MACMILLAN
CANCER SUPPORT

UNDERSTANDING MELANOMA AND TREATMENT WITH SURGERY

> Being told was scary, but I had to just get practical. I was immediately thinking of my son, and I wanted to make sure I was well for him.

Ron, diagnosed with melanoma

About this booklet

This booklet is about a type of skin cancer called melanoma. It is for anyone who has been diagnosed with melanoma that can be treated with surgery. There is also information for carers, family members and friends.

Melanoma is a type of skin cancer. It develops from cells called melanocytes (see page 12). These cells give our skin its colour. Not all skin cancers are melanomas. This booklet does not have information about non-melanoma skin cancers. You can find more information on this in our booklet called **Understanding skin cancer** (see page 90).

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 90 to 100, there are details of other organisations that can help. There is also space to write down questions and notes for your doctor or nurse on page 100.

Quotes

In this booklet, we have included quotes from people who have had 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 Ron, 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**.

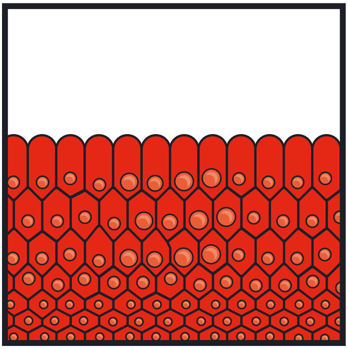
Contents

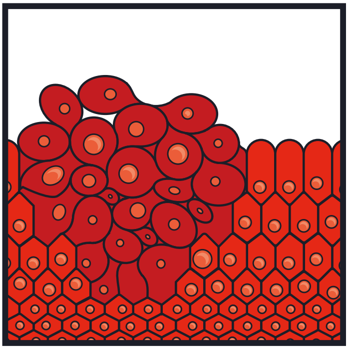
ABOUT MELANOMA

What is cancer?

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

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


Normal cells


Cells forming a tumour

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

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

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

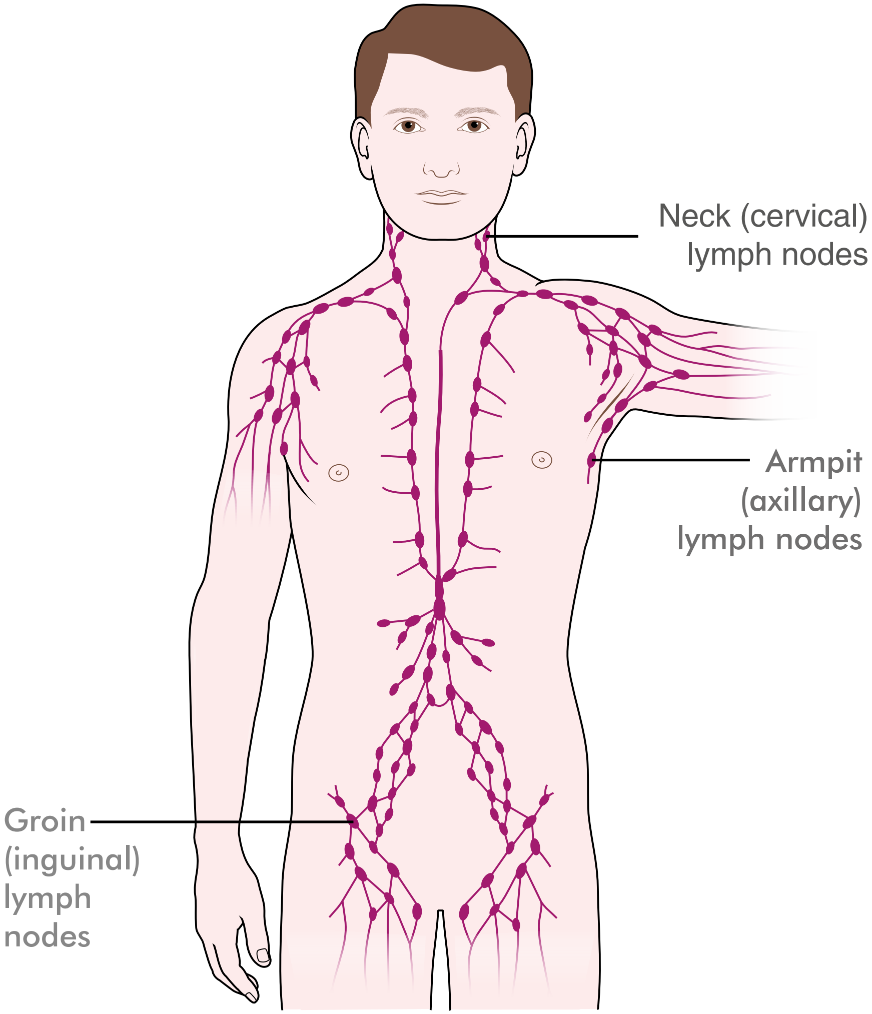
Sometimes cancer cells spread from where the cancer started (the primary site) to other parts of the body. They can travel around the body in the blood or through lymph fluid which is part of the lymphatic system. You can find more information on the lymphatic system on pages 8 to 9. When these cancer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

Some types of cancer start from blood cells. Abnormal cells can build up in the blood, and sometimes the bone marrow. This is where blood cells are made. These types of cancer are sometimes called blood cancers.

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.


Neck (cervical) lymph nodes
Armpit (axillary) lymph nodes
Groin (inguinal) lymph nodes

The skin

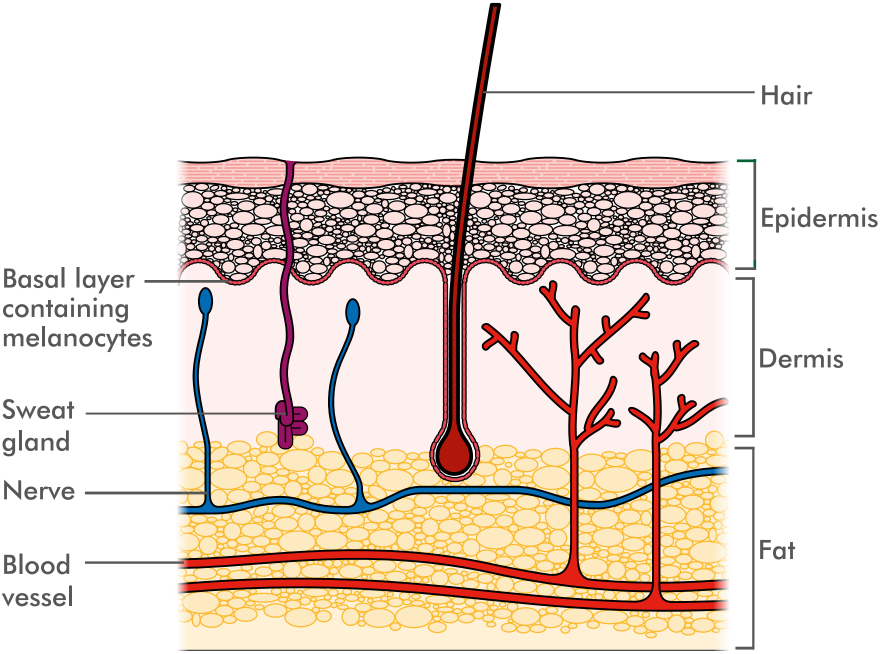
The skin has many purposes. These include:

- acting as a barrier to protect the body from injury
- keeping necessary fluids and proteins in the body
- protecting the body from the harmful effects of ultraviolet (UV light)
- helping control the body's temperature.

The skin has two main layers. The outer layer is called the epidermis. The layer underneath the epidermis is called the dermis.

The epidermis contains three types of cell. On the surface are flat cells, known as squamous cells. Under these are rounder cells called basal cells. In between the basal cells are cells called melanocytes.

The dermis contains nerve endings, blood vessels, and sweat glands.


Hair
Epidermis
Dermis
Fat
Basal layer containing melanocytes
Sweat gland
Nerve
Blood vessel

Melanocytes

Melanocytes are cells that make a pigment called melanin. Melanin gives our skin its natural colour. It also protects skin from the harmful effects of the sun.

When our skin is out in sunlight, our melanocytes make more melanin. This is to absorb more of the potentially harmful ultraviolet (UV) rays from the sun. This makes the skin look darker, or suntanned. A suntan is a sign that the skin is trying to protect itself.

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

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

About melanoma

Melanoma is a cancer that usually starts in the skin. It can start in a mole or in normal-looking skin. About half of all melanomas start in normal-looking skin.

The number of people developing melanoma is increasing. About 15,400 people are diagnosed with melanoma in the UK each year. In the UK, melanoma is slightly more common in men than in women. Like most cancers, melanoma is more common in older people, but it is one of the more common cancers in younger people.

People with dark skin are less likely than people with fair skin to get melanoma. This is because their skin has more natural protection.

How melanoma develops

Melanoma develops from melanocytes that start to grow and divide more quickly than usual (see page 10). In melanoma, the melanocytes also start to spread into the surrounding surface layers of skin. When they grow out of control, they usually look like a dark spot or an unusual-looking mole on your skin.

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

If a melanoma is not removed, the cells can grow down deeper into the layers of the skin. These layers contain tiny blood vessels and lymphatic vessels. If the melanoma cells get into the blood or lymphatic vessels, they can travel to other parts of the body.

We have more information about the different stages of melanoma on pages 36 to 43.

Types of melanoma

There are four main types of skin melanoma.

Superficial spreading melanoma

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

Nodular melanoma

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

Lentigo maligna melanoma

This type of melanoma is less common. It is usually found in older people, in areas of skin that have had a lot of sun exposure over many years. It is often found on the face and neck. It develops from a slow-growing, precancerous condition called a lentigo maligna or Hutchinson's freckle. This looks like a stain on the skin. Even when it becomes cancerous, it is usually slow-growing.

Acral lentiginous melanoma

This type of melanoma is rare. It is usually found on the palms of the hands, soles of the feet, or under fingernails or toenails. It is more common in people with black or brown skin. It is not thought to be caused by sun exposure.

Other types of melanoma

Another rare type of melanoma is desmoplastic melanoma.

Rarely, melanoma can start in parts of the body other than the skin. It can start in the eye (ocular melanoma). Or it can start in the tissues that line areas inside the body, such as the anus or rectum (anorectal melanoma), nose, mouth, lungs and other areas. For more information about these other types of melanoma, contact our cancer support specialists on **0808 808 00 00** or visit **macmillan.org.uk**

Causes and risk factors

Age

The main risk factor for developing melanoma is older age. More than a quarter of melanomas diagnosed are in people over the age of 75. But melanoma is also more common in younger people than some other types of cancer.

Ultraviolet light exposure

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

Sunlight

In the UK, the number of white people developing melanoma and other skin cancers is rising. One of the reasons for this is more sun exposure. Public awareness has also led to a rise in the number of early melanomas being diagnosed.

It is important to protect yourself from too much sun. You should not to stay out in the sun for long enough to let your skin redden or burn. Skin that is sunburned is usually red, sore and warm to touch. It may feel like this for up to a week.

But national guidelines say getting a small amount of sunshine on a regular basis helps our bodies make vitamin D. This keeps our bones and teeth healthy. It also helps our immune system and has some anti-cancer effects.

The amount of sun exposure you need depends on:

- your hair and skin type
- the time of year
- which part of the world you live in.

Severe sunburn that causes the skin to blister, especially during childhood, can increase the risk of melanoma in the future.

Sunbeds

Sunbeds use artificial UV rays that damage the DNA in your skin. They may increase the risk of melanoma. Your risk is higher the more you use a sunbed or lamp, and the earlier in life you start using them.

It is important not to use sunbeds and to protect yourself from too much sun. This is especially important if you have had melanoma or any other type of skin cancer in the past. It is also important if you have an increased risk of melanoma.

Other factors

Your skin type

You will be more sensitive to the sun if you have:

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

This skin type will burn more easily. This means people with this skin type are more at risk of getting melanoma. Having naturally darker skin lowers your risk of getting melanoma. But it does not mean that you will never get it. People of Indian, Asian and African descent have a lower risk of melanoma because their skin produces more melanin.

Having lots of moles and unusual moles

People who have a lot of moles, especially those with over 100 moles, have a higher risk of getting melanoma. People with moles that are bigger than average, or that have an irregular shape or colour are also at higher risk. These types of moles rarely change into melanoma, but it is important to check them regularly for changes. Having lots of moles or irregular moles can run in some families.

Your risk of melanoma is also increased if:

- you were born with a dark, hairy mole
- you were born with a large birth mark (over 20cm).

The risk from average size birth marks is very small.

If you have lots of moles or unusual moles, you can be referred to a skin specialist for advice and an assessment of your skin.

Family history of melanoma

Your risk of developing melanoma is increased if you have a close relative who has had melanoma. This may be because you have similar skin colour. But it could also be because about 1 in 10 melanomas (10%) are thought to be caused by genes that can run in families.

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

People with a very strong family history of melanoma and other types of cancer should be referred to a specialist. Your GP can refer you to a dermatologist and a family cancer clinic. We have more information on cancer genetics in our booklet called **Cancer genetics: how cancer sometimes runs in families** (see page 90).

Reduced immunity

People with a weakened immune system have an increased risk of melanoma. This could be because of HIV or because they are taking drugs that suppress the immune system. For example, drugs to supress the immune system after an organ transplant.

Symptoms

About half of all melanomas start with a new, abnormal-looking mole in normal-looking skin. This usually looks like a dark area or a new mole that changes over weeks or months. Other melanomas develop from a mole that you already have.

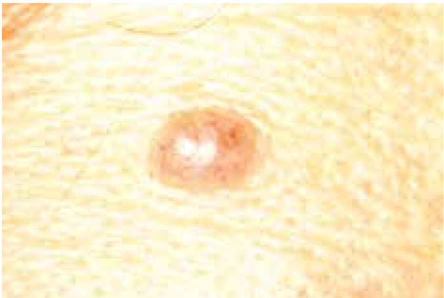
It can be difficult to tell the difference between melanoma and a normal mole. The following checklist explains what to look for. It is called the ABCDE list. Photographs are from the website of the National Cancer Institute (**cancer.gov**).

A – Asymmetry

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

Melanoma with asymmetrical shape

Normal mole with symmetrical shape



B – Border

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

Melanoma with irregular border

Normal mole with clear border

C - Colour

Melanomas are usually more than one colour. They may have different shades, such as brown mixed with a black, red, pink, white or a blue tint. Normal moles usually only have shades of brown. If you have red or fair hair and pale skin, the melanoma may just be red with no brown.

Melanoma with colour difference

Normal mole with no colour difference

D – Diameter (width)

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

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

Melanoma with a diameter change

Normal mole with no diameter change

E - Evolving (changing)

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

When to see a doctor

Visit your GP straight away if you have:

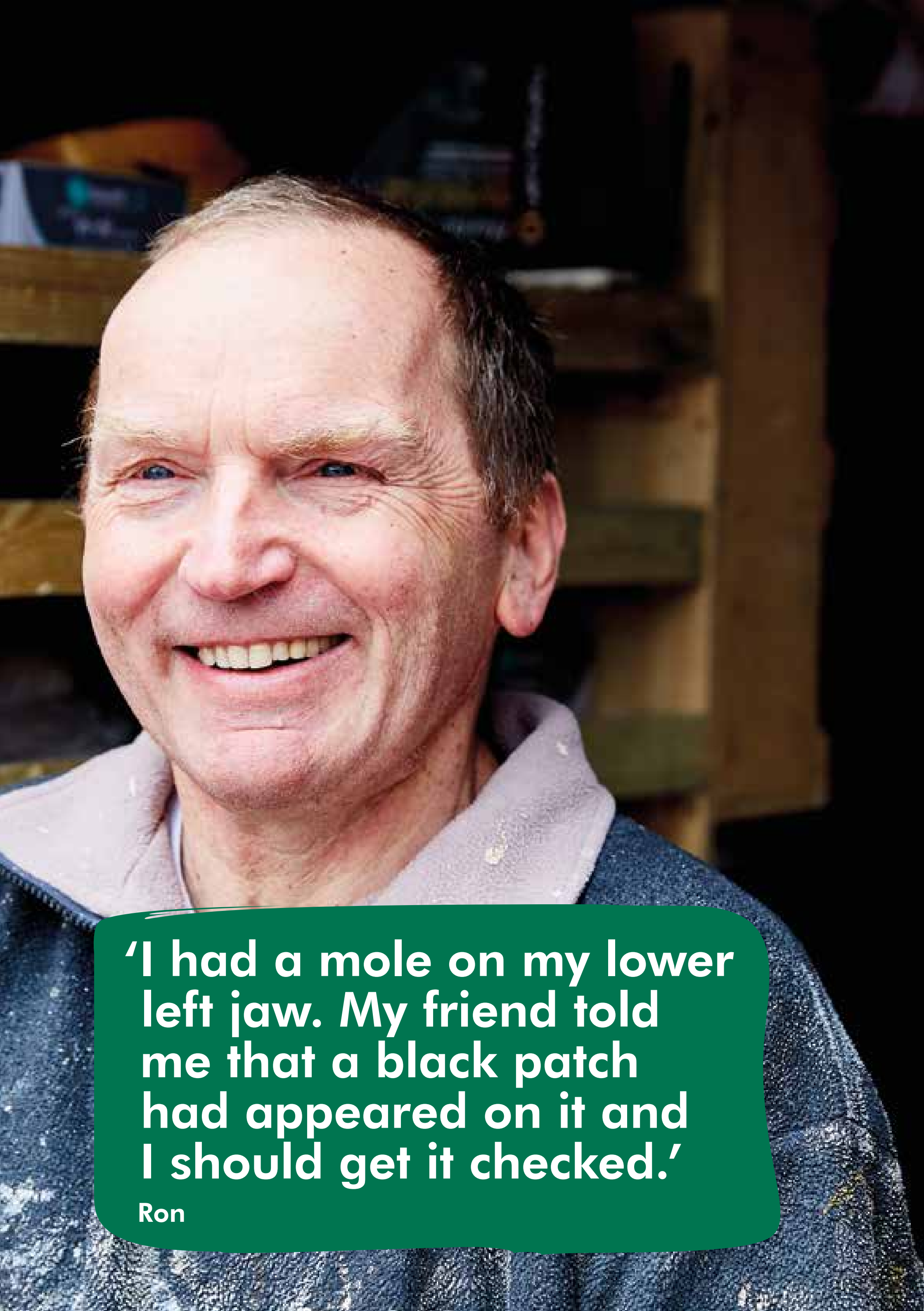
- any of the ABCDE signs
- any unusual marks on the skin that last for more than a few weeks
- a mole that tingles or itches
- a mole that develops a crust or bleeds
- something growing under a nail or a new dark-coloured stripe along part of the nail.

A melanoma is normally obvious, as it will look different to any other moles. So it is important to ask your GP to check anything that looks different or unusual.

Checking your skin

A good time to check your skin is after a bath or shower. Make sure you have plenty of light. Use a full-length mirror and a small handheld mirror for areas that are hard to see. This will get easier with time, as you become more familiar with your skin and what your moles normally look like.

You can ask your partner, a family member or friend to look at your back, neck and parts of your skin that are hard to see. You could also take pictures of your moles so you can see if there are any changes over time. Checking for these signs is very important, as melanoma can usually be cured if it is found at an early stage.



‘I had a mole on my lower left jaw. My friend told me that a black patch had appeared on it and I should get it checked.’

Ron

DIAGNOSING MELANOMA

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**

How melanoma is diagnosed

If you have symptoms, you usually begin by seeing their GP. Your GP will check your mole first. They may also ask about your general health and any family history of cancer. If they think you may have a melanoma, they will refer you to a doctor who specialises in skin conditions. This could be a dermatologist or a plastic surgeon.

Because melanoma is a type of cancer, you should be seen at the hospital within 2 weeks.

At the hospital

The specialist doctor will use a dermatoscope to look at your mole. A dermatoscope looks like a small magnifying glass and gives a bigger and clearer picture of the mole.

They will ask questions about how long you have had the mole and any changes you have noticed. They usually take a photograph of the mole. They may look at the rest of your skin to see if you have any other unusual moles and may take photographs of them. This is so they can check whether the moles change over time.

If the specialist thinks you may have melanoma, they will advise you to have the whole mole removed (excision biopsy). You normally have to come back for a second appointment for this to be done. You may see a specialist skin cancer nurse, who will give you information and support. If it is not clear that your mole is a melanoma, your specialist will ask you to come back in a few months. At the second appointment, they can check if the mole has changed since it was photographed.

Checking the lymph nodes

When you are first seen by the specialist they will usually check thelymph nodes closest to the mole. This is to see if they look or feel swollen. More information can be found on pages 8 to 9

Your doctor may suggest that you have some tests to check the lymph nodes for melanoma. You can find more information about this on our booklet **Understanding melanma lymph node treatment and assessment** (see page 90). 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.

Having swollen lymph nodes does not mean there is definitely melanoma in the lymph nodes. For example, an infection can also cause lymph nodes to swell.

Having your mole removed

Your mole needs to be removed so the specialist doctor can find out what it is. This is called an excision biopsy. You will have a small scar afterwards.

Before the mole is removed, your doctor will explain what they are going to do. They will ask you to sign a form saying that you give your permission (consent) for the mole to be removed.

You usually lie down to have the mole removed. The doctor or a specialist nurse injects a local anaesthetic into the area around the mole. This numbs the area so you do not feel any pain. They then cut out the whole mole and 2mm of normal skin around it.

They close the wound using stitches. These can be removed after 5 to 14 days, depending on where the mole was. You may have stitches that dissolve. This means the stitches do not need to be removed.

A doctor who specialises in studying cells (pathologist) then looks at the mole under a microscope. This is to see if there are any cancer cells.

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 90 to 100, can also provide support. You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.

Staging of melanoma

The stage of the melanoma describes its size and how far it has spread. Knowing the stage of the melanoma helps doctors decide on the best treatment for you.

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

The way cancers are staged is complicated. This section gives a simple explanation of the different stages. We also have more detailed information about the TNM staging of melanoma on pages 40 to 43.

Melanoma in situ (stage 0)

Melanoma in situ is a term used to describe the earliest stage of melanoma. This means the melanoma is only in the top layer of skin epidermis and have not started to spread down into the dermis (see pages 10 to 11). Because of this, people with melanoma in situ do not usually have any risk of the melanoma spreading to other parts of the body.

Stages 1 and 2

The melanoma is only in the skin (epidermis and dermis). It has not spread to other parts of the body.

Stage 3

The melanoma has spread to the lymph nodes closest to it, but not to any other parts of the body (see pages 8 to 9).

Stage 4

The melanoma has spread to distant areas of skin. Or to other organs such as the lungs, liver or brain. This is called advanced ormetastatic melanoma.You can find out more information in our **Understanding advanced melanoma booklet** (see page 90).

Breslow thickness

Doctors also use a measurement called Breslow thickness to describe how thick (deep) the melanoma is. It measures in millimetres (mm) how far the melanoma cells have grown down into the layers of skin.

There are 5 levels of tumour thickness:

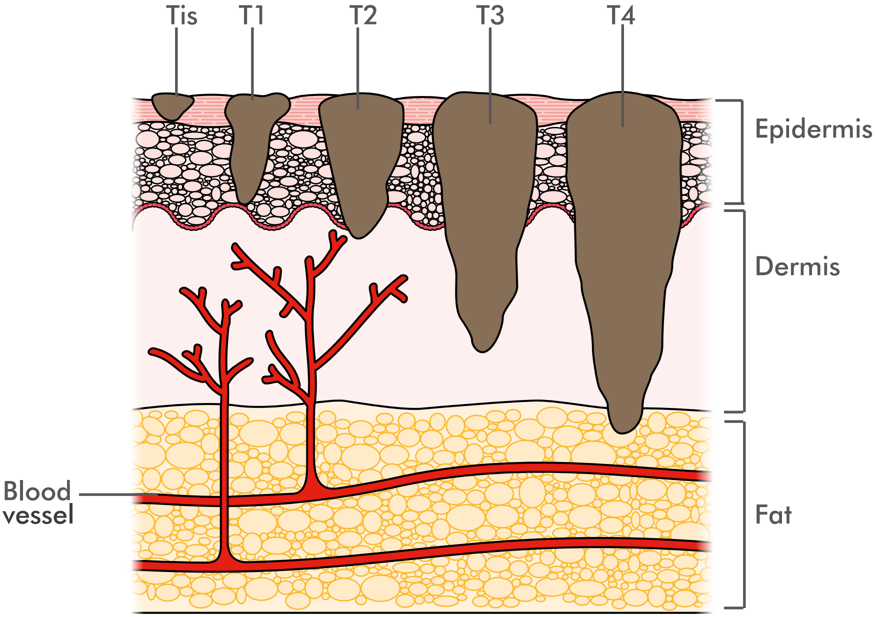
Tis – the melanoma cells are only in the very top layer of the skin (epidermis).

- T1 – the melanoma is 1mm thick or less.
- T2 – the melanoma is between 1.1mm and 2mm thick.
- T3 – the melanoma is between 2.1mm and 4mm thick.
- T4 – the melanoma is more than 4mm thick.

Most people have melanomas that are 1mm thick or less. These are stage 1 melanomas. They are often known as early stage or thin melanomas, and they are very unlikely to spread. Most can be cured by an operation to remove the melanoma, called a wide local excision.

If a melanoma is thick, it is more likely to spread into the lymph vessels or nodes close to the melanoma. If this happens, you may need more surgery to remove the lymph nodes. More information on the lymphatic system can be found on pages 8 to 9. You can also find more information in our booklet **Understanding melanoma lymph node assessment and treatment** (see page 90).

Five stages of melanoma within a cross-section of the skin



TNM staging system for melanoma

The TNM staging system gives more details about the melanoma.

T stands for tumour. It describes:

- the thickness (depth) of the melanoma – which is called the Breslow thickness.
- whether the melanoma is ulcerated – this means the layer of skin covering the melanoma is broken.

N stands for lymph nodes. It shows how many lymph nodes the melanoma has spread to.

M stands for metastases. It describes whether the melanoma has spread to other parts of the body (secondary or metastatic cancer).

The TNM staging system groups melanomas into a number stage between 0 and 4. We have put these into a table to make them easier to understand.

Stage 0 – the melanoma is only in the top layer of the skin (epidermis). It has not started to spread into deeper layers.
Stage 1 – the melanoma is up to 2mm thick, with or without ulceration. It has not spread to the lymph nodes or other parts of the body.
Stage 2 – the melanoma is at least 1.1mm thick, or can be more than 4mm thick. It might be with or without ulceration. It has not spread to the lymph nodes or anywhere else in the body.

Stage 3 – the melanoma is in lymph nodes close to the melanoma. It has not spread to anywhere else in the body. Stage 3 is divided into 4 stages.	
Stage 3A	The melanoma is in up to 3 lymph nodes. It is up to 2mm thick, with or without ulceration. The melanoma cells in the lymph nodes can only be seen under a microscope.
Stage 3B	Stage 3B melanoma can mean one of the following: • There is no sign of melanoma on the skin and the melanoma is in 1 lymph node. • The melanoma has spread to the skin or lymphatic vessels near the melanoma but is not in the lymph nodes. Or stage 3B can mean the melanoma is between 1.1 and 2mm thick, with ulceration. Stage 3B can also mean the melanoma is between 2.1 and 4mm thick, without ulceration, and one of the following: • The melanoma is in 1 lymph node. • The melanoma has spread to the skin or lymphatic vessels near the melanoma but is not in the lymph nodes. • The melanoma is in 2 to 3 lymph nodes.

Stage 3C	Stage 3C melanoma can mean there is no sign of melanoma on the skin, and one of the following: • The melanoma is in 2 to 3 lymph nodes. • The melanoma is in 1 or more lymph nodes and has spread to the skin or lymphatic vessels near the melanoma. • The melanoma has spread to 3 or more lymph nodes that are clumped together. Stage 3C can mean the melanoma is between 0.8mm and 4mm, with or without ulceration, and one of the following: • The melanoma is in 1 or more lymph nodes. • The melanoma has spread to the skin or lymphatic vessels near the melanoma. • The melanoma has spread to 3 or more lymph nodes that are clumped together. Stage 3C can also mean the melanoma is between 2.1 and 4mm thick, with ulceration. Or stage 3C could mean the melanoma is 4mm or thicker, without ulceration, and one of the following: • The melanoma is in up to 3 lymph nodes. • The melanoma has spread to the skin or lymphatic vessels near the melanoma, but is not in the lymph nodes. • The melanoma has spread to lymph nodes that are clumped together.

Stage 3C	Stage 3C can sometimes mean the melanoma is 4mm or thicker, with ulceration, and one of the following: • The melanoma is in up to 3 lymph nodes. • The melanoma has spread to the skin or lymphatic vessels near the melanoma, but is not in the lymph nodes. • The melanoma has spread to 1 lymph node, and the skin or lymphatic vessels near the melanoma.
Stage 3D	The melanoma is thicker than 4mm, with ulceration, and one of the following: • The melanoma has as spread to 3 or more lymph nodes that are clumped together. • The melanoma has spread to the skin or lymphatic vessels near the melanoma, and is in 1or more lymph nodes.
Stage 4 – the melanoma has spread to distant areas of skin or distant lymph nodes. Or it has spread to other organs such as the lungs, liver or brain.	

If you have any questions about the stages of the melanoma, ask your doctor.

‘They told me that they had found a malignant melanoma and that it would need to be cut out. It was 2mm wide and they cut out an inch around it.’

Ron

TREATING MELANOMA

Treatment overview

If the biopsy shows that you have melanoma, you may be seen by more specialist doctors and a specialist nurse. They will work as part of a multidisciplinary team (MDT). The MDT may include:

- a dermatologist, who specialise in skin problems
- 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 things, such as:

- your general health
- the stage of the melanoma
- where it is on your body.

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 **0808 808 00 00**.

Surgery

Surgery is the main treatment for melanoma. Most people diagnosed with melanoma will have further surgery after their mole has been removed. This surgery is called a wide local excision. More information on wide local excision can be found on pages 50 to 54. A wide local excision removes more tissue from the area where the melanoma was. The aim is to remove all the melanoma cells. This reduces the chance of the melanoma coming back.

We have a video about treatment for melanoma at **macmillan.org.uk/melanomatreatment**

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.

Surgery

Surgery is the main treatment for melanoma. Most people diagnosed with melanoma will have surgery after their mole has been removed. This surgery is called a wide local excision. A wide local excision removes more tissue from the area where the mole was. The aim is to remove all the melanoma cells. This reduces the chance of the melanoma coming back.

Wide local excision (WLE)

You usually have a wide local excision under a local anaesthetic, in a day surgery unit. This means you are awake but you do not feel anything. You will have painkillers to numb the area where the operation is done. A WLE is sometimes done under a general anaesthetic. This means you are asleep during the operation.

During a wide local excision, the surgeon removes some healthy tissue from around the area where the melanoma was. They also remove some healthy tissue from underneath the area.

The amount of skin that is removed depends on how far the melanoma has grown into the deeper layers of the skin. Your cancer doctor will talk to you about how much skin needs to be removed.

You may have tests to check your lymph nodes at the same time as a wide local excision. This depends on the size of the melanoma and whether your lymph nodes look or feel swollen. The test is called a sentinel lymph node biopsy. More information on this can be found in our booklet **Understanding melanoma lymph node treatment and treatment** (see page 90)**.**

> ‘I had a WLE just over a year ago. It all seemed so daunting but looking back the operation went smoothly – minimal to no pain, rest and recuperation and back to normal.’
>
> **Andy**

Wounds

Your surgeon can usually stitch the wound together. It will look red and might be swollen at first, but this will gradually get better. You will be given painkillers to help after the operation.

Your specialist nurse will talk to you about how to look after the wound area. A nurse will remove your stitches 5 to14 days after your operation. You can arrange this with your practice or district nurse, or it may happen at your outpatient appointment.

If the wound is too big to stitch together, you may need to have a skin graft or a skin flap (see pages 53 to 55.)

Scar

You will have a scar after the operation. It is usually small, but it depends on the amount of tissue that was removed. To begin with, your scar will be red if you have white skin, or darker if you have dark skin. It will fade over time. Everyone’s skin heals differently. If you have dark skin or fair, freckled skin, scars may be more noticeable for longer.

> ‘My WLE was on my upper arm with a sentinel lymph node biopsy (SLNB) in my armpit. 18 months later neither scar is very noticeable. The plastic surgeon told me to massage the scars daily and use a moisturising cream.’
>
> **Anne**

Skin grafts

A skin graft is a layer of skin that is taken from another part of the body and placed over the area where the melanoma was removed. 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 two 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 five 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 be 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 slowly 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 some extra help 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.

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. These worries might make you feel less confident, or affect your sex life.

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 that provide camouflage make-up to cover up scars.

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 90 to 100.

Further tests and treatment

If all the melanoma cells are removed during your wide local excision (WLE), you will not need any more treatment.

Tests to check the lymph nodes may show melanoma cells in the lymph nodes. In this situation you may be offered further surgery to remove all the nearby lymph nodes. Your cancer doctor will talk to you about whether this may be helpful in your situation.

Sometimes, other drug treatments are given after surgery. For example, you might have drug treatments if there is a risk the melanoma could come back. These are called adjuvant treatments.

If the melanoma has spread to the lymph nodes, you might have a type of targeted therapy called a checkpoint inhibitor. Your healthcare team will tell you if adjuvant treatments are suitable for you.

AFTER TREATMENT

Follow-up

After the melanoma has been removed, you will see your cancer doctor again for a follow-up appointment.

During this appointment, your cancer doctor or specialist nurse examines your scar and the surrounding area. They will check your lymph nodes closest to where the melanoma was.

Your cancer doctor will also check the rest of your skin for any signs of new melanomas. They may take photographs of your skin and measure some of your moles. This is a way of checking for any changes.

Your cancer doctor or specialist nurse will explain how many follow-up appointments you need. This depends on the stage of the melanoma.

After melanoma

After you have had melanoma, you have a higher risk of another melanoma starting somewhere else in your body. Your cancer doctor will show you how to check your skin and what to look for. They will also give you advice on protecting your skin from the sun.

What to look out 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 a cure if it is found early. If you have any 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
- the lymph nodes nearby
- your skin, on all of your body, for any new or changing moles.

The ABCDE checklist on pages 24 to 27 helps you to know what to look for.

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 at **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 suncream. 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.

Pregnancy

If you are thinking of getting pregnant, or making someone pregnant, after having melanoma, talk to your cancer doctor first. In some situations, they may advise you to wait. This is because melanoma is more likely to come back in the first two years after diagnosis.

For women who do become pregnant, there is no evidence that this makes melanoma more likely to come back.

> ‘I use hats and long-sleeved tops and I cover myself with sunscreen now. I don’t take any chances.’
>
> **Ron**

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 90).

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

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 about the benefits of physical activity in our booklet **Physical activity and cancer booklet** (see page 90).

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.

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.

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

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. More information can be found in our booklets **Help with the cost of cancer** and **Money worries? How we can help** (see page 90).

Emotional help

It is common to have different, and sometimes difficult, feelings after cancer treatment. More information about this can be found in our booklet **Your feelings after cancer treatment** (see page 90). 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 when needed, and am currently 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.

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 called **How are you doing? The emotional effects of cancer** and **Worrying about cancer coming back** (see page 90).

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 the Macmillan nurse for advice about the melanoma.’
>
> **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.

You can find more information on this in our booklet **Talking to someone with cancer** (see page 90).

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 90).

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** (see page 90). We also have a video on our website about talking to children. It can be found at **macmillan.org.uk**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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 on our booklets **Insurance** and **Travel and cancer** (see page 90). 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. More information on Citizens Advice can be found on page 97.

Our booklet **Help with the cost of cancer** has lots more information(see page 90).

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

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.

> ‘Time passed and I began a job. Before that, recovery and travelling were too much. Working was a huge achievement. A mini first bump to myself’
>
> **Jolene**

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 90). 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 90).

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/talktousInformation** centres

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.

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).

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.

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 **skinsupport.org.uk**

The British Association of Skin Camouflage

Tel 0125 470 3107 (Mon to Fri, 10am to 4pm)
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**

Melanoma UK

Tel 0808 171 2455
Email info@melanomauk.org.uk
Offers a range of information and support to anyone with melanoma.

General cancer support organisations

Cancer Research UK

Helpline 0808 800 4040
(Mon to Fri, 9am to 5pm)
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

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.

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
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 mindinfoteam@mind.org.uk
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Financial support or legal advice and information

Benefit Enquiry Line Northern Ireland

Helpline 0800 022 2450
(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

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.gov.uk/authorities

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.

Equipment and advice on living with a disability

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

Helpline 0800 678 1602
(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 10pm)
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 UK

Helpline
(England, Scotland, Wales)
0808 808 7777
(Mon and Tue, 10am to 4pm)
Helpline (Northern Ireland)
0289 043 9843
www.carersuk.org

Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

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 0131 275 7050
Email nss.csd@nhs.net
www.isdscotland.org/health-topics/cancer/scottish-cancer-registrywwwchildhoodbereavementnetwork.org.uk

A UK-wide group of organisations and individuals working with bereaved children and young people. Has an online directory where you can find local services.

Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel 0292 037 3500
Email general.enquiries@wales.nhs.uk
www.wcisu.wales.nhs.uk

Northern Ireland Cancer Registry

Tel 0289 097 6028
Email nicr@qub.ac.uk
www.qub.ac.uk/nicr

YOUR NOTES AND QUESTIONS

Disclaimer

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by 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. 26 (500.2015.
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 £

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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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Issue no ☐☐☐

Security number ☐☐☐

Signature

Date / /

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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 a type of skin cancer called melanoma. It is for anyone who has been diagnosed with melanoma that can be treated with surgery. There is also information for carers, family members and friends.

The booklet talks about the signs and symptoms of melanoma. It explains how it is diagnosed and how it may be treated. 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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RIGHT THERE WITH YOU

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