

Dermatology Department Melanoma Information Stage IA

Introduction

This pack has been designed to provide you with information about your cancer.

As you access different services you can add information to your file.

It would be useful if you brought your file with you to your hospital visits, or when you visit your GP.

Every cancer patient has individual care and treatment needs, so your file will gradually become a very personal and extremely important source of information.

If you need any help or further information, please ask your doctor, nurse or any other professional involved in your care.

Finally, it is important to remember that this file belongs to YOU.

 Our Vision
**The best care
for every patient**


**Norfolk and Norwich
University Hospitals**
NHS Foundation Trust

What is Cancer?

Cancer is a disease of the building blocks (cells) of the body. The cells normally grow and repair themselves in a controlled and organised way. However if this process gets out of control the cells continue to grow in an abnormal way forming into a lump, which is called a tumour.

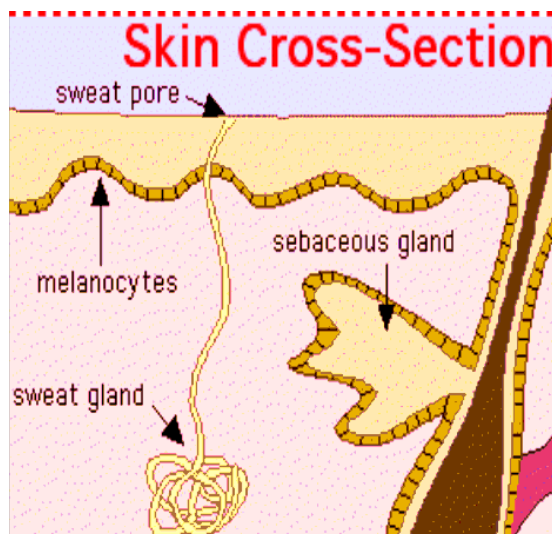
Tumours may be benign or malignant. A benign tumour does not spread to other parts of the body and so is not dangerous.

A malignant tumour contains cells that have ability to spread beyond the original site, which is called the primary tumour.

Sometimes the abnormal cells break away from the primary tumour and spread to other organs in the body to form another tumour. This new tumour is often called a secondary or metastasis.

The Skin

The skin has many purposes. It protects the internal organs of the body from injury, such as the damage caused by falls, burns, or ultraviolet light from the sun. The skin also helps to regulate body temperature and gets rid of waste substances. It is divided into two main layers. The layer nearest the surface is known as the epidermis and the layer underneath is known as the dermis



What is a Melanoma?

Melanoma is a cancer which usually starts in the skin, either in a mole or in normal looking skin.

It develops in skin cells called melanocytes. These are cells which produce a pigment called melanin. Melanin helps determine the colour of our skin.

Moles are groups of melanocytes that lie close together. Most pale-skinned people have about 20-30 moles on their skin.

Although the number of people who develop melanoma is rising, it is still an uncommon type of cancer.

What causes Melanoma?

One of the causes of melanoma is ultraviolet (UV) rays from the sun which can cause damage to the skin. People whose skin burns easily are at an increased risk of developing melanoma – typically people with fair skin, fair or red hair and blue eyes.

Melanoma is rare in childhood however; children and young adults with a history of severe burning or blistering have an increased risk later in life. It is less common in Asian or black people.

If someone in a family develops a melanoma, other family members may also be at risk of developing melanoma. Therefore, family members are advised to take care in the sun and to regularly check their own skin for any suspicious moles and to attend their GP promptly if concerned, for further advice.

Those people with a lot of abnormal moles (known as dysplastic naevus syndrome or atypical mole syndrome) are at an increased risk of developing melanoma.

The use of sunbeds which can lead to premature ageing of the skin – wrinkling and liver spots. also is also known to increase the risk of developing skin cancer including melanoma.

Melanoma

Types of Melanoma

There are four main types of melanoma which occur in the skin. These are known as cutaneous melanoma:

Superficial spreading melanoma is the most common type of melanoma. About 7 out of 10 (70%) are this type. It occurs mostly in middle-aged people. The most common place in women is on the legs, while in men it is more common on the trunk, particularly the back. It tends to start by spreading out across the surface of the skin. If the melanoma is removed at this stage whilst it is very thin, there is a very high chance of cure. If the melanoma is not removed, it will start to grow down deeper into the layers of the skin. There is then a risk that it will spread in the bloodstream or lymph system to other parts of the body.

Nodular melanoma occurs most often on the chest or back. It is most commonly found in middle-aged people. It tends to grow deeper into the skin quite quickly if it is not removed. This type of melanoma is often raised above the rest of the skin surface and feels like a bump. It may be very dark brown-black or black.

Lentigo maligna melanoma is most commonly found on the face, particularly in older people. It grows slowly and may take several years to develop.

Acral melanoma is usually found on the palms of the hands, soles of the feet or around the nails

Other very rare types of melanoma of the skin include amelanotic melanoma (In which the melanoma loses its pigment and appears as a white area) and desmoplastic melanoma (which contains fibrous scar tissue). Melanoma can start in parts of the body other than the skin but this is very rare. The parts of the body that may be affected are the eye, the mouth, under the fingernails (known as subungual melanoma), the vulvar or vaginal tissues or internally.

Stages of Melanoma

The stage of a melanoma describes how deeply it has grown into the skin, and whether it has spread. The tests you have to diagnose your cancer will give some information about the stage of your cancer. It is important to know the stage because doctors use this to decide on:

- The kind of treatment you need.
- The likely risk of the melanoma coming back after treatment.
- Whether you need tests to see if the melanoma has spread into lymph nodes close to the melanoma.

Stage 0

This means the melanoma cells are only in the top surface layer of skin cells (the epidermis) and have not started to spread into deeper layers. This stage is also called 'in situ' melanoma.

Stage Ia

The melanoma is less than or equal to 0.8 mm thick. The covering layer of skin over the tumour is not broken – it is not ulcerated. The melanoma is only in the skin and there is no sign that it has spread to lymph nodes or other areas of the body.

Treatment Options

Wide local excision

The dermatologist or plastic surgeon will remove a margin of normal looking tissue from around the area where the melanoma was. This is to reduce the chance of a local recurrence

The surgery may be done under general or local anaesthetic. The amount of skin removed depends on how deeply the melanoma has gone into the skin, but it is often at least 1cm from around the melanoma. The scar will look red at first but over a few weeks it will gradually fade and become less noticeable.

Occasionally a flap or graft may be required to repair the skin following removal of a melanoma. You will be referred to a plastic surgeon who will discuss the repair with you.

Helpful patient information

The wound care following your wide excision will be similar to your previous surgery although the wound will be a little larger – a dressing will be applied and you will be advised to keep this dry for a week – with the option to change the dressing if it becomes soiled. Sutures can be removed either at the hospital or at the GP

You may wish to take some time off work – you can self-certificate for a week. This depends on your type of work.

The surgery can be booked today and the waiting list is about 2 weeks

Medical / travel Insurance – you will need to declare that you have had a skin cancer but that the treatment has been concluded.

You may wish to refrain from exercise or strenuous activity for two weeks until the wound is healed.

A larger scar will be the outcome of further surgery; this may be problematic in the future for those people prone to poor healing and scarring. In rare cases keloid scarring and further treatment may be necessary.

Advantages and Disadvantages of Treatment

Many people are frightened at the thought of having treatment for cancer. Some people ask what would happen if they choose not to have further treatment.

For people with early-stage melanoma, surgery has a very high chance of cure. Whilst a wide local excision will leave a scar it will minimize the risk for recurrence.

Follow Up

Once your treatment ends you will still need to be seen for follow up.

Although most people with thin melanomas are cured by simply having the mole removed, a percentage of people may later develop another melanoma. It is important, therefore, to attend for follow up and to know what to look for.

It is possible for the melanoma to come back in the same area, so if you notice any change or lumps in the area on the scar or nearby it is essential to see your doctor. If you notice any new symptoms or are worried in between appointments you can always contact your specialist nurse at the hospital. You can also arrange to have an earlier appointment by contacting your doctor's secretary.

At your regular check-ups your doctor will check the lymph nodes close to the area where the melanoma was removed.

Follow Up schedule

3 months following diagnosis.

At 1 year.

Discharge after 1 year appointment.

Please contact us if you do not receive a follow up appointment, or if your follow up appointment is cancelled and you do not receive an alternative appointment.

Skin Care in the sun

Moving past your treatment for melanoma we would advise that you protect yourself from too much sun exposure. This does not mean that you can't ever go on a sunny holiday again; it just means that you need to be careful to avoid sunbathing and burning. You can do this by covering yourself up and using sun protection creams.

- Covering up is better than using a sunscreen. Wear long sleeves, use a hat when out in the sun, and wear long trousers rather than shorts. Use clothing with a tight weave that will block ultraviolet light.

- Avoid the sun particularly from 10 am until 3pm. - when its rays are strongest. Seek shade whenever possible – ‘Stay under a tree from 10 ‘til 3’.
- Use a high factor sunscreen (minimum sun protection factor 30 and a minimum of 4 or 5 stars) on areas you can’t cover. A broad spectrum one is best, as it will block both types of ultraviolet radiation (UVA and UVB). Put it on half an hour before going out and reapply it at least every 2 hours, but don’t use these sunscreens as an excuse to stay out in the sun or not to bother with protective clothing.
- Avoid sun beds and tanning lamps. Use fake tanning lotions or sprays instead.
- Share sun advice and other information with family and friends and, protect the young from exposure to burning.

Research - Clinical Trials

There are currently many different ethically approved research trials being undertaken in the pursuit of best management for all the different stages of melanoma. The Norfolk and Norwich University Hospital team is very much involved in participating in research, and so you may be approached by your care team to contemplate participation in a trial that you are eligible for.

There are surgical trials, quality of life studies, lymphedema trials, targeted drug trials and oncological trials.

Participation in research is entirely voluntary and you are free to leave a trial even after enrolling into one. Research staff will provide you with the information on a trial that you are eligible to join so that you may make an informed decision as to what is in your best interest.

You are at liberty to enquire about taking part in a trial if you have not been approached.

The Big C Cancer

Information and Support Centre
NNUH
Opening Times

Monday to Friday 9.30am to 4.30pm
First Wednesday each month
9.30am – 7.00pm
(Closed on bank holidays)

Contact Details

Telephone: 01603 286112
E-mail: cancer.information@nnuh.nhs.uk

This drop-in center is open to anyone affected by a cancer diagnosis, including relatives and friends.

It is a welcoming place to go for information as well as support and somewhere to go to relax away from a clinical environment.

Other services include:

Citizens Advice Bureau sessions twice weekly

Counselling

Complementary therapies

Relaxation group

Look Good Feel better makeovers

Scarf tying workshops (by appointment)

PATIENT INFORMATION WEBSITES

www.skincancersurgery.co.uk

www.bad.org.uk

www.britishskinfoundation.org.uk

www.cancerresearchuk.org

www.cancerbackup.org.uk

www.clicsargent.org.uk (Teenage & young adult site)

www.GenoMel.org.uk

www.macmillan.org.uk

<https://melanomafocus.com/information-portal/pda/>

