

Melanoma

Melanoma is the most dangerous type of skin cancer. It may appear as a new spot or as a change in an existing mole or freckle. If caught early, most melanomas can be cured. The biggest risk factor for developing melanoma is overexposure to UV radiation from the sun or artificial sources like solariums.

There are three major types of skin cancer, each named after the type of cell they start from. These are squamous cell carcinoma, basal cell carcinoma and melanoma. Melanoma is the most dangerous. If untreated, melanoma can spread to other parts of the body and may not be curable.

Australia has one of the highest rates of skin cancer in the world. Melanoma is the fourth most common cancer in Australia, with nearly 2400 people in Victoria alone diagnosed each year. Melanoma is usually diagnosed in people aged 55 and over – however, young adults, teenagers and even children can be affected. In fact, Australian adolescents have, by far, the highest incidence of malignant melanoma in the world, compared with adolescents from other countries.

Causes and risk factors of melanoma

Melanoma and other skin cancers generally develop because of too much exposure to UV radiation. Each time unprotected skin is exposed to the sun's UV radiation or other sources of UV radiation, such as solariums, changes take place in the structure of the cells. Too much UV radiation causes the skin to become permanently damaged. The damage increases with each exposure. Repeated bouts of sunburn, particularly during childhood, greatly increase the chance of getting melanoma.

People at increased risk of melanoma have one or more of the following:

- fair skin that burns easily and does not tan
- a fair complexion
- lots of moles on the skin
- a number of large, irregularly shaped and unevenly coloured moles (called dysplastic nevi)
- previous melanomas
- a history of many sunburns
- other people in the family who have had melanoma (a 'family history')
- being older (risk increases with age).

The melanin in naturally dark skin offers some protection against the damaging effects of UV radiation and the risk of skin cancer is lower. However, when skin cancer is detected in people with naturally dark skin, it is often found at a later, more dangerous stage when the risk of death is much higher. It is recommended that everyone checks their skin regularly, at least every three months.

While melanoma usually occurs on parts of the body that have been sunburned, it can sometimes start in parts of the skin or other parts of the body that have never been exposed to the sun. Melanomas on the arms and legs are usually detected earlier and have a better chance of cure than melanomas on the body, neck or head (which are usually detected at a later stage).

Once melanoma is diagnosed and treated, regular skin checks are advised, since there is an increased risk of further melanomas developing. Melanoma is not contagious: you can't catch it from someone else.

Symptoms of melanoma

The first sign of melanoma is usually a new spot or an existing mole or freckle that changes in appearance. Some of the changes might be:

- The spot may grow larger.
- The edges of the spot may look irregular, rather than smooth.
- The spot may be mottled with a range of colours such as brown, black, blue, red, white or light grey.
- The spot may be itchy or bleed.

The change usually happens over weeks or months, not days.

Diagnosis of melanoma

Melanoma is diagnosed by:

- **Physical examination** – including medical history.
- **Biopsy** – under local anaesthetic, the suspected melanoma and some of the surrounding skin is removed. The sample will be examined in a laboratory for signs of cancer.

Test results can take a few days to come back. It is very natural to feel anxious waiting to get your results. It can help to talk to a close friend or relative about how you are feeling. You can also contact the Cancer Council Helpline on 13 11 20 and speak with a cancer nurse.

Further melanoma tests

If melanoma is diagnosed, further tests may be needed if surgery is planned or to see if the cancer has spread to other areas of the body. These tests may include:

- Blood tests
- Chest x-ray
- Ultrasound scan
- Magnetic resonance imaging (MRI) scan
- Computed tomography (CT) scan
- Bone scan
- Lymph node biopsy.

Treatment of melanoma

Most people with melanoma need to have surgery. In some cases, melanoma may be treated by radiotherapy, chemotherapy and other drugs.

Your doctor will advise you on the best treatment for your cancer. This will depend on the type of cancer you have, where it is, how far it has spread, your general health and what you want.

Surgery

Melanomas are usually removed by surgery (except when the melanoma is too advanced). The surgeon also removes some normal-looking skin around the melanoma. It's called a 'margin of safety' and the margin varies from 5mm to 2cm. The purpose is to get rid of any cancer cells in the surrounding skin and prevent the melanoma from growing back at the same site.

Most people will be able to have their skin sewn up with normal stitches. If the surgeon needs to take some extra tissue to close the wound, a skin graft or flap may be required.

Radiotherapy

Radiotherapy treats cancer by using radiation to destroy or injure cancer cells. The radiation can be targeted onto cancer sites in your body. Treatment is carefully planned to do as little harm as possible to your normal body tissue. You will probably have radiotherapy once a day from Monday to Friday over several weeks, with a break on the weekends.

The number of visits you need to make will depend on the size and type of the cancer and on your general health. The treatment itself only takes a few minutes although you may need to wait before each treatment. It is not painful.

Radiotherapy treatment for melanoma does not make you radioactive, so it's quite safe to be close to your partner, children and others during the course of treatment.

Chemotherapy

Chemotherapy is the treatment of cancer with anti-cancer drugs. The aim is to destroy cancer cells while doing the least possible damage to normal cells. The drugs work by stopping cancer cells from growing and reproducing, and are usually given by injecting the drugs into a vein (intravenous treatment). There are other types of chemotherapy, including tablets, which may be suitable for you. Your medical oncologist will discuss these options with you.

In melanoma, chemotherapy is used as palliative treatment. This means treatment to try to control the growth of the cancer and relieve symptoms. Chemotherapy usually does not cure melanoma.

Biological Therapies

Biological therapies are treatments using substances made naturally by the body. Some of these treatments are called immunotherapy because the drugs help the immune system fight the cancer or they occur naturally as part of the immune system. The most common one used to help treat melanoma is a drug called Interferon. It is given as an injection under the skin. You may have this treatment after surgery to help stop the cancer coming back.

There are also many other biological therapies being researched which in the future may help treat people with melanoma. They include monoclonal antibodies and vaccine therapy.

Complementary and alternative treatments

It's common for people with cancer to seek out complementary or alternative treatments. When used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve quality of life. Others may not be so helpful and in some cases may be harmful. It is important to tell all your health care professionals about any complementary medicines you are taking and never stop taking your conventional treatment without consulting your doctor first. Details of the Cancer Council Victoria's booklet *Complementary and alternative cancer therapies* are in the **Where to get help** section.

All treatments can have side effects. These days, new treatments are available that can help to make many side effects much less severe than they were several years ago.

Long-term outlook

More than 85 per cent of people diagnosed 15 years ago with melanoma are alive and well today, with no sign of the disease. This percentage has grown steadily over the years with early detection and treatment, so more people can expect to be cured.

Your medical history is unique, so you will need to discuss with your doctor what you can expect and the treatment options that are best for you.

When cancer can't be cured

If your cancer has spread and it is not possible to cure it by surgery, your doctor may still recommend treatment. In this case, treatment may help relieve any symptoms, can make you feel better and may allow you to live longer.

Whether or not you choose to have anti-cancer treatment, symptoms can still be controlled. For example, if you have pain, there are effective treatments for this. General practitioners, specialists and palliative care teams in hospitals all play important roles in helping people with cancer.

Risk of further melanomas

Most people treated for early melanoma do not have further trouble with the disease. However, when there is a chance that the melanoma may have spread to other parts of your body, you will need regular check-ups. Your doctor will decide how often you will need check-ups – everyone is different. They will become less frequent if you have no further problems.

Look after your skin and always take precautions in the sun. If you develop any changes in your skin or enlarged lymph glands near to where you had the cancer, you should see your specialist as soon as possible.

Caring for someone with cancer

Caring for someone with cancer can be a difficult and emotional time. If you or someone you know is caring for someone with skin cancer they may find it helpful to download and read some of the Cancer Council Victoria booklets.

Where to get help

- Your doctor
- Dermatologist
- SunSmart
- The Cancer Council of Victoria Information and Support Line Tel. 13 11 20
- Multilingual Cancer Information Line, Victoria Tel. (03) 9209 0169
- Cancer Council Victoria's booklet Complementary and alternative cancer therapies.

Things to remember

- Melanoma is the most dangerous type of skin cancer.
- A melanoma may appear as a new spot or as a change in the appearance of an existing mole or freckle.
- Melanoma treatment depends on whether the cancer has spread to other areas of the body. Treatment may include surgery, chemotherapy, immunotherapy and radiotherapy.

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