Understanding melanoma: surgery to remove a melanoma

About this booklet

This booklet is about a type of skin cancer called melanoma. It is for anyone having a melanoma removed with surgery. There is also information for carers, family members and friends.

The booklet talks about signs and symptoms, and tests used to diagnose melanoma. It explains how surgery is used to treat melanoma. It also has information about feelings, practical and financial issues.

We hope it helps you deal with some of the questions or feelings you may have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

This booklet does not have information about further tests and treatments for melanoma, advanced melanoma or other types of skin cancer. The following booklets may help:

- **Understanding melanoma: tests and treatment after surgery to remove a melanoma**
- **Understanding advanced melanoma**
- **Understanding skin cancer**

More information about these booklets can be found on page 84.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On pages 90 to 99, there are details of other organisations that can help.

There is also space to write down questions and notes for your doctor or nurse (page 100).

Quotes

In this booklet, we have included quotes from people who have had melanoma, which you may find helpful. To share your experience, visit **macmillan.org.uk/shareyourstory**

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

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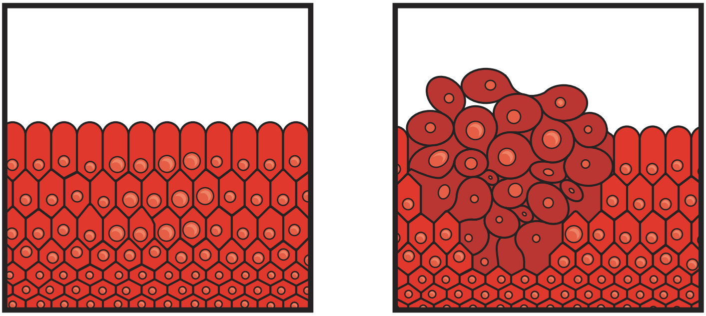
About melanoma

What is cancer?

Cells are tiny building blocks that make up the body's organs and tissues. Cells receive signals from the body, telling them when to grow and when to divide to make new cells. This is how our bodies grow and heal. These cells can become old, damaged or no longer needed. When this happens, the cell gets a signal from the body to stop working and die.

Sometimes these signals can go wrong, and the cell becomes abnormal. The abnormal cell may keep dividing to make more and more abnormal cells. These can form a lump, called a tumour.

Cells forming a tumour



Normal cells

Cells forming a tumour

Not all tumours are cancer. Doctors can tell if a tumour is cancer by taking a small sample of cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

A tumour that is not cancer (a benign tumour) may grow, but it cannot spread to anywhere else in the body. It usually only causes problems if it grows and presses on nearby organs.

A tumour that is cancer (a malignant tumour) can grow into nearby tissue.

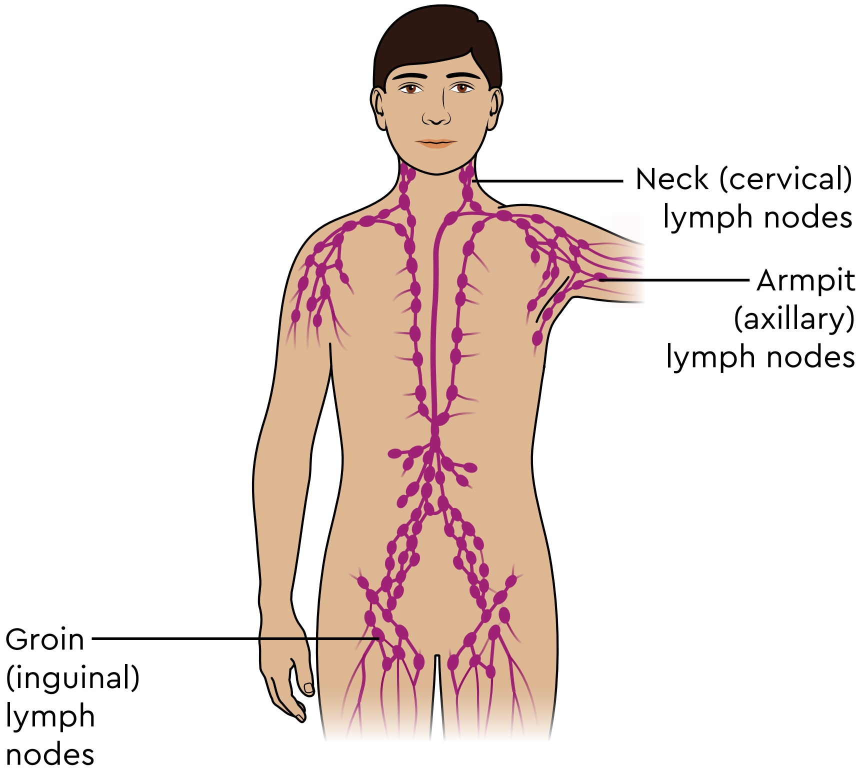
Sometimes cancer cells spread from where the cancer started (the primary site) to other parts of the body. They can travel around the body in the blood or through lymph fluid which is part of the lymphatic system (pages 8 to 9). When these cancer cells reach another part of the body, they may grow and form another tumour. This is called a secondary cancer or a metastasis.

The lymphatic system

The lymphatic system helps protect us from infection and disease. It is made up of fine tubes called lymphatic vessels. These vessels connect to groups of small lymph nodes throughout the body. The lymphatic system drains lymph fluid from the tissues of the body before returning it to the blood.

Lymph nodes are sometimes called lymph glands. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, some lymph nodes may swell as they fight the infection.

The lymphatic system



About melanoma

Melanoma, also called malignant melanoma, is a cancer that usually starts in the skin. It can start in a mole or in normal-looking skin.

Melanoma develops from skin cells called melanocytes. These cells make melanin, which gives our skin its colour. UV radiation from sunlight, sunbeds or sunlamps can build up and damage the DNA (genetic material) in melanocytes. They then start to grow and divide more quickly than usual and can develop into melanoma.

It is important to find and treat a melanoma as early as possible when it can be cured. Melanomas that are only in the upper layer of skin are unlikely to spread into the blood or lymphatic vessels. They are usually cured with surgery.

If melanoma is not removed, the cells can grow deeper into the layers of the skin. If melanoma cells get into the blood or lymphatic system, they can travel to other parts of the body.

The skin

The skin is the largest organ in the body.

The different things the skin does include:

- protecting the body from injury
- protecting the body from the harmful effects of ultraviolet (UV) light
- keeping bacteria or viruses from getting into the blood and causing infections
- keeping fluids and proteins in the body
- controlling the body's temperature
- giving us our sense of touch, through nerve endings, to feel and react to pain, heat or pressure
- helping the body make vitamin D (when skin is exposed to the sun), which is important to keep our bones healthy
- providing the skin with its colour.

Layers of the skin

The skin has different layers. There are 2 main layers that cover a fatty layer underneath.

The epidermis

This is the thin outer layer of the skin. The epidermis contains 3 types of cell:

- squamous cells – flat cells on the surface of the skin that are always shedding
- basal cells – rounder cells that are found under the squamous cells
- the cells that melanoma starts from, found in between the basal cells.

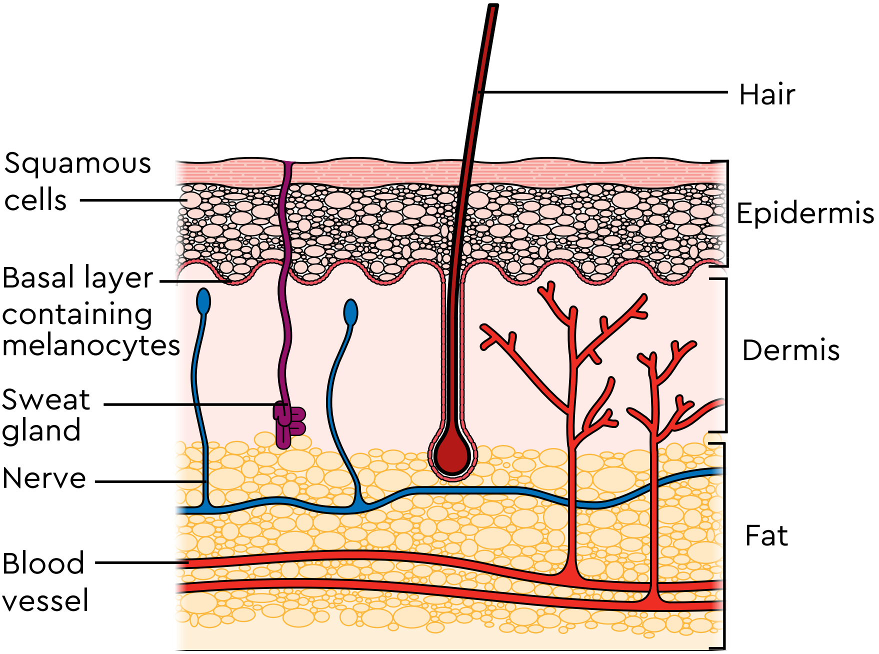
The dermis

This is the inner layer of skin and is much thicker than the epidermis. It contains nerve endings, blood vessels, sweat glands and lymphatic vessels (pages 8 to 9). It provides the epidermis with nutrition.

The hypodermis (fatty layer)

This is the fatty layer. It is the supportive layer of the skin and protects the body against cold. There are blood vessels and nerves in the dermis.

The structure of the skin



Melanocytes

Melanocytes are cells that make a pigment called melanin. Melanin gives our skin, hair and eyes their colour. It also protects skin from the harmful effects of the sun.

When skin is exposed to sunlight, the melanocytes make more melanin. This is to absorb more the harmful UV rays from the sun. This makes the skin look darker, or suntanned. A suntan is a sign that the skin is trying to protect itself.

If you have black or brown skin, you have the same number of melanocytes as people with white skin. But your melanocytes make more melanin. This means you have more natural protection from UV rays.

Moles are a group or cluster of melanocytes that are close together. They are sometimes called naevi.

Types of melanoma

There are 4 main types of skin melanoma.

Superficial spreading melanoma

This is the most common type of melanoma. It is most often found on the arms, legs, chest and back. The melanoma cells usually grow slowly at first and spread out across the surface of the skin.

Nodular melanoma

This is the second most common type of melanoma. It can grow more quickly than other melanomas. It is also more likely to lose its colour when growing – becoming red rather than black. It is more commonly found on the chest, back, head or neck.

Lentigo maligna melanoma

This type of melanoma is less common. It is usually found in older people, in areas of skin that have had a lot of sun exposure, such as the face and neck. It develops from a slow-growing, pre-cancerous condition called a lentigo maligna. Lentigo maligna is only in the upper layer of skin called the epidermis. It is sometimes called an in situ melanoma.

Lentigo maligna usually looks flat, like a stain or large freckle on the skin. It is sometimes called a Hutchinson's freckle.

If it spreads into deeper layers of skin, it is no longer pre-cancerous and is called lentigo maligna melanoma. Even when it becomes a lentigo maligna melanoma, it is still usually slow-growing.

Acral lentiginous melanoma

This type of melanoma is rare. It is usually found on the palms of the hands, soles of the feet, or under fingernails or toenails. It is more common in people with black or brown skin. It is not thought to be caused by sun exposure. If you have black or brown skin, it is important to check your skin for any dark spots or changes in these areas.

Other rare types of melanoma

Other rare types of melanoma include:

- desmoplastic melanoma
- amelanotic melanoma
- spitzoid melanoma
- malignant blue naevus.

If you need more information about these types of melanoma, you can talk to one of our cancer support specialists. Call **0808 808 00 00**, 7 days a week, 8am to 8pm.

Causes and risk factors of melanoma

Certain things can increase the risk of developing melanoma. These are called risk factors. Having a risk factor does not mean you will get cancer. And not having a risk factor does not mean that you will not get it. There are different melanoma risk factors.

Ultraviolet light exposure (UV exposure)

The main risk factor for developing melanoma is exposure to UV radiation. This can be through natural sunlight or artificial light used in sunbeds or sunlamps. UV radiation damages the DNA (genetic material) in our skin cells. This can cause skin cancers such as melanoma.

Sunlight

In the UK, the number of people developing melanoma and other skin cancers is rising. One of the reasons for this is people having more UV exposure through sunlight. But better awareness of melanoma means more people are being diagnosed with early melanoma (pages 39 to 45).

Melanoma is linked to short periods of being exposed to strong sunshine through sunbathing or holidays in hot countries. Other skin cancers are more linked to ongoing sun exposure – for example, from working outdoors for many years.

Sunburn

Regularly getting sunburn, especially severe sunburn that causes blistering, increases the risk of melanoma. This is whether you had sunburn as a child or as an adult. It is important to protect your skin from too much sun.

Sun exposure and getting enough Vitamin D

Getting a small amount of sunshine on a regular basis, as well as eating certain foods, helps our bodies make vitamin D. This keeps our bones and teeth healthy. It also helps our immune system and has some anti-cancer effects. The amount of sun exposure you need depends on:

- your skin type – if you have dark skin, you need more sun exposure than someone with white skin
- the time of year – in the UK, you do not get enough sunlight from October to early March to make vitamin D through sun exposure.

You do not need to sunbathe, tan or burn to make enough vitamin D to keep healthy. If you have melanoma, you can ask your doctor about having your vitamin D levels tested.

Sunbeds

Sunbeds use artificial UV rays that also damage the DNA in your skin. They increase the risk of melanoma. The more you use a sunbed or sunlamp, and the younger you are when you start using one, the higher the risk.

It is important not to use sunbeds, especially if you have:

- had melanoma or any skin cancer
- an increased risk of melanoma.

Your skin type

If you have the type of skin that burns more easily, you are more at risk of melanoma. You are more sensitive to the sun if you have:

- pale skin
- red or blonde hair
- green or blue eyes
- freckles.

Having freckles means a higher risk of melanoma, whether you have moles or not.

Ethnicity

If you are Black or Asian, you have a lower risk of melanoma because your skin produces more melanin (pages 9 to 14). But it does not mean that you cannot get skin cancer. You still need to protect your skin from the sun and check for anything unusual. A type of melanoma called acral lentiginous melanoma is more common in people with black or brown skin (page 17). It starts in skin that is not usually exposed to sun.

Age

Being older is one of the main risk factors for melanoma. Damage to the DNA in the melanoma cells caused by risk factors builds up over time.

More than a quarter of people diagnosed with melanoma are aged over 75. But melanoma is also more common in younger people than some other cancers. Women in their 20s are more likely to develop it than men of the same age. Melanoma can also affect teenagers, but this is not common.

Having lots of moles and unusual moles

If you have lots of moles or unusual moles, you can be referred to a skin specialist called a dermatologist (page 49). They will do an assessment of your skin and give you advice.

You have a higher risk of melanoma if you have:

- lot of moles, especially over 100 moles
- moles that are bigger than average and are an irregular shape or colour (pages 24 to 28).

Having lots of moles or irregular moles can run in some families.

If you were born with a mole (congenital mole)

Having a congenital mole or naevus increases the risk of melanoma. A congenital mole is when you are born with a large birth mark (over 20cm) or a dark, hairy mole. The risk from average-size birth marks is very small.

Family history of melanoma

The risk of developing melanoma increases if you have a close relative who has had melanoma. A close relative (or first-degree relative) is your mother, father, sister, brother or child. This may be because you have a similar skin type. But about 1 in 10 melanomas (10%) are thought to be caused by genes that can run in families.

The risk is highest if:

- your relative who had melanoma is aged under 30
- you have more than 1 first-degree relative with melanoma.

If you have a family history of melanoma, you may be referred to a genetic counsellor to talk about having a genetic test. The test looks for a gene called p16 that can increase the risk of melanoma. This gene may also be linked to pancreatic cancer. Your genetic counsellor will talk to you about this. Like all cancers, melanoma may also be caused by a number of genes we cannot test for yet.

If you have a strong family history of melanoma, your GP can refer you to a dermatologist and a family cancer clinic.

We have more information about cancer genetics on our website. Visit **macmillan.org.uk/genetics**

Reduced immunity

Having a weakened immune system can increase the risk of melanoma. This includes people:

- with HIV or AIDS
- with inflammatory bowel conditions such as Crohn's disease
- taking drugs to suppress the immune system, for example after an organ or stem cell transplant.

Signs and symptoms

A change in the shape, colour or size of a mole is usually the first sign of melanoma. A melanoma can start either:

- as a new mole
- in a mole you already have.

Most melanomas start with a new, abnormal-looking mole on your skin. This usually looks like a dark area, although melanomas can have more than one colour. Other melanomas develop from a mole you already have that changes over weeks or months.

It can be difficult to tell the difference between a melanoma and a normal mole. With moles or other skin changes, it is a good idea to learn to recognise any new or changing areas on your skin. This helps you to recognise what is sometimes called the 'ugly duckling' sign. This is a mole that stands out because it looks different to other moles. Always ask your GP to check anything that looks different or unusual.

The ABCDE checklist explains what to look for when checking moles or other skin changes.

A – Asymmetry

Most melanomas are likely to be uneven or irregular in shape (asymmetrical). Ordinary moles are usually more even and both halves look mostly the same (symmetrical).

Melanoma with an asymmetrical shape

B – Border

The edges around a melanoma (border) are more likely to be uneven, irregular or jagged. Ordinary moles usually have a clear, smooth-edged border.

Melanoma with an irregular border

C – Colour

Melanomas are usually more than one colour. They may have different shades, such as brown mixed with a black, red, pink, white or blue tint. Normal moles usually only have shades of brown.

If you have red or fair hair and pale skin, the melanoma may only be red or pink with no brown. This is called amelanotic melanoma. It is much less common.

Melanoma with a colour difference

D – Diameter (width)

Melanomas are usually more than 6mm wide. Normal moles are usually about the size of the blunt end of a pencil, or smaller.

If you have lots of large moles, some of them may be larger than 5mm in diameter. These are likely to have been there for years without changing. But it is recommended that people with lots of moles or bigger moles get them checked by a dermatologist. This is important if you have had changes to moles in the past.

E – Evolving (changing)

Look for changes in the size, shape or colour of a mole. The change in shape can include the area becoming raised or dome-shaped. Or, if the mole is flat, it may stay that way but become wider.

If you have black or brown skin

If you have black or brown skin, it can be harder to see the signs of melanoma. Black and Asian people have a lower risk of melanoma. But this does not mean you have no risk. It is still important to be aware of skin changes that may be linked to a skin cancer.

Acral lentiginous melanoma (page 17) is an uncommon type of melanoma. But it is more common in Black and Asian people. It usually develops in areas of skin that get little sun exposure, such as:

- the palms of the hands
- soles of the feet
- nail areas, for example under the fingernails or toenails.

Look for anything new, changing or unusual on both sun-exposed and sun-protected areas of the body.

When to visit a doctor

Visit your GP straight away if you have:

- any of the ABCDE signs or the 'ugly duckling' sign (page 24)
- any unusual marks on the skin that last for more than a few weeks
- a mole that tingles or itches
- a mole that develops a crust or bleeds
- something growing under a nail, or a new dark-coloured stripe along part of the nail.

Checking your skin

Checking your skin is very important. Early melanoma is usually cured with treatment. If you have any possible signs or symptoms of melanoma or other skin cancer, visit your GP straight away.

By regularly checking your skin, you get to know where your moles, birth marks, and other marks are. This gets easier as you become more familiar with your skin and what your moles normally look like. You will then notice any changes or new signs or symptoms.

Here are some tips:

- use the ABCDE guide to help you
- a good time to check could be after a shower or bath
- make sure you have plenty of light
- use a full-length mirror and a small handheld mirror for hard-to-see areas
- ask a family member or friend to check your back, neck and other hard-to-see areas
- check areas that are not exposed to the sun, such as genitals, fingernails, toenails, palms of hands and soles of feet
- use a comb or a blow dryer to move your hair so that you can see better when checking your scalp
- keep notes or take pictures of your moles so you can notice changes quickly.

> “I noticed a part of my skin on my shoulder in the mirror. It seemed to have gone quite dark and changed in shape. I thought I'd go check it out and made an appointment with my GP who is a skin specialist.„

Natasha, diagnosed with melanoma

Diagnosing melanoma

Getting a mole checked

If you have any signs of a change in a mole or develop a new mole, you usually begin by seeing your GP. Your GP will check your mole and ask about any family history of cancer. If they think you may have a melanoma, they will refer you to a doctor who specialises in skin conditions called a dermatologist. You should be seen at the hospital within 2 weeks.

At the hospital

The dermatologist uses a dermatoscope to look at your mole. A dermatoscope looks like a small magnifying glass. They also check the rest of your skin and will ask you about any other skin changes, or if you have any other unusual moles. They may also check the lymph nodes (glands) closest to the mole – pages 8 to 9. This is to see if they look or feel swollen.

If you have an unusual mole, your dermatologist may advise checking it regularly rather than removing it. These moles are sometimes called dysplastic naevi. Your dermatologist may ask you to come back in a few months to check if the mole has changed. Or they may arrange for you to come back regularly to have photographs taken of the unusual mole (page 21).

Excision biopsy (removing a mole)

If you have an abnormal mole that your specialist doctor thinks may be a melanoma, they will advise you to have the whole mole removed. This is called an excision biopsy. It is the most important test to diagnose melanoma.

The tissue that is removed is sent to the laboratory. A doctor examines it under a microscope. This is to see if there are any melanoma cells. You will have a scar afterwards. Your doctor or nurse will tell you what to expect.

Before the mole is removed, your doctor will explain what they are going to do. They will ask you to sign a form to give your permission (consent) to have the excision biopsy – page 53.

Having a mole removed

You usually lie down to have the mole removed. The doctor or specialist nurse injects a local anaesthetic into the area around the mole. This numbs the skin, so you do not feel any pain. They cut out the whole mole and a small area of normal-looking skin around it.

They usually close the wound using stitches. These are removed after 5 to 14 days, depending on where the mole was. You can have stitches removed at your GP practice. You may have stitches that dissolve. These do not need to be removed.

Before you go home, the nurse will tell you what to do with the dressings and how to look after the wound. They also explain things to look out for, such as signs of infection or bleeding. If you have any problems, it is important to contact the hospital for advice.

If the biopsy shows you have a melanoma, you usually have another operation to remove more tissue. This is called a wide local excision (pages 53 to 57).

Checking the lymph nodes

If tests show the mole is melanoma, your doctor may suggest tests to check the lymph nodes nearby.

Not everyone needs these tests. It depends on how deep the melanoma is and if the lymph nodes look or feel swollen. Lymph node tests include:

- a sentinel lymph node biopsy (SLNB) – the lymph nodes closest to the melanoma are removed, usually at the same time as the wide local excision
- an ultrasound – this uses sound waves to make a picture of part of your body
- a fine needle aspiration (FNA) – a doctor withdraws a sample of cells from your lymph nodes with a fine needle.

You can find more information about these tests in our booklet **Understanding melanoma: tests and treatment after surgery to remove a melanoma**.

Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results to be ready. You may find it helpful to talk with your partner, your family or a close friend. Your specialist nurse or a support organisation can also provide support (pages 90 to 99). Or you can talk to one of our cancer support specialists on **0808 808 00 00**, 7 days a week, 8am to 8pm.

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you, your cancer diagnosis and your treatment is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically.

There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out (page 99).

Staging of melanoma

The stage of a melanoma describes:

- how thick (deep) it is
- whether it has spread from where it started.

Knowing the stage of the melanoma helps doctors plan the best treatment for you.

The way melanoma is staged is complicated. This section gives a simple explanation of 3 different ways of staging melanoma:

- the number stages from 0 to 4
- Breslow thickness
- TNM staging.

Your specialists can give you more information about the stage of your melanoma.

Stage 0 (melanoma in situ)

Melanoma in situ is a term used to describe the earliest stage of melanoma. The melanoma is only in the top layer of skin, called the epidermis. It has not started to spread into the dermis. People with melanoma in situ do not usually have any risk of the melanoma spreading to other parts of the body.

Stage 1 melanoma

Stage 1 means the melanoma is either:

- 1mm or less thick
- 1 to 2mm thick and the skin over the melanoma has not broken.

This is an early-stage melanoma. It is only in the skin. It has not spread to other parts of the body.

Stage 2 melanoma

Stage 2 means the melanoma is either:

- 1 to 2mm thick and the melanoma has broken the outer layer of skin (ulcerated melanoma)
- thicker than 2mm.

It has not spread to other parts of the body.

Stage 3 melanoma

Stage 3 means the melanoma has spread in the same area of the body. It may have spread to the following areas:

- nearby lymph nodes. – page 8
- areas of skin less than 2cm away from where the melanoma started – These areas are called satellite metastases
- areas of skin more than 2cm away from where the melanoma started and up to the nearby lymph nodes – these areas are called in-transit metastases.

It has not spread to any other parts of the body.

Stage 4 melanoma

Stage 4 means the melanoma has spread to other areas of the body such as:

- other areas of the skin
- the lungs, liver, bones or brain.

This is also called advanced or metastatic melanoma. We have more information in our booklet **Understanding advanced melanoma**.

You can order our booklets and leaflets for free.
Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

Breslow thickness

The Breslow thickness describes how thick the melanoma is. It measures in millimetres (mm) how far the melanoma cells have grown down into the layers of skin.

There are 5 levels of tumour (T) thickness:

- Tis – the melanoma cells are only in the very top layer of the skin (epidermis)
- T1 – the melanoma is 1mm thick or less
- T2 – the melanoma is between 1mm and 2mm thick
- T3 – the melanoma is between 2mm and 4mm thick
- T4 – the melanoma is more than 4mm thick.

TNM staging for melanoma

The TNM staging system describes the stage of melanoma using letters and numbers.

T is for tumour

T stands for tumour. It describes the thickness of the melanoma. This is also called the Breslow thickness (page 43).

N is for nodes and nearby skin

N stands for nodes and nearby skin. It describes if the melanoma has spread to nearby lymph nodes (pages 8 to 9). It also describes any spread to areas of skin between the tumour and these lymph nodes. This is called in-transit, satellite or microsatellite metastases.

- **N0** – the melanoma has not spread from where it started.
- **N1** – the melanoma has spread to 1 lymph node or to nearby areas of skin.
- **N2** – the melanoma has spread to 2 or 3 lymph nodes, or to 1 lymph node and nearby skin.
- **N3** – the melanoma has spread to 4 or more lymph nodes, or to 2 or more lymph nodes and nearby skin, or to any number of lymph nodes and these have stuck together.

M is for metastasis

M stands for metastases. It describes whether the melanoma has spread to other parts of the body such as the lungs, liver, bones, brain or distant areas of the skin. This is also called advanced or metastatic cancer.

- **M0** – the melanoma has not spread to other parts of the body.
- **M1** – the melanoma has spread to other parts of the body.

Treating melanoma

Treatment overview

If an excision biopsy finds a melanoma, most people will have surgery to remove more tissue from the same area. This is called a wide local excision. The aim is to remove all the cancer cells. For early melanoma, this is often the only treatment you will need. Early melanoma means the cancer cells are only in the skin and have not spread from where the mole started.

Sometimes, your doctor may talk to you about having other treatments if there are factors that increase the risk the melanoma will come back. We have more information in our booklet **Understanding melanoma: tests and treatments after surgery to remove a melanoma** (page 84).

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Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

How your treatment is planned

A team of healthcare professionals will work with you to plan your treatment for melanoma. This is called the multi-disciplinary team (MDT).

The MDT look at national treatment guidelines and the latest evidence for the type of cancer you have. If you have any treatment preferences, your doctor will tell them about them. The MDT will usually include the following professionals:

- Skin cancer nurse specialist – a nurse who gives information about skin cancer, and support during treatment.
- Dermatologist – a doctor who treats skin problems.
- Plastic surgeon – a doctor who does operations (surgery) to repair or reconstruct tissue and skin.
- Oncologist – a cancer doctor who specialises in treating people with cancer using targeted and immunotherapy drugs, radiotherapy and chemotherapy.
- Pathologist – a doctor who looks at cells or body tissue under a microscope to diagnose cancer.
- Radiologist – a doctor who looks at scans and x-rays to diagnose problems.

The MDT may also include other healthcare professionals. The MDT meet to talk about your treatment plan. They consider things, such as:

- your general health
- the stage of the melanoma (pages 39 to 45)
- where it is on your body.

Talking about your treatment plan

After the MDT meeting, you will usually see your doctor and specialist nurse. They will talk to you about your treatment plan. It can help to write down your questions before you see them. You may want to ask a family member or friend to come with you. They can help remember what is said and talk with you about it afterwards. You need to know as much as possible before you can make any treatment decisions.

It can also be hard to concentrate on what you are being told if you are feeling anxious. If the doctor says something you do not understand, ask them to explain it again.

Making treatment decisions

You and your doctor can decide together on the best treatment plan for you. Your doctor is an expert in the best treatments. But you know your preferences and what is important to you. You can decide how involved you want to be in your treatment plan.

Sometimes doctors need to review a treatment plan. This may be when more information about the cancer becomes available – for example, when the doctor knows the results of surgery to remove the cancer. It may mean making more decisions with your doctor.

Giving your permission (consent)

Doctors need your permission (consent) before you have any treatment. They will give you all the information you need to make your decision. We explain this in our section on talking about your treatment plan.

You can give consent in writing when you sign a form that your doctor gives you, agreeing to a treatment. Or it can be a spoken (verbal) agreement with your doctor. Your doctor records your consent in your patient notes.

You may decide not to have treatment even when your doctor advises you to have it. If you refuse treatment, your decision must be respected. But your doctor needs to make sure you have all the information you need to make your decision. You need to understand all your treatment options and what will happen if you do not have the treatment. Always talk to your doctor about any concerns you have, so they can give you the best advice.

Second opinion

A second opinion is an opinion from a different doctor about your treatment. If you think you want a second opinion, talk to your specialist doctor or GP first. Tell them your concerns or ask them to explain anything you do not understand. This might help reassure you.

If you still want a second opinion, you can ask your specialist doctor or GP to arrange it. They are usually happy to do this. You may have to travel to another hospital to get a second opinion. Getting a second opinion could delay your treatment. Check with your doctor if this delay could be harmful to you.

If the doctor you see for the second opinion gives you the same advice, this can reassure you. Sometimes they give you other treatment options to think about.

We have more information about getting a second opinion on our website. Visit **macmillan.org.uk/second-opinion**

Surgery

Surgery is the main treatment for melanoma that has not spread. It may be the only treatment you need. The aim is to remove the cancer cells completely and the surrounding area of healthy tissue. This is called wide local excision surgery (WLE).

Wide local excision (WLE)

Before the operation, your doctor will talk to you about how much tissue needs to be removed. The amount that is taken depends on how thick the melanoma was (page 43).

You usually have a WLE under a local anaesthetic, in a day surgery unit. This means you are awake, but you do not feel the surgery. You will have an injection to numb the area where the operation is done.

Sometimes a WLE is done under a general anaesthetic. This means you are asleep during the operation.

The doctor carefully removes the area of tissue. Depending on the size of the wound and where it is, they may:

- leave the area to heal naturally
- close the wound with stitches
- cover the wound with a skin graft
- cover the wound with a skin flap.

A skin graft is a layer of skin that is taken from another part of the body and placed over the area where the melanoma was removed.

A skip flap is a slightly thicker layer of skin than a graft. It is taken from an area very close to where the melanoma was removed.

Checking the lymph nodes

You may have a test called a sentinel lymph node biopsy at the same time as a WLE. This depends on the thickness of the melanoma (page 43). The test is to check the lymph nodes for cancer cells (pages 8 to 9).

We have more information about sentinel lymph node biopsy in our booklet **Understanding melanoma: tests and treatment after surgery to remove a melanoma** (page 84).

After a WLE

After surgery, your doctor or nurse will explain how to look after the wound. They will also tell you who to contact if you have wound problems such as:

- bleeding that will not stop
- signs of infection including wound redness, pain, heat or pus.

You can usually go home soon after the operation. You may need to stay longer or overnight if you have a general anaesthetic and sometimes after skin graft surgery. You may need to stay for a few days after skin flap surgery. Your doctor or nurse can give you more information.

> “I was very nervous about the surgery as having a skin graft seemed quite daunting. The surgeon explained the procedure to me in a way that was easy to understand, and it thankfully went well on the day.„

Louise, diagnosed with melanoma

Wounds

Your wound may look red and swollen at first, but this will gradually get better. You will be given painkillers to help after the operation.

Your nurse will explain if you have stitches that need to be removed. Your nurse may also give you dressings to protect the wound while it heals. They will explain when and how to change your dressing.

If you had a skin graft, you will also have a wound where the skin was taken from. This is called the donor site. How long this area takes to heal depends on how much skin was removed.

Try not to do too much in the first 2 weeks after skin graft surgery. It is important not to put pressure on the grafted area such as rubbing or brushing against it. The skin graft takes about 5 to 7 days to connect with the blood supply in the area.

> **"The skin graft and scars were quite prominent at first. The marks have become less noticeable over time and I cover my scars with sunscreen every day."**
>
> Louise, diagnosed with melanoma

Scar

Removing tissue during a WLE will always leave a mark on the skin. Before your operation, your doctor will explain what to expect. Your scar after melanoma removal depends on the location and amount of tissue that was removed.

If you had a skin graft, you will have a scar in both the grafted and the donor site area. There will also be some differences between the grafted skin and the skin surrounding it. But this will become less noticeable over time.

Body image after melanoma

Doctors try to minimise the effects of skin cancer treatments on your appearance. Many people have only minor scarring after treatment, but for others it may be more obvious.

Some skin clinics have a make-up specialist who can give you advice on the best way to cover up scars.

If the scars after surgery bother you, make you feel self-conscious or you are finding things difficult, it is important to get support. You may find it helps to talk to your doctor, specialist nurse or a trained counsellor. There are other organisations that may be able to help (pages 90 to 99).

We have more information about coping with a change to your appearance in our booklet **Body image and cancer** (page 84).

Further tests and treatment

After a WLE, the removed tissue is checked under a microscope. If all the melanoma cells and enough surrounding healthy tissue were removed, you will probably not need any more treatment.

Sometimes, further surgery is needed to remove more tissue from the same area. This is important to reduce the risk of the melanoma coming back.

If tests find melanoma cells in the lymph nodes, your doctor may talk to you about having further treatments such as:

- targeted therapy
- immunotherapy
- surgery to remove all the nearby lymph nodes.

We have more information about these treatments in our booklet **Understanding melanoma: tests and treatment after surgery to remove a melanoma** (page 84).

You can order our booklets and leaflets for free.
Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

After treatment

Follow-up

After surgery, you will usually have a follow-up appointment with your doctor or nurse. They will check your wound and explain if you need any further treatment. They will also give you information about checking your skin and how to stay safe in the sun.

If you had a melanoma in situ (stage 0), you will not need any further appointments. If you have further questions or are worried about new symptoms, your GP can help. If needed, they will arrange for you to see a specialist again.

If you had a thicker melanoma that has not spread (stage 1 or 2), you may have ongoing follow-up appointments – pages 40 and 41. Some people will also have regular scans or ultrasounds of the nearby lymph nodes. Your doctor or nurse will explain what to expect.

At the appointments, your doctor or nurse will examine your skin carefully. This is because after a melanoma, you have a higher risk of getting another one. They may take photographs of your skin and measure some of your moles. This is a way of checking for any changes in your skin.

They will also check areas where melanoma was removed for signs of it coming back in the same place. They will check your scar and the surrounding area. They will check your lymph nodes closest to where the melanoma was. If you had surgery to remove these, they may also check lymph nodes elsewhere in your body.

> "I have a big battle wound on my shoulder and it took ages to heal. I had time off work and it was all a bit rubbish. Luckily I'm back playing football now."

Natalie, diagnosed with melanoma

> **"Any moles or areas of skin I am unsure about are looked at during my follow-up appointments. My Macmillan nurse gives my skin a thorough check over and we always have a general chat about how I am feeling."**
>
> Louise, diagnosed with melanoma

Checking your skin

It is important to check yourself for any signs of melanoma at least once a month. If another melanoma develops, there is a better chance of a cure if it is found early. If you have symptoms, contact your doctor or nurse. Remember, you can contact them between your follow-up appointments.

Your doctor or nurse will ask you to check:

- your scar and the surrounding area
- the skin, all over your body, for any new or changing moles.

It can be helpful to stand in front of a mirror to check your skin. Ask your doctor or nurse if you are not sure how to check. The ABCDE checklist helps you to know what to look for (pages 24 to 28).

They may also ask you to check your lymph nodes after your treatment. A good time to do this is in the shower or bath. The British Association of Dermatologists produces a leaflet with advice about how to check your lymph nodes (page 90).

Skincare in the sun after melanoma

After treatment for melanoma, your doctor or specialist nurse will give you information about protecting your skin from the sun. You can still enjoy sunshine or have holidays in sunny countries. But it is important to protect your skin to help reduce your risk of further melanomas.

There are a number of things you can do to protect your skin:

- Stay out of the sun when it is strongest. This is usually between 11am and 3pm.
- Wear clothing made of a close-weave fabric. This will give you more protection against the sun.

- Keep your arms and legs covered by wearing long-sleeved tops and trousers. Wear a wide-brimmed hat to protect your face, neck and ears.
- Always wear sunglasses in the sun.
- Use a high-factor suncream of SPF 30 or above whenever you are exposed to the sun for a period of time. Follow the instructions on the bottle and re-apply it as recommended.
- Choose a suncream that protects against UVA (at least 4 stars) and UVB radiation (at least SPF 30).
- Make sure you use enough suncream. About 6 to 8 teaspoons is enough to cover most adults.
- Do not use suncream instead of covering up or staying in the shade. You might think that if you use suncream, you can stay in the sun for longer. But the best protection is to cover up and to stay out of direct sunlight. There is no such thing as a safe suntan.
- Never use a sunbed or sunlamp. If you prefer to look tanned, use fake tan.
- If you use a sunbed for treatment of a skin condition, your dermatologist may advise you to stop using it.
- If you are not often outdoors or in the sun, ask your doctor or GP to check your vitamin D levels. Vitamin D is important for general health and can become low in people who avoid the sun or are indoors most of the time. You may need to take vitamin D supplements if your levels are low.

Pregnancy after melanoma

There is no evidence that being pregnant makes melanoma more likely to come back. But if you are thinking of getting pregnant after surgery to remove a melanoma, talk to your specialist nurse or doctor. They can give you more information and advice that may help you plan a pregnancy. This will depend on the stage of the melanoma and if you need any follow-up tests or further treatment. In some situations, they may advise you to wait. Some melanomas may have a higher risk of coming back in the first 2 years after diagnosis.

Getting help and support

It is common to have different feelings after cancer treatment. But as you recover, these usually get easier to deal with. Talking to family and friends usually helps. If you are feeling very anxious or depressed, tell your doctor or nurse. They may be able to refer you to a counsellor or psychologist for more expert support.

There are also organisations such as Melanoma Focus and Melanoma UK that offer information and support (page 91).

> **"I was told about the mindfulness course run by Macmillan. The first session was only 10 days after my surgery, which I initially thought was a bit soon. I went along anyway and found I enjoyed the first session."**
>
> Clare, diagnosed with melanoma

Your feelings and relationships

Your feelings

It is common to have many different feelings when you are told you have cancer. You may feel shocked, scared, depressed, guilty or angry. This can be difficult to cope with. Partners, family and friends may also have some of the same feelings.

We have more information about emotions on our website and in our booklet **How are you feeling? The emotional effects of cancer** (page 84).

Your healthcare team will usually give you support. But you may feel you need more help. Talk to your cancer doctor, GP or specialist nurse. They can refer you to a specialist doctor, psychologist or counsellor who can help.

You can also call the Macmillan Support Line on **0808 808 00 00** and talk to one of our cancer support specialists.

Talking to family, friends or other people affected by cancer may help. For more information or for help finding local support groups, visit **macmillan.org.uk/supportgroups** Or talk to other people on our Online Community at **macmillan.org.uk/community**

There is more information on pages 86 to 89 about other ways we can help you.

Relationships

Cancer and its treatment is stressful and may affect your relationships. Your experience of cancer may strengthen your relationships with people close to you. Or it may put a strain on relationships. Any problems usually improve over time, especially if you talk openly with each other.

We have more information about relationships online and in our booklets **Talking about cancer** and **Cancer and relationships: support for partners, families and friends** (page 84).

If you are a family member or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You can support the person with cancer by listening and talking with them.

We have more information about supporting someone on our website and in our booklet **Talking with someone who has cancer**.

If you are looking after a family member or friend with cancer, you may be a carer. We have more information and practical tips for carers on our website and in our booklet **Looking after someone with cancer** (page 84).

Talking to children and teenagers

Deciding what to tell children or teenagers about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. It may be best to start by giving them small amounts of information, and then tell them more when they are ready. Use simple, straightforward language to explain what is happening. You can encourage them to talk to someone they trust, who can support them. They may also find support online.

The website **riprap.org.uk** offers information and support for teenagers who have a parent with cancer (page 93).

We have more information in our booklet **Talking to children and teenagers when an adult has cancer** (page 84).

You can order our booklets and leaflets for free.
Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

Finanical support and work

Help with money and benefits

When you are affected by cancer, you may need help with extra costs. Or you may need support with money if you have to stop working. We have more information online about Statutory Sick Pay and benefits you may be entitled to. We also have information for carers (pages 86 to 89).

Benefits are payments from the government to people who need help with money. You can find out more about benefits and apply for them online. Go to:

- **gov.uk** if you live in England or Wales
- **socialsecurity.gov.scot** if you live in Scotland
- **nidirect.gov.uk** if you live in Northern Ireland.

The benefits system and other types of financial support can be hard to understand. Macmillan has experienced welfare rights advisers and financial guides. You can speak to them by calling the Macmillan Support Line on **0808 808 00 00**.

You can also get information about benefits and other types of financial help from Citizens Advice if you live in England, Scotland or Wales, or Advice NI if you live in Northern Ireland (pages 96 to 97).

Our booklet **Help with the cost of cancer** has lots more information (page 84).

Macmillan Grants

Macmillan Grants are small, one-off payments to help people with the extra costs that cancer can cause. They are for people who have a low level of income and savings.

If you need things like extra clothing or help paying heating bills, you may be able to get a Macmillan Grant. A grant from Macmillan does not affect the benefits you are entitled to. It is an extra bit of help, not a replacement for other support.

To find out more, or to apply, call on **0808 808 00 00** or visit **macmillan.org.uk/grants**

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance.

If you are thinking about buying insurance or making a claim, one of our financial guides can help. You can call them on **0808 808 00 00**.

We have more information in our booklet **Travel and cancer**.
Our Online Community forum on Travel insurance may also be helpful, visit **macmillan.org.uk/community**

Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager or human resources (HR) department soon after you are diagnosed. This will help them to support you better.

Your cancer doctor, GP or specialist nurse can help you decide whether you should go back to work, and when.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful. You can also find out more about your employment rights in our booklet **Your rights at work when you are affected by cancer** (page 84).

There is also lots more information online at **macmillan.org.uk/work**

You can order our booklets and leaflets for free.
Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

Further information

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more booklets or leaflets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We try to make sure our information is as clear as possible. We use plain English, avoid jargon, explain any medical words, use illustrations to explain text, and make sure important points are highlighted clearly.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected. Our aims are for our information to be as clear and relevant as possible for everyone.

You can read more about how we produce our information at **macmillan.org.uk/ourinfo**

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open 7 days a week, 8am to 8pm. We can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Our trained cancer information advisers can listen and signpost you to further support. Call us on **0808 808 00 00**. We are open 7 days a week, 8am to 8pm.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our welfare rights advisers can help you find out what benefits you might be entitled to, and help you complete forms and apply for benefits. They can also tell you more about other financial help that may be available to you. We can also tell you about benefits advisers in your area. Visit **macmillan.org.uk/financialsupport** to find out more about how we can help you with your finances.

Help with energy costs

Our energy advisers can help if you have difficulty paying your energy bills (gas, electricity and water). They can help you get access to schemes and charity grants to help with bills, advise you on boiler schemes and help you deal with water companies.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to changes needed to your home.

Call us on **0808 808 00 00** to speak to find out more about Macmillan Grants.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **macmillan.org.uk/work**

Work support

Our dedicated team of work support advisers can help you understand your rights at work. Call us on **0808 808 00 00** to speak to a work support adviser.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

You can also use our Ask an Expert service on the Online Community. You can ask a financial guide, cancer information nurse, work support advisor or an information and support advisor any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Melanoma support organisations

The British Association of Dermatologists (BAD)

www.skinhealthinfo.org.uk
Online information and advice about living with a skin condition.

Changing Faces

Support line **0300 012 0275**
www.changingfaces.org.uk
Information and support for people living with a visible difference, and their family and friends. Offers a skin camouflage service at locations across the UK.

Melanoma Focus

Melanoma helpline **0808 801 0777**
www.melanomafocus.org
Information, guidance and support for patients, carers and healthcare professionals. It provides a free helpline answered by expert skin nurses and The Melanoma Trial Finder of melanoma trials in the UK.

Melanoma UK

Support line **0808 171 2455**
www.melanomauk.org.uk
Support and information for patients, carers and healthcare professionals. It provides a skin check toolkit.

General cancer support organisations

Cancer Black Care

Tel **020 8961 4151**
www.cancerblackcare.org.uk
Offers UK-wide information and support for people from Black and minority ethnic communities who have cancer. Also supports their friends, carers and families.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland

Tel **0800 652 4531**
www.cancersupportscotland.org
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**
www.maggies.org
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK

Helpline **0303 3000 118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Riprap

www.riprap.org.uk
Developed especially for teenagers in the UK who have a parent with cancer. Has an online forum where teenagers going through similar experiences can talk to each other for support.

Tenovus

Helpline **0808 808 1010**
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Health and Social Care in Northern Ireland

www.northerntrust.hscni.net
Provides information about health and social care services in Northern Ireland.

NHS.UK

www.nhs.uk
The UK's biggest health information website. Has service information for England.

NHS 111 Wales

111.wales.nhs.uk
NHS health information site for Wales

NHS Inform

Helpline **0800 22 44 88**
www.nhsinform.scot
NHS health information site for Scotland.

Patient UK

www.patient.info
Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health- and illness-related websites.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on their 'How to find a therapist' page.

UK Council for Psychotherapy (UKCP)

Tel **020 7014 9955**
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Mind

Helpline **0300 123 3393**
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**
Email **jo@samaritans.org**
www.samaritans.org
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**
Provides advice on a variety of issues including financial, legal, housing and employment issues.

Benefit Enquiry Line Northern Ireland

Helpline **0800 232 1271**
Textphone **028 9031 1092**
www.nidirect.gov.uk/money-tax-and-benefits
Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Carer's Allowance Unit

Tel **0800 731 0297**
Textphone **0800 731 0317**
www.gov.uk/carers-allowance
Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use their online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**
www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**
www.cas.org.uk

Wales

Helpline **0800 702 2020**
www.citizensadvice.org.uk/wales

Support for young people

Young Lives vs Cancer

Tel **0300 330 0803**
www.younglivesvscancer.org.uk
Provides clinical, practical, financial and emotional support to children with cancer and their families in the UK.

Teenage Cancer Trust

Tel **0207 612 0370**
www.teenagecancertrust.org
A UK-wide charity devoted to improving the lives of teenagers and young adults with cancer. Runs a support network for young people with cancer, their friends and families.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**
www.lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

Live Through This

www.livethroughthis.co.uk
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. LTT runs a peer support group with Maggie's Barts.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is one in each country in the UK. They are run by the following organisations:

National Cancer Registration and Analysis Service

England – National Disease Registration Service (NDRS)
www.digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

www.publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**
www.phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**
www.qub.ac.uk/research-centres/nicr/AboutUs/Registry

Your notes and questions

Disclaimer

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr Samra Turajlic, Consultant Medical Oncologist.

With thanks to: Kerry Bate, Advanced Nurse Practitioner; Mr Amer Durrani, Consultant Plastic and Reconstructive Surgeon; Dr Max Emmerich, Academic Clinical Fellow in Dermatology; Peta Hughes, Clinical Nurse Specialist; Mr David Mowatt, Oncological Plastic Surgeon; Dr Ruth Plummer, Medical Oncologist; and Dr Ben Shum, Medical Oncologist.

Thanks also to the other professionals and the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **cancerinformationteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our melanoma information. If you would like more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

Michielin O, van Akkooi ACJ, Ascierto PA, et al. Cutaneous melanoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Annals of Oncology. 2019; 30, 12, 1884–1901 [accessed May 2022].

Michielin O, van Akkooi ACJ, Ascierto PA, et al. ESMO consensus conference recommendations on the management of locoregional melanoma: under the auspices of the ESMO Guidelines Committee. Annals of Oncology. 2020; 31, 11, 1449–1461 [accessed May 2022].

Peach H, Board R, Cook M, et al. Current role of sentinel lymph node biopsy in the management of cutaneous melanoma: A UK consensus statement. Journal of Plastic, Reconstructive & Aesthetic Surgery. 2020; 73, 1, 36–42 [accessed May 2022].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps. To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Valid from
☐☐ ☐☐

Expiry date
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Issue no
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Security number
☐☐☐

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to **macmillan.org.uk/donate**

FR Registered with FUNDRAISING REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

This booklet is about a type of skin cancer called melanoma. It is for anyone having a melanoma removed with surgery. There is also information for carers, family members and friends.

The booklet talks about signs and symptoms, and tests used to diagnose melanoma. It explains how surgery is used to treat melanoma. It also has information about feelings, practical issues and money.

At Macmillan, we give people with cancer everything we've got. If you are diagnosed, your worries are our worries. We will help you live life as fully as you can.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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