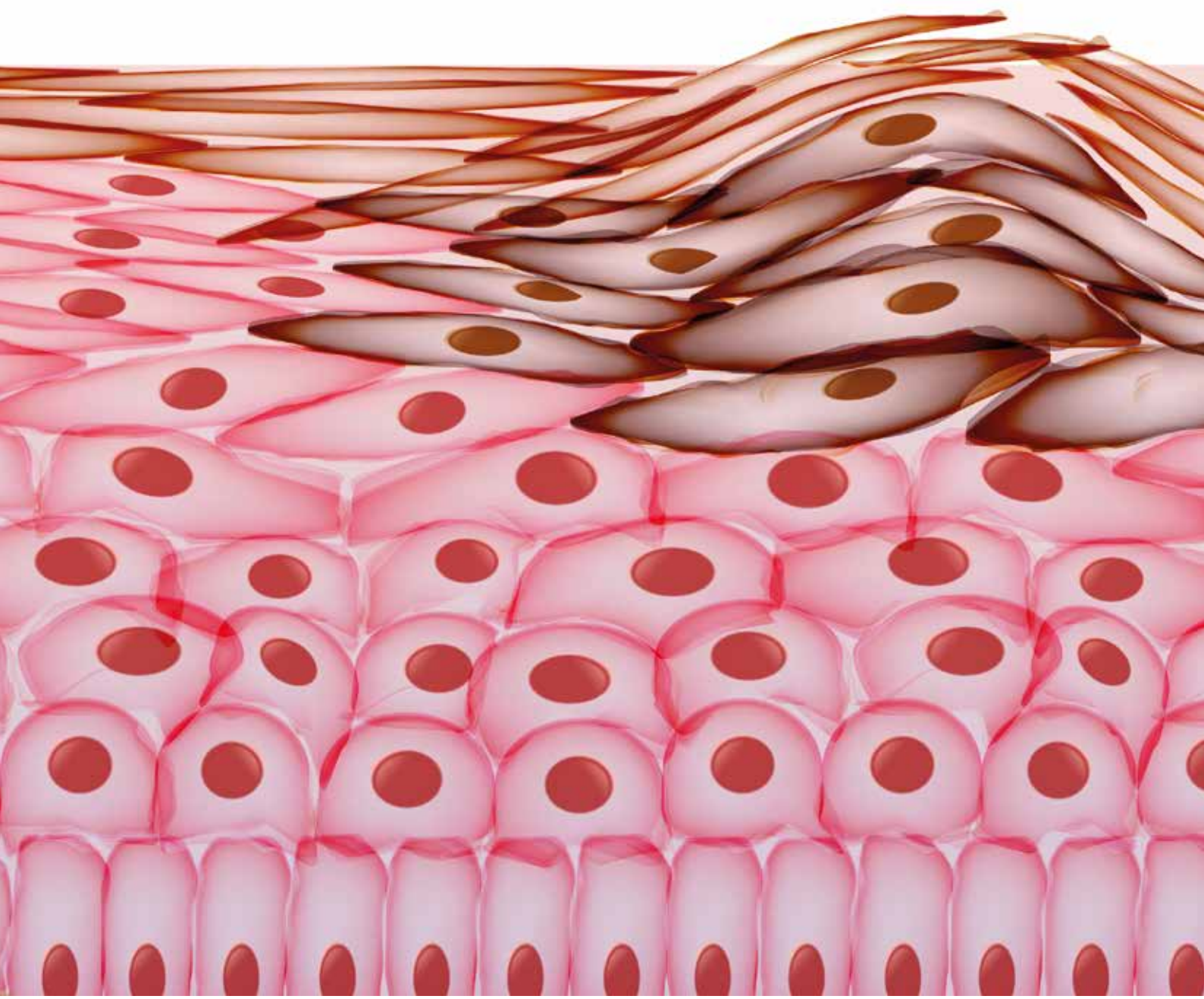
Your Questions Answered:

In situ and low-risk melanoma



BASCSN
SKIN CANCER SPECIALIST NURSES

MELANOMA FOCUS

Produced by The British Association of Skin Cancer Specialist Nurses in association with Melanoma Focus

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INTRODUCTION

This booklet is about thin melanoma. If you or a family member has been diagnosed with a thin melanoma, it will help you understand what the condition is, how it is treated and what will happen afterwards.

If you have any questions that the booklet does not answer or you need further information, please ask your specialist nurse or doctor.

MOLES AND MELANOMA

A thin melanoma is a cancer of the skin that has been found early, In most cases, it is quite easy to treat and won't come back.

Melanomas are a cancer of the cells that produce melanin. Melanin is responsible for the brown colouring of our skin and protects it from the harmful effects of the ultraviolet rays in sunlight.

When our skin is exposed to sunlight, the melanin cells, known as melanocytes, increase melanin production to absorb more ultraviolet rays. This makes the skin darker and gives it a suntanned appearance. A suntan is a sign that the skin is trying to protect itself; unfortunately, suntanned skin may also have been damaged by exposure to ultraviolet light.

People with brown or black skin make more melanin, meaning that they have more natural protection from the sun's ultraviolet rays.

Moles (sometimes called naevi or nevi) are simply a group of melanocytes that lie close together. Moles start in infancy or early childhood. Most people with white skin have about 10–50 moles on their skin. Some young adults can have as many as 100. Normally they grow and develop from flat brown moles to raised brown moles to paler, lumpier moles, a process that takes 15–30 years to complete. This means that a new mole developing in someone older than about 35–40 years is unusual.

HOW MELANOMA DEVELOPS

Melanoma develops when melanocytes start to grow and divide more quickly than usual. This is because the ultraviolet rays in sunlight have damaged the DNA inside the cells.

The melanoma appears as a new spot on the skin or a changing mole. In most cases, people notice that the spot, or the changing mole, looks abnormal or odd.

It is very important to find and treat melanoma as early as possible. The longer a melanoma is allowed to grow, the further the cells grow upwards, sideways and downwards into the skin. Very early melanoma will not have grown downwards enough to have reached the second layer of the skin – the dermis; instead, it remains confined to the epidermis or upper layer. This is called 'melanoma in situ', and this type of melanoma cannot spread elsewhere in the body.

However, if the melanoma has grown into the dermis, it might then spread elsewhere in the body. This is because the dermis contains blood vessels and lymph channels along which the melanoma cells can travel. If the melanoma has only just reached the dermis, the chance of

it spreading is still very small. However, the deeper it spreads into the dermis, the greater the risk of it spreading.

The most crucial factor with melanoma is the depth to which it has grown in the skin. This is routinely measured when the melanoma is checked through the microscope. Known as the 'Breslow thickness', it is the distance, in millimetres, from the skin surface to the deepest melanoma cell. A thin melanoma is one which has a Breslow thickness of 1mm or less.

STAGING MELANOMA

The stage (classification) of a cancer is the term used to describe the size of the cancer and whether it has spread. Knowing the stage of a cancer helps decide on the best treatment. The system used to stage melanoma in the UK is the American Joint Committee on Cancer Classification.

Using information about the tumour (T), whether it has spread to the lymph nodes (N), and whether it has spread inside (metastasised – M), your doctors will be able to give a TNM stage. Thin melanomas are all T1. It is very unlikely for them to have already spread, so the N will be 0 and the M will be 0. The T is then further divided into A and B.

If the overlying skin is intact (non-ulcerated) and if there are no actively dividing melanoma cells (mitoses), this is a Stage 1A melanoma. 93% of people who are diagnosed with stage 1A melanoma will be alive at 10 years from diagnosis. If, on the other hand, the melanoma is ulcerated or there are mitoses, then it is Stage 1B. 87% of people diagnosed with stage 1B melanoma will be alive at 10 years from diagnosis.

TYPES OF THIN MELANOMA

There are several different types of melanoma, as described below. However, all types of melanoma are all staged as described above and it is the staging that guides treatment rather than the type.

- **Melanoma in situ** or melanocytic intraepithelial neoplasia (MIN) is the very earliest stage of thin melanoma. The melanoma cells are only in the very top layer of skin (epidermis) and have not started to spread into the dermis. Melanoma in situ is sometimes referred to as stage 0. There is no risk of it spreading and it is 100% curable with appropriate surgery.
- **Superficial spreading melanoma** is the most common type of skin melanoma. In women, the most common place for it to occur is on the legs, while in men it is on the chest and the back. At first, the melanoma cells usually grow slowly, spreading out across the surface of the skin. This helps to make the melanoma noticeable.
- **Nodular melanoma** is less common. As the name implies, the melanomas tend to grow more as lumps or nodules in the skin. Consequently, they are usually closer to 1mm in thickness than the other types of thin melanoma.
- **Lentigo maligna melanoma** is usually found in older people, in areas of skin that have had a lot of exposure to the sun over many years (most often on the face and neck). It develops from a slow-growing pre-cancerous condition called a Hutchinson's Freckle, which looks like a stain on the skin.

REMOVING THIN MELANOMAS

There are usually two small operations to remove thin melanomas.

The first is called an excision biopsy. Normally, the whole of the suspected melanoma is removed so that it can be checked under a microscope. Removing the whole lesion is essential – the diagnosis may be missed if only part of the suspected melanoma is removed.

Once a melanoma has been confirmed, further surgery is carried out to remove a 'safety margin' of skin around and beneath the melanoma. This is called a 'wide local excision'. For thin melanoma, the safety margin is 10mm, or 1cm, of normal looking skin all around the melanoma, and down to the underlying muscle. This is much more than is usually removed with an excision biopsy.

The operation is usually done under local anaesthetic in the day surgery unit. It may sometimes be done under general anaesthetic.

Following the procedure, the wound will look red and sore, but this will gradually settle. Stitches will be required, which are removed after 5–14 days. There will be a scar, which is usually about 10–15cms long, and will slowly become less visible.

Occasionally, it is necessary for the surgeon to do a skin graft if a larger area of skin has been removed and there is not enough skin to be drawn together. This involves layers of skin taken from another part of the body being placed over the area where the melanoma has been removed. This procedure is unusual for patients with thin melanoma.

Change in appearance following surgery

As well as the scar mentioned above, the contour or shape of the skin may be altered by the surgery. This can be especially noticeable on the leg. There may also be a change in sensation, especially numbness.

If the melanoma was on a visible or exposed part of the body, such as the face or neck, the scar may not look very nice. Some skin clinics have a make-up specialist who can help in finding the best ways to cover up scars. Camouflage or cover make-up is also available to help disguise scars.

Coping with a change in how you look can be difficult, and it is important to get support. Many people find that it helps to talk things through with someone close or a trained counsellor. The organisations listed at the end of this booklet can offer help.

Do I need surgery?

Surgery has a very high chance of curing a thin melanoma. The surgery will leave a scar on the skin, but this will fade over time and may not be very noticeable, depending on where on the skin the melanoma occurred. However, it will not become invisible.

Without surgery, the melanoma is likely to spread into the deeper layers of the skin, and from there to other areas of the body. This is likely to be very serious.

Patients having a biopsy or a thin melanoma removed should ask their doctor or nurse any questions they have. It often helps to make a list of questions to bring to a consultation and to bring a close friend or relative to take part in the discussions.

FOLLOW-UP

After a melanoma has been removed, the skin cancer specialist will want to see you again for follow-up. If you had a very thin melanoma, you will usually only be seen a few times after it has been removed.

The purposes of follow-up are:

- To check that the melanoma is not still growing in the scar and surrounding skin
- To check that the melanoma is not in the lymph nodes (*eg* the glands under the arms)
- To check for melanoma elsewhere in the body
- To check for new melanomas elsewhere in the skin
- To provide support and further information

The UK national guidelines say that for thin non-ulcerated melanomas patients should be seen two to four times over the first 12 months; patients with a thin ulcerated melanoma should be seen every three months for three years, then every six months for a further two years. However, you may choose not to have hospital-based follow-up, but instead check yourself regularly. If you choose this option, you will be shown how to check yourself, and given contact details so that you can be seen again quickly if you have a concern.

Although it is very unlikely that your original melanoma will come back, you are at more risk of developing another melanoma once you have had one. Because of this, you will be shown how to examine your skin and what to look for. You will also be given advice on how best to protect yourself from damaging sunshine.

At the follow-up clinic

When you come back to the clinic, your doctor or specialist nurse will examine your scar and the surrounding area. They will also check the lymph nodes (glands) close to the area where the melanoma was removed.

The area to be checked depends on where the melanoma was:

Leg – The lymph nodes behind the knees and in the groin will be checked.

Chest, back or tummy – The lymph nodes in the groin, armpits, above the collar bones and in the neck.

Arm – The lymph nodes in the armpit on the affected side, above the collar bones and in the lower neck.

Head or neck area – The lymph nodes in the sides of the neck, under the chin, above the collar bones, behind the ears and at the back of the neck.

Some of your moles may be photographed and/or measured. This is a way of keeping a check on any changes that may develop.

AFTER MELANOMA TREATMENT

Most people with thin melanoma will be cured, and getting back to normal after surgery is usually straightforward. The main change is that from now on you will have to make sure you protect yourself in the sun so that you do not burn and do not get a suntan. You may also feel anxious for a while, but these feelings usually go away.

Some women have concerns about becoming pregnant or taking the contraceptive pill or hormone replacement therapy (HRT) after melanoma. However, there is no evidence that any of these increases the risk of melanoma coming back.

BEING SENSIBLE IN THE SUN

To reduce the chance of developing a second melanoma, it is very important to avoid strong sunlight. Having had a melanoma indicates that you may be particularly sensitive to ultraviolet radiation.

Protecting yourself from the sun does not mean you can no longer enjoy sunshine or have holidays in sunny countries. However, you will need to take sensible precautions which will, in time, become part of your normal routine. There are a number of things you can do to protect your skin:

- Keep your legs and arms covered by wearing long sleeves and trousers. Wear close-woven, loose-fitting clothing made of cotton or natural fibres which give more protection against the sun.
- 'Light test' your clothing by holding your garments up to the light – this will show you how much light it is let in through the weave. You will then know how much protection different items of clothing give you.
- Wear a wide-brimmed hat, made of close-woven material, to shade your scalp, ears, nose, neck and face.
- Wear sunglasses to protect your eyes. Look for the European or British Standard quality mark (with UVA and UVB protection) when buying new sunglasses.
- Avoid sunburn. The definition of this is any reddening of the skin.
- Use a sun cream/lotion (factor SPF 30 with a UVA star rating 4–5) to protect all exposed areas of the body: face, neck, ears, arms and legs if not covered by clothing. Remember, if your clothes are letting through a lot of light and therefore giving you poor protection, then sun cream/lotion may be required even on 'covered' areas. Apply 15–30 minutes before going out in the sun, and put it on before make-up, moisturiser or insect repellent. Apply it every two hours, or more frequently if washed, rubbed or sweated off.
- Avoid direct strong sunlight during the hottest part of the day – usually between 11am and 3pm.

- Enjoy sitting or walking in the shade, but always remember to continue with the protection measures. The sun's rays are reflected by walls, the ground, sand and water – you can still burn in the shade.
- Do not use sun cream/lotion to stay out in the sun for longer, or instead of clothing to protect your skin. The best protection is to cover up and stay out of strong sunlight.
- Never use a sunbed or sunlamp. If you want to look tanned, use fake tanning lotions or sprays. Sunbeds give off ultraviolet rays which increase the risk of developing melanoma. Some people think that getting a sunbed tan before you go on holiday is a form of protection, but doing so can actually increase your risk of melanoma.
- Slip on a T-shirt. Slap on hat. Slop on the lotion. Go out and get the goodness of the sun.

VITAMIN D

Access to sunlight is important to ensure your body has sufficient vitamin D. Vitamin D helps keep bones and teeth healthy. The amount of sunlight needed to make enough vitamin D is always less than the amount that causes tanning or sunburn.

Should I take vitamin D supplements?

- Exposure of just 20% of the body surface to direct sunlight for 20–30 minutes can increase the blood concentrations of vitamin D.
- With a walk in the open air, exposing 20% of the skin (having taken steps to avoid burning), you can achieve a balance between avoiding skin cancer and enjoying the beneficial effects of the sun.
- Too many vitamin D supplements and excessive amounts of vitamin D in your diet can cause harm if taken without medical guidance.
- Talk to your GP or Skin Cancer Team for further advice before taking supplements.

SELF-EXAMINATION

Your specialist nurse or doctor will give you advice about what to look for and how to examine yourself. It is important to do this about every two months because of the risk of getting another primary melanoma. There is also a small risk of your melanoma coming back, and the earlier this is picked up, the more chance there is of a cure.

You will be asked to check (by looking and feeling):

- Your scar and the surrounding area
- The lymph nodes nearby
- Your skin, from head to toe, for any new or changing moles (using the ABCDE guide – see below)

Checking your skin will get easier as you become more familiar with your skin and what your moles normally look like. A good time to do a check is after a bath or shower. Make sure that you have plenty of light. Use a full-length mirror and a small hand-held mirror for areas that are hard to reach. You can ask a partner, relative or friend to look at your back and parts of your skin that are hard to see.

Remember, melanoma can usually be cured if it is found at an early stage.

THE ABCDE CHECKLIST

Around half of melanomas start with a change in normal-looking skin, usually in the form of a dark area or an abnormal new mole. The other half develop from a mole or freckle that is already on the skin.

It can be difficult to tell the difference between a melanoma and a normal mole. The following checklist (known as the ABCDE list) will give you an idea of what to look out for:

- **A**symmetry – Melanomas are likely to be irregular or asymmetrical, while normal moles are usually symmetrical (both halves look the same).
- **B**order – Melanomas are more likely to have an irregular border with jagged edges, while normal moles usually have a well-defined regular border.
- **C**olour - Melanomas tend to have more than one colour. There may be different shades, such as brown mixed with black, red, pink, white or bluish tint. Normal moles are usually one shade of brown.
- **D**iameter – Melanomas are usually more than 7mm in diameter. Normal moles are generally no bigger than the blunt end of a pencil (about 6mm across).
- **E**volving (changing) – Look for changes in the size, shape or colour of a mole.

See your doctor straight away if you have any of the ABCDE signs. You should also see your doctor if you have:

- Any unusual marks on the skin that last for more than a few weeks
- A mole that is changing in size, shape or colour
- Tingling or itching in a mole
- Crusting or bleeding in a mole
- Something growing under a nail or a new pigmented (darker or coloured) line in a nail

Put simply, anything in your skin that is new or changing, present for more than six to eight weeks, and looks odd needs looking at.

HOW YOU MIGHT FEEL

Everyone reacts differently when they have been told they have cancer. Learning to live with the unwelcome news of melanoma can generate many feelings. These emotions are individual. There are no 'right' or 'wrong' feelings and you may find your emotions swinging backwards and forwards. Although your melanoma is likely to be cured, you may feel anxious or upset for a while. During this time, it can be helpful to talk to someone – perhaps your family and friends – about how you are feeling. You can also talk to your doctor or specialist nurse for advice and support.

Talking through your feelings can help you develop new ways of dealing with difficulties, allowing stress to be explored safely and confidentially and at an unhurried pace. This should help you achieve a greater sense of well-being and control of your life. Sometimes it is easier to talk to someone who is not directly involved in your day-to-day life.

BRITISH ASSOCIATION OF SKIN CANCER SPECIALIST NURSES (www.BASCSN.org)

The BASCSN is an organisation of specialist nurses who look after patients with all skin cancers including melanoma.

MELANOMA FOCUS (**www.melanomafocus.com**)

Melanoma Focus is a charity bringing together scientists, clinicians and nurses, with a mission to undertake research and education in melanoma. It also provides information for patients, carers and other healthcare professionals.