
Melanoma

Summary

- 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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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. Over 95 per cent of skin cancers can be successfully treated if they are found early.

If untreated, melanomas can spread to other parts of the body and may not be curable. The biggest risk factor for developing a melanoma is overexposure to UV radiation from the sun or artificial sources such as solariums.

The three major types of skin cancer are:

- squamous cell carcinoma
- basal cell carcinoma
- melanoma.

Australia has one of the highest rates of skin cancer in the world. Two in three Australians will be diagnosed with skin cancer by the age of 70.

Excluding non-melanoma skin cancers, melanoma is the third most common cancer in Australia. It is most commonly 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 adolescent incidence of malignant melanoma in the world.

Causes of melanoma

Melanoma and other skin cancers generally develop from over-exposure to UV radiation. Each time unprotected skin is exposed to UV radiation from the sun or artificial sources, such as solariums, changes take place in the structure of the cells.

Too much UV radiation causes the skin to become permanently damaged, which will worsen with each exposure. Skin cancer can grow when the cells that make up our skin are damaged, causing them to grow abnormally.

Every additional decade of overexposure to UV further increases your risk of skin cancer. Increased use of sun protection will help prevent skin cancer and melanoma at any age.

All skin types can be damaged by exposure to UV radiation. People with skin types that are less likely to burn are still at risk, although lower, of developing skin cancer.

Risk of melanoma

People with one or more risk factors are at increased risk of melanoma. These are:

- people who have pale or fair skin or skin that burns easily and does not tan
 - lots of moles on the skin
 - a number of large, irregularly shaped and unevenly coloured moles
 - previous melanomas
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- a history of many sunburns (as a result of over-exposure to UV)
- other people in the family who have had melanoma (family history)
- being older (risk increases with age).

The melanin in naturally very dark skin offers some protection against the damaging effects of UV radiation and lowers the risk of skin cancer. However, when skin cancer is detected in people with naturally very dark skin, it is often found at a later, more dangerous stage when the risk of death is much higher.

Symptoms of melanoma

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

- 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.

Melanoma can grow very quickly. It can become life-threatening in as little as six weeks and if untreated, it can spread to other parts of the body. It can appear on skin not normally exposed to the sun.

Nodular melanoma is a highly dangerous form of melanoma that looks different from common melanomas. Nodular melanomas are raised and are even in colour (often red or pink and some are brown or black). This type of melanoma grows quickly and can be life-threatening if not detected and removed quickly. See your doctor immediately if you notice any of these changes.

Checking for melanoma

It's important to get to know your skin and what is normal for you, so changes will be quickly noticed. Don't just rely on an annual skin check to detect any suspicious spots.

Check all of your skin, not just sun-exposed areas. If you notice anything unusual, including any change in shape, colour or size of a spot, or the development of a new spot, visit your doctor immediately.

While melanomas usually occur on parts of the body that have been sunburned, they 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 successful treatment than melanomas on the body, neck or head (which are usually detected at a later stage).

Once a melanoma is diagnosed and treated, regular skin checks are advised, as there is an increased risk of further melanomas developing. Melanomas are not contagious. You can't catch them from someone else.

Diagnosis of melanoma

Melanoma is diagnosed by:

- physical examination – including medical history
- excision 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 on 13 11 20 and speak with a cancer nurse.

Further melanoma tests

If a 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, melanomas 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 for melanoma

Melanomas are usually removed by surgery (except when the melanoma is too advanced). The surgeon also removes some normal-looking skin around the melanoma. This is called a 'margin of safety' and the margin varies from 5 mm to 2 cm. 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 some extra tissue to close the wound, a skin graft or flap may be required.

Radiotherapy for melanoma

Radiotherapy treats melanomas 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 melanoma and on your general health. The treatment itself only takes a few minutes and 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 for melanoma

Chemotherapy is the treatment of cancer with anti-cancer medication. The aim is to destroy cancer cells while doing the least possible damage to normal cells. The medication works by stopping cancer cells from growing and reproducing, and is usually given by injecting the medication into a vein (intravenous treatment).

There are other types of chemotherapy, including tablets, which may be suitable for you. Your oncologist (cancer specialist) will discuss these options with you.

With melanomas, chemotherapy is used as palliative treatment to try to control the growth of the cancer and relieve symptoms. Chemotherapy usually does not cure melanomas.

Biological therapies and melanoma

Biological therapies are treatments using substances made naturally by the body. Some of these treatments are called immunotherapy because they help the immune system fight the cancer, or they occur naturally as part of the immune system.

Ipilimumab and Interferon are types of therapy that may be offered after removal of a melanoma.

There are also many other biological therapies being researched and trialled, 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 your quality of life. Others may not be so helpful and in some cases may be harmful.

It is important to tell all your healthcare professionals about any complementary medicines you are taking. Never stop taking your conventional treatment without consulting your doctor first.

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 in the past.

Long-term outlook for people with melanoma

Ninety per cent of Victorians are alive five years after a diagnosis of melanoma. This has improved significantly from 85 per cent in 1985.

The prognosis is better for women than for men. The five-year melanoma survival rate for women is 93 per cent, whereas that for men is 87 per cent.

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 melanoma 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 to relieve symptoms, might 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.

After treatment for melanoma it is important to limit exposure to the sun's UV radiation.

As biological family members usually share similar traits, your family members may also have an increased risk of developing melanoma and other skin cancers. They can reduce their risk by spending less time in the sun and using a combination of sun protection measures during sun protection times. It is important to monitor your skin regularly and if you notice 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 you may find it helpful to download and read some of the Cancer Council Victoria booklets.

Where to get help

- Your doctor
- Dermatologist

- SunSmart
- Cancer Council 13 11 20 for information and support
- Multilingual Cancer Information Line, Victoria Tel. 13 14 50

Things to remember

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