</td>
</tr>
<tr>
<td>Some people find it reassuring to have regular scans.</td>
<td>Some people find that having regular scans increases their anxiety.</td>
</tr>
<tr>
<td></td>
<td>Scans expose the body to radiation, which can increase the risk of cancer in the future.</td>
</tr>
</tbody>
</table>
Possible Advantages of Surveillance Imaging (having regular scans) | Possible Disadvantages of Surveillance Imaging (having regular scans)
---|---
Scans of the brain and neck increase the risk of developing cataracts. | Scans of the chest cause a very small increase in the risk of thyroid cancer.
Scans may show abnormalities that are later found to be harmless, causing unnecessary investigations and anxiety.

Self examination

You will be shown how to examine yourself to detect any recurrence at the site of removal or in the surrounding skin. This is probably one of the most important things you can do to help yourself. The chance of the Melanoma returning remains small for the majority of people.

- Check for any existing or new moles or skin lumps that enlarge, change colour, bleed or itch. Most changes are harmless but they may indicate the start of a Skin cancer. If you are in doubt contact your Skin Cancer Clinical Nurse Specialist.
- Any dark spots that develop either at or near the site of the removal of the Melanoma should be reported your Skin Cancer Clinical Nurse Specialist.
- If any Melanoma cells have broken away from the tumour before it was removed, there is as chance that they may spread to your lymph nodes.
Lymph nodes are present throughout the body; their purpose is to fight off any infections. If the cancer cells spread from the Melanoma they can lodge in the nodes. This may produce lumps, either painful or painless, in the neck, armpits or groins, depending on the site of the initial growth.

Even more rarely, in a very small number of people, the Melanoma can spread beyond the local lymph nodes to distant nodes, distant skin or other organs, such as the lung, brain or liver.

Any unusual symptoms that persist should be reported. If you would like more information on this please discuss with your Skin Cancer Clinical Nurse Specialist. It is important to remember that recurrences may be curable if detected early.

**How do I examine myself?**

Although initially you will be examined at check-up, it is important that once a month you perform your own examination at home.

Take time to look at and feel the scar and the surrounding area. One of the easiest ways to do this is to feel with the flat of your hand against the skin. Many people find this works well whilst having a bath or a shower. This same technique can be used to check the skin between the scar and the lymph nodes and the nodes themselves.

For Melanomas in the head or neck area you need to examine the nodes in the side of the neck, under the chin, above the collarbones, behind the ears and at the back of the neck.

For Melanomas on the arm spread may occur in the armpit on the affected side, above the collarbones and in the lower neck.

For Melanomas on the leg the nodes behind the knees and in the groin need to be checked. A useful tip is to compare one side of your body with the other.

**What to do if you are worried?**

You should contact your Skin Cancer Nurse Specialist, Consultant’s Secretary or GP if you are worried. The telephone numbers are included in this leaflet. Please feel free to telephone, we would much rather talk it over with you on the telephone or see you and hopefully reassure rather than have you worry and risk delaying treatment.
**Future protection**

- Take care whilst in the sun
- Never allow your skin to burn
- Wear a hat with a large brim
- Avoid strong sunshine between 11am and 3pm if possible
- Avoid using sun beds
- Use high factor sunscreens (SPF 30+)
- Sit in the shade

Pass the message on to your friends and family about the importance of protecting themselves and checking alterations in moles and their skin. Remember that sunscreens should be used as well as the above recommendations.

**Insurance**

If you already have life insurance you may need to inform them of your diagnosis.

If you have critical illness insurance you may be able to make a claim.

**Travel Insurance**

Getting travel insurance when you have had cancer can be difficult. From the company’s point of view, you are a bigger risk. As they see it, having been ill, you are more likely to need medical treatment while you are abroad. Or they may think that illness could cause you to cancel your trip at the last minute. But finding travel insurance is getting easier. Fortunately, many insurance companies are now looking at cases individually rather than refusing everyone with a history of cancer.
References and further Information

NGS Macmillan Wellbeing Centre,
Southmead Hospital,
Bristol BS10 5NB
Southmead Hospital has a drop-in centre offering a variety of activities/services. For more information telephone 0117 4147051 or ask your Skin Cancer CNS.

Skin Cancer Research Fund (SCaRF)
Based at Southmead Hospital
Telephone: 0117 4148755

Macmillan Cancer Support
Europe’s leading cancer information charity with over 4,500 pages of up-to-date cancer information, practical advice and support for cancer patients, their families and carers
Telephone: 0808 800 1234

CancerHelp
CancerHelp UK is a free information service about cancer and cancer care for people with cancer and their families. CancerHelp believes that information about cancer should be freely available to all and written in a way that people can easily understand.
www.cancerhelp.org.uk
How to contact us:

Skin Cancer Clinical Nurse Specialists:

Lynda Knowles
Joanne Watson
Helen Breeze
Rachel Sinclair

Tel: 0117 41 47415

www.nbt.nhs.uk/skin

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.