



**Cancer
Council**
Queensland

Understanding Melanoma

A guide for people with cancer,
their families and friends

Cancer
information

Cancer Council Helpline

13 11 20

www.cancerqld.org.au

Cancer Council Queensland is a not-for-profit, non-government organisation that provides free information and support for people with cancer and their families and friends throughout Queensland. These services are made possible through the generous donations of Queenslanders and we thank them for their continued support.

If you would like to know more about the information and support services provided by Cancer Council Queensland, call our Helpline on 13 11 20 Monday to Friday, 8am to 6pm.

Disclaimer: The information enclosed is provided for educational purposes or for personal use only. Cancer Council Queensland (CCQ) strongly advises this information should not be used as a substitute for seeking medical or health care advice. We strongly recommend that you seek advice from your doctor or treating health care team before making any decision about your health care treatment. Please note that the information enclosed reflects the opinion of the author/s at the time of writing. Every effort has been made by CCQ to ensure its accuracy, however CCQ and its advisors do not accept any liability in relation to this information. This publication is current as at April 2011.

Introduction

This booklet was designed to help you understand more about melanoma. People affected by cancer often report that seeking information about cancer and treatment options assists them to feel more in control and prepared for what is happening. However people have different needs for information, different levels they are comfortable with, and their information needs change over time.

Your capacity to absorb information can also be affected by a stressful event such as the diagnosis of cancer. With this in mind, we recommend that you approach this booklet with an open mind. Read what is relevant to you and take your time to absorb the content. You may find it helpful to read it in small sections and skip over those that do not interest you at this stage. You may also find you want more detailed information than this booklet provides.

The information provided in this booklet may be helpful in deciding what questions to ask the doctor and nurses involved in your care. This booklet is not designed to replace information provided by your treating doctor or health care team. We encourage you to talk with your doctor or health team about the questions and concerns you have.

For further information, please feel free to call the **Cancer Council Helpline** on **13 11 20**, Monday to Friday, between 8am and 6pm.

Personal information

Ask your doctor or nurse to help you complete this page

Name

Doctor's name

Phone A/H

Hospital

Hospital contact person /
cancer co-ordinator

Phone A/H

Specialist

Phone

Nurse

Phone

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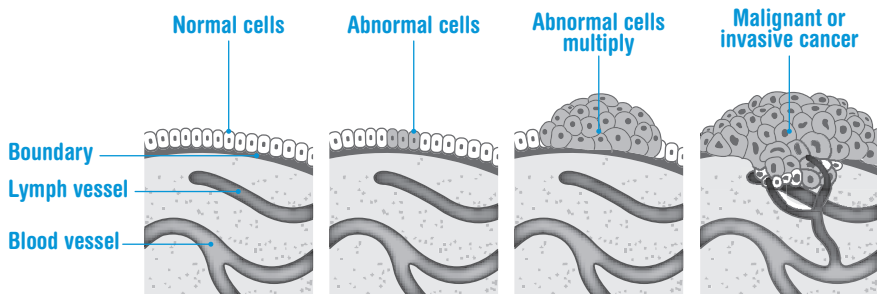
What is cancer?

Cancer is a disease of the body's cells, which are the body's basic building blocks. Our bodies constantly make new cells: to help us to grow, to replace worn-out cells, or to heal damaged cells after an injury.

Normally, cells grow and multiply in an orderly way, but sometimes something goes wrong with this process and cells grow in an uncontrolled way. This uncontrolled growth may develop into a lump called a tumour.

A tumour can be benign (not cancer) or malignant (cancer). A benign tumour does not spread outside its normal boundary to other parts of the body. However, if a benign tumour continues to grow at the original site, it can cause a problem by pressing on nearby organs.

The beginnings of cancer

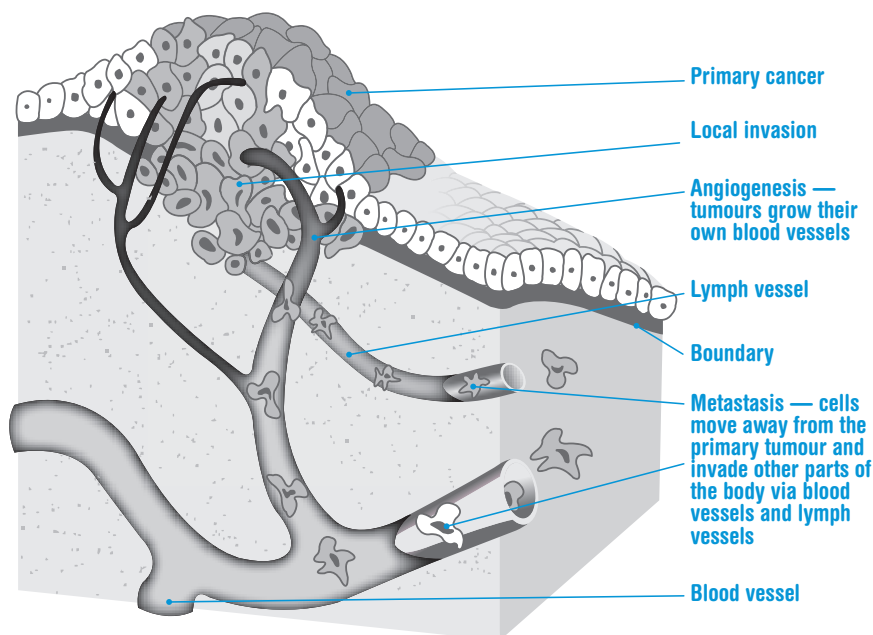


Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may not have invaded nearby tissue. This is known as a cancer in-situ (or carcinoma in-situ). As the tumour grows, it invades surrounding tissue becoming invasive cancer. An invasive cancer that has not spread to other parts of the body is called primary cancer.

Sometimes cells move away from the original (primary) cancer and invade other organs and bones. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.

How cancer spreads

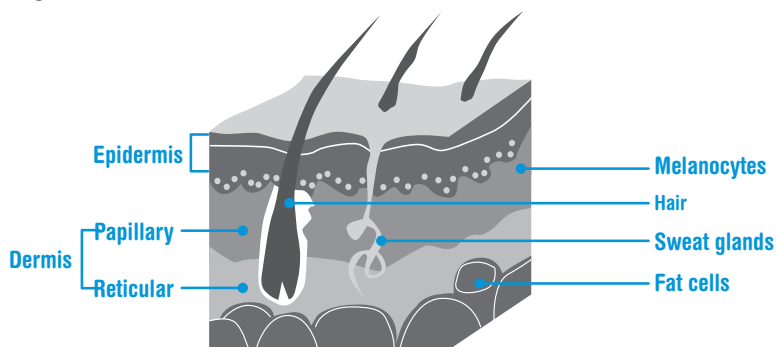


What is melanoma?

Melanoma, sometimes referred to as malignant melanoma, is a cancer which originates from melanocytes.

Melanocytes are the pigment forming cells in the skin that determine skin colour, normally found in the basal layer at the bottom of the epidermis (see diagram). This cancer will initially be located solely in the skin, but it may eventually invade the deeper tissues and ultimately spread to other organs.

The skin has five levels. The first level is the epidermis. A melanoma begins in the basal layer of the epidermis. When diagnosed at this stage it is called a Level I melanoma or a melanoma in situ.



At this stage the melanoma has no potential to spread and is cured by adequate local surgery. The potential to spread to other sites or organs increases as the melanoma grows down into the deeper layers of levels. Level II, III, and IV melanomas are in the dermis and Level V is in the subcutaneous layer.

The best gauge of whether a melanoma is likely to have spread is the thickness of the melanoma as measured by the pathologist after it has been removed. Early diagnosis and treatment is vital.

What causes melanoma?

The exact cause of melanoma is unknown, however, environmental factors, especially sun exposure, and genetic factors are involved.

There is strong evidence that damage to the skin caused by ultraviolet radiation (sunlight) is responsible for many causes of melanoma. People whose skin burns easily are most at risk, for example, people with fair skin, blonde or red hair and blue eyes.

Although excess sunburn while young may increase the risk of melanoma developing later, it is unusual for the disease to appear in childhood. Melanoma sometimes develops in people who have not been exposed to excessive sunlight. Also, it may develop on regions of the skin not regularly exposed to the sun.

The number of cases of melanoma are increasing in all white skinned populations in which this has been studied. It is known to be rising among people who work indoors, but get burnt while on holidays or during outdoor sports or outings.

Queensland has the highest incidence of melanoma per head of population in the world. One in 16 men and one in 24 women in this state will develop a potentially fatal melanoma in their lifetime.

Symptoms of melanoma

The early signs of melanoma are a change in the size, shape and/or colour of a pre-existing or newly developed skin spot or mole.

The change in colour may be an increase in pigmentation, irregularity of pigmentation or even loss of pigmentation. The colour is not always brown or black. Melanomas may be flat or raised above the skin like a small red or brown lump. Sometimes melanomas bleed, itch or ooze. Later signs are ulceration of the surface.

If you have any concerns about any moles, freckles or small lumps which have changed or appear unusual check with your local doctor. These are some rare melanomas that do not arise in the skin but in other parts of the body. These include the eye, mouth and the lining of the anus. They may also occur under the toenails.

A small percentage of melanomas will not have any pigment. Therefore, any new skin blemish or any change in a mark or blemish on the skin should be assessed by a doctor. Very few ordinary moles become melanomas, but it is best to make sure as the earlier the disease is diagnosed, the more successful the treatment.

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How does the doctor make the diagnosis?

A general practitioner is usually the first person to see an individual presenting signs and symptoms suggestive of melanoma.

Examination of the mole with magnification will often be enough to make a diagnosis of a benign mole or melanoma. If a melanoma is suspected, a full medical history and general medical examination will be undertaken.

If there is any doubt about the mole, the abnormal area of the skin will be removed and examined under the microscope (excision biopsy).

Removal of the mole may be performed by the general practitioner or an appointment arranged for referral to a dermatologist (skin specialist) or a surgeon.

If a melanoma is confirmed, further surgery may be required by a specialist. It is not detrimental if two procedures (a biopsy and a second wider excision) are required to treat a melanoma.

Doctors estimate the seriousness of a melanoma by measuring its vertical thickness under a microscope (how deeply the Melanoma has invaded the skin) and if it has spread to nearby lymph nodes. This is called staging.

Staging

Staging can go from stage 0 to stage 4, depending on the spread of the cancer cells. All stages of melanoma require surgical removal after biopsy with removal of an adequate margin of the surrounding skin.



In certain circumstances, if the melanoma is thick, investigations such as blood tests, x-rays or scans may be ordered. These tests do not affect the outcome of treatment of the melanoma. They may be used as a baseline assessment if problems occur at a later stage.

Types of treatments used

Surgery is the usual and most effective treatment for melanoma. It is particularly effective in the treatment of a melanoma where there is no evidence of spread at the time of diagnosis.

The potential for cure relates to the thickness of the melanoma excised. Most melanomas are diagnosed early and are cured with a straightforward wide excision of the melanoma and surrounding skin. In a few cases, a skin graft may be necessary.

Sometimes a malignant melanoma may spread to lymph glands. These lymph glands are found mainly in the neck, under the armpits and groin. The glands that usually become involved are the ones that are nearest to the melanoma. When a lymph gland becomes enlarged, the doctor may use a needle to get some cells for pathology to assist in diagnosing if the gland contains melanoma cells. Alternatively, the doctor may need to remove a gland under general anaesthetic.

If the lymph gland contains melanoma cells, the group of surrounding glands will need to be removed as they carry a high risk of containing microscopic deposits of melanoma cells. Newer techniques to try and identify individual glands before they enlarge are being tested in experimental trials. There is no evidence to date that finding melanoma in a gland before it enlarges will increase the chance of cure.

In a small minority of cases, after the removal of the group of glands, there may be swelling of the limb from which glands have been removed. This is called lymphoedema. Discomfort which may be caused by this can be eased by wearing elastic support garments. Cancer Council Queensland has information on lymphoedema if required.

Treatment of advanced melanoma

Disease which has spread beyond the regional lymph nodes, for example, the groin for a melanoma on the leg, the armpit for a melanoma on the arm, and the neck for melanoma on the head and neck is called advanced melanoma.

To date there is no curative treatment for advanced melanoma. However, many new treatments are now being researched and your doctor will discuss the option of referring you to someone who may be able to provide assistance. The more common practices are:

Surgical removal

Surgical removal of advanced melanoma may be possible in some cases. This has the least side-effects and has lasting effects. Often the disease is too widespread for surgery.

Radiation therapy

Radiation therapy treats cancer by using high energy rays, which destroy cancer cells while doing as little harm as possible to normal cells. Radiation therapy is given in the hospital radiation therapy department. There may be special circumstances before or after surgery when your doctor may wish to discuss the use of radiation therapy.

In the case of advanced melanoma, radiation therapy is sometimes used for disease in the bone, disease in some deep structures and extensive lymph node disease. In these circumstances the radiation therapy will often assist in controlling the symptoms caused by the disease, as well as reducing its growth.



The Cancer Council Queensland booklet called ***Understanding Radiation therapy*** discusses in more detail radiation therapy and ways of managing side effects that may occur. Call the **Cancer Council Helpline** on **13 11 20** Monday to Friday, 8am to 6pm for more information.

Chemotherapy

Chemotherapy is used to treat melanoma when the melanoma has spread (usually stage 3 and above). Chemotherapy is used in this case because the treatment is systemic and treats the whole body.

Although chemotherapy does have side effects these vary from person to person and the benefits outweigh the side effects.



The Cancer Council Queensland booklet called ***Understanding Chemotherapy*** discusses in more detail chemotherapy and ways of managing side-effects that may occur. Call the **Cancer Council Helpline** on **13 11 20** Monday to Friday, 8am to 6pm for more information.

Other treatments

Immunotherapy

Cancer treatments that target specific molecules of the body's own immune system. These are known as Cytokines.

Cytokines

These have been administered to people with advanced melanoma. The group of cytokines which doctors select, activate the patient's own immune or defence system. Two cytokines which have been extensively tested are Interferon and Interleukin. Both have side-effects which include fever, headaches and aching joints. The effect of these substances on melanoma has been disappointing so far. They are still being examined in combination with other therapies in a number of trials.

Vaccines

These are currently being researched in many centres and their potential is still not known. There are vaccines made with specialised proteins specific to melanoma, some from melanoma cells from other people's tumours (allogenic) some from the patient's own tumour (autologous).

These vaccines are being examined in a number of trials to assess whether they will be beneficial. Time will tell whether this methodology has a real benefit. As mentioned previously, initial treatment is satisfactory in most instances but once the disease has spread, the outlook is very serious. However, research continues in an attempt to further improve the cure rates.

After treatment

After treatment is completed, the doctor will arrange regular check-ups. These check-ups may continue for several years. However, if any problems or symptoms occur between the appointments, the doctor should be consulted as soon as possible.



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After the operation

Most people who have thin melanomas removed are cured. A small proportion of people will later develop a second melanoma. So that any further melanomas can be diagnosed early, it is important to attend for regular check-ups and to know the warning signs of melanoma.

After the operation the doctor may arrange frequent appointments at first. Appointments will decrease with time. There is no evidence that having regular investigations such as blood tests or x-rays is useful in the long term. The check-up appointments are a good opportunity to discuss with the doctor any worries or problems as they occur.

Current research has shown that there is a tendency for melanoma to occur in families. It is therefore important to make the family aware of this fact and discuss this with their doctor.

To date, there is no proven treatment given before or after surgical removal of a melanoma (or glands that contain melanoma cells), shown to be beneficial to patients with respect to a higher chance of cure.

Supportive care

Some people may feel overwhelmed when they learn they have cancer. They may experience a range of emotions and fears. Reactions can differ from one person to another and this is quite normal.

There is no right or wrong way to cope with a diagnosis of cancer, and experiencing a range of emotions is part of the process that people go through. Family members may also experience a range of emotions.

Talking with your family or others close to you can help. If you do not feel comfortable talking to people close to you, or you have no close family, it is important to know that there are many support services available to people affected by cancer. Sometimes it's easier to share your concerns with an outside person such as the hospital social worker or chaplain. If you're not sure how to make contact, ask your doctor or nurse, or call Cancer Council Helpline.

Cancer Council Helpline

Cancer Council Helpline is a service of Cancer Council Queensland. The Helpline is a telephone information and support service for people affected by cancer. It is a confidential service where you can talk about your concerns and needs with specially trained staff. The staff can also send written information and can put you in touch with appropriate services in your own area.

Cancer Council Helpline can also refer you to Cancer Council Queensland's Cancer Counselling Service, a free and confidential service available to all people affected by cancer in Queensland. It is available either by telephone anywhere in the state, and face-to-face in Brisbane. The **Cancer Council Helpline** can be contacted on **13 11 20** from anywhere in the state.

Notes





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