Our Vision
The best care for every patient

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Dermatology Department

Melanoma Information Stage III/IV

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

AJCC Stages

Stage IIIA

The melanoma has spread to 1-3 lymph nodes near the primary tumour but the nodes are not enlarged and the cells can only be seen under a microscope. The melanoma has not spread to other areas of the body.

Stage IIIB

Stage IIIB includes 3 different situations:

- The thickness of the primary melanoma is unknown. The melanoma has spread to one lymph node near the primary tumour causing it to be enlarged. Or there are recurrent nodules of melanoma in the skin around the scar called in transit or satellite metastases but without involvement of the lymph node(s).
- The melanoma is 1.0mm thick or less with or without broken skin (ulceration) or greater than 1.0mm but not thicker than 2.0mm without broken skin (ulceration). The melanoma has spread to two or three lymph nodes near the primary tumour with at least one of these being enlarged.
- The melanoma is between 1.0mm and 2.0mm thick with broken skin (ulceration). The melanoma has spread to between one and three lymph nodes near the primary tumour.

Stage IIIC

Stage IIIC includes 4 different situations:

- The thickness of the primary melanoma is not known. The melanoma has spread to more than one lymph node near the primary tumour. There may be recurrent nodules of melanoma in the skin around the scar around the primary melanoma.
- The melanoma is not thicker than 4.0mm and the skin is not broken (ulceration). There is involvement of one or more lymph nodes near the primary melanoma. There may be recurrent nodules of melanoma in the skin around the scar called in transit or satellite metastases.
- The melanoma is thicker than 2.0mm but not thicker than 4.0mm and the skin is broken (ulcerated). Or the melanoma is thicker than 4.0mm but the skin is not broken (ulcerated). The melanoma has spread to one or more lymph nodes near the primary tumour. There may be recurrent nodules of melanoma in the skin around the scar called in transit or satellite metastases.
- The melanoma is greater than 4mm thick and the skin is broken (ulcerated). The melanoma has spread to between one and three lymph nodes near the primary melanoma. There may be recurrent nodules of melanoma in the skin around the scar of the primary melanoma called in transit or satellite metastases.

Stage IIID

Stage IIID includes the following situations:

- The melanoma in greater than 4mm thick and the skin is broken (ulcerated). The melanoma has spread to four or more lymph nodes near the primary tumour and some may be stuck together (matted). Or, the melanoma has spread to two or more lymph nodes near the primary melanoma and some of these may be stuck together (matted) and there may be recurrent nodules of melanoma in the skin around the scar of the primary tumour called in transit or satellite metastases.

Stage IV

- These melanomas have spread elsewhere in the body, away from where they started (the primary site) and away from the nearby lymph nodes.

Stage III Melanoma

- **Local Recurrence**

This is where the Melanoma recurs in same area as the original, after treatment. It usually appears as a lump, pigmented area or spot. Occasionally the melanoma comes back as 'clusters' of melanomas. The clusters are in the same area as the original melanoma, but a bit further away. Doctors sometimes call these satellite or in-transit lesions. You may initially have one of the recurrent areas removed to confirm the diagnosis.

- **Lymphatic Recurrence**

The most common place for melanoma cells to spread is to the lymph nodes closest to the melanoma. Your specialist will examine these nodes feeling the lymph glands. If these feel enlarged you may have some tests to confirm if they are affected by the melanoma.

These tests include:

- A fine needle aspiration (FNA) – this withdraws some sample cells from your lymph nodes with a fine needle.
- An ultrasound – this uses sound waves to make up a picture of part of your body possibly with and FNA/Core biopsy to sample the lymph node.
- Sentinel Node biopsy (done at diagnosis only-may show microscopic positive melanoma cells within the selected Lymph node/s).

Stage IV Melanoma

Distant Metastases

When the cancer cells from a tumour spread to a different part of the body, they grow into a new cancer (known as a secondary cancer or metastasis). A secondary cancer is always known by the area where it first started to grow (the primary site) and treated according to this. For example, a melanoma that starts in the skin may

spread to the lungs. As the cancer in the lungs is made up of melanoma cells, it's treated as a melanoma.

If melanoma spreads, it's most likely to spread to one or more of the following areas of the body:

- Lymph nodes (sometimes called glands) distant from the original melanoma
- Areas of skin distant from the original melanoma.
- The lungs.
- The liver.
- The bones.
- The brain.

Your doctor or your skin cancer nurse specialist will advise you on your individual staging by going through your histology report with you.

Melanoma can recur distantly years after the original melanoma was first removed. Rarely, distant melanoma spread is diagnosed when the melanoma is removed, and further tests show that it has spread.

Treatment Options

Stage III

Local Recurrence

There are a number of treatments to manage local melanoma recurrence. The treatment options that are most appropriate to treat your local recurrences will be discussed with you by your consultant. The treatments available are listed below:

- **Excision** - this is usually used for isolated areas of recurrence or 2-3 areas of recurrence that are not within close proximity.
- **Laser Ablation** - Used to remove multiple areas of recurrence/deeper penetrating areas of recurrence.
- **Diphencyprone cream** - Used for superficial local recurrences (You will be provided an in-depth information leaflet on this treatment).
- **Isolated Limb Infusion**- Used for widespread superficial and deeper penetrating local metastases to the limbs.
- **Adjuvant Systemic therapy** – these include targeted BRAF therapy and immunotherapy.

Lymphatic Recurrence

Treatment offered for lymphatic spread of melanoma is similar whether this is diagnosed from a Sentinel Lymph Node Biopsy or from follow up.

- **Complete Lymph Node Dissection**- This is an operation to remove the lymph nodes from the affected area. This may be groin, pelvis, axilla or neck. (You will be provided an in-depth information leaflet on the specific body area).
- **Radiotherapy**- This may be offered following the Complete Lymph Node Dissection depending on the results of the histology. Your consultant will

discuss this with you in clinic once you are recovered from surgery and the histology report has been received.

- **Adjuvant Systemic therapy** – these include targeted BRAF therapy and immunotherapy.

Stage IV

Distant Metastases

There are a number of options to manage distant melanoma metastases; this often depends on size, location and number of areas affected. Possible treatments are listed below-

- **Surgery**- If the melanoma metastases is in a location where it is possible to remove it surgically this may be offered. Removing the metastases does not guarantee it will not recur in the same or other locations in the future. Areas potentially operable include distant skin metastases and distant Lymph node metastases. Lung, liver, brain, adrenal and bowel metastases may also be operable.
- **Radiotherapy**- This may be offered for brain metastases or for isolated melanoma metastases where surgery or drug therapy isn't appropriate (If radiotherapy is appropriate you will be given an in-depth information folder to explain your treatment).
- **Targeted and Immunotherapies**- There are a number of drug treatments available to manage the spread of melanoma. Prior to beginning a drug treatment your melanoma will be tested to determine its genetic type known as BRAF. This will help determine which drugs are most appropriate in treating your melanoma. Drug therapies vary from taking daily tablets to attending hospital periodically for an intravenous infusion. Your consultant will discuss the different drug therapies available and the specific information associated with the drug i.e. how it is given, side effects and how we expect it to work. Systemic therapy may be given alone or combined with surgery/radiotherapy. (If you are started on a systemic therapy you will be given an in-depth information folder to explain your treatment).

Helpful patient information

We have an active skin cancer support group which is supported administratively by 2 volunteers who can be contacted via their email address – jandavid2003@yahoo.co.uk should you wish.

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.

Advantages and Disadvantages of Treatment

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

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

You can talk about your treatment options with your medical team and think about what feels right for you. It can be helpful to make a list of any questions you'd like to ask at your appointments. A friend or relative could also come with you for support.

If you have concerns about your treatment plan, you could get a second medical opinion. Ask your GP or specialist about how to do this.

Follow Up

Stage III

Once your treatment ends, you will need regular check-ups.

At your regular check-ups your doctor will check the lymph nodes close to where your melanoma was removed. They will also check any sites of recurrence. You will be asked about your general health, and whether you are having any new symptoms of unexplained illness.

You will be offered periodic scans to examine the internal organs, and we may offer extra scans if any symptoms you tell us about indicate a potential melanoma recurrence.

Stage IV

You will be closely monitored during your treatment. The intervals between appointments will depend upon the treatment you are receiving. You will also receive regular appointments for scans to examine the internal organs. This will enable your doctor to monitor the effectiveness of your treatment. The frequency of these scans will be determined by the treatment you are receiving, symptoms you may be having and the location of the melanoma metastases.

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.
- Counseling.
- 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.uk

IN TRAN
communication for all