

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 our website. You will find more detailed information on the website.

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You can view this information in a larger print on our website.

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 8 out of 10 melanomas (80%) 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. Further down this page, there is information about two scales that are used, called the Clark scale and the Breslow scale. These measure how deeply the melanoma has spread into the skin.

TNM staging system

TNM stands for Tumour, Node, Metastasis. T describes the size and depth of the melanoma. N tells you whether or not melanoma cells have 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. It is also called in situ melanoma. 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.

We have quite detailed information about the likely outcome of different stages of melanoma on our website. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every page of Cancer Research UK's patient information. The statistics are intended as a general guide only. For the more complete picture in your case, you need to speak to your own specialist.

We include statistics because people ask for them, but not everyone wants to read this type of information. Remember you can skip this page if you don't want to read it, you can always come back to it.

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

The treatment team

NHS guidelines emphasise that people with melanoma should be looked after by a team of health professionals who work together. The team includes surgeons and cancer doctors, a specialist nurse, an occupational therapist, and a counsellor or psychologist.

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 have broken the surface of the skin (an ulcerated area). They have not spread anywhere else in the body. The chances of a very early stage 1 melanoma spreading are low.

Your doctor will remove the affected mole. They will then do a further operation to remove some of the surrounding skin and tissue. This operation is called a

wide local excision. As long as your doctor is sure that there was a border of healthy tissue removed from all around the area of the melanoma, this is all the treatment you need.

What happens after treatment

You will need to have follow up appointments. Between appointments, you need to 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) close to where you had the mole removed

Once you have been diagnosed with a melanoma, you need to take care to protect your skin from the sun. This is very important because your risk of developing another melanoma is higher than average.

Treating medium stage melanoma

The treatment team

A team of health professionals working together plan your treatment. They are specialists in the treatment of stage 2 and 3 melanoma. The team is called a Specialist Skin Cancer Multidisciplinary Team (SSMDT).

Treating medium stage melanoma (stage 2 and 3)

Your first treatment is surgery to remove the melanoma. You then have another operation to remove more tissue to lower the risk that any melanoma cells were left behind in the area. Doctors measure how deeply the melanoma cells have gone into the skin.

Stage 2 melanomas are more than 1 mm thick. They may have broken the surface of the skin (ulcerated). The melanoma cells are only in the skin and there is no sign that they have spread to lymph nodes or other parts of the body. Stage 3 melanomas have spread into nearby lymph nodes, skin, or lymph vessels.

Your doctor may do a test called a sentinel node biopsy to see how likely the melanoma is to come

back and whether you need further treatment. This technique finds the first lymph node to drain tissue fluid from the area of the primary melanoma. A pathologist then checks the node for melanoma cells. If the sentinel node doesn't contain any melanoma cells, you won't need any further surgery. If the node does contain melanoma cells, you will have another operation to remove all the other nodes in the area in case they contain melanoma 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.

If the melanoma comes back

If the melanoma comes back after initial treatment, you may have surgery to remove the melanoma. Or you may have laser treatment to destroy the melanoma areas. If the melanoma is on an arm or leg you may have chemotherapy into the affected limb (regional chemotherapy).

Treating advanced melanoma

The treatment team

A team of health professionals working together will plan your treatment. They are specialists in the treatment of advanced stage melanoma. The team is called a Specialist Skin Cancer Multidisciplinary Team (SSMDT).

What advanced melanoma is

Advanced 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 some time after you were first treated. This is called recurrent melanoma. Cancer that has spread to another part of the body is called secondary cancer or metastatic cancer.

Treatments for advanced melanoma

Treatments that may be used for advanced melanoma include chemotherapy, radiotherapy, biological therapies and surgery. Chemotherapy and radiotherapy may help to shrink melanoma and

relieve symptoms. The biological therapies ipilimumab (Yervoy), vemurafenib (Zelboraf), interferon and interleukin 2 can help to shrink and control melanoma for a time. Vemurafenib only works for people who have a change in a gene called BRAF V600. Sometimes surgery can remove tumours that have spread to other parts of the body.

Which treatment should I have?

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. Your doctor or specialist nurse will discuss the options for treatment with you.

Clinical trials

Experimental techniques using new drugs or 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

Surgery for early and medium stage melanoma

Surgery is the main treatment for early and medium stage melanoma. Once a melanoma has been diagnosed, you have an operation called a wide local excision. The surgeon removes the area of skin and tissue around the melanoma. You may have this operation under local anaesthetic. Sometimes the surgeon will do a test called a sentinel node biopsy at the same time. This test checks whether melanoma cells have spread into the nearby lymph nodes. If you have a sentinel node biopsy you have a general anaesthetic.

Surgery to nearby lymph nodes

If melanoma has spread into the lymph nodes close to the melanoma your doctor will recommend removing all the lymph nodes in that area. This can be a big operation. It is called lymph node dissection. The surgery will depend on which part of the body the lymph nodes are in.

Surgery for melanoma that has spread

Surgeons can sometimes remove melanomas that have spread to other areas of the body. This is called metastasectomy. If all the metastases can be

removed it is called a complete metastasectomy. After this type of surgery people can sometimes stay well for months or perhaps years afterwards.

Chemotherapy for melanoma

Chemotherapy uses anti cancer drugs to destroy cancer cells. You may have chemotherapy as a treatment for an advanced melanoma that has spread to another part of the body. You may 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 you have 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, a sore mouth, feeling tired, and loss of fertility.

Chemotherapy into an arm or leg

If the melanoma comes back in the original area (local recurrence) some people have chemotherapy given just into one arm or leg. The drugs do not then circulate through the rest of the body. It is called regional chemotherapy.

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. Some people have it as a treatment after surgery, to try to lower the chance of the melanoma coming back but this is not common.

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. Radiotherapy for advanced cancer may be between 1 and 4 treatments.

Radiotherapy is carefully planned. On your first visit, you lie under a scanner or a large machine called a simulator, which takes X-rays. The doctor uses the X-rays or scans to work out exactly where to give the treatment. They will make ink marks on your skin. These marks 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. This type of radiotherapy does not make you radioactive.

Side effects

The side effects will vary depending on where in the body you are having treatment. Radiotherapy just to the skin does not have very many side effects. The skin may become slightly red and sore.

Biological therapy for melanoma

Biological therapies are treatments that use natural substances from the body, or that change chemical processes in cancer cells. Some types stimulate the immune system to attack cancer cells. Biological therapies can help some people with advanced melanoma. They don't cure the melanoma but can control it for a time. The drugs include vemurafenib, ipilimumab, interferon, and interleukin 2.

Vemurafenib (Zelboraf)

Vemurafenib (Zelboraf) can shrink melanoma in people who have a change in a gene called BRAF V600. About half the people with melanoma have this gene change. You take vemurafenib as tablets. The side effects include joint pain, tiredness, a rash, skin sensitivity to light, feeling sick, hair loss and itching. Some people develop squamous cell skin cancers.

Ipilimumab (Yervoy)

A monoclonal antibody called ipilimumab (Yervoy) can help some people with advanced melanoma to live longer. It is for advanced melanoma in people who have already had other treatments. You have it into a vein by drip. The side effects include a mild effect on the liver, inflammation of the bowel, diarrhoea and a skin rash.

Interferon

You have interferon as an injection under the skin 3 times a week. Some treatment plans include interferon given daily for the first few weeks. The treatment may continue for several years. In the first weeks of treatment, you are likely to have flu like symptoms such as headaches, temperature or chills, tiredness and aches and pains in your muscles and joints.

Interleukin 2

Interleukin 2 is also called aldesleukin (or IL2 or Proleukin). You are most likely to have it as an injection just under the skin (subcutaneously). But you may have it into a vein, either as an injection or through a drip. The side effects can include low immunity to infection, tiredness, flu like symptoms, low blood pressure, a skin rash, feeling sick, diarrhoea, and poor appetite

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 you may need 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 that was just in the surface layer of skin (in situ melanoma) you will be asked to go back to the hospital to check the results of your surgery and make sure the operation site is healing up well. Your doctor or specialist nurse will show you how to check your skin. Then you don't need any further follow up.

If you had a melanoma that was just in the upper layer of skin (stage 1A melanoma) you will have check ups 2 to 4 times over a year. Then your doctor will discharge you.

Stage 2 and 3 melanoma

If your melanoma was in the deeper layers of skin or had spread into the lymph nodes you will usually need to have check ups every 3 months for 3 years. After 3 years the check ups may only be every 6 months. If you are worried about anything between follow up appointments, contact your hospital doctor or specialist nurse. 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 to six monthly for 5 years and then yearly for up to 10 years.

Coping with check ups

Many people find their check ups quite worrying. They may bring back all the worry about your melanoma. It may help to tell someone close to you how you feel. Many people find counselling helpful. Look in the coping with cancer section for information 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.

Researchers are looking into preventing and diagnosing melanomas, and treatment with biological therapies and chemotherapy. Trials are also looking at ways of treating swelling (lymphoedema) caused by melanoma treatment.

Questions for your doctor on treating melanoma

- What stage is my melanoma?
- How does the stage affect my treatment?
- How thick was the melanoma?
- Can you explain what this means for me?
- What is the chance that the melanoma 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 the melanoma 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?
- How can I get 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?

Notes

For more information, visit our website <http://www.cruk.org/cancerhelp>

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 trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

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

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in May2012. 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. Copyright Cancer Research UK 20XX. Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and in the Isle of Man (1103)