

# Treating Melanoma Skin Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating melanoma skin cancer' from CancerHelp UK. You will find more detailed information on the website.

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## The stages of melanoma

The stage of a melanoma describes how deeply it has grown into the skin, and whether it has spread. In the UK, most melanomas are found at an early stage when the chance of cure is very high. It is important to know the stage because doctors will often use it to decide on the kind of tests and treatment you need, and

the likely risk of the melanoma coming back after treatment.

## The different systems doctors use

Doctors use a number of different systems and scales to describe the stages of melanoma. On CancerHelp UK, there is more information about two scales that are used called the Clark and the Breslow scale.

TNM stands for Tumour, Node, Metastasis. T describes the size and nature of the tumour. N tells you whether or not the cancer has spread to the lymph nodes. And M tells you whether or not it has spread to the rest of the body.

## Number stages of melanoma

Using the TNM classification, melanomas are grouped into number stages from 0 to 4. Stage 0 means the melanoma cells are only in the top surface layer of skin cells. Stages 1 and 2 are the earlier stages, where the cancer has not spread. In stage 3 it has spread to the lymph nodes or the lymphatic vessels. Stage 4 melanomas have spread elsewhere in the body, away from where they started.



## Melanoma statistics and outlook

Outlook means your chances of getting better. Your doctor may call this your prognosis. With melanoma, the likely outcome depends on how advanced the cancer is when it is diagnosed (the stage). If melanoma is diagnosed early, the survival statistics are very good.

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of melanoma. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

## How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

## Treating early melanoma (stage 1)

Very early melanomas are stage 1 on the number staging system. This means they are thinner than 2mm, or less than 1mm thick but ulcerated. They have not spread anywhere else in the body. The chances of a very early stage 1 melanoma spreading are low.

## How is it treated?

Your treatment is to have the affected mole surgically removed. Depending on how much tissue needs to be removed, your

doctor may call this a wide local excision. As long as your doctor is sure that enough tissue was removed - there should be a margin of healthy tissue removed all around the melanoma - this is all the treatment you need.

## What happens after treatment?

Your doctor will probably want you to come for follow up appointments. In between appointments, you should contact your specialist to arrange an extra check up if you notice

- Any changes in other moles
- Dark mole-like spots appearing near where your mole was removed
- Any enlarged glands (lymph nodes) near to where you had the mole removed

Once you have been diagnosed with a melanoma, you should no longer sun bathe. Or use sun beds. This is very important as your risk of developing another melanoma is higher than average.

## Treating medium stage melanoma (stage 2 and 3)

Doctors describe stage 2 melanomas as having a 'moderate' or 'intermediate risk' of coming back or spreading after they have been removed. There is a possibility that your melanoma could come back in another part of your body. Stage 3 melanomas are described by doctors as having a higher risk of recurrence than stage 2.

Your first treatment is surgery to remove the melanoma. You may also need to have further surgery to remove more tissue if there are signs that any melanoma cells could have been left behind.



Your doctor may do a test called a sentinel node biopsy. This is a new technique to find out which is the first lymph node to drain tissue fluid from the area of the primary melanoma. This node is then tested for cancer cells. If the sentinel node doesn't contain any cancer cells, you won't need any further surgery. If the node does contain cancer cells, you will have another operation to remove all the other nodes in the area in case they contain cancer cells too.

### Removing your lymph nodes

Removing all the lymph nodes in the area can be quite a big operation. The type of surgery you have will depend on where your melanoma was. There are large groups of lymph nodes in the neck, armpit and groin. So if you had a melanoma on your leg, the lymph nodes in the groin on the same side will be removed. If you had a melanoma on your head, the lymph nodes on the same side of your neck would be removed.

### Treating advanced melanoma (stage 4)

Advanced (stage 4) melanoma means the cancer has spread to another part of the body. Your melanoma may have already spread when it is diagnosed. Or it may come back in another part of the body sometime after you were first treated. This is called 'recurrent' cancer. Cancer that has spread to another part of the body is called secondary cancer or metastases.

### Which treatment should I have?

Chemotherapy, radiotherapy and biological therapies can all be used to treat advanced melanoma. Sometimes surgery can also be used to remove tumours that have spread to other parts of the body. Which

treatment is right for you will depend on where your cancer has spread, the symptoms it is causing, and the treatment you have already had.

Chemotherapy and radiotherapy may help to relieve symptoms. Experimental techniques combining chemotherapy with biological therapy are also being tried. If you would like to be part of a clinical trial into a new treatment, talk to your doctor.

It can be difficult to decide which treatment to try when you have an advanced cancer. Or whether to have treatment at all. You will need to think about how the treatment will affect your day to day life. Most importantly, you will need to understand what can be achieved with the treatment you are being offered.

Your doctor will discuss the options for treatment with you. There may also be a counsellor or specialist nurse at the hospital you could chat to.

### Chemotherapy for melanoma

Chemotherapy uses anti-cancer drugs to destroy cancer cells. You may have chemotherapy as a treatment

- For a local recurrence (melanoma that has come back near to where it started)
- For an advanced melanoma that has spread to another part of the body
- To try to stop your melanoma coming back if you had cancer cells in your lymph nodes when the melanoma was removed.

You can have one chemotherapy drug or a combination of several drugs. You usually have injections or tablets for a few days.



Then you will have 3 or 4 weeks without any drugs. Then another few days of drugs. This cycle is usually repeated six or more times to make up a complete course of chemotherapy.

### Side effects

Different drugs have different side effects. And some people react more than others. Some common side effects of chemotherapy include a drop in the number of blood cells, feeling sick, diarrhoea, hair loss or thinning, sore mouth, feeling tired, and loss of fertility.

### Regional limb perfusion

This is a way of having chemotherapy just into one arm or leg, without the drugs circulating through the rest of the body. CancerHelp UK has more detailed information about regional limb perfusion.

### Radiotherapy for melanoma

Radiotherapy uses high energy rays to kill cancer cells. You may have radiotherapy for advanced melanoma, to shrink melanoma tumours and help control symptoms.

### Having radiotherapy

You usually have treatment once a day from Monday to Friday, with a rest over the weekend. This may go on for several weeks. Or radiotherapy can be given as a single treatment.

Radiotherapy has to be carefully planned. On your first visit, you will lie under a large machine called a simulator. This takes normal X-rays. The doctor uses it to work out exactly where to give the treatment. Ink marks will be made on your skin. These will be used to line up the radiotherapy

machine every day when you have treatment.

The actual treatment only takes a few minutes. You will not be able to feel it. Radiotherapy does not make you radioactive.

### Side effects

The side effects will vary depending on where in the body you are being treated. Radiotherapy just to the skin does not have very many side effects. The skin may become slightly red and sore. Look at the 'radiotherapy' section of CancerHelp UK for more information about radiotherapy and side effects.

### Biological therapy for melanoma

Biological therapies are treatments that use substances made naturally by the body. Some of these treatments are called immunotherapy because the drugs stimulate the immune system or occur naturally as part of the immune system.

### Interferon

The most common immunotherapy used to treat melanoma is interferon. Interferon helps the body attack cells that the body recognises as abnormal, for example cancer cells. Interferon treatment has been tested in melanoma for some years. But it is still an experimental treatment and has not been proven to help cure melanoma.

The treatment is usually given as an injection under the skin. You have the injections three times a week. Some treatment plans include interferon given daily for the first few weeks. Interferon treatment may continue for several years.



In the first weeks of your treatment, you are likely to have flu-like symptoms such as headache, temperature or chills, tiredness and aches and pains in your muscles and joints. These side effects usually lessen as you get used to the interferon.

### Melanoma vaccines

Cancer vaccines are a type of biological therapy. These are treatments that use natural body substances, or drugs that block them, to treat cancer. Vaccine treatment is not yet widely available because it is still experimental. You can usually only have it as part of a clinical trial. Vaccines are being used

- As treatment for people with advanced melanoma that has spread to another part of the body
- As treatment after surgery for people with high risk melanoma particularly where it has spread to the lymph nodes

The vaccines are designed to try to stimulate the body's own immune system to fight the melanoma. Several different types of vaccine are being tested.

### How is the treatment given?

Cancer vaccines are usually given as a small injection just under the skin. The vaccine has to be repeated often. You may have a vaccination every week for a few weeks. And then two weekly or monthly injections. The treatment may be given over a long period of time.

### What are the side effects?

Apart from soreness at the place where the injection is given in some people, there do

not appear to be many side effects. Some people have flu-like symptoms.

### Follow up for melanoma

After your treatment your doctor will want you to have regular check ups. How much follow up you have will depend on the stage of your primary melanoma.

### Early melanoma

If you had a very early melanoma, you will be asked to come back to check the results of your surgery and make sure the operation site is healing up well. You will usually need to have check ups every 3 months for 3 years. If you are worried about anything between follow up appointments, contact your hospital doctor.

### Stage 2 and 3 melanoma

You will be asked to attend for appointments about every 3 months for 5 years. After 3 years the check ups may only be every 6 months. At each appointment your doctor will examine you, and ask you about your health and whether anything is worrying you. If you have any symptoms or concerns you may be offered a scan or X-ray. This is to look for any signs that the melanoma has come back anywhere in the body.

### Advanced melanoma

You will have regular check ups with your specialist, probably three monthly or even more often than that.

Many people find their check ups quite worrying. They may bring back all the worry about your cancer. It may help to tell someone close to you how you are feeling. It is quite common nowadays for people to have counselling after cancer treatment. Look in the 'coping with cancer'



section of CancerHelp UK for more about counselling.

### Melanoma research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

There is too much information on melanoma research to include it all here.

Researchers are looking into preventing and finding melanomas, biological therapies, chemotherapy and treating swelling (lymphoedema).

### Questions for your doctor on treating melanoma

- What stage is my melanoma?
- How does that affect my treatment?
- How thick was the melanoma when it was removed?
- Can you explain what this means for me?
- Was a margin of healthy tissue removed around the melanoma?
- What is the chance that my cancer will come back?
- Is there any other treatment you recommend for me after surgery?
- Why do I need this treatment?
- Do I have a choice in the treatment I have?
- Will this treatment reduce the risk of my cancer coming back?

- How long does the treatment take?
- What are the side effects of this treatment?
- Are there any long term side effects of this treatment?
- Are there any experimental treatments I could try?
- Are there any trials running at this hospital (or another hospital) that you would recommend for me?
- Can you tell me about the melanoma vaccine?
- How do I go about getting a second opinion?
- How often will you want to see me after my treatment has finished?
- What will happen at these follow up appointments?
- What should I do if I am worried between appointments?
- Should I have my other moles checked regularly and if so, how and where?



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## Notes

### More information

For more information about melanoma skin cancer, visit our website  
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on  
**0808 800 4040** 9am till 5pm Monday to Friday

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Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in October 2010. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2010. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).