

MACMILLAN
CANCER SUPPORT

UNDERSTANDING MELANOMA THAT HAS COME BACK IN THE SAME AREA



About this booklet

This booklet is about melanoma. It is for anyone who has melanoma that has come back in the same area (recurrent melanoma). There is also information for carers, family members and friends.

The booklet explains melanoma that has come back in the same area (recurrent melanoma). It has information about diagnosis and treatment options. It also has information about emotional support and coping.

We hope this booklet 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.

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 74 to 82, there are details of other organisations that can help. There is also space to write down questions and notes for your doctor or nurse (see page 83 to 84).

Quotes

In this booklet, we have included quotes from people who have had recurrent melanoma, which you may find helpful. These are from people who have chosen to share their story with us. 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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UNDERSTANDING MELANOMA THAT HAS COME BACK IN THE SAME AREA

Why does melanoma come back?

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Why does melanoma come back?

Sometimes melanoma can come back in the same area after treatment. This can be months later, or in some cases many years later. This can happen because cancer cells are sometimes left behind after treatment. The cells are too small to be seen with the naked eye or on scans. Over time, these cancer cells can begin to grow again.

If melanoma comes back in the same area of the body, it is called a local recurrence or recurrent melanoma. Sometimes, melanomas come back as 'clusters' of melanomas. The clusters are near where the original melanoma (primary) first started. Doctors sometimes call these satellites or in-transit metastases.

Sometimes melanoma cells spread to a different part of the body, where they grow into a new cancer. This new cancer is called a secondary cancer or metastasis. When melanoma comes back in a different part of the body, it is known as advanced cancer.

We have more information in our booklet **Understanding advanced melanoma** (see page 70).





DIAGNOSING MELANOMA THAT HAS COME BACK IN THE SAME AREA

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How recurrent melanoma is diagnosed

After your initial treatment, your specialist will see you regularly. They will check your skin for signs of the melanoma coming back (a recurrence). They will usually also check the rest of your skin to see if you have any other changes.

You may regularly be checking your skin yourself. Tell your specialist if you have symptoms that could be caused by melanoma. For example, this might be a small lump under the scar. Your doctor or specialist nurse can tell you what symptoms to look for.

Having a biopsy

Your specialist will take a sample of cells (biopsy) from the abnormal area. A doctor, called a pathologist, looks at the sample under a microscope and checks for any cancer cells.

If the melanoma has come back, your specialist will remove it with an operation called a local excision (see page 20 to 24).

They will also arrange further tests to check if the melanoma has spread elsewhere in the body. These tests may include tests to check for spread to the lymph nodes. They may also include scans, for example a CT or PET scan.

We have more information in our booklet **Understanding melanoma lymph node assessment and treatment** (see page 70).

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 of your tests to be ready. You may find it helpful to talk with your partner, your family or a close friend. Your specialist nurse or one of the organisations listed can also provide support. You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.



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. You can find more information at **[macmillan.org.uk/cancerregistry](https://www.macmillan.org.uk/cancerregistry)**



TREATING MELANOMA THAT HAS COME BACK IN THE SAME AREA

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Treatment overview

Surgery is the main treatment for a melanoma that comes back in the same area (recurrence). It is usually only offered when melanoma has come back in one area (see page 20 to 24). If the melanoma has spread to lymph nodes nearby, your cancer doctor may also offer you treatment with targeted therapy (see page 25 to 27) or sometimes immunotherapy (see page 27 to 31).

This is to help reduce the risk of the melanoma coming back again. This is called adjuvant treatment.

If melanoma has come back in more than one area, it may be hard to remove it with surgery. In this case, your specialist may suggest you have treatment with immunotherapy or targeted therapy.

If the recurrences are only on one arm or leg, your specialist may advise you to have chemotherapy directly into the arm or leg (see page 33 to 35). Other treatments may include laser therapy (see page 32) or electrochemotherapy (see page 39 to 40). These treatments are given at specialist centres.

Radiotherapy is not often used to treat melanoma. Sometimes, doctors may recommend radiotherapy (see page 36 to 38) to treat a recurrent melanoma that is too big or hard to remove with surgery. They may also recommend it if other treatments are not suitable. Radiotherapy may help shrink a big recurrence that is causing pain.

Planning your treatment

The multidisciplinary team (MDT) who planned your original surgery will also be involved in planning how the recurrence is treated. The MDT may include:

- dermatologists (doctors who specialise in skin conditions)
- skin cancer specialist nurses (CNSs)
- plastic surgeons
- oncologists (doctors who specialise in treating cancer).

Your specialist will talk to you about which treatment may be suitable. This may depend on:

- your general health
- the size of the recurrence
- whether the melanoma has started to spread.

They will also take your wishes into consideration.

'Often I ask my Macmillan nurse to flag specific questions to my oncologist, or ask advice about concerns I have.'

Jolene

Your doctors may offer you a choice of treatments. This happens when two or more treatments work equally well and there is no clear advantage of one treatment over another. Make sure you have enough information about the different treatments, including what is involved and the possible side effects. This will help you decide on the right treatment for you.

Giving your consent

Before you have any treatment, your doctor will explain its aims. They will usually ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment. No medical treatment can be given without your consent, and before you are asked to sign the form you should be given full information about:

- the type and extent of the treatment
- its advantages and disadvantages
- any significant risks or side effects
- any other treatments that may be available.

If you do not understand what you have been told, let the staff know straight away, so they can explain again. Some cancer treatments are complex, so it is not unusual to need repeated explanations. It is a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion. You may also find it useful to write a list of questions before your appointment.

People sometimes feel that hospital staff are too busy to answer their questions, but it is important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can not make a decision when your treatment is first explained to you.

You are also free to choose not to have the treatment. The staff can explain what may happen if you do not have it. It is essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You do not have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.

Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion. Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information. If you do go for a second opinion, it may be a good idea to take a relative or friend with you, and have a list of questions ready, so that you can make sure your concerns are covered during the discussion.

Surgery

If the melanoma comes back in the same place or very close to it, you may be able to have surgery to remove it. This is called a local excision.

You usually have this operation using a local anaesthetic, in a day surgery unit. This means you are awake, but you will not feel anything. You will have an injection to numb the area where the operation is done. Depending on how much tissue needs to be removed, some people may have a general anaesthetic.

Wounds

The wound can usually be stitched together. It will look red and may be swollen at first, but this will slowly get better. You will be given painkillers to help after the operation.

Your specialist nurse will tell you how to look after the wound area. Your stitches will be removed 5 to 14 days after your operation. This may be done by:

- a practice nurse at your GP surgery
- a district nurse
- a doctor or nurse at your outpatient appointment at the hospital.

If the wound is too big to stitch together, you may need to have a skin graft or a skin flap, see page opposite.

Scar

You will have a scar. It is usually small, but the size depends on how much tissue was removed. To start with, your scar will be:

- red if you have white skin
- darker than usual if you have dark skin.

Over time, it will fade. Everyone's skin heals differently. For some people, scars are noticeable for longer than for other people. This depends partly on their skin tone.

Skin grafts

A skin graft is a layer of skin that is taken from another part of the body and put over the area where the melanoma was removed. The place where the skin is taken from is called the donor site. The place where it is moved to is called the grafted area. The amount of skin that is taken depends on the size of the area to be covered. Your cancer doctor or specialist nurse will tell you more about this.

The donor site

After the layer of skin is removed, you have a dressing on the donor site to protect it from infection. How long the area takes to heal depends on how much skin was removed. If skin was taken from the thigh, buttock or upper arm, it may take up to 2 weeks to heal. If it was taken from the neck, behind the ears or the inner side of the upper arm, it may only take about 5 days to heal. The donor site can often feel more uncomfortable than the grafted area. You may need to take regular painkillers for a while.

The grafted area

The layer of skin may be stitched to the grafted area. You have a dressing over it, which is left in place while the graft heals. The skin graft connects with the blood supply in the area. This usually takes 5 to 7 days. The grafted area may look red or darker than usual to begin with. It may also be swollen. As it heals, any changes fade and the swelling goes down.

After skin graft surgery

After a skin graft, you can usually go home on the same day. Or you may need a short stay in hospital, depending on where the graft is and how big it is.

Try not to do too much during the first two weeks after surgery. The grafted area will be quite fragile. It is important not to put pressure on it, or rub or brush against it. This helps the graft to heal properly.

If you have a physically active job, you may need to take some time off work until the graft has healed. If you have young children, you may need someone to help you more at home.

A nurse will remove your stitches 5 to 14 days after your operation. Or you may have stitches that dissolve and do not need to be removed.

You will have a scar in both the grafted area and donor site. There will also be some differences between the grafted skin and the skin surrounding it, but this will become less noticeable over time. Your healthcare team can tell you more about what to expect.

Skin flaps

A skin 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. A surgeon cuts the flap away, but leaves it partly connected, so it still has a blood supply. They then move the flap over the wound and stitch in place. If you have a skin flap, you may need to stay in hospital for a few days.

Skin flap surgery is very specialised and is usually done by a plastic surgeon. You may have to travel to a different hospital to have it. If you need a skin flap, your surgeon can tell you more about it.

Coping with a change in appearance

Depending on your surgery, you may have some small scars. Or you may have larger areas of skin that look different. Some scars may be more visible, for example if they are on your face. See page 20 to 24 for more information on surgery.

Changes to your appearance might make you worried about your body image. This is the picture in your mind of how your body looks and works. We have more information in our booklet **Body image and cancer** (see page 70). These worries might make you feel less confident, or affect your sex life. We have a range of information on sex and relationships that you may find useful (see page 70).

Some skin clinics have a make-up specialist who can give you advice on the best way to cover up scars. There are also organisations like the British Association of Skin Camouflage that provide camouflage make-up to cover up scars (see page 74).

If you are finding things difficult, it is important to get support. You may find it helps to talk to your healthcare team, someone close to you or a trained counsellor. There are other organisations that may be able to help – see pages 74 to 82 for more details.



Targeted therapies and immunotherapies

Targeted therapies

Targeted therapy uses drugs or other substances to find and attack melanoma cells that contain certain gene changes (mutations). There are different types of targeted therapy. Each type 'targets' something in or around the cancer cell that is helping it grow and survive.

Your doctor may suggest having targeted therapy after surgery. They will only suggest it if the surgeon was able to remove the melanoma, and if the melanoma has only spread to the nearby area or lymph nodes.

This is called adjuvant treatment. It can help reduce the risk of the melanoma coming back again.

If the melanoma cannot be removed, you may have targeted therapy to help slow the growth and help you live longer.

Cancer growth inhibitors

Cancer growth inhibitors block the signals that tell cells in the body to develop and divide. Your specialist may recommend this treatment if the cancer has a specific change (mutation) in a gene called BRAF.

BRAF helps control proteins involved in cell growth. About half of all people with melanoma have a BRAF gene mutation. Doctors can tell if you have this mutation by testing melanoma tissue that was removed during diagnosis (see page 11) or surgery (see page 20). Different cancer growth inhibitors work in slightly different ways. These types of drug do not work for people with melanoma that does not have the BRAF gene mutation.

The cancer growth inhibitors used for melanoma are:

- dabrafenib (Tafinlar®)
- trametinib (Mekinist®).

These drugs are usually given together. They are only helpful for people with melanoma that has a gene change (mutation) called BRAF.

You take them as tablets. The drugs have some similar side effects, and some that are different. Your doctor or nurse can tell you more about these drugs and whether they are suitable for you.

Common side effects of them both include:

- skin changes
- feeling or being sick
- loss of appetite
- diarrhoea or constipation
- tiredness
- joint pain
- fever.

We have more information about how to take these drugs and their side effects on our website – visit **macmillan.org.uk/dabrafenibwithtrametinib**.

Immunotherapies

The immune system protects the body against illness and infection. Immunotherapies are treatments that use the immune system to recognise and kill cancer cells.

Your doctor may suggest having immunotherapy after surgery. They will only suggest it if the surgeon was able to remove the melanoma, and if the melanoma has only spread to the nearby area or lymph nodes.

This is to help reduce the risk of the melanoma coming back. This is called adjuvant treatment.

If the melanoma cannot be removed, your doctor may suggest immunotherapy treatment to help slow the growth and help you live longer.

Pembrolizumab and nivolumab

Pembrolizumab (Keytruda®) and nivolumab (OPDIVO®) both target a protein called a PD-1 receptor, which switches off T-cells. T-cells are part of the immune system. They fight infection and disease. The drugs attach to the receptor, so the T-cells cannot be switched off. This keeps the T-cells active. It may help shrink a tumour or stop it growing.

We have more information about both of these drugs on our website – visit **macmillan.org.uk**

Both drugs are given as a drip (infusion) into a vein.

Some common side effects include:

- diarrhoea
- tiredness (fatigue)
- a skin rash
- changes to the thyroid gland (making too much or too little of a hormone called thyroxine)
- inflammation of the liver (hepatitis).

We can send you more information about how to manage these side effects (see page 70).

Your doctor or specialist nurse will give you more information about these treatments if they are suitable for you.

Ipilimumab

Ipilimumab (Yervoy®) works by attaching itself to normal T-cells. T-cells are part of the immune system. They fight infection and diseases.

In some people, T-cells can recognise and destroy melanoma cells. But a protein on the T-cells stops this happening. Ipilimumab blocks this protein, so the T-cells can destroy melanoma cells. It can help shrink or slow the growth of advanced melanoma.

You have ipilimumab as an infusion (drip) into a vein.

Some common side effects include:

- tiredness (fatigue)
- diarrhoea
- a skin rash
- itching.

We have more information about how to manage these side effects (see page 70).

Important side effects of immunotherapy

Nivolumab, pembrolizumab and ipilimumab can cause inflammation in many different parts of the body. This can include the bowel, liver, kidneys, skin and eyes. They can also affect the endocrine system (which makes hormones), the heart, the lungs and the nervous system.

This can sometimes cause more serious side effects, including:

- diarrhoea that does not get better
- changes in the way the liver works
- skin rashes and blisters
- blurred or double vision
- feeling very tired.

We can send you more information about how to manage these side effects (see page 70).

If you notice these side effects, or any new side effects we have not listed, it is important to tell your doctor or specialist nurse straight away. They will usually give you steroid drugs to help reduce the inflammation. If your side effects are severe, they may recommend delaying the treatment or sometimes stopping it.

We have more information about steroids on our website – visit **macmillan.org.uk**

T-VEC

T-VEC (Imlygic®) is a newer immunotherapy treatment sometimes used to treat melanoma. It may be used if the melanoma has spread to the skin or lymph nodes further away. But it is not suitable if the melanoma has spread to areas such as the bones or the brain.

T-VEC is given by injection directly into the melanoma. Some common side effects include:

- tiredness
- tumour pain
- flu-like symptoms
- headaches.

We can send you more information about how to manage these side effects (see page 70).

T-VEC may only be available in some situations. Your cancer doctor or specialist nurse will give you more information about these treatments if they are suitable for you.

Laser therapy

A treatment called carbon dioxide (CO₂) laser therapy can be used to treat small melanomas that come back in the same area. It involves directing a high-intensity beam of light at the affected areas of skin to destroy the melanoma cells.

You can have this treatment as an outpatient. You can have it more than once. You may be given a local anaesthetic to numb the area first. You may feel some discomfort in the skin during and after treatment. Taking mild painkillers can help. The area may be covered with a dressing to protect it afterwards.

Chemotherapy into a limb

Chemotherapy can be given directly into a limb. This is called regional chemotherapy. It can treat clusters of melanomas that have come back on the same limb. These are called satellite lesions or in-transit metastases. The treatment is only used if the melanoma has not spread anywhere else in the body.

There are two ways of giving chemotherapy into a limb:

- isolated limb perfusion (ILP)
- isolated limb infusion (ILI).

These treatments are only done in some specialist UK centres. You have them under general anaesthetic. You stay in hospital for 3 to 7 days.

A surgeon disconnects the blood flow to your limb from the rest of your body. They give chemotherapy (anti-cancer) drugs into the blood that circulates through the limb. A tourniquet stops the drugs going into the rest of the body. The surgeon flushes the drugs out of the limb before reconnecting the blood supply.

With ILP, the blood circulates through a pump that adds oxygen to the blood. A pump is not used with ILI. ILI is used more often than ILP.

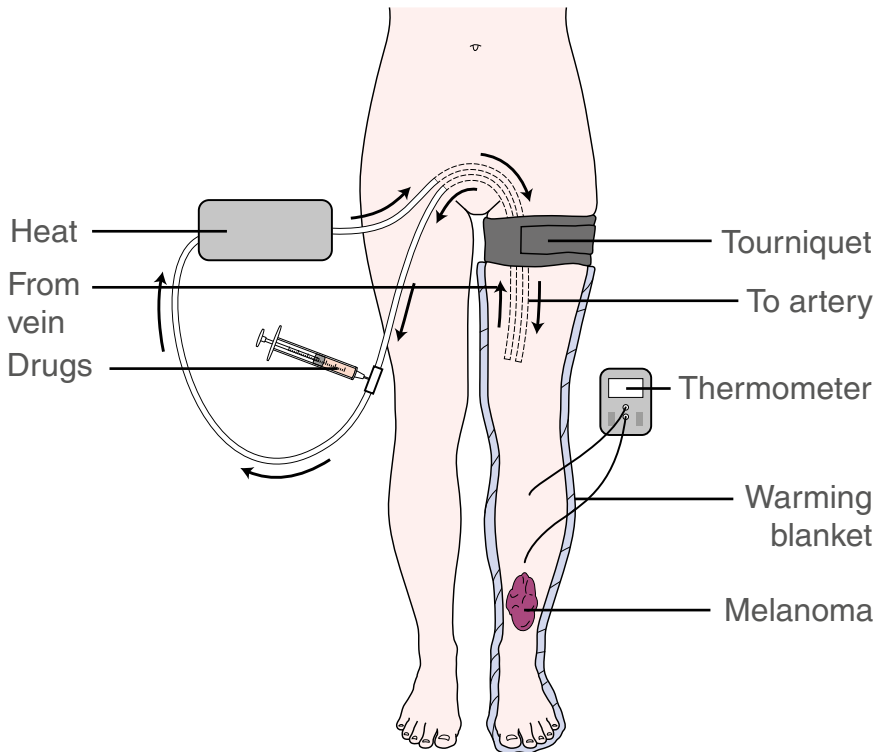
Isolated limb infusion

After the procedure, your nurse will closely monitor your limb and make sure your blood flow is normal.

The main side effects of this treatment are swelling, redness and occasionally blistering of the skin on the affected limb. These side effects usually get better after 6 to 8 weeks, but in some people they last longer. Tell your doctor or nurse about any side effects or problems you are having. There is usually something they can do to make things easier.

We have more information about having chemotherapy into a limb on our website – visit **[macmillan.org.uk/chemotherapy](https://www.macmillan.org.uk/chemotherapy)**

Isolated limb infusion



Radiotherapy

Radiotherapy uses high-energy rays, such as x-rays, to treat cancer. It destroys cancer cells in the area where the radiotherapy is given. It is usually given as a series of short, daily treatments in the radiotherapy department. The radiotherapy machine looks similar to a big x-ray machine.

Some normal cells in the area can also be damaged by radiotherapy. This can cause side effects, see page 38. These normal cells can usually repair themselves, but cancer cells cannot. As the normal cells recover, the side effects usually get better.

Doctors sometimes use radiotherapy to treat recurrent melanomas that cannot be removed with surgery or are not suitable for other treatments. It may help shrink large recurrences that are causing discomfort or pain. Your specialist will tell you if radiotherapy is suitable for you.

Radiotherapy for melanoma does not make you radioactive. It is safe for you to be with other people after your treatment, including children. We have a lot more information in our booklet **Understanding radiotherapy** (see page 70).

How radiotherapy is given

You have the treatment in the hospital radiotherapy department as a series of short, daily sessions. This is usually every day from Monday to Friday, with a rest at the weekend. Each treatment takes 10 to 15 minutes. Your doctor will talk to you about your treatment plan and the possible side effects.

Planning your radiotherapy treatment

You will have a hospital appointment to plan your treatment. You will usually have a CT scan of the area to be treated. During the scan, you need to lie in the position that you will be in for your radiotherapy treatment.

Your radiotherapy team use information from this scan to plan:

- the dose of radiotherapy
- the area to be treated.

You may have some small, permanent markings made on your skin. The marks are about the size of a pinpoint. They help the radiographer make sure you are in the correct position for each session of radiotherapy.

These marks will only be made with your permission. If you are worried about them, talk to your radiographer.

Treatment sessions

At the beginning of each session of radiotherapy, the radiographer will position you carefully on the couch and make sure you are comfortable. During your treatment you will be alone in the room, but you can talk to the radiographer who will watch you from the next room.

Radiotherapy is not painful, but you will have to lie still for a few minutes during the treatment.

Side effects of radiotherapy

Radiotherapy can cause side effects in the area of the body being treated. You may also have some general side effects, such as feeling tired. We have more information on this in our booklet **Coping with fatigue (tiredness)**, see page 70. After treatment finishes, it may be 1 to 2 weeks before side effects start getting better. After this, most side effects usually slowly go away.

Your cancer doctor, specialist nurse or radiographer will tell you what to expect. They will give you advice on what you can do to manage side effects. If you have any new side effects or if side effects get worse, tell them straight away. They can give you medicines or advice to help.

Having radiotherapy



Electrochemotherapy

Electrochemotherapy is used to treat cancers on the skin. It can help control symptoms when other treatments are no longer working.

Electrochemotherapy uses chemotherapy and a small electrical current to treat cancer cells. The doctor injects a low dose of chemotherapy into the melanoma or into a vein (intravenously). Then they usually put an electrode directly over the melanoma to give the electrical pulse. The pulse changes the outside layer of the cells. This helps the chemotherapy get into the cancer cells and destroy them. You can find more information about chemotherapy in our booklet **Understanding chemotherapy** (see page 70).

If you are having an injection into a single area of melanoma, the doctor will give you a local anaesthetic first. This will numb the area. If they are treating lots of areas at the same time, they sometimes use a general anaesthetic. This means you will be asleep. Treatment takes between 10 and 60 minutes.

You usually have electrochemotherapy as an outpatient, but you may stay in hospital overnight. Sometimes you can have the treatment more than once.

Because it is a newer treatment, it is not yet widely available. Your doctor or specialist nurse can give you more information about this treatment if it is suitable for you.

Side effects of electrochemotherapy

The side effects are usually mild. Some people get pain in the area where the electrode touches the skin. This can last for a few days. Tell your doctor or specialist nurse if you have any pain. They can give you painkillers.

During the treatment, you may get muscle contractions. These can be uncomfortable. Tell your doctor if this happens. They can slightly change the way they give the treatment, which can help. The contractions will stop after the treatment finishes.

Other side effects include redness and swelling in the treated area, a rash and scarring. The chemotherapy may cause mild sickness. Your doctor or nurse will tell you more about the possible side effects.





AFTER TREATMENT

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Follow-up

After your treatment, you will have regular follow-up appointments. Your specialist will let you know how often these will be.

During these appointments, your specialists will check any areas that have been treated for melanoma. They will also check any existing or new moles, and your lymph nodes.

Sometimes, a melanoma that has previously come back in the same area can spread to other parts of the body. This is known as a secondary cancer (metastasis). If a melanoma does spread to other parts of the body, there are other treatment you can have to help control it.

What to look out for

You will need to keep checking your skin and lymph nodes after treatment. Follow your specialist's advice about what to look and feel for. Make sure you check yourself at least once a month.

You will be asked to check:

- your scar and the surrounding area
- the lymph nodes nearby
- your skin, from head to toe, for any new or changing moles – use the ABCDE checklist on pages 46 to 47.

'I was advised by my consultant to take photos of my body when I saw him for my first check-up. I use these photos to compare now with then, so I can see if any moles have changed or new ones have appeared.'

Anne

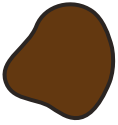
The ABCDE checklist can help you remember what to look for:

- A – asymmetry. Most melanomas have an uneven or lopsided shape and are not symmetrical.
- B – border. The edges (border) around a melanoma are more likely to be uneven, bumpy or jagged.
- 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.
- D – diameter (width). Melanomas are usually wider than 6mm. Normal moles are usually about the size of the blunt end of a pencil.
- E – evolving (changing). Melanomas change over time, for example in size, shape or colour. This can include the area becoming raised or dome-shaped.

If you notice anything that worries you, let your specialist team at the hospital know.

The possible changes to moles you should look for

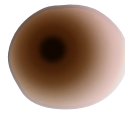
A



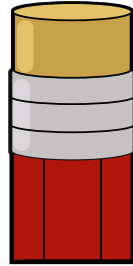
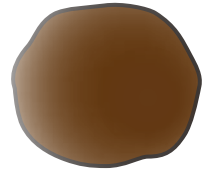
B



C



D



After treatment for melanoma

Many people with melanoma find they can get back to normal quite easily. For others, it may be harder. In time, and with the right support, people often find they can adjust to any changes they need to make to their lives.

Skin care in the sun

After treatment for melanoma, it is important to protect your skin from the sun. This does not mean you cannot enjoy sunshine or have holidays in sunny countries. But you will need to be careful. You must make sure your skin does not burn. Over time, this will become part of your normal routine.

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

- Stay out of the sun during the hottest part of the day. This is usually between 11am and 3pm.
- Wear clothing made of cotton or natural fibres, which have a close weave. These 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 (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 (SPF 30 or above) radiation.
- Make sure you use enough sun cream. About 6 to 8 teaspoons is enough to cover most adults.
- Do not use suncream instead of covering up and staying in the shade. You might think that if you use suncream, you can stay out in the sun for longer. But the best protection is to cover up and stay out of strong sunlight.
- Never use a sunbed or sunlamp. If you prefer to look tanned, use fake tan.
- If you have a skin condition and use a sunbed as part of your treatment, your dermatologist may advise you to stop using the sunbed.
- If you are not often in the sun, ask your cancer doctor or GP to check your vitamin D levels. Vitamin D is important for general health. It can be low in people who avoid the sun. You may need to take vitamin D supplements.



YOUR FEELINGS AND RELATIONSHIPS

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Your feelings

It is common to have many different emotions when you are told you have cancer. These can be difficult to cope with. We talk about some common feelings here. Partners, family and friends may also have some of the same feelings.

There are lots of different reactions to cancer. You might not have any of the emotions we talk about here. There is no right or wrong way to feel. You will cope with things in your own way.

Talking to family, friends or other people affected by cancer, may help. Or you may get support from your healthcare team.

Shock and denial

You may find it hard to believe that you have cancer when you are first diagnosed. It is common to feel shocked and numb. You may not be able to understand all the information you are given. You may find that you keep asking the same questions. At first, it can be hard to talk about the cancer. Or you might find it hard to think or talk about anything else. Both reactions are normal. Your mind is trying to process what is happening. These feelings usually get easier over time.

Fear and anxiety

You may be anxious or frightened about whether treatments will work and what will happen in the future. This can be one of the hardest things to cope with. It can help to try to focus on things you can control. You may want to find out more about the cancer, your treatment options, and how to manage any side effects. It can also help to talk about your feelings. Try to keep doing the things that are important to you and that you enjoy.

Anger

You may feel angry about your diagnosis. You may also resent other people for being well. These are normal reactions. They are more likely when you feel frightened, stressed or unwell. You may get angry with your family, friends or partner. Tell them you are angry at your illness and not at them. Finding ways to relax can help with anger. This can include talking about or writing down how you feel, doing gentle exercise, having relaxation therapy or meditating.

Guilt and blame

You may feel guilty or blame yourself for the cancer. You may want to find reasons for why it has happened to you. Most of the time, it is impossible to know exactly what causes a cancer. Over time, a combination of different risk factors may cause a cancer. Doctors do not fully understand all these factors yet. Try to focus on looking after yourself and getting the help and support you need.

Feeling alone

You may feel alone or isolated. This could be because you do not think you have support. Family and friends may live far away, be busy, or feel uncomfortable talking about the cancer. Try to tell your family and friends how you feel. This can help them find ways to support you.

You may have times when you want to be alone for a while. But if you find you are avoiding people a lot of the time, try to talk to your doctor or nurse.

If you need more support, you can call the Macmillan Support Line on **0808 808 00 00** and talk to one of our cancer support specialists. Our website can help you find local support groups. Visit **[macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups)**. You can also talk to other people affected by cancer on our Online Community. Visit **[macmillan.org.uk/community](https://www.macmillan.org.uk/community)**

Worrying about the cancer coming back

One of the biggest and most common worries people have after treatment is that the cancer may come back. Even if the melanoma has been cured, you may still worry.

We have more information about the emotional effects of cancer, including our booklet **Worrying about cancer coming back** (see page 70).

Who can help

Many people are available to help you and those close to you. Different people can offer support in the community. District nurses work closely with GPs and, if needed, they can make regular visits to patients and their families at home. The hospital social worker can give you information about social services and other benefits you may be able to claim while you are ill. The social worker may also be able to help arrange childcare during and after treatment and, if necessary, help with the cost of childminders. Our cancer support specialists on freephone **0808 808 00 00** can tell you more about services in your area.

'Macmillan has been a huge support to me. On numerous occasions, I have telephoned the helpline to speak to a Macmillan nurse for advice about the melanoma – at the start of my cancer journey, during my cancer treatment and after my cancer treatment.'

Sharon

If you are a relative or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You might think it is best to pretend everything is fine. You might not want to worry them. Or you might feel you are letting them down if you admit you are worried or scared.

But not talking to the person with cancer about how you feel may make them feel alone.

You can support the person with cancer by listening and talking with them. Do not feel you have to talk about the cancer. Often it is enough just to listen and let the person with cancer talk when they are ready.

You may find some of the courses on our Learn Zone website helpful. There are courses to help with listening and talking. Visit **macmillan.org.uk/learnzone** to find out more.

We have more information in our booklet **Talking to someone with cancer** (see page 70).

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 in our booklet **Looking after someone with cancer** (see page 70).



Talking to children

Deciding what to tell children about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. Children do not always show their feelings, but their behaviour may change at home or at school.

Talking to children about the cancer can:

- help them understand what is going on
- help them feel supported
- prepare them for any changes.

It may also help with some of your own anxiety too. For example, not telling them about hospital appointments may cause extra stress.

How much you tell children will depend on their age and how mature they are. It may be best to start by giving them small amounts of information, and then tell them more when they are ready. Teenagers usually understand what cancer is. Some will want to know more.

Whether they are teenagers or young children, talking about the cancer helps them cope.

Teenagers

It can help to encourage teenagers to ask questions, ask them their opinion and try to give them time to think about what is happening. They may have to, or want to, take on more responsibilities to help – perhaps cooking meals or looking after younger children. This can be hard at a time when they may want more freedom and independence.

Sometimes teenagers may find it hard to talk about a cancer diagnosis. You can encourage them to talk to someone they trust, who can support and listen to them. This might be a grandparent, family friend, teacher or counsellor. They may also find support online. The website **riprap.org.uk** offers information and support for teenagers who have a parent with cancer.

We have more information in our booklet **Talking to children and teenagers when an adult has cancer**. We also have a video on our website about talking to children (see page 70).



FINANCIAL SUPPORT AND WORK

Financial help and benefits

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Work

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Financial help and benefits

When you are affected by cancer, you might need help with extra costs. Or you might need financial support if you have to stop working.

Statutory Sick Pay

If you work for an employer and take time off sick, you may be able to get Statutory Sick Pay. Your employer will pay this for up to 28 weeks.

Benefits

Benefits are payments from the government to people who need financial help. You can find out more about benefits and apply for them online. Visit **gov.uk** if you live in England, Wales and Scotland or **nidirect.gov.uk** if you live in Northern Ireland.

Here are some benefits that you might be able to get if you are affected by cancer.

Employment and Support Allowance (ESA)

This benefit is for people under state pension age who cannot work because of illness or disability. There are different types of ESA:

- Contribution-based ESA may be available if you have paid enough National Insurance.
- Income-related ESA may be available if your income and savings are low, or if you cannot get contribution-based ESA. Income-related ESA is gradually being replaced by a new benefit called Universal Credit.

Personal Independence Payment

This benefit is for people aged between 16 and 64 who have problems moving around and looking after themselves. You must have had these difficulties for at least 3 months and expect them to last for at least 9 months.

Attendance Allowance

This benefit is for people aged 65 or over who have problems looking after themselves because of an illness or disability. This could mean getting out of bed, having a bath or getting dressed. You must have had these problems for at least 6 months.

Special rules

If you are terminally ill, and your doctor thinks you may be expected to live for less than 6 months, you can apply for some benefits using a fast-track process called special rules. Your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate. It does not matter if you live longer than 6 months. Your doctor or specialist nurse will need to fill out a form for you.

Help for carers

Carer's Allowance is a weekly benefit that helps people who look after someone with a lot of care needs. If you do not qualify for it, you can apply for Carer's Credit.

Carer's Credit helps prevent gaps in your National Insurance record if you have to stop working while you are caring for someone else. You do not get money, but it protects your right to a State Pension later in life.

Macmillan Grants

Macmillan Grants are small, mostly 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, help paying heating bills or even a relaxing holiday, you may be able to get a Macmillan Grant.

How much you get will depend on your situation and needs. A grant from Macmillan would not normally affect the benefits you are entitled to. It is an extra bit of help, not a replacement for other support.

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. This includes life and travel insurance. A cancer diagnosis might also mean that you can get a payout from an insurance scheme that you already have.

If you are looking into buying insurance or making a claim, one of our financial advisers can help. Call **0808 808 00 00**.

We have more information in our booklets **Insurance** and **Travel and cancer** – see page 70. Our Online Community forum Travel insurance may also be helpful. Visit **[macmillan.org.uk/travelinsurancegroup](https://www.macmillan.org.uk/travelinsurancegroup)**

More information

The benefits system and other types of financial support can be hard to understand. Macmillan has experienced welfare rights advisors and financial guides. You can speak to one 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 (see page 78).

Our booklet **Help with the cost of cancer** has lots more information (see page 70).



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 early on. If your workplace has a human resources (HR) or personnel department, contact them as soon as you can. If they know how the cancer or treatment may affect your ability to work, they can support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, perhaps with reduced hours or other changes to their job.

Some people may decide not to go back to work. Or they may choose to do something different. Others may not be able to go back to work because of the effects of cancer on their health. Going back to work may depend on the

'Time passed and I began a job. Before that, recovery and travelling were too much. Working was a huge achievement – a mini fist-bump to myself!'

Jolene

type of work you do or how much your income is affected.

It is important not to take on too much, too soon. Your cancer doctor, GP or specialist nurse can help you decide when and if you should go back to work.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful – see page 70. There is also lots more information at macmillan.org.uk/work

Employment rights

If you have, or have ever had cancer, the law considers you to be disabled. This means you cannot be treated differently (less favourably) than other people at work because of cancer. If you are treated less favourably because of cancer, this is called discrimination.

The law also says your employer has to make reasonable adjustments (changes) to your workplace and their work practices.

If you live in England, Scotland or Wales, you are protected by the Equality Act 2010. If you live in Northern Ireland, you are protected by the Disability Discrimination Act 1995.

Our booklet **Your rights at work when you are affected by cancer** has more information (see page 70).



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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**.

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're 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. Our cancer support specialists 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.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

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

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's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, 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**

The Macmillan healthcare team

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.

Book reviews

Our volunteers review many books about cancer. These include people's stories of living with cancer, and books for children. Visit **publications.macmillan.org.uk** and search 'book reviews'.

'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

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

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

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

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants.

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.

Macmillan Organiser

This includes a records book to write down information such as appointments, medications and contact details. You can also download the app on IOS or Android.

Help with work and cancer

Whether you're 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 (Monday to Friday, 8am to 6pm).

Other useful organisations

There are lots of other organisations that can give you information or support.

Melanoma support organisations

The British Association of Dermatologists (BAD)

Tel 020 7383 0266

Email admin@bad.org.uk

www.bad.org.uk

Has information leaflets you can download from the website. Also has another website offering emotional support for people with different skin conditions – visit **skinsupport.org.uk**

The British Association of Skin Camouflage

Tel 0125 470 3107

www.skin-camouflage.net

Shows people how to use make-up as skin camouflage.

Changing Faces

Tel 0300 012 0275

(Mon to Fri, 10am to 4pm)

Email

info@changingfaces.org.uk

www.changingfaces.org.uk

Offers support and information to people who have any sort of disfigurement, and their family and friends. Has skin camouflage specialists in locations across the UK.

To find your local centre, visit **changingfaces.org.uk/skin-camouflage/clinic-venues**

Melanoma UK

Tel 0808 171 2455

Offers a range of information and support to anyone with melanoma.

General cancer support organisations

Cancer Focus

Northern Ireland

Helpline 0800 783 3339

(Mon to Fri, 9am to 1pm)

Email

nurseline@cancerfocusni.org

www.cancerfocusni.org

Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Support Scotland

Tel 0800 652 4531

(Mon to Fri, 9am to 5pm)

Email info@cancersupportscotland.org

www.cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Maggie's Centres

Tel 0300 123 1801

Email

enquiries@maggiescentres.org

www.maggiescentres.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

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

(Daily, 8am to 8pm)

Email

info@tenovuscancercare.org.uk

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.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 Direct Wales

www.nhsdirect.wales.nhs.uk

NHS health information site for Wales.

NHS Inform

Helpline 0800 22 44 88

(Mon to Fri, 8am to 10pm,
Sat and Sun, 9am to 5pm)

www.nhsinform.scot

NHS health information site for Scotland.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel 01455 883 300

Email bacp@bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

Emotional and mental health support

Mind

Helpline 0300 123 3393

(Mon to Fri, 9am to 6pm)

Text 86463

Email info@mind.org.uk

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

Benefit Enquiry Line

Northern Ireland

Helpline 0800 220 4250

(Mon, Tue, Wed and Fri, 9am to 5pm, Thu, 10am to 5pm)

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. You can also call the Make the Call helpline on **0800 232 1271** to check you are getting all the benefits you are eligible for.

Carer's Allowance Unit

Tel 0800 731 0297

Textphone 0800 731 0317

(Mon to Fri, 8am to 6pm)

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 in the phone book or by contacting:

England

Helpline 03444 111 444

www.citizensadvice.org.uk

Wales

Helpline 03444 77 2020

www.citizensadvice.org.uk/wales

Scotland

Helpline 0808 800 9060

www.cas.org.uk

Northern Ireland

Helpline 0800 028 1881

www.citizensadvice.co.uk

Disability and Carers Service

Tel 0800 587 0912

(Mon to Fri, 9am to 5pm)

Textphone 028 9031 1092

nidirect.gov.uk/contacts/disability-and-carers-service

Manages Disability Living Allowance, Attendance Allowance, Carer's Allowance and Carer's Credit in Northern Ireland. You can apply for these benefits and find information online or through its helplines.

GOV.UK

www.gov.uk

Has information about social security benefits and public services in England, Scotland and Wales.

Local councils (England, Scotland and Wales)

Your local council may have a welfare rights unit that can help you with benefits. You can also contact your local council to claim Housing Benefit and Council Tax Reduction, education benefits, and for help from social services (the Social Work department in Scotland). You should be able to find your local council's contact details in your phone book or visit:

England

www.gov.uk/find-local-council

Scotland

www.cosla.gov.uk/councils

Wales

www.wlga.wales/welsh-local-authority-links

Macmillan Benefits Advice Service (Northern Ireland)

Tel 0300 1233 233

Money Advice Scotland

Tel 0141 572 0237

Email info@moneyadvice-scotland.org.uk

www.moneyadvicescotland.org.uk

Use the website to find qualified financial advisers in Scotland.

NiDirect

www.nidirect.gov.uk

Has information about benefits and public services in Northern Ireland.

StepChange Debt Charity

Tel 080 0138 1111

www.stepchange.org

Provides free debt advice through phone, email, the website and online through live chats with advisers.

Equipment and advice on living with a disability

British Red Cross

Tel 0344 871 11 11

Textphone 020 7562 2050

Email

contactus@redcross.org.uk

www.redcross.org.uk

Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

Disability Rights UK

Tel 0207 250 8181

(Mon to Fri, 10am to 12.30pm, then 1.30pm to 4pm)

Email

enquiries@disabilityrightsuk.org

www.disabilityrightsuk.org

Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for disabled students.

Support for young people

CLIC Sargent

Tel 0300 330 0803

(Mon to Fri, 8am to 6pm)

www.clicsargent.org.uk

Provides clinical, practical, financial and emotional support to children with cancer in the UK.

Teenage Cancer Trust

Tel 0207 612 0370

(Mon to Fri, 9am to 5.30pm)

Email

hello@teenagecancertrust.org

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.

Youth Access

Tel 020 8772 9900

Email

admin@youthaccess.org.uk

www.youthaccess.org.uk

A UK-wide organisation providing counselling and information for young people. Find your local service by visiting **youthaccess.org.uk/find-your-local-service**

Support for older people

Age UK

Helpline 0800 055 6112

(Daily, 8am to 7pm)

www.ageuk.org.uk

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

LGBT-specific support

LGBT Foundation

Tel 0345 330 3030

(Mon to Fri, 10am to 6pm)

Email helpline@lgbt.foundation

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.

Support for carers

Carers Trust

Tel 0300 772 9600

(Mon to Fri, 9am to 5pm)

Email info@carers.org

www.carers.org

Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Cancer registries

The cancer registry

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:

National Cancer Registration and Analysis Service

Tel 020 7654 8000

Email enquiries@phe.gov.uk

www.ncras.nhs.uk

Tel (Ireland) 021 4318 014

www.ncri.ie

Scottish Cancer Registry

Tel 0131 275 7050

Email nss.csd@nhs.net

www.isdscotland.org/health-topics/cancer/scottish-cancer-registry

Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel 029 2037 3500

Email general.enquiries@wales.nhs.uk

www.wcisuwales.nhs.uk

Northern Ireland Cancer Registry

Tel 028 9097 6028

Email nicr@qub.ac.uk

www.qub.ac.uk/nicr

YOUR NOTES AND QUESTIONS

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Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Dr James Larkin, Senior Medical Editor.

With thanks to: Dr Veronique Bataille, Consultant Dermatologist; Donna Begg, Macmillan Clinical Nurse Specialist, Skin Oncology; Mr Amer Durrani, Consultant Plastic and Reconstructive Surgeon; Dr Louise Fearfield, Consultant Dermatologist; Dr Maria Marples, Consultant Medical Oncologist; Helen Moorey, Lead Skin Cancer Nurse; and Mr David Mowatt, Consultant Plastic and Reconstructive Surgeon.

Thanks also to 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

We have listed a sample of the sources used in the booklet below. If you would like more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

Dummer, et al. Cutaneous melanoma: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. *Annals of oncology*. 2015. Volume 26, issue suppl_5. Pages v126–v132.

National Institute for Health and Care Excellence. *Melanoma: assessment and management*. 2015.

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're 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're there 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.



Share your cancer experience

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

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.

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?

Raise money

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

Give money

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

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

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

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Valid from

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Expiry date

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Issue no

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Security number

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Signature

Date / /

Don't 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'd rather donate online go to macmillan.org.uk/donate

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 melanoma. It is for anyone who has melanoma that has come back in the same area (recurrent melanoma). There is also information for carers, family members and friends.

The booklet explains melanoma that has come back in the same area (recurrent melanoma). It has information about diagnosis and treatment options. It also has information about emotional support and coping.

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** (7 days a week, 8am to 8pm) 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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