Dermatology Department
Melanoma Information Stage IB-IIC

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.

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.

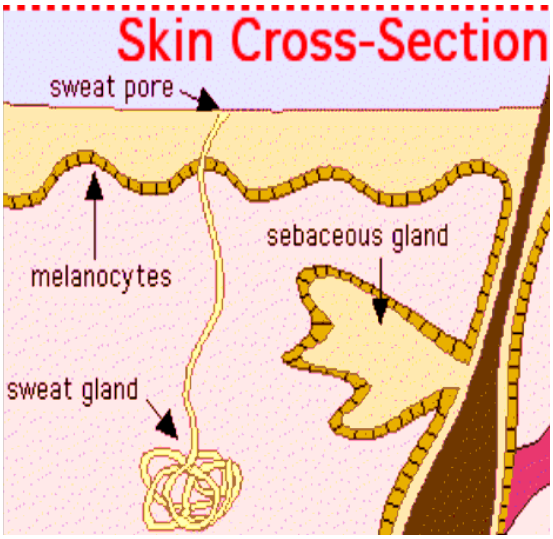
Tumours may be benign or malignant. A benign tumour does not spread to other parts of the body and so is not dangerous.

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 damage the skin. People whose skin burns easily, are at an increased risk of developing melanoma more typically those 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 are at an increased risk of developing melanoma in later 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 a melanoma. Therefore, family members are advised 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) have an increased risk of developing melanoma

The use of sunbeds can lead to premature ageing of the skin – wrinkling and liver spots. Sunbeds is also known to increase the risk of developing skin cancer including melanoma.
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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 vulval 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 level of risk of the melanoma coming back after treatment.
- Whether you need further tests to see if the melanoma has spread into your lymph nodes close to the melanoma.

AJCC Stage IB has more than 1 scenario

- The melanoma is less than 0.8mm thick and the skin is broken (ulceration). Or the melanoma is between 0.8 and 1.0mm thick with or without broken skin (ulceration).
- The melanoma is greater than 1.0mm thick but not thicker than 2.0mm and without broken skin (ulceration).
- The melanoma is only in the skin and there is no sign that it has spread to the lymph nodes or other areas of the body.

AJCC Stage IIA has more than 1 scenario

- The melanoma is greater than 1.0mm thick but not thicker than 2.0mm and with broken skin (ulceration).
- The melanoma is greater than 2.0mm thick but not thicker than 4.0mm but without broken skin (ulceration).
- The melanoma is only in the skin and there is no sign that it has spread to the lymph nodes or other areas of the body.

AJCC Stage IIB has more than 1 scenario

- The melanoma is greater than 2.0mm thick but not thicker than 4.0mm and with broken skin (ulceration).
- The melanoma is greater than 4.0mm thick but without broken skin (ulceration).
- The melanoma is only in the skin and there is no sign that it has spread to the lymph nodes or other areas of the body.

AJCC Stage IIC has more than 1 scenario

- The melanoma is greater than 4.0mm and with broken skin (ulceration).
- The melanoma is only in the skin and there is no sign that it has spread to the lymph nodes or other areas of the body.
- Your doctor or your skin cancer nurse specialist will advise you on your individual staging by going through your histology report with you.

Treatment Options

Wide local excision

You will be advised to have a wide local excision of the primary site. This is advised to minimize 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 all 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.

Sentinel Lymph Node biopsy

As part of your treatment your Doctor has recommended that you consider having a sentinel lymph Node biopsy. The Sentinel Lymph node biopsy procedure involves three steps:

A scan- called Lymphoscintigram
A Map of the body's lymph drainage system using blue dye
A biopsy of the lymph node/s identified

1. Lymphoscintigram

This is a nuclear medicine scan which is also referred to as a 'Lymphatic drainage scan' (or a mapping test). The scan will be completed in the morning, on the same day as your operation.

Why is this test needed?

The purpose of this test is to accurately identify the location of the lymph node/s that drain the area of skin around the site of your original melanoma. These lymph nodes may be at risk of containing melanoma (also known as metastatic disease).

How is it done?

A tiny dose of radioactive dye is injected into the skin around the site of the original melanoma. The radioactive dye moves through the skins lymphatic channels, and scans are performed to determine the lymph node/s to which the skin around your original melanoma drains to. The scans are done immediately after the injection of radioactive dye and again around 1-2 hours later. The scan pictures look a little like a road map and guide the Surgeon to the location of the lymph node/s to be removed.

The first lymph node/s to drain the piece of skin around your original melanoma is called the 'Sentinel node/s' this is the lymph node/s that will be removed. Occasionally interval lymph nodes (lymph nodes along the path between the melanoma and the sentinel node/s) are highlighted on the scan and these will be removed too. The radiologist who completes your scan will mark your skin with a small tattoo dot in the location of the lymph node/s highlighted by the scan. These are tiny but permanent tattoo dots and will not rub off. By using the scan pictures, the blue tattoo dot and a radiosensitive probe (which identifies the tiny amount of radioactivity remaining from the lymphoscintigram), in theatres the doctor will be able to locate the lymph node/s that need to be removed.

The sentinel node biopsy procedure cannot be done after you have had a wide local excision (the removal of additional skin and tissue around the site of the original melanoma), because the surgery will disrupt the natural drainage pathways from the

melanoma site. The lymphoscintigram will not be able to accurately identify a sentinel lymph node/s.

Although the dye is radioactive, there is no significant risk to you from its use as the dose is very small and it loses radioactivity very quickly.

Unfortunately, the scan cannot tell us if there are melanoma cells present. We need to remove the highlighted node/s and look at it/them under a microscope. The results of the removed lymph node/s take between 10-14 days.

Are there any side effects?

You may experience slight discomfort or pain at the injection site during and shortly after the injection for the scan. The injections may sting as much as the local anaesthetic you had when the melanoma was removed. You may also experience some redness at the injection site for an hour or two afterwards.

2. A Map of the body's lymph drainage system using blue dye

This procedure is performed in the operating theatre, once you are asleep under a general anaesthetic. A blue dye called Patent Blue V is injected into the skin around the site of the original melanoma. The blue dye travels into the lymphatic channels and moves into the lymph node/s to identify the 'Sentinel node/s' more easily, along with the tattoo markings and radiosensitive probe. This is to ensure all relevant lymph nodes are removed.

Are there any side effects?

You may get some blue/grey discolouration of the injected skin and sometimes discolouration of the lymphatic channels travelling from the injection site. Any discoloured skin and tissue is usually removed completely as part of the wide local excision procedure. Your urine may change to a shade of blue, lasting no more than 48 hours. There is a small risk that you may have an allergic reaction to the dye, but this is very rare.

After the lymphatic mapping procedure is performed, the sentinel lymph node removal will be done. This consists of removing those lymph nodes which have been highlighted on the scan, are radiosensitive and contain blue dye. This lymph node/s is the sentinel node. It is most likely to contain cancer cells if the melanoma has spread. The sentinel node biopsy does not tell us if the cancer cells have spread further afield, for example to other organs in the body.

3. A biopsy of Lymph node/s identified

This is performed in the operating theatre at the same time as the wide local excision. A cut is made into the lymph node/s are identified by the lymphoscintigram which are marked with the tattoo dots. The blue 'Sentinel Node/s' will show up and the radiosensitive probe will confirm that the radioactive lymph node/s are removed and sent to the laboratory. Lymph node/s removed will be looked at under a

microscope. If melanoma cells are found further treatment may be necessary. We will phone you with the results of the sentinel Lymph node biopsy

What are the side effects following a Sentinel Lymph Node Biopsy?

Pain and/or discomfort and the wound/s site
Loss of feeling in and around the site of the wound/s as well as in the area immediately next to the wound.

Occasionally fluid may collect at the wound site which may be accompanied by local infection. This is called a seroma and the fluid may need to be drained at the hospital.

Occasionally some swelling of the limb or area nearest the wound/s may occur. This is called lymphedema and may become a permanent problem, but is very rare.

This procedure is usually carried out as a day case. If there are any complications then an overnight stay may be necessary. You will be given wound care advice by the ward staff on discharge.

Helpful patient information

- The wound care following your wide local 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.
- You will be given an appointment to see the surgeon to discuss your next treatment of WLE & SLNB – this surgery will occur 6-8 weeks later.
- In preparation for you surgery we advise having ready a compression garment such as cycling shorts or spanks for those having a groin SLNB and a tight Lycra top for those patients having an axillary SLNB. This will aid by putting a gentle compression onto the lymph node removal site and assist with resuming normal lymphatic drainage.
- In the event that you develop a seroma (a collection of fluid at the surgical site) we would advise you to contact the dressings department on 01603 288165 for aspiration/drainage.
- We would also advise a mattress protector for your bed should you develop a seroma as in some extreme cases fluid has leaked when sleeping.
- Medical / travel Insurance – you will need to declare that you have had a skin cancer and if the treatment has been concluded.
- You may wish to refrain from exercise or strenuous activity for two weeks until the wound is healed or until the seroma has subsided.

- 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.
- We have an active skin cancer support group which is supported administratively by 2 volunteers who can be contacted via email on jandavid2003@yahoo.co.uk for further information.

Advantages and Disadvantages of Treatment

Many people are frightened at the thought of having treatment for cancer, because of the side effects that can occur. Some people ask what would happen if they did not have any treatment.

Treatment can be given for different reasons and the potential benefits will vary depending upon the individual situation.

For people with early-stage melanoma, surgery has a high chance of curing the cancer. The wider excision surgery will leave a scar however, if surgery is not done the melanoma has the potential to spread into the deeper layers of the skin and then on to other areas of the body. The sentinel lymph node biopsy is a diagnostic aid to provide early information on how your melanoma behaved whilst still attached to you. This early indication will assist in further treatment planning.

Follow Up

Once all your surgical treatment has concluded you will be offered regular check-ups. Your doctor will examine your skin and the area from which you had your lymph node biopsy. Although most people are cured by having the melanoma removed, a small percentage of people may develop another melanoma. During follow up patients can be taught how to self-examine their skin and lymph nodes and know how to seek advice if concerned.

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.

The Follow Up schedule will be as follows

	Frequency of Follow Up				
	YEARS AFTER TREATMENT				
AJCC STAGE	1	2	3	4	5
IB	1	1	1	1	1
IIA	2	2	1	1	1
IIB-IIC	3	3	2	1	1
IIIA	4	4	4	1	1
IIB-D	4	4	4	2	2

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

After any treatment for malignant melanoma, you must protect yourself from too much sun. 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 a.m. until 3 p.m. - 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 blood relatives as they also may be at increased risk of getting a melanoma. In particular, protect your children from the sun, as exposure during childhood seems to be particularly damaging.

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 centre 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.macmillan.org.uk

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

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communication for all