MELANOMA

This leaflet has been written to help you understand more about Melanoma. It tells you what is it, what causes it, what can be done about it, how it can be prevented, and where you can find out more about it.

What is Melanoma?
Cutaneous malignant Melanoma is cancer of the pigment calls if the skin. If treated early, the outlook is usually good. It is not contagious.

The word Melanoma comes from the Greek word ‘melas’ meaning black. Melanin is the dark pigment that gives the skin a natural colour. Melanin is made in the skin by pigment cells called melanocytes, after our skin is exposed to sunlight, the melanocytes make more melanin, and os the skin becomes darker.

Melancytes sometimes grow together in harmless groups or clusters, which are known as moles. Most people have between 10 and 50 moles and they are darker than the surrounding skin.

Melanocytes can come up in or near a mole, but can also appear on the skin that looks quite normal. They develop when the pigment calls (melanocytes) become cancerous and multiply in an uncontrolled way. They can invade the skin around them and also spread to other areas such as the lymph nodes and liver and lung.

What Causes Melanoma?
The most important preventable cause is exposure to too much ultraviolet light in sunlight, especially during the first 20 years of life. There is lots of evidence linking Melanomas especially common in white-skinned people who live in sunny countries. The use of artificial sources of ultraviolet light, such as sun beds, also raises the risk of getting Melanoma.

Some people are more likely to get a m Melanoma than others:

People who burn easily in the sun are particularly at risk. Melanoma occurs more in fair-skinned people who tan poorly. Often they have blond or red hair, blue or green eyes, and freckle easily. Melanomas are less common in dark-skinned people.

Past episodes of severe sunburn, often with blisters, and practically in childhood, increase the risk of developing in Melanoma. However, not all Melanomas are due to sun exposure, and some appear in areas that are normally kept covered.

People with many (more than 50) ordinary moles, or with a very large dark hairy birthmark, have a higher than average chance of getting Melanoma.

Some people have many unusual (atypical) moles (known as ‘dysplastic navvi’). They tend to be larger than ordinary moles, to be present in large numbers, and to have irregular edges or colour patterns. The tendency to have these ‘dysplastic navvi’ can run in families and carries an increased risk of getting a melanoma.

The risk is raised in another family member has had a melanoma.

People who already had one melanoma are at an increased risk of getting another one.

People with a damaged immune system, (e.g. as a result of an HIV infection or taking immunosupportive drugs, perhaps after an organ transplant) have an increased of a melanoma.

Are melanomas hereditary?

About 1 in 10 of people with a melanoma have family members who have Also had one. There are several reasons for this. Fair skinned is inherited, dysplastic naevi can run in families, as can tendency to have large numbers of ordinary moles.

What are the symptoms of melanoma?
Melanomas may not cause any symptoms at all, but tingling or itching may occur at early stage. Some melanomas start as minor changes in the size, shape or colour or an existing mole (see below): others begin as a dark area that can look like a new mole. Later on a melanoma may feel hard and lumpy, and bleed, ooze or crust up.

What does a melanoma look like ?
All melanomas do not look the same, and there are several types. The ABCD system (below) tells you some of things to look out for:

Asymmetry – the two halves of the area differ in their shape.

Border – the edges of the area may be irregular or blurred, and sometimes shows notches.

Colour – this may be uneven. Different shades of black, brown and pink may be seen.

Diameter – most melanomas bare at least 6mm. In diameter.

Melanomas can appear on any part of the skin but they are most common in men on the body, and in women on the legs.

How is a melanoma diagnosed?

If you are at all worried about changes in a mole, or about a new area of pigmentation appearing on your skin, you should see your family doctor. The ABCD changes listed about can sometimes be completely harmless conditions, and your doctor will often be able to put your mind at rest quickly.
However, if there is any doubt, your doctor will refer you to see a specialist (a dermatologist or a surgeon with special interest in pigmented lesions) who will examine the area, perhaps with a special instrument (a dermatoscope), and decide whether it needs to be removed. The only way in which the diagnosis of a melanoma can be made firmly is by looking at the suspected area under a microscope in the laboratory.

If the mole needs to be examined further, the whole of the suspicious area will be removed under a local anaesthetic (an excision biopsy) and sent to the laboratory to be examined. If

the area is too large to remove easily, a sample of it (a biopsy) will be taken. If a melanoma is found, the biopsy specimen will provide valuable information about its type and depth that will help to plan the next step of treatment.

Can a melanoma be cured?
Yes: three quarter of the people who have a melanoma removed will have no further problems. However it is crucial for a melanoma to be removed early as possible – before it has time to spread deep into the skin or to other parts of the body. The thinner the melanoma is when it is removed; the better the survival rate. This is why the doctor should examine anyone with a suspicious mole or blemish as soon as possible.
In a small minority of people melanoma may have spread but further surgery or chemotherapy can often help to control this.

How can a melanoma be treated?
At present, the treatment for melanoma is surgical. There is no other treatment of proven benefit, and usually no other tests are needed. Radiotherapy is of little benefit, and various drugs have been tried, but with limited success only .

Most people who have had a melanoma removed will need another operation to try to prevent the melanoma from coming back at the original site. During in the operation, some healthy skin will be removed from around the original scar to make absolutely sure that all of the melanoma has been taken away, and this makes the scar larger than before. Occasionally a skin graft is needed.

'Sentinel node biopsy' may be discussed with some people. In this, a small sample of the nearest lymph node is taken as an additional procedure when the melanoma is being removed. However sentinel node biopsy is not used routinely, and is usually performed only as a part of research study: it is not essential for treatment.

After your operation you will be followed up regularly in the outpatient clinic. There are three main reasons for this:

To make sure the tumour has not come back or spread.

To detect any other skin cancers.

To provide you with support and information.

At the clinic your scar will be checked, and your neck, groin and armpits will also be examined for lumps to detect any spread for the lymph nodes there. Any other moles that are concerned about will be examined and, if you have large number of moles, an eye will be kept on these. Photographs of these moles may be taken and kept in the hospital notes. When you come back to clinic, they will allow your doctors to compare the way to moles look now and how they looked before.

If you melanoma was as a very early stage when it was removed, you may need to be seen only once more in the follow up clinic. Otherwise you will be reviewed 3 monthly for a least three years. If you develop problems between clinic appointments, you should consult your family doctor who will arrange an earlier appointment letter if necessary.

What can I do ?
Once your melanoma has been treated, you should be able to get back to a normal lifestyle quite quickly. You should take a few sensible precautions to stop yourself from getting another one:

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

Avoid sun particularly from 10am until 4pm – when the rays are strongest. Seek shade were possible.

Use a high factor sunscreen (minimum sun protection factor 25) 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 at least every two hours, but don't use these sunscreens as an excuse to stay out in the sun or not bother protective clothing.

Avoid sun beds and tanning lamps.

Share sun advice and other information with blood relatives as they may be at increased risk of getting a melanoma. In particular, protect your children from the sun, as exposure during in childhood seems particularity damaging.

Having had a melanoma does have some practical disadvantages. It can be difficult to obtain life or health insurance, particularly for the first five years of your diagnosis. It can be difficult to obtain a mortgage.

Where can I find out more information about melanoma?
This leaflet will probably not have answered all your questions, but we hope this has helped.

Other sources of information:

CancerBACUP (British association of Cancer United Patients)
3 Bath Place
Rivington Street
London
EC2A 3JR
020 7696 9003
info@cancerbacup.org
www.cancerbacup.org.uk

Cancer Research UK
PO Box 123
Lincoln's inn Fields
London
WC2A 3PX
020 7242 0200
www.cancerhelp.org.uk