



Early Stage Melanoma of the Skin Wāhanga Tōmua Tonapuku ki te Kiri



Endorsed by:



NEW ZEALAND ASSOCIATION
of Plastic Surgeons

Understanding Cancer

A guide for people with early stage (0-2) melanoma of the skin

ANY CANCER, ANY QUESTION 0800 CANCER (226 237) Cancer Information Helpline

Your general practitioner: phone _____

Your cancer team: phone _____

Your local Cancer Society: phone _____

24-hour emergency: phone 111

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You can get copies of Cancer Society booklets and information sheets from your local Cancer Society, by phoning the Cancer Information Helpline 0800 CANCER (226 237) or by downloading them from our website (www.cancernz.org.nz).

More information about the Cancer Society can be found at the back of this booklet.

We would value your feedback on this booklet. There is an online form you can fill in on our website:

www.cancernz.org.nz/cancer-information/other-links/feedback/

About this booklet

When you hear you have melanoma of the skin you may have many questions. This booklet will answer your questions about what melanoma is, how it is treated and what to do after surgery.

In New Zealand, the majority of people diagnosed with melanoma at an early stage will recover fully after treatment.

You will find information about the early stages of melanoma (stages 0, 1 and 2) treated by surgery, in this booklet. For information about advanced melanoma (stages 3 and 4) you can read the booklet *Advanced Melanoma of the Skin* available from the Cancer Society.

Ka whakautu tēnei puka i ētahi o ōu pātai e pā ana ki te āhua o te tonapuku, pēhea whakamaimoatia ai, me ngā mahinga noa ka āhei koe ki te mahi whai muri i te hāparapara tonapuku, me te tiaki i a koe anō.

Ki Aotearoa nei, ka ora mai te nuinga o ngā tāngata kua whakatauria kua pā te tonapuku wāhanga tōmua, whai muri i ngā maimoatanga.

Ka hoatu tēnei puka i ngā mōhiohio e pā ana ki ngā wāhanga tōmua o te tonapuku (wāhanga 0, 1 me te 2) maimoatia ai mā te mahi hāparapara. He matepukupuku ki te kiri te tonapuku, ko tēnei te matepukupuku tino taumaha rawa atu o ngā momo matepukupuku o te kiri e toru. Mō te roanga ake o ngā kōrero e pā ana ki te tonapuku maukaha (wāhanga 3 me te 4) e āhei ana koe ki te pānui i te puka Tonapuku o te kiri.

The words in **bold** in the text are explained in the glossary (what this word means).



“ *I was very scared when I learned I had melanoma. But I knew I was in good hands. The New Zealand specialists know about melanoma, how to test for it, what to look for— they were very thorough, understanding and kind.* **”**
Karen

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Section one: Understanding melanoma



Key points

- If found early, melanoma can usually be completely removed by surgery.
- Skin cancer can develop when skin cells have been damaged, for example by exposure to **ultraviolet (UV) radiation**.
- Risk factors for developing melanoma are: a family/whānau or personal history of skin cancer, skin that burns easily, red, blond or fair hair, skin damage due to sunburn, sunbed use, and many or large moles.
- The most important years for sun protection are during childhood and early adulthood. Exposure to UV radiation during these years greatly increases the chance of people getting melanoma later in life.



Ngā kōrero matua

- Ka āhei te tango i te tonapuku mā te hāparapara mehemea ka tōmua te kitea.
- E āhei ana te whanaketanga o te matepukupuku o te kiri inā kua whara ngā pūtau kiri, hei tauira atu, mā te mārakerake ki te iraruke (UV).
- Ko ngā tino take mō te whanaketanga o te tonapuku ko ēnei: he hītori ā-whānau mō te matepukupuku o te kiri, te kiri ka tere wera, te makawe whero, makawe urukehu, makawe kakaho rānei, ko te wharanga ki te kiri nā te tīkākā, ngā te whakamahi i ngā moengarā, me ngā iraira nui.
- Ko ngā tau tino hira mō te ārai rā, ko ngā tau o te tamarikitanga me te pakeketanga tōmua. Ka kaha piki te rokohanga mō te pā o te tonapuku nā te mārakerake ki te iraruke UV mai i te rā.

What is melanoma?

Non-melanoma skin cancers are the most common form of skin cancer. While melanomas are less common than non-melanoma skin cancers they are responsible for the most deaths from skin cancer.

Melanoma most commonly occurs on the skin on parts of the body that were sunburned, but it can appear on skin anywhere on the body. It often starts as a new spot on your skin, but may develop from an existing mole. Melanoma can grow very quickly and spread to other parts of the body if left untreated.

If found when they are thin and at an early stage, most melanomas can be completely removed with surgery.

More than 85 percent of people diagnosed with early melanoma 15 years ago are alive and well today. This percentage has grown steadily over the years with early detection and treatment.

Neke atu i te 85 ōrau o ngā tangata kua whakatauria me te tonapuku tōmua i ngā tau e 15 ki muri, kei te ora, kāore i te whai tohu o te mate. Kua tipu tēnei ōrau i ngā tau kua hori nā te tere kitea, me ngā whakamaimoa.

Melanoma can affect parts of the body other than the skin, although this is rare. Occasionally, melanoma can start in places such as the eye or the gut, and may not always be related to sun exposure.

Melanomas have many different sizes, shapes and colours

A melanoma usually begins as a flat, coloured spot that changes in size, shape or colour. It may become raised over time.

A normal freckle or mole usually has an even colour and a smooth edge. A melanoma often has an irregular edge or surface.

It may have a mixture of colours within it, such as brown, black, blue, red, pink, white and/or light grey.



Photos: DermNet New Zealand

Melanomas of the skin have many variations. Any change on your skin should be immediately checked out by a GP or specialist.

How skin cancers develop

Like all body **tissues**, the skin is made of tiny ‘building blocks’ called cells. These cells can become cancerous when they have been damaged, for example by exposure to **ultraviolet (UV) radiation** from the sun or artificial UV sources such as sunbeds.

Skin cancers are named after the types of cell they begin to grow from. The three most common types of skin cancer are basal cell cancer, squamous cell cancer and melanoma.

Go to Appendix C on page 45 to read more about how cancer and melanoma of the skin develops and the different types of melanomas of the skin.

Who develops melanoma?

Melanoma is most common in people with fair skin. People from ethnic groups with darker skin, for example Māori, Pacific and Asian peoples, have more natural protection from UV rays. Anyone can develop melanoma regardless of their ethnicity—early detection is important.



“The number of people diagnosed with melanoma in New Zealand is two times greater than that of any other country in the world.”

World Cancer Report 2014

Skin cancer, including melanoma, is diagnosed most often in people over 50 years but can often be found in younger age groups (25 to 39 years). It is occasionally found in teenagers and is rare in children.



What are the risk factors for melanoma?

Factors that may contribute to skin cancer, including melanoma:

- a personal history of skin cancer
- a family/whānau history of skin cancer
- a skin type that burns easily
- red, blond or fair hair
- skin damage due to sunburn
- sunbed use
- many moles and larger moles.

Māori, Asian and Pacific peoples have a lower chance of developing melanoma, but often have thicker (more serious) melanomas.

He iti ake te tūpono o ngā iwi Māori me ngā iwi o te Moana-nui-a-Kiwa, e ai ki ētahi atu tāngata, engari, he mātatoru ake ngā tonapuku e puta ana.

What are the causes of melanoma?

Too much sun can cause melanoma. Each time your skin is exposed to UV radiation, damage can occur to your skin. The more exposure, the greater the damage.

Exposure to UV radiation during childhood and early-adult years greatly increases the chance of getting melanoma later in life. For more information about being SunSmart, see the website (www.sunsmart.org.nz).

Melanoma affects parts of the body other than the skin, such as the eye or the gut, and it may not always be related to sun exposure.

“ *Many of us have fair skin and we have to be so careful in the New Zealand sun to make sure we use sunscreen and wear sunglasses, protect our skin and body, as well as checking for changes.* ”
Karen



Section two: Diagnosing and staging melanoma of the skin



Key points

- Melanoma is diagnosed by physical examination and biopsy.
- Your GP will examine a spot or mole that you are concerned about and do a general check of your skin using a dermatoscope (a handheld magnifying device).
- Your GP may recommend that a spot or mole be removed and examined more closely.
- Staging of melanoma is based on the results of surgery and any other tests you may have.
- The different stages of melanoma relate to how thick the original melanoma was.
- If you are diagnosed with melanoma, a report will be prepared providing information to help with treatment planning and determining your **prognosis**.

Ngā kōrero matua

- Ka whakatauhia te tonapuku mā te tiro tiro ā-tinana me te biopsy.
- Mā tō rata GP e tiro tiro i te kōiraira, te ira rānei e māharahara koe, māna hoki e arowhai whānui tō kiri mā te whakamahi i tētahi dermatoscope (he taputapu whakahirahira ka whakamahi ā-ringa).
- Tērā pea ka taunaki tō GP kia tangohia te kōiraira, kia āta tirohia.
- Ka hāngai te mahi whakawāhanga ki ngā whakatau o te mahi hāparapara, me ngā whakamātautau tērā pea ka whai koe.
- Ka hāngai ngā momo wāhanga o te tonapuku ki te momo mātatoru o te tonapuku tuatahi.
- Mēnā kua pā te tonapuku ki a koe, ka whakaritea mai he pūrongo pathology e whakatakoto mōhiohio ana hei āwhina i te rautaki whakamaimoa, hei whakarite hoki i tō waitohu.

How is melanoma of the skin diagnosed?

The first sign of melanoma is usually the appearance of a new spot or a change in an existing spot or mole. The change may be in size, shape and/or colour. The change is normally noticed over several weeks or months rather than days.

Most of us have spots on our skin. That's quite normal, but it's important to recognise any changes to your spots or moles, including:

- A - asymmetry
- B - border irregularity
- C - colour variation
- D - diameter over 6 millimetres
- E - evolving (enlarging, changing).

It is quite normal for new spots or moles to appear and change during childhood and early adulthood, but if you have any concerns, speak with your GP.

“ I had a tiny spot on my leg like a freckle. It turned into a lump in a few months and I knew I had to keep going back even though I was told it wasn't skin cancer (I was overseas at the time). I'm glad I kept pushing to have it retested. ”





Whai ai te nuinga o tātou i ngā kōiraira ki runga i ō tātou kiri. Kāore he aha mō tēnā, heoi, ko te mea nui kē, ko te mōhio ki ngā rerekētanga ka puta ki ngā kōiraira, ki ngā ira rānei, tae noa ki ēnei:

A - te karawhiti

B - te hikuwaru

C - te whitinga kano

D - he weherua nui ake i te 6 tuke haumano.

E - te kukuwha (kei te rahi ake, kei te panoni).

Kāre noa iho he aha mō te putanga o ētahi kōiraira hou, ira hou rānei, me te panoni i te wā o te tamarikitanga tae noa ki te pakeketanga tōmua, heoi anō, mehemea he āwangawanga ōu, me kōrero ki tō rata.

Melanoma is diagnosed by physical examination and biopsy. Your GP will first examine the spot or mole that you are concerned about and do a general check of your skin. They will ask if you or anyone in your family/whānau have had melanoma.

The best way for your GP to look at your skin is to use a **dermatoscope** (a handheld magnifying device).



The doctor is checking the skin with a dermatoscope

Your GP may also feel the **lymph nodes** in the area near the spot or mole.

Removal of a spot or mole for testing

If your GP is concerned that you may have a melanoma, they will recommend that you have the spot or mole removed for testing. This is usually a quick and simple procedure.

If the mole is in a place that makes it difficult for removal, or if it covers a large area, you will be referred to a specialist skin doctor or plastic surgeon.

It will take at least a week for the results of your test to be ready. This waiting period can be an anxious time and it may help to talk over any concerns with a family/whānau member or close friend.

If the results of any tests show that you have melanoma, you will usually need to have further surgery to remove a wider area of surrounding tissue.

See the Cancer Society's information sheet *Coping with waiting* or phone the Cancer Information Helpline **0800 CANCER (226 237)**.

The stages of melanoma of the skin

Knowing the stage of your melanoma helps your doctor to plan your treatment. **Staging** is based on the results of your surgery and any other tests you may have had. It describes the thickness of your melanoma, if there is any ulceration, and whether it has spread to other parts of your body.

This table is a simplified version of how melanoma is staged.

Stage 0 (melanoma in situ)	Abnormal cells are found in the epidermis
Stage 1	Melanomas are no more than 2mm thick and may or may not be ulcerated.
Stage 2	Melanomas that are more than 2mm in depth but haven't spread to any lymph nodes or distant sites
Stage 3	Any thickness that has spread to lymph vessels or lymph nodes
Stage 4	The melanoma has spread to other parts of the body

This booklet discusses early stage melanoma - stages 0, 1 and 2. For information on stages 3 and 4, see our *Advanced Melanoma of the Skin* booklet.

Other tests for melanoma of the skin

If you are diagnosed with melanoma, your doctor may recommend other tests. The tests may include:

- **fine-needle aspiration** - if you have an enlarged lymph node, your doctor may recommend a fine-needle aspiration to see if it is due to the spread of melanoma
- **sentinel node biopsy** - if your melanoma is more than 1mm in thickness (or 0.8mm with ulceration), your surgeon may suggest that you have a sentinel node biopsy at the time of your surgery to see if your melanoma has spread to the lymph nodes closest to your melanoma
- **scans** -scans may be done if there is a concern that your melanoma has spread to other parts of your body.
- **blood tests** - to check your general health if surgery is needed.

“*In hospital they injected a dye into the melanoma site to see which lymph node the dye went to—a sentinel node biopsy.*”
Karen

Your pathology report

If you have melanoma, the **pathologist** will prepare a report that provides your treatment team with information to help determine the stage of your melanoma and plan your treatment. The following factors may be included.

<p>Breslow thickness</p> <p>This is a measure of the thickness of the melanoma in millimetres. Melanomas are classified into four categories:</p> <ul style="list-style-type: none">• Less than 1mm (most melanomas are in this category)• 1-2mm• 2.1-4 mm• Greater than 4mm	<p>Margins</p> <p>Margins identify if any cancer cells are seen near the outer edge of the tissue sample that has been removed. If cancer cells come close to the edge you may need further surgery.</p>
<p>Clark level</p> <p>This describes how deeply the cancer has gone into layers of the skin. It is not widely used anymore.</p>	<p>Mitotic rate - describes how quickly melanoma cells are dividing. The higher the mitotic rate, the faster the melanoma may be growing.</p> <p>Ulceration</p> <p>The breakdown or loss of the epidermis (top layer of the skin). Ulceration is determined by the pathologist when the specimen is examined under a microscope.</p>



Asking questions about your melanoma diagnosis

When you hear you have melanoma, you and your family/whānau may have many questions. Having your questions answered can help you feel more in control of your situation. It is a good idea to think about some of the questions you might have and write them down before you visit your doctor.

You may want to find out:

- the type of melanoma you have
- if your melanoma has spread and what stage it is
- if you might need other tests.

Section three: Treatment of melanoma of the skin



Key points

- Your GP or skin specialist will advise you on the best treatment for your melanoma.
- Your treatment team may decide that a skin graft or flap is needed to close your wound after surgery.
- It is important to talk to your treatment team about any alternative or traditional healing methods you are using or thinking about using, as early stage melanoma is treatable with surgery alone.
- It is a good idea to think about the questions you want to ask your treatment team before you meet them.

Most melanomas are found at an early stage and are treated by surgery alone.

Kitea ai te nuinga o ngā tonapuku i te wāhanga tōmua, ka whakamaimoatia hoki mā te hāparapara anake.

Ngā kōrero matua

- Mā tō GP mā tō mātanga kiri rānei e tohutohu i a koe mō te whakamaimoa pai mō tō tonapuku.
- Tērā pea ka whakatau tō rōpū maimoa me whakarite tētahi kiri uhi, tīrepa rānei, hei kati i te motu whai muri i te hāparapara.
- He mea nui kia kōrero koe ki tō rōpū maimoa e pā ana ki ngā huarahi whakaoranga whiringa, whakaoranga taketake rānei kei te whakamahi koe, kei te whakaaro rānei koe ki te whakamahi, i te mea, ka taea noa iho te whakamaimoa i te tonapuku mā hāparapara anake.
- He whakaaro pai kia maharatia e koe ētahi pātai tērā pea ka hiahia koe ki te tuku ki tō rōpū maimoa, i mua i tō tūtakitanga ki a rātou.

Surgery for treatment of melanoma of the skin

When you are first diagnosed with melanoma, more surgery is usually required to remove a wider margin of normal skin from the original melanoma site—a **wide local excision**. This increases the chance of all the melanoma cells being removed. Some people require a general anaesthetic and admission to hospital.

In most cases the wound can be closed with stitches and will heal as a straight scar.

Depending on the size or location of your melanoma, the doctor may not be able to pull the edges of the healthy skin back together. You may need a skin graft or skin flap to cover the area where your melanoma was removed.

Using a skin graft or skin flap to close a wound

A skin graft is a surgical operation where a piece of normal, healthy skin from another part of your body is taken and used to cover the area where your melanoma was removed.

Sometimes, your surgeon may feel a skin flap is the best option for closing your wound. A skin flap is a thicker layer of healthy skin and tissue that is partially connected, it is moved to cover a nearby wound.

The main difference between a skin graft and a skin flap is that a skin flap needs its own blood supply to help with healing and a skin graft does not.



Applying the skin graft



What to expect after skin-graft or skin-flap surgery

After your surgery, your wound will be covered with a dressing and left untouched for several days. It will then be checked to see if it is healing properly. You will also have dressings on any donor sites—areas where skin was taken from. It is not unusual for a donor site to be more painful than a grafted area.

After you have a skin graft or skin flap, the surrounding area of skin may look different. Over time this will heal and any colour differences will fade. There is a small risk of infection, **haematoma** and scarring, following surgery. Occasionally, a skin graft or skin flap fails and needs to be repeated.

Possible complications after surgery

It is important to see your GP or contact your surgeon as soon as possible if you have any concerns about your surgery, for example:

- fever with a temperature higher than 38°C, or chills
- increasing pain or redness
- heavy bleeding
- leaking fluid, pus or blood from your wound.

He aha ngā raruraru me matatau koe whai muri i te hāparapara tonapuku?

He mea nui te haere ki te kite i tō GP, te whakapā atu rānei ki tō mātanga mehemea he āwangawanga ōu e pā ana ki te mahi hāparapara, pērā ki ēnei:

- te kirikā me te whai pāmahana neke atu i te 38°C, te rongo i te makariri rānei
- te piki o te mamae, te whero o te kiri rānei
- te kaha rere o te toto
- te maringi o te wai tinana, te pirau, te turuturu o te toto rānei mai i tō motu.

Using other treatments such as alternative, complementary and traditional therapies

People with cancer often think about using complementary therapies, alternative therapies or traditional healing. Many people feel it gives them a greater sense of control over their illness, and that it is ‘natural’ and low risk.

For many it is their usual cultural practice (for example rongoā). It is important to talk to your treatment team about any other therapies you are using as it may interfere with your treatment.

Early stage melanoma is most often curable with surgery alone

It is important to talk to your treatment team about any alternative or traditional healing methods you are using or thinking about using, as early stage melanoma is very treatable with surgery alone.

I te nuinga o te wā, ka taea te whakaora i te tonapuku wāhanga-tōmua mā te hāparapara anake

He mea nui me kōrero koe ki tō rōpū whakamaimoa e pā ana ki ngā huarahi whakaoranga whiringa, taketake rānei kei te whakaaro koe ki te whakamahi, i te mea he māmā noa iho te maimoa i te tonapuku wāhanga-tōmua mā te mahi hāpara anake.

Who might be on your treatment team

From the time that you are diagnosed with melanoma, you may be cared for by one or more of a team of health professionals, including:

- your GP who will often be the first person you see
- **dermatologists**, who specialise in the diagnosis and treatment of skin disorders
- surgeons who remove affected tissue. You may see a plastic surgeon for surgery including skin grafting and reconstructive surgery
- cancer nurse co-coordinators specialists/clinical nurse specialists have advanced skills in cancer care and act as a point of contact across different parts of the health service. They support and guide people with cancer and their families/whānau to keep them fully informed about their care
- an outpatient nurses, who work alongside doctors during their clinics.



Talking with your treatment team

Before you see your treatment team it may help to write down your questions. You may want to take a family/whānau member or friend with you to take notes or to listen. Having your questions answered can help you feel more in control of your situation. Let your doctor know if there are things you do not want to be told.

Getting a second opinion

You may want to ask another doctor about your cancer or treatment. You can ask your cancer doctor or GP to refer you to another doctor. You are entitled to a second opinion if you want one.

“Trust your instincts, if you don't feel the advice is right go for a second opinion.”
Karen

Some questions you might want to ask your cancer treatment team

You might like to ask about:

- the treatment they advise for your melanoma and why
- who might be performing your surgery and where
- what other treatment options you might have
- what the treatment might cost
- what further treatment you might need, what it will be like, and when it will begin
- if your treatment will be performed by a doctor who specialises in melanoma
- where you can get a second opinion
- if your cancer is hereditary (passed on by your parents)
- what your prognosis (outlook) might be
- if treatment will affect your ability to work.

Section four: After melanoma surgery



Key points

- There is a risk of your melanoma returning after surgery, so it is important to have regular check-ups following treatment.
- It may be helpful for immediate family/whānau members to have their skin checked.
- It is especially important to protect your skin after you have been diagnosed with melanoma.

Ngā kōrero matua

- Ka puta he mōrearea mō te hokinga mai anō o tō tonapuku whai muri i te hāparapara, nō reira, he mea nui kia whai koe i ngā arowhai auau i te mutunga o ngā whakamaimoa.
- Tērā pea, he mea pai kia haere ngā whānau tata kia arowhaitia ō rātou kiri.
- He mea tino nui kia ārai koe i tō kiri whai muri i te whakataunga kua pā te tonapuku.

Regular check-ups after surgery for melanoma

Following your surgery, you will need to have regular check-ups.

As well as a physical examination of your skin, an important part of your regular check-ups will be an examination of the lymph nodes near where your melanoma was removed. This is because, even after surgery, there is a small chance that your melanoma will return. This is known as recurrence.

Your doctor will decide how often you will need check-ups based on the stage of your melanoma. The check-ups will gradually become less frequent if you have no further problems. Ongoing check-ups may be recommended for life.

It is important that you be shown how to check your own skin and that you do it regularly.

See www.sunsmart.org.nz.



Do the check

Look over your entire body regularly. Skin cancers can be in places you cannot see yourself, so you may need to ask someone to help you check.

Remember to check places that are hard to see or might not normally get exposed to the sun, such as:

- your armpits
- behind your ears
- your scalp
- the bottom of your feet
- your fingernails and toenails.



If you do not have someone who can check these awkward places for you, try using a hand mirror.

It is a good idea to keep track of how spots and moles look, so you know if they have changed since you last checked your skin.

If you notice any changes in your skin or in your general health, contact your GP.

Once you have been diagnosed with melanoma, you are at a higher risk than the average person of developing a new melanoma.

Identifying family/whānau at risk of melanoma

It may be helpful for all immediate family/whānau members (parent, brother, sister, or child) to have full skin checks as immediate family members are at increased risk of melanoma. If you have close relatives who have had melanoma, talk to your GP about your family/whānau's risk.

Protecting your skin is important

If you have had melanoma, it is especially important to protect your skin all year round.

Never allow your skin to burn. Don't rely on sunscreen alone.

It is especially important to protect your skin:

- When the UV index is 3 or above (usually in the daylight saving months in New Zealand between 10am and 4pm). You can find out what the UV level is by going to the Sun Protection Alert on www.sunsmart.org.nz or through the uv2Day smartphone app.
- At the beach, as reflections from water and sand can increase radiation.
- At high altitudes, especially near snow which strongly reflects radiation.

You can protect your skin in the following ways.



Slip on a shirt

Slip on a shirt with long sleeves. Fabrics with a tighter weave and darker colours will give you better protection from the sun.



Slip into the shade

Slip into the shade of an umbrella or a leafy tree. Plan your outdoor activities for early or late in the day when the sun's UV levels are low.



Slop on sunscreen

Slop on plenty of broad-spectrum, water-resistant sunscreen of at least SPF 30. Apply 20 minutes before going outside and reapply every two hours, and especially after being in water or sweating.



Slap on a hat

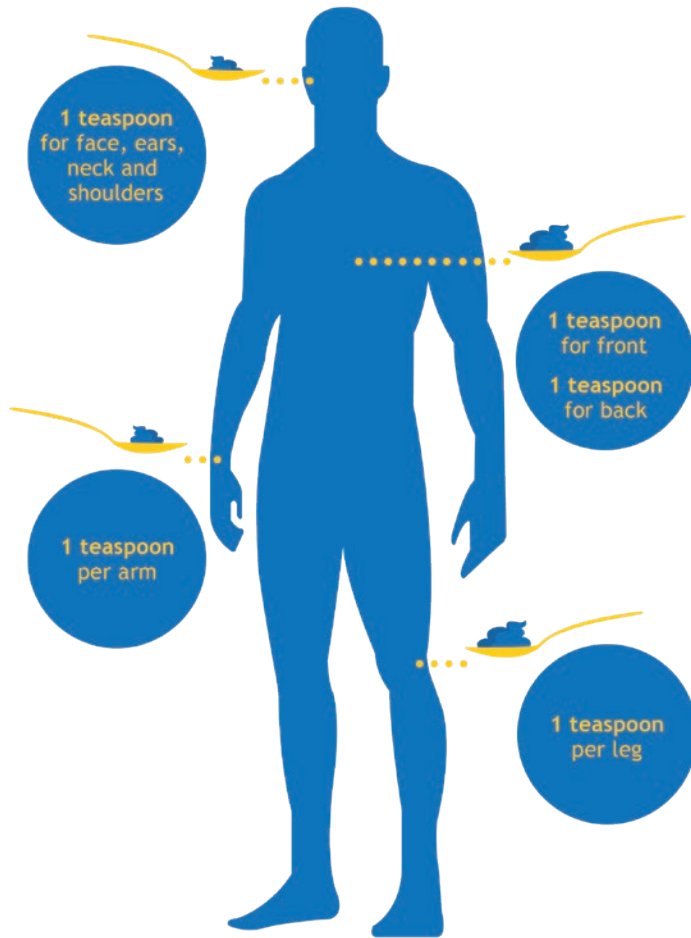
Wear a hat with a wide brim or a cap with flaps. More people are sunburnt on the face and neck than any other part of the body.



Wrap on sunglasses

Choose close-fitting, wrap-around-style sunglasses. Not all sunglasses protect against UV radiation, so always check the label for the sun protection rating.

And do not use sunbeds.



Applying sunscreen

You need to apply your sunscreen correctly for it to be fully effective.

Apply sunscreen 20 minutes before going outside. The average-sized adult should apply at least one teaspoon to each arm and to the face (including the ears and neck), and at least a teaspoon to each leg and the front and the back of their body.

Sunscreen should be reapplied every two hours when you are outdoors and more often if you are sweating or in water.

The importance of vitamin D

Vitamin D is important for strong bones and good health. The main way we get vitamin D is from sunlight on our skin. For the general population, some sun exposure when the UV Index is less than 3, is recommended.

People with a history of skin cancer should protect themselves from the sun all year round.

Speak to your GP about whether you need a vitamin D supplement.

Questions you may want to ask after surgery for melanoma

You might like to find out:

- when you can return to work
- when you will be able to drive again
- who your regular melanoma follow-up checks will be managed by
- who you should see to have a complete skin check
- how often these checks should happen
- what problems you should watch out for.

Section five: Getting on with life after early stage melanoma



Key points

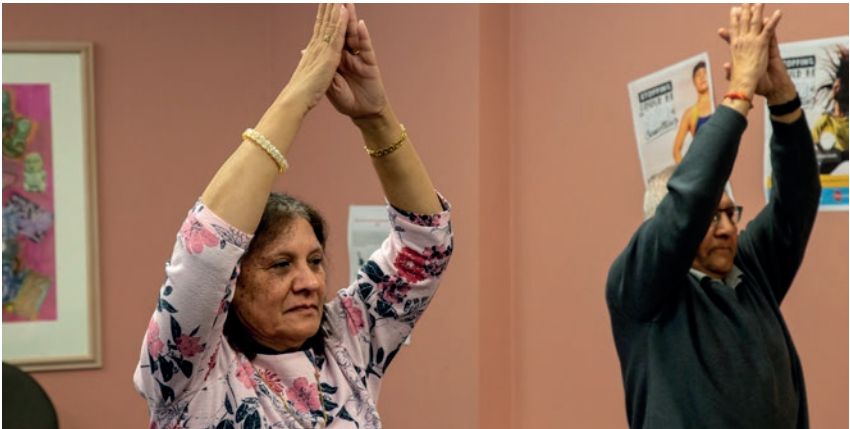
- There are things you can do to help yourself cope with the emotional strain of a melanoma diagnosis.
- Some people may find it difficult to adjust if you have a change in your appearance after surgery.

Ngā kōrero matua

- I tū ana ētahi huarahi mōu, hei āwhina i a koe ki te tū pakari ki ngā taumahatanga ngākau o te whakataunga tonapuku.
- Ko tētahi rerekētanga ka mate koe ki te whakarite, ko te rerekētanga ki tō āhua whai muri i te hāparapara.

Looking after yourself after a melanoma diagnosis

A diagnosis of melanoma can cause physical and emotional strain. Eating well, exercising and relaxing may help to reduce your stress and improve your wellbeing. Addressing changes in your emotions and relationships early on is also important.



For more information, read the Cancer Society's booklet '*Coping with Cancer*'.



Coping with a change in appearance after surgery

Depending on their size and location, some scars left after surgery may affect your appearance. Scars may be small or you may have large areas of skin that look different. People cope with changes in appearance in different ways. Some may feel self-conscious, while others may not be concerned. If you are finding it difficult to adjust to any change, it is useful to seek support. Talk to your treatment team, someone close to you or a counsellor. You can also phone the Cancer Information Helpline **0800 CANCER (226 237)** for information about support available in your area.

Fear of your melanoma coming back

Feeling worried about your melanoma coming back is not uncommon. Many people who have had melanoma say that with time, they feel less anxious about the chance of their cancer coming back. You may feel more anxious at times such as the anniversary of the day you were diagnosed, or hearing about melanoma in the media.

“Cancer will always leave a scar. The scars are internal, they’re emotional, they’re intellectual, and they are physical. The physical scars are probably the least of my worries. I found the emotional scars the hardest to cope with.”
Jill

How can you help to manage your fears?

Talk to your treatment team about the symptoms you need to look out for and discuss what your regular follow-up schedule might be.

You may want to talk to someone who has been through a similar experience. The Cancer Society runs a telephone peer-support service called Cancer Connect that you may find useful. Phone the Cancer Information Helpline **0800 CANCER (226 237)** for a referral to this service.

There are many ways to manage your fears. For some it can be helpful to reflect on or write about their cancer experiences, while other people may choose to talk with a counsellor or psychologist. To find support in your local area, contact your GP or your local Cancer Society or phone the Cancer Information Helpline **0800 CANCER (226 237)**.

“Make fear of recurrence a ‘back-seat passenger’ in your life rather than let it sit up front and annoy you all day and night. You can also book an appointment with your recurrence fear, say 30 minutes a day. You can worry as much as you like during this time but otherwise you have to send it to the back seat and tell it to be quiet.”
Sue (GP)



How families/whānau can help

As a friend or family/whānau member of someone who is diagnosed with melanoma, you are also learning to cope with your own feelings and emotions. You may want to help but not know what to do.

Here are some suggestions that may be useful:

- Learn about melanoma and its treatment. This will help you to understand what the person you are supporting is coping with.
- Be thoughtful about offering advice. Listening while they talk or just being there with them, are good ways to show you care.
- Talk about your feelings together and be honest about what worries you.
- Offer to go to appointments with them. You can be there for support, take notes or, when appropriate, take part in the discussions.
- Respect that your family/whānau member or friend may want to talk to their treatment team alone.

The Cancer Society offers a range of resources to support you. We suggest you read *'Supporting Someone with Cancer'*.

Where to find cultural and spiritual support

Hospitals throughout New Zealand have trained health workers available to support your spiritual, cultural and advocacy needs. They may include Māori and Pacific health workers who will work with you and your family/whānau. Hospital chaplains are available to offer support through prayer and quiet reflection.

Community health workers based at your local marae or community-based Pacific health service may also be good sources of support.

Interpreting services are available

New Zealand's Code of Health and Disability Services Consumers' Rights states that everyone has the right to have an interpreter present during a medical consultation. If you do not speak English as your first language or you are deaf, you may find it helpful to use an interpreter when you have your hospital appointments. Speak to a member of your health care team about arranging interpreters in your local area.

Appendix A: Suggested websites

You may be interested in looking for information about melanoma on the internet. While there are very good websites, be aware that some websites may provide incorrect information.

We recommend that you begin with the Cancer Society's website (www.cancernz.org.nz) and use our links to other good cancer websites, or see the following list of websites.

- **Cancer Council Australia**
www.cancer.org.au
- **DermNet NZ**
www.dermnetnz.org
- **Health Promotion Agency**
www.hpa.org.nz
- **Melanoma Institute Australia**
www.melanoma.org.au
- **Melanoma New Zealand (NZ)**
www.melanoma.org.nz

The suggested websites are not maintained by the Cancer Society of New Zealand. We only suggest sites that we believe offer credible and reliable information, but we cannot guarantee that the information on such websites is correct, up-to-date or evidence-based medical information.

For more information on searching the internet, ask your local Cancer Society for a copy of the information sheet *Using the internet for cancer information and support*.

We suggest that you discuss any information you find with your treatment team.

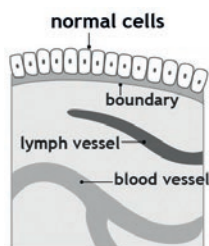
Appendix B: Understanding cancer

What is cancer?

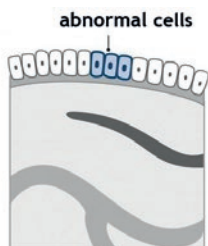
Cancer is a disease of the body's **cells**. Our bodies are always making new **cells** to replace worn-out cells, or to heal damaged cells after an injury. This process is controlled by certain **genes**, the codes that tell our cells how to grow and behave. Cancers are caused by damage to these genes. This damage usually happens during our lifetime, but a small number of people inherit a damaged gene from a parent.

The beginnings of cancer

Normally, cells grow and multiply in an orderly way. However, damaged genes can cause cells to behave abnormally. These cells may grow into a lump, which is called a **tumour**. Tumours can be **benign** (not cancerous) or **malignant** (cancerous). Benign tumours do not spread to other parts of the body.



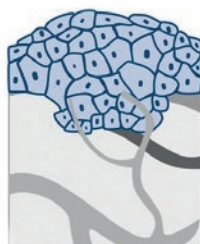
1. Normal cells



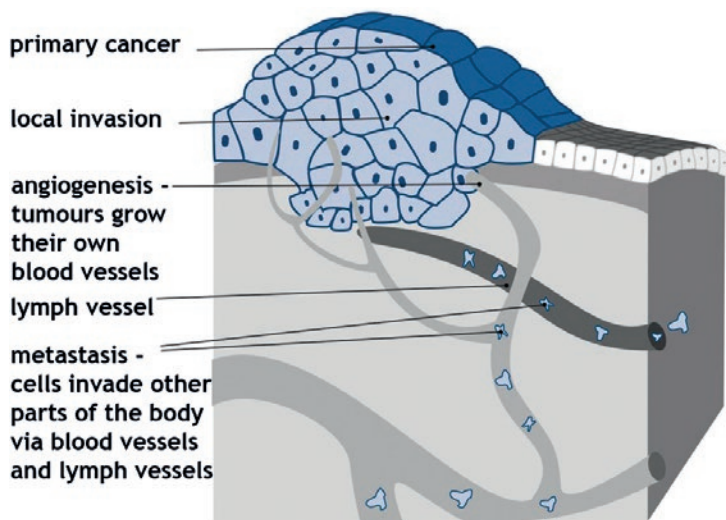
2. Abnormal cells



3. Abnormal cells multiply



4. Malignant or invasive



How cancer spreads

A **malignant tumour** is made up of cancer cells. When it first develops, a malignant tumour may be confined to its original site: a cancer in situ (or a **carcinoma in situ**). If these cells are not treated, they may spread into surrounding tissues (also known as malignant or invasive cancer) or to other parts of the body. When these cells reach a new site they may continue to grow and form another tumour at that site. This is called a **secondary cancer** or **metastasis**.

For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called **angiogenesis**.

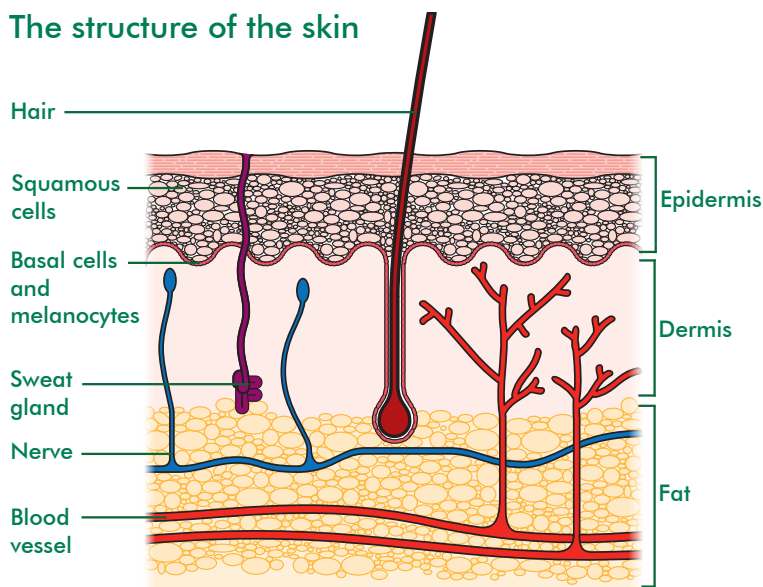
Appendix C: Understanding melanoma of the skin

Melanoma is a cancer that develops from melanocytes (pigment cells) and is the most serious form of skin cancer.

Understanding the skin

To understand how melanomas develop, it is helpful to understand how the skin works. The skin has two main layers: the **epidermis** and the **dermis**.

The structure of the skin



The epidermis layer of the skin

The top layer is called the **epidermis**. This layer contains basal cells, squamous cells and melanocytes. Basal and squamous cells are also called keratinocytes because they produce keratin, the main component of skin, hair and nails. Melanocytes are cells that produce **melanin**, the pigment that gives skin its colour. When grouped together they form moles. Occasionally these groups of cells become malignant and develop into a melanoma.

The dermis layer of the skin

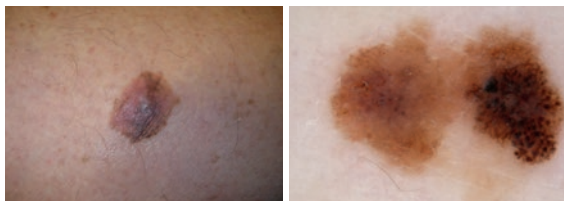
The layer underneath the epidermis is called the **dermis**. The dermis is composed of fibres (collagen and elastin). The dermis contains the roots of hairs, glands that make sweat and oil, blood vessels, **lymph vessels** and nerves.

How skin cancers develop

Like all body **tissues**, the skin is made of tiny ‘building blocks’ called cells. These cells can become cancerous when they have been damaged, for example by exposure to **ultraviolet (UV) radiation from the sun or sunbeds**. Skin cancers are named after the types of cell they begin to grow from. The three most common types of skin cancer are basal cell cancer, squamous cell cancer and melanoma.

The four main types of melanoma of the skin

Superficial spreading melanoma is the most common type. Melanoma cells usually start by growing slowly, then spread out across the surface of the skin. This type of melanoma is more commonly found on the arms, legs, chest or back.



Photos DermNet New Zealand

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



Photos DermNet New Zealand

Lentigo maligna melanoma (melanoma in-situ) is less common. It is usually found in older people, often on the face or neck and in areas of the skin that have had a lot of sun exposure. It develops from a slow-growing condition called a lentigo maligna. It looks like a brown stain on the skin and is usually slower growing than other types of melanoma.



Photos DermNet New Zealand

Acral lentiginous melanoma is the rarest type. 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 related to sun exposure.



Photos DermNet New Zealand

Notes

Glossary

(what does this word mean?)

Most of the words listed here are used in this booklet; others are words you are likely to hear used by doctors and other health professionals who will be working with you.

anaesthetic - medication given to stop a person feeling pain. A 'local anaesthetic numbs part of the body, usually the skin; a 'general' anaesthetic causes temporary loss of consciousness.

benign - not cancerous. Benign cells are not able to spread elsewhere in the body.

biopsy - the removal of an amount of cells or tissue from the body, so that they can be examined under a microscope.

carcinoma in situ - a malignant tumour that is confined to its original site.

cells - the 'building blocks' of the body. A human is made of millions of cells, which are adapted for different functions. Cells are able to reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.

computerised tomography (CT) scan - previously known as a CAT scan. A series of X-rays that are built to give a picture of the part X-rayed.

dermatologist - a person who specialises in the diagnosis and treatment of skin disorders.

dermis - one of two main layers that make up the skin. The dermis is the layer below the surface, which contains the roots of hairs, glands that make sweat and oil, blood vessels, lymph vessels and nerves.

dermascope or dermatoscope - a handheld magnifying device used to examine freckles and moles.

epidermis - one of two main layers that make up the skin. The epidermis is the surface layer, which contains basal cells, squamous cells - which contain keratin, a protective substance that resists heat, cold and the effects of many chemicals - and melanocytes that produce melanin.

excision biopsy - surgery to remove an entire area of diseased tissue.

fine-needle aspiration (FNA) - a type of biopsy where a needle is inserted into a lump to remove cells. The cells are then examined to see if they contain melanoma cells.

genes - the codes contained in DNA in each cell that control the way the body's cells grow and behave. Each person's cells have a set of many thousands of genes inherited from both parents.

haematoma - an accumulation of blood in the tissues that clots to form a solid swelling.

histology - the study of tissue and cells under a microscope by a pathologist.

immune system - the body's natural defence system. It helps to protect us against anything it recognises as being an 'invader' or 'foreign', for example bacteria, viruses, transplanted organs and tissues, cancer cells and parasites.

incision biopsy - surgery to remove a small piece of diseased tissue.

in-situ - in the original place (cancer cells are only in the place where they first started).

lentigo maligna - also called melanoma in situ.

local anaesthetic - a medicine to numb areas of the body so that you cannot feel any pain for a short period of time. A local anaesthetic is provided while you are awake.

lymph nodes - small, bean-shaped structures that are part of the lymphatic system. Lymph nodes filter lymph fluid to remove bacteria and other harmful agents, such as cancer cells.

magnetic resonance imaging (MRI) scan - similar to a CT scan, a test that uses magnetism instead of X-rays to build up cross-sectional pictures of the body.

malignant tumour - a tumour that is cancerous and likely to spread if not treated.

margin - the edge of tissue removed during surgery that is examined for evidence of cancer. Negative margin means that no cancer cells have been found on the edge of the tissue sample. Positive margin means that cancer cells have been found on the edge of the tissue sample.

melanin - the brown pigment, produced by melanocytes, that gives skin its colour.

melanocytes - cells that produce melanin.

melanoma - cancer of the melanocytes. The cancer usually appears on the skin, but may affect the eye and mucous membranes.

mucosal melanoma - a rare type of melanoma, not usually related to UV exposure. It can occur in the moist tissue that lines the organs of the body.

naevus - a mole.

nodular melanoma - a melanoma of the skin. It is most commonly found in a person's neck, chest or back. It often grows quickly.

oncologist - a doctor who specialises in cancer treatment using medications (drugs).

pathologist - a person who works in a laboratory to diagnose disease and understand its nature and cause.

primary melanoma - the original melanoma.

positron emission tomography (PET) scan - a scan that is used to build up clear and very detailed pictures of the body. The person is injected with a radioactive glucose solution that makes damaged or cancerous cells show up brightly.

PET-CT scan - a PET scan that is combined with a CT scan.

prognosis/prognostic - information about the likely outcome of a person's disease.

punch biopsy - the removal of a small, full-thickness area of skin using a sharp cutting tool.

sentinel node - the first lymph node that a tumour drains into through the lymphatic system.

sentinel node biopsy - the removal of the first lymph node that receives lymph fluid as it drains from a tumour. This is done to see if the cancer has spread to the lymphatic system.

split-skin graft - the complete removal of a shaving of healthy skin from a part of the body called the donor site, which is used to cover a wound where a melanoma has been removed.

staging - the process of assessing and classifying the extent and risk of a cancer. Knowing the stage of your melanoma helps your doctor to plan your treatment.

superficial spreading melanoma - the most common type of melanoma.

suture - a stitch to close a wound.

tissue - a collection of cells of a similar type.

tumour - a new or abnormal growth of tissue on or in the body. Tumours can be benign (not cancerous) or malignant (cancerous).

ultrasound scan - a scan that uses soundwaves to build an image of the inside of the body.

ultraviolet (UV) radiation - the part of sunlight that causes sunburn and skin damage. It is also produced by tanning lamps and sunbeds. UV radiation is invisible and does not feel hot.

wide local excision - a surgical procedure to remove a cancer and a small amount of healthy tissue that surrounds it.

Cancer Society information and support services

The Cancer Information Helpline is a Cancer Society service where you can talk about your concerns and needs with cancer nurses on **0800 CANCER (226 237)**.

Your local Cancer Society offers a range of services for people with cancer and their families/whānau.

These services may include:

- volunteer support, including drivers providing transport to treatment
- accommodation while you are having treatment away from home
- support and education groups.

The range of services offered differs in each region, so contact your local Cancer Society to find out what is available in your area.

For information on practical support and the emotional impacts of cancer, we suggest that you read our booklet *Coping with Cancer: Your guide to support and practical help*. You can get a copy from your local Cancer Society, by phoning the Cancer Information Helpline **0800 CANCER (226 237)** or by downloading it from our website (www.cancernz.org.nz).

National Office

PO Box 651, Wellington 6140

Telephone: 04 494 7270

Auckland Division

PO Box 1724, Shortland Street, Auckland 1140

Telephone: 09 308 0160

Covering: Northland

Waikato/Bay of Plenty Division

PO Box 134, Waikato Mail Centre, Hamilton 3240

Telephone: 07 838 2027

Covering: Tauranga, Rotorua, Taupō, Thames and Waikato

Central Districts Division

PO Box 5096, Terrace End, Palmerston North 4441

Telephone: 06 356 5355

Covering: Taranaki, Wanganui, Manawatū, Hawke's Bay and Gisborne/
East Coast

Wellington Division

52-62 Riddiford Street, Newtown, Wellington 6021

Telephone: 04 389 8421

Covering: Marlborough, Nelson, Wairarapa and Wellington

Canterbury/West Coast Division

PO Box 13450, Armagh, Christchurch 8141

Telephone: 03 379 5835

Covering: South Canterbury, West Coast and Ashburton

Otago/Southland Division

PO Box 6258, Dunedin North, Dunedin 9059

Telephone: 03 477 7447

Covering: Urban and rural Otago and Southland

Cancer Information Helpline

0800 CANCER (226 237)

www.cancernz.org.nz

Other titles from the Cancer Society of New Zealand

Publications statement

Our aim is to provide easy-to-understand and accurate information on cancer and its treatments. Our *Living with Cancer* information booklets are reviewed and updated by cancer doctors, specialist nurses and other relevant health professionals to ensure that the information is reliable, evidence based and up to date. The booklets are also reviewed by consumers to ensure they meet the needs of people with cancer and their carers.

Booklets

Advanced melanoma of the skin/Tonapuku maukaha o te kiri

Radiation Treatment/Haumanu Iraruke

Cancer in the Family

Chemotherapy/Hahau

Coping with Cancer

Eating Well During Cancer Treatment/Kia Pai te Kai te wā

Maimoatanga Matepukupuku

Emotions and Cancer

Getting on with Life After Treatment/Te Hoki Anō ki tō Toioranga

Whai Muri i te Maimoatanga

Living with Dry Mouth/Te Noho me te Waha Maroke

Sex and Cancer/Hokakatanga me te Matepukupuku

Supporting Someone with Cancer/Te Manaaki i Tētahi e Māuiui ana nā te Matepukupuku

Brochures

Being Active When You Have Cancer

Questions You May Wish to Ask

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DermNet New Zealand

Christchurch Hospital

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www.cancernz.org.nz

ANY CANCER, ANY QUESTION
0800 CANCER (226 237)
Cancer Information Helpline