MACMILLAN
CANCER SUPPORT

UNDERSTANDING MELANOMA

LYMPH NODE ASSESSMENT AND TREATMENT

> ‘Macmillan have been a huge support to me. On numerous occasions I have telephoned to speak to a nurse for advice.’

Sharon, diagnosed with melanoma

About this booklet

This booklet is about melanoma that may have spread to the lymph nodes. It is for anyone who has been diagnosed with melanoma. There is also information for carers, family members and friends.

The booklet talks about tests to check lymph nodes close to the melanoma. It also explains surgery used to remove lymph nodes if they have cancer cells in them. It also has information about emotional, practical and financial issues.

Melanoma is a type of skin cancer. It develops from cells called melanocytes. These cells give our skin its colour. More information on melanocytes can be found in our booklet **Understanding melanoma and treatment with surgery.**

Most melanomas can be removed with surgery. But melanoma cells can sometimes spread to the lymph nodes close to the melanoma. You might need further tests to check the lymph nodes. If they contain cancer cells, you will have surgery to remove them. Surgery to remove lymph nodes is called a lymph node dissection.

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 5 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 72 to 81, there are details of other organisations that can help.

Quotes

In this booklet, we have included quotes from people who have been treated for melanoma, which you may find helpful. Some are from our Online Community (**macmillan.org.uk/community**). The others are from people who have chosen to share their story with us. This includes Sharon, who is on the cover of this booklet. 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**.

Contents

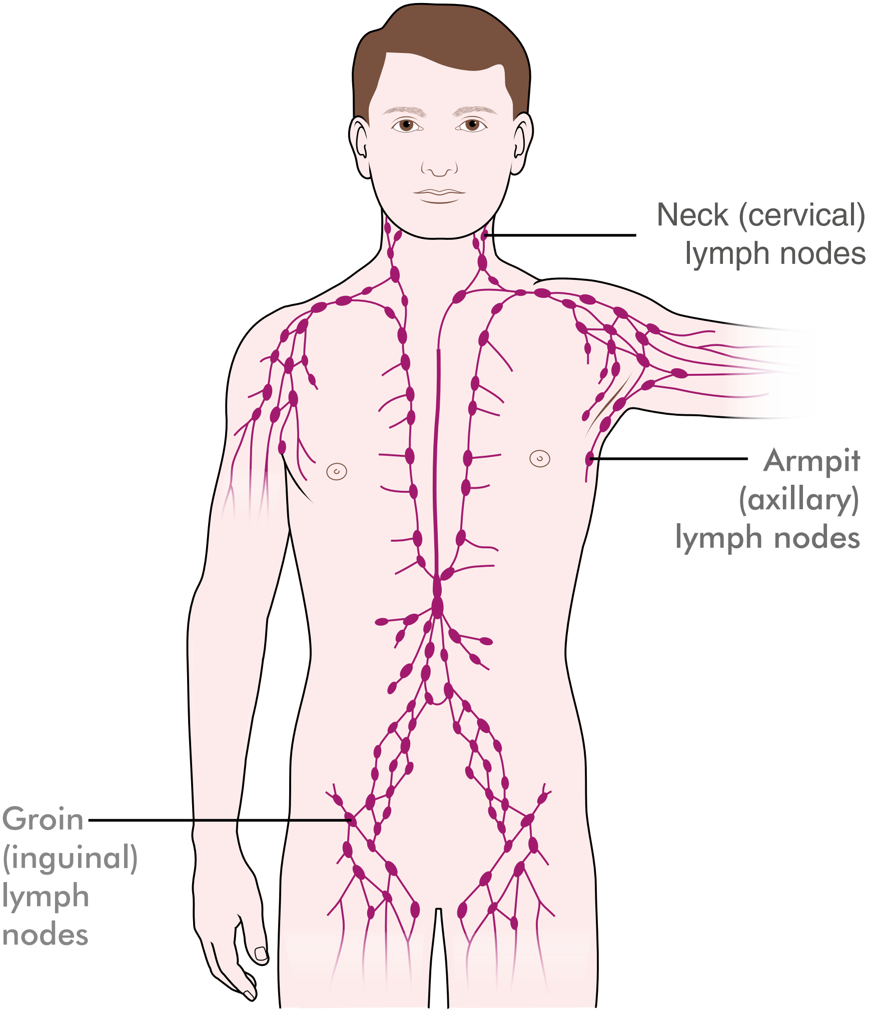
LYMPH NODE ASSESSMENT

The lymphatic system

The lymphatic system helps to 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



Tests to check your lymph nodes

Melanoma cells can spread to lymph nodes close to the melanoma. Your doctor will examine these nodes by feeling and looking at them, to see if they are swollen. For example, if the melanoma is on your leg they will check the lymph nodes behind your knee and in your groin. If it is on your chest, back or tummy, they will check the lymph nodes in your groin, armpits, collar bone and neck.

Having swollen lymph nodes does not mean that the melanoma has definitely spread. For example, an infection can also cause lymph nodes to swell.

Your cancer doctor may suggest that you have some tests to check the lymph nodes. Not everyone needs these tests. Whether you have the tests depends on the size of the melanoma, and if the lymph nodes look or feel swollen. These tests include:

- **a sentinel lymph node biopsy (SLNB)** – the lymph nodes closest to the melanoma are removed
- **an ultrasound** – this uses sound waves to make a picture of part of your body
- **a fine needle aspiration (FNA)** – a doctor withdraws some sample cells from your lymph nodes with a fine needle.

If no melanoma is found in the sentinel lymph nodes, then it is unlikely that it has spread. If melanoma is found in the lymph nodes, your doctor may suggest surgery to remove all the lymph nodes in that area.

Sentinel lymph node biopsy (SLNB)

An SLNB is a way of checking the lymph nodes closest to the melanoma. Your doctor might offer an SLNB if your melanoma is between 1 and 4 mm thick. An SLNB is not suitable for everyone. Your surgeon or specialist nurse will explain if an SLNB is right for you.

An SLNB is a small operation that is done under a general anaesthetic. It is done at the same time as surgery to remove the melanoma (see page 26). You may have an SLNB even if the lymph nodes are not swollen.

The sentinel nodes are the first ones that lymph fluid drains to from the melanoma (see pages 8 to 9). This means that if the melanoma has spread to nearby nodes, the sentinel nodes are most likely to be affected.

An SLNB can tell your doctors more about the stage of the melanoma. It helps them plan the best treatment for you. More information can be found in our booklet **Understanding Melanoma and treatment with surgery** (see page 68)**.**

If there are no melanoma cells in the sentinel lymph nodes, it is unlikely that it has spread to other lymph nodes. This means you will not need to have surgery to remove them.

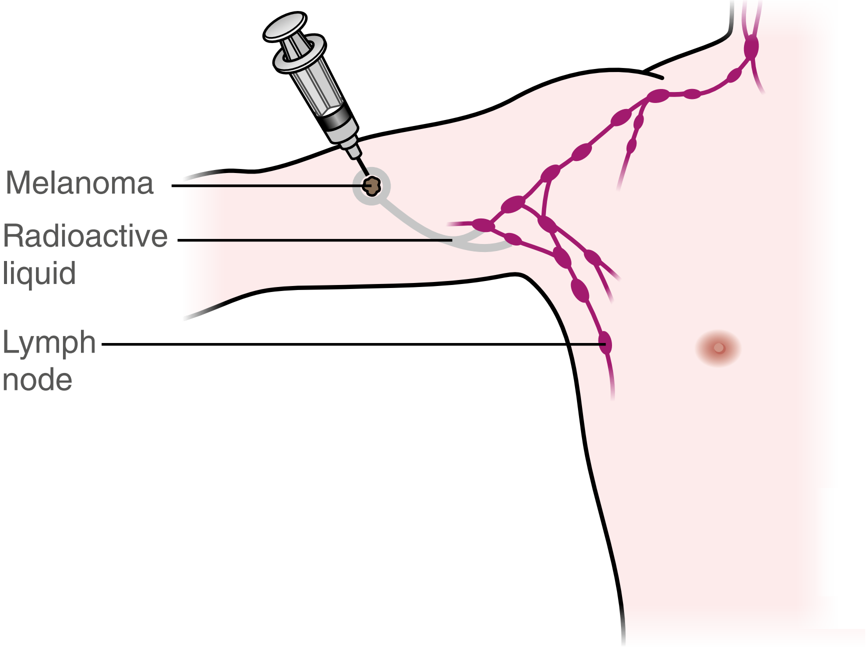
If there are melanoma cells in the sentinel lymph nodes, your doctor may recommend that you have further surgery. This is to remove all the lymph nodes close to the melanoma. Removing all the lymph nodes can increase your risk of lymphoedema. Lymphoedema is a chronic swelling, usually in an arm or leg. We have more information about lymphoedema. in our **Understanding lymphoedema** booklet (see page 68).

Your cancer doctor will talk to you about whether an SLNB is suitable for you. They will help you decide whether to have the test or not.

Having a sentinel lymph node biopsy

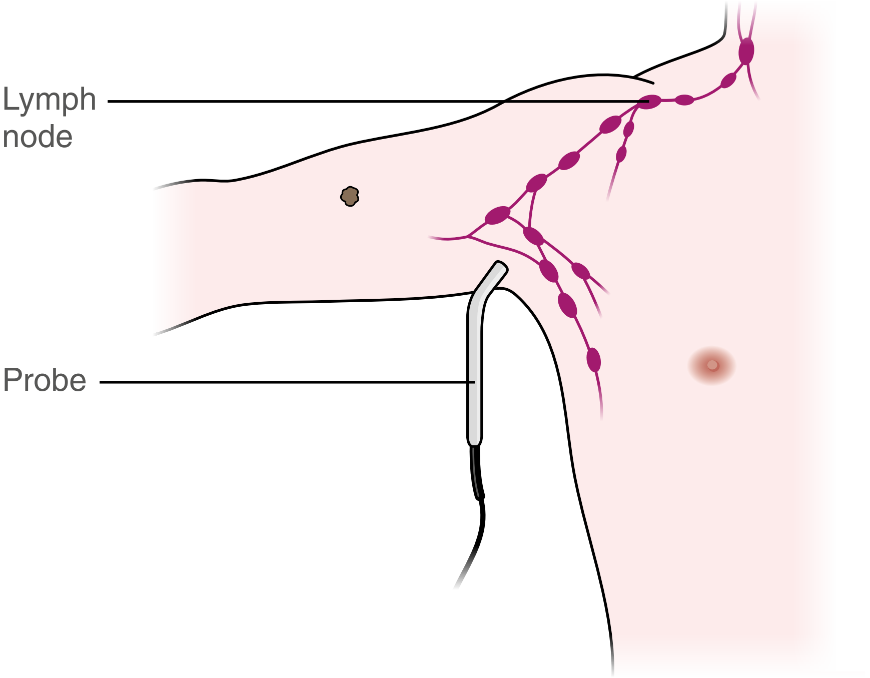
To check for melanoma, the surgeon has to find out which lymph nodes are the sentinel lymph nodes. On the day of surgery, or sometimes the day before, the doctor injects a harmless amount of radioactive liquid into the area of the melanoma. This is the same area where you had the excision biopsy. The radioactive liquid drains into the lymph nodes closest to the melanoma. These are the sentinel lymph nodes.

Step 1: Radioactive liquid being injected



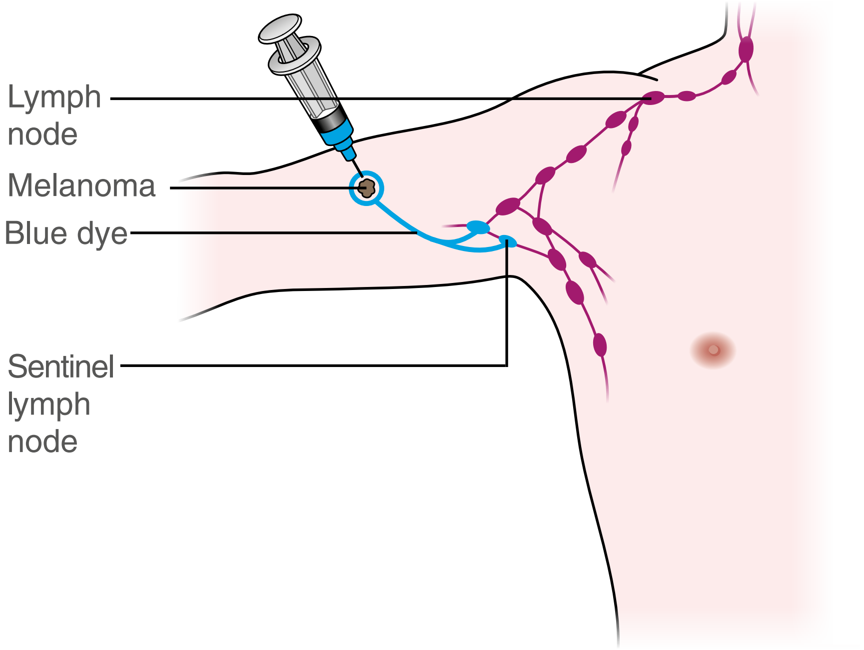
The radioactive liquid makes the sentinel lymph nodes mildly radioactive.

Step 2: A probe detects radioactivity in the lymph nodes



During the operation, the surgeon uses a handheld machine to find the lymph nodes that have picked up the radioactivity.The surgeon may also inject a blue dye into the melanoma during the operation. This stains the sentinel lymph nodes blue. The lymph nodes that pick up the radioactivity, or become blue first, are the sentinel lymph nodes.

Step 3: Blue dye is injected



The surgeon can then remove blue or radioactive nodes (sentinel nodes). These are looked at under a microscope to check for melanoma cells.

Ultrasound and fine needle aspiration (FNA)

An ultrasound scan uses sound waves to make up a picture of an area of the body. It is a painless test and only takes a few minutes.

A doctor or nurse spreads gel over the area where the lymph nodes are. A small device that is shaped like a microphone, and makes sound waves, is then passed over this area. The sound waves are changed into a picture by a computer.

If the ultrasound scan of the lymph nodes is abnormal, the doctor will do a fine needle aspiration. The doctor puts a fine needle into the lymph node and withdraws a sample of cells into the syringe. A doctor who specialises in studying cells (pathologist) then looks at the sample under a microscope. This is to see if there are any melanoma cells.

If there are melanoma cells, you may have other tests to see if the melanoma has spread anywhere else in the body. If the melanoma has only spread to nearby lymph nodes, your doctor will offer you surgery to remove all the lymph nodes in that area. They will talk to you about the advantages and disadvantages of removing the other lymph nodes.

Other tests

If the melanoma has spread to the lymph nodes, you may have other tests. These can give doctors more information about the melanoma. Scans can check to see if it has spread elsewhere in the body.

CT (computerised tomography) scan

A CT scan takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. The scan takes 10 to 30 minutes and is painless. It uses a small amount of radiation, which is very unlikely to harm you and will not harm anyone you come into contact with. You will be asked not to eat or drink for at least four hours before the scan.

You may be given a drink or injection of a dye, which allows particular areas to be seen more clearly. This may make you feel hot all over for a few minutes. It is important to let your doctor know if you are allergic to iodine or have asthma, because you could have a more serious reaction to the injection.

You will probably be able to go home as soon as the scan is over.

MRI (magnetic resonance imaging) scan

This test uses magnetism to build up a detailed picture of areas of your body. The scanner is a powerful magnet so you may be asked to complete and sign a checklist to make sure it is safe for you. The checklist asks about any metal implants you may have, such as a pacemaker, surgical clips or bone pins, etc.

You should also tell your doctor if you have ever worked with metal or in the metal industry as very tiny fragments of metal can sometimes lodge in the body. If you do have any metal in your body, it is likely that you will not be able to have an MRI scan. In this situation, another type of scan can be used. Before the scan, you will be asked to remove any metal belongings including jewellery.

Some people are given an injection of dye into a vein in the arm, which does not usually cause discomfort. This is called a contrast medium and can help the images from the scan to show up more clearly. During the test, you will lie very still on a couch inside a long cylinder (tube) for about 30 minutes. It is painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It is also noisy, but you will be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.

PET-CT scan

This is a combination of a CT scan, which takes a series of x-rays to build up a three-dimensional picture (see page 18), and a positron emission tomography (PET) scan. A PET scan uses low-dose radiation to measure the activity of cells in different parts of the body.

PET-CT scans give more detailed information about the part of the body being scanned. You may have to travel to a specialist centre to have one. You cannot eat for six hours before the scan, although you may be able to drink. A mildly radioactive substance is injected into a vein, usually in your arm. The radiation dose used is very small. You will wait for at least an hour before you have the scan. It usually takes 30 to 90 minutes. You should be able to go home after the scan.

Tests on the melanoma cells

If the melanoma has spread to the lymph nodes, your doctor may test the melanoma cells for any change to the genes. Changes to the genes in our cells are called mutations. A mutation in the BRAF gene can cause the cells to make a protein. The protein encourages melanoma cells to divide and grow.

About half of people with melanoma have the BRAF gene mutation. If you have a BRAF gene mutation, your doctor may offer you a combination of targeted therapies. We have more information on this in our booklet called **Understanding melanoma that has come back in the same area** (see page 68)**.** This treatment can help shrink or slow the growth of the melanoma. Targeted therapies are not helpful for people who do not have the BRAF mutation.

The tests can sometimes be done on the sample of melanoma cells that was removed when you had surgery. But sometimes, your doctor might want to take another sample of tissue to test. Your cancer doctor or specialist nurse can explain more about what tests you will have.

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 on pages 72 to 81, 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**

TREATING MELANOMA THAT HAS SPREAD TO THE LYMPH NODES

Treatment overview

If the melanoma has spread to nearby lymph nodes, your cancer doctor may offer you further surgery to remove them. This is called a lymph node dissection.

Lymph node dissection

Your cancer doctor may offer you a lymph node dissection if:

- melanoma was found in your lymph nodes because they looked, and felt, swollen
- melanoma was found in your lymph nodes during an ultrasound scan or fine needle aspiration (FNA).

The aim of a lymph node dissection is to remove the melanoma. You may also need other treatments. This might happen if it is not possible to remove all the lymph nodes. Or if your cancer doctor thinks there is a higher risk that the cancer may come back.

You will probably not be offered lymph node dissection if you had a sentinel lymph node biopsy (SLNB) which showed melanoma in one or two lymph nodes (see pages 11 to 15). A recent study looked at people who had melanoma in one lymph node, found during an SLNB. It showed that people who have all their lymph nodes removed straight away do not live any longer than those who do not have them removed straight away.

Having all your lymph nodes removed can cause side effects. It is quite a big operation and can leave a large scar. It can also cause, or put you at higher risk of, lymphoedema. You can find out more about lymphoedema in our **Understanding lymphoedema** booklet (see page 68).

Lymphoedema is chronic swelling, usually in an arm or leg. Where the swelling is, depends on where the lymph nodes were removed. Instead of having all your lymph nodes removed, your cancer doctor will check your lymph nodes regularly. If the melanoma begins to grow or spread, your cancer doctor or specialist nurse can talk to you about whether you need further treatment. This might include lymph node dissection.

Planning your treatment

A multidisciplinary team (MDT) plans the treatment to remove your lymph nodes. It is the same team that planned your wide local excision. The MDT may include:

- a dermatologist, who specialises in skin conditions
- a skin cancer nurse specialist
- a plastic surgeon, who specialises in removal of skin cancer and skin reconstruction
- an oncologist, who specialises in treating cancer.

The MDT meet to talk about your treatment plan. They consider a number of things, including:

- your general health
- the stage of the melanoma
- how many lymph nodes are affected.

Your cancer doctor will discuss treatment options with you. Remember to ask questions about anything you are worried about or do not understand. You can discuss the benefits and disadvantages of different treatments with your cancer doctor or specialist nurse. You can also talk to our cancer support specialists on **0800 808 00 00**.

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.

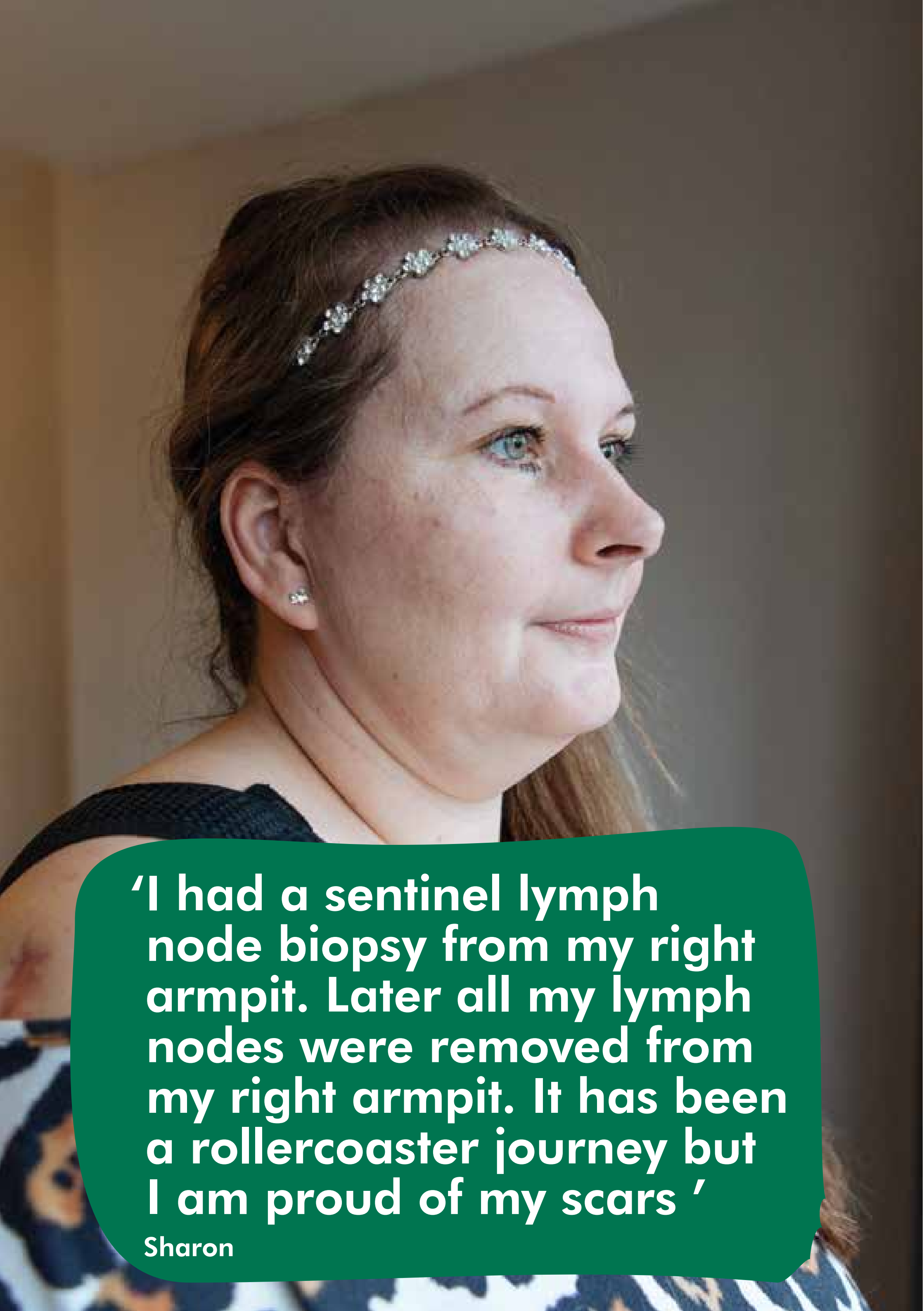
People sometimes feel that hospital staff are too busy to answer their questions, but it is important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can't 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.



‘I had a sentinel lymph node biopsy from my right armpit. Later all my lymph nodes were removed from my right armpit. It has been a rollercoaster journey but I am proud of my scars ’

Sharon

Surgery to remove the lymph nodes

You might have surgery to remove your lymph nodes if:

- your cancer doctor thinks the melanoma has spread to nearby lymph nodes
- tests show that your lymph nodes are affected.

Your surgeon will remove your lymph nodes under a general anaesthetic. You are likely to be in hospital overnight, and may need to stay in for 3 to 5 days.

The surgery and side effects you have will depend on the group of lymph nodes being removed (see pages 26 to 27). Your surgeon or specialist nurse will tell you more about what to expect in your situation. You may have one of the following operations:

- If the melanoma was on your **leg,** a cut (incision) is made in the groin on the affected side to remove the lymph nodes.
- If the melanoma was on your **arm**, the lymph nodes in your armpit on the affected side are removed.
- If the melanoma was on your **face or neck area**, the lymph nodes in your neck are removed.

After your operation

After the operation, you may have a small tube (drain) in place to remove any fluid that builds up around the wound. The drain is connected to a small bottle. It will be removed when most of the fluid has drained away. This is usually within a few days. You might go home with the drain in place. It can be removed by a practice nurse at your GP surgery or a district nurse at home. The wound will be covered with a dressing and your stitches or staples will be removed 10 to 14 days later. If you have dissolvable stitches, these will not need to be removed.

You will probably have some discomfort or pain afterwards, but you will have regular painkillers to help with this. Most people feel able to do their normal activities after two weeks.

After your operation, you may see a physiotherapist. They will show you some exercises to help you move normally again.

If your lymph nodes have been removed, you have a higher risk of developing lymphoedema. Lymphoedema is a chronic swelling in an arm, leg or other part of your body. Where the swelling is depends on where in the body the lymph nodes were removed. We have more information in our booklet **Understanding lymphoedema** (see page 68).

A small number of people may get a wound infection after this operation. This can be treated with antibiotics.

Some people get a small collection of fluid around the wound scar. This is called a seroma. It usually goes away within a few weeks. Sometimes your surgeon may need to drain the fluid with a needle and syringe.

Further treatment

After you have your lymph nodes removed, you may not need any further treatment.

Your cancer doctor may offer you radiotherapy after surgery to help reduce the risk of the melanoma coming back. Radiotherapy is treatment with high-energy x-rays.

Radiotherapy to the lymph nodes can sometimes cause long-term side effects, depending on the area being treated. It may also increase your risk of developing lymphoedema. We have more information on this in our booklet **Understanding lymphoedema** (see page 68). If you need radiotherapy, your cancer doctor will give you more information about the treatment and any possible side effects.

They will also talk to you about whether any drug treatments, such as such as targeted therapies or immunotherapies, will help after your operation. These are called adjuvant treatments. They help to reduce the risk of a cancer coming back.

We have more information about these treatments in our booklets **Understanding radiotherapy** and **Understanding research trials (clinical trials)**(see page 68).

AFTER TREATMENT

Follow-up

After the melanoma and your lymph nodes have been removed, you will see your cancer doctor or specialist nurse for a follow up appointment.

Your cancer doctor or specialist nurse will check your scar and the surrounding area. They will also check other areas of your body for moles. They may take photographs of your skin and measure some of your moles. This is to check for any changes. During your appointment, they may also check lymph nodes elsewhere in your body.

The number of follow-up appointments you have depends on the stage of the melanoma. Your cancer doctor or specialist nurse will explain your follow-up plan to you.

Your cancer doctor or specialist nurse will also show you how to check your skin and what to look for. This will help you notice any signs of the melanoma coming back, or a new melanoma developing. It is important to check regularly so that the melanoma can be found as early as possible.

After you have a melanoma, you have a higher risk of getting another melanoma. So, you will also be given advice on protecting your skin from the sun (see pages 38 to 39).

After surgery to remove the lymph nodes

After your lymph nodes are removed, your recovery will depend on how the operation has affected you. It will also depend on whether you are having other treatment. But many people can get back to their normal activities within a few weeks.

What to look for

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

Your cancer doctor and specialist nurse will ask you to check:

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

The ABCDE checklist helps you to know what to look for.
The ABCDE checklist can be found in our booklet **Understanding melanoma and treatment with surgery** (see page 68)**.**

They may also ask you to check other lymph nodes after your treatment. The British Association of Dermatologists produce a leaflet with advice about how to check your lymph nodes. You can download a copy from their website – visit **bad.org.uk**

Skincare in the sun

After treatment for melanoma, it is important to protect your skin from the sun. This does not mean that 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 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 sun cream (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 sun cream that protects against UVA (at least 4 stars) and UVB (at least SPF 30) radiation.
- Make sure you use enough sun cream. About 6 to 8 teaspoons is enough to cover most adults.
- Do not use sun cream instead of covering up or staying in the shade. You might think that if you use sun cream, you can stay in the sun for longer. But the best protection is to cover up and to stay out of 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 and can become low in people who avoid the sun. You may need to take vitamin D supplements.

> ‘I make sure that I am covered up. I wear a hat and sunglasses and keep reapplying the sun cream every couple of hours.’
>
> **Anne**

Lymphoedema

Lymphoedema is a chronic swelling, usually of an arm or leg. Sometimes it can affect another part of the body. It sometimes happens after you have had surgery or radiotherapy to lymph nodes. This is because taking the lymph nodes away or treating them with radiotherapy can block the normal flow of lymph fluid. If this happens, fluid collects in the tissues under your skin and causes swelling.

Lymphoedema develops on the same side of your body that your lymph nodes were removed from. For example, if you have lymph nodes removed from your right groin area, you may develop lymphoedema in your right leg.

Lymphoedema can develop weeks, months, or even years after treatment. There is no way to predict who will or will not get lymphoedema. We have more information about lymphoedema, including how to reduce your risk and treating lymphoedema in our booklet **Understanding lymphoedema** (see page 68).

Well-being and recovery

After your treatment, you may choose to make some positive lifestyle changes. You might already have a healthy lifestyle, but feel you want to focus on making the most of your health. This can help improve your sense of well-being and lower your risk of getting other illnesses and some cancers.

Eat well and keep to a healthy weight

Try to:

- only eat as much food as you need
- eat a balanced diet with lots of fruit and vegetables
- eat less saturated fat and sugar
- become more physically active.

We have more information in our booklet **Healthy eating after cancer treatment** (see page 68).

Be physically active

- Being physically active helps:
- keep your weight healthy
- reduce stress and tiredness
- keep your bones strong
- keep your heart healthy.

We have more information on being physcially active in our booklet **Physical activity and cancer** (see page 68).

> ‘I started going to the gym. It certainly made me feel better.’
>
> **Jolene**

Stop smoking

If you smoke, giving up is the healthiest decision you can make. Smoking is a major risk factor for smoking-related cancers and heart disease. The NHS has a lot of information and support to help you give up smoking. Look on the NHS website for the country where you live.

Stick to sensible drinking

Stick to sensible drinking guidelines. Government guidelines now recommend that both men and women do not drink any more than 14 units of alcohol per week. Try to have a few alcohol-free days a week.

Getting help and support

Different people can help you during and after treatment.

Practical help

If you need help at home during or after treatment, a nurse or hospital social worker may be able to arrange this. If you have children, the social worker may arrange some help with childcare.

A social worker or benefits adviser can tell you about benefits you may be able to claim and help with other costs.

> ‘I see a Macmillan oncology physiotherapist. She has helped me to get my mobility back. She also offers me emotional support, and finds time during my appointments to sit down and ask how I’ve been.’
>
> **Sharon**

Emotional help

It is common to have different, and sometimes difficult, feelings after cancer treatment. But as you recover and get back to your day-to-day life, these usually get easier to deal with. Talking to family and friends often helps. If you think you may be depressed, or feel helpless or anxious a lot of the time, talk to your cancer doctor or specialist nurse. They can refer you to a psychologist or counsellor who specialises in the emotional problems of people with cancer.

Our cancer support specialists can tell you more about counselling and let you know about services in your area. Call them on **0808 808 00 00.**

> ‘It’s not one particular thing that makes me emotional, it’s the whole process. I have had CBT and other counselling, and taking anti- depressants, which is helping.’
>
> **Jolene**

YOUR FEELINGS AND RELATIONSHIPS

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.

> ‘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.’
>
> **Sharon**

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** You can also talk to other people affected by cancer on our Online Community. Visit **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 in our booklets **Emotional effects of cancer** , including our **Worrying about cancer coming back** (see page 68).

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.

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 68)**.**

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 68).

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 68 for more details

FINANCIAL SUPPORT AND WORK

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. The average grant is around £380. 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 68).

Our Online Community forum **Travel insurance** may also be helpful. Visit **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 77.

Our booklet **Help with the cost of cancer** has lots more information (see page 68) .

> ‘I phoned a Macmillan welfare rights advisor. He advised me how to cut back on certain bills and helped me arrange payment plans on some of my bills.’
>
> **Sharon**


1

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 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 pages 68 to 71). 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 pages 68)

> ‘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**


NCR

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**.

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.

> '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.

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
(Mon to Fri, 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 0207 383 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 **www.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

Helpline 0300 012 0275
(Mon to Fri, 10am to 4pm)
Email
support@changingfaces.org.uk
www.changingfaces.org.uk
Offers support and information to people who have a 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**

Lymphoedema Support Network

Tel 0207 351 4480
Email admin@lsn.org.uk
www.lymphoedema.org
Provides practical help, information and support. Runs a helpline, produces a range of fact sheets, and the website lists local lymphoedema support groups throughout the UK.

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.

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 0207 654 8000
Email enquiries@phe.gov.uk
www.ncras.nhs.uk
Tel (Ireland) 021 4318 014
www.ncri.ie

Scottish Cancer Registry

Tel 013 1275 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.wcisu.wales.nhs.uk

Northern Ireland Cancer Registry

Tel 028 9097 6028
Email nicr@qub.ac.uk
www.qub.ac.uk/nicr

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.

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 01455 883 300
Email bacp@bacp.co.uk
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor on the website.

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 022 4250
(Mon, Tue, Wed and Fri,
9am to 5pm,
Thu, 10am to 5pm)
Textphone 0289 031 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 0344 411 1444
www.citizensadvice.org.uk

Wales

Helpline 0344 477 2020
www.citizensadvice.org.uk/wales

Scotland

Helpline 0808 800 9060
www.cas.org.uk

Northern Ireland

Helpline 0800 028 1181
www.citizensadvice.co.uk

Disability and Carers Service

Tel 0800 587 0912
(Mon to Fri, 9am to 5pm)
Textphone 0800 012 1574
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.

Jobs and Benefits Office Enquiry Line Northern Ireland

Helpline 0800 022 4250 (Mon, Tue, Wed and Fri, 9am to 5pm, Thu, 10am to 5pm)
Textphone 0289 031 1092
www.nidirect.gov.uk/money-tax-and-benefits

Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

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 123 3233

Money Advice Scotland

Tel 0141 572 0237
Email info@moneyadvicescotland.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 0800 138 1111
www.stepchange.org
Provides free debt advice through phone, email, the website and online through live chats with advisers.

Unbiased.co.uk

Helpline 0800 023 6868
Email contact@unbiased.co.uk
www.unbiased.co.uk
You can search the website for qualified advisers in the UK who can give expert advice about finances, mortgages, accounting or legal issues.

Equipment and advice on living with a disability

British Red Cross

Tel 0344 871 1111
Textphone 0207 562 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.

Disabled Living Foundation (DLF)

Helpline 0300 999 0004
(Mon to Fri, 10am to 4pm)
Email info@dlf.org.uk
www.dlf.org.uk
Provides free, impartial advice about all types of disability equipment and mobility products.

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 0208 772 9900
(Mon to Fri, 9.30am to 1pm, then 2pm to 5.30pm)
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

https://www.ageuk.org.uk/services/age-uk-advice-line/
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.

England

Helpline 0800 055 6112
(Daily, 8am to 7pm)

Scotland

Helpline 0800 124 4222

Wales

Helpline 0800 022 3444

LGBT-specific support

LGBT Foundation

Tel 0345 330 3030
(Mon to Fri, 10am to 6pm)
Email info@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.

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.

5 WAYS YOU CAN HELP SOMEONE WITH CANCER

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

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Valid from ☐☐ ☐☐

Expiry date ☐☐ ☐☐

Issue no ☐☐☐

Security number ☐☐☐

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.

Registered with FUNDRAISING REGULATOR

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

27530

This booklet is about melanoma that may have spread to the lymph nodes. It is for anyone who has been diagnosed with melanoma. There is also information for carers, family members and friends.

The booklet talks about tests to check the lymph nodes close to the melanoma. It explains the surgery used to remove lymph nodes if they do have cancer cells in them. It also has information about emotional, practical and financial issues.

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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