Your Guide

to Melanoma In-Situ

Melanoma
Institute Australia

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The contents of this guide are personal and confidential.
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Melanoma
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The purpose of this guide

Although melanoma in-situ is a low-risk form of melanoma, being diagnosed with it can still come as quite a shock.

This guide provides general information to help answer your questions about melanoma in-situ. You can use it to understand a bit more about your treatment and care.

This guide aims to:

- Help you recall the information you are given by your healthcare professionals.
- Provide a record of your care and the things you think are important.
- Help you prepare for follow-up and the future.
- Point you in the direction of other information or resources, should you need them.

Who is this guide for?
This guide has been written for people who have been diagnosed with melanoma in-situ and their loved ones. It provides helpful information about melanoma in-situ and what to expect from your treatment.

Note to reader:

Always consult your doctor before beginning any health treatment. The information in this guide is of a general nature and should not replace the advice of your health professionals. However, you may wish to discuss issues raised in this guide with them. All care has been taken to ensure the information presented here is accurate at the time of publishing.

Contents

Foreword

Melanoma is a familiar word to most Australians. But it's only when melanoma directly impacts our lives that we begin to understand the potential seriousness of this type of skin cancer.

As the world's leading melanoma research and treatment centre, Melanoma Institute Australia is committed to finding new ways to prevent, treat and promote awareness of this disease.

When receiving a diagnosis of melanoma, finding the right information that you can trust is extremely important.

That's why Melanoma Institute Australia has developed this guide and a comprehensive website, **melanoma.org.au**, to make it easier for you to access reliable and expert information.

We believe that, with this support, you will be better equipped to focus on your health and wellbeing, and have confidence in the information you are receiving.

Regards,

Professor Georgina Long AO and Professor Richard Scolyer AO
Co-Medical Directors
Melanoma Institute Australia
2024 Australians of the Year

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About melanoma

What is melanoma?

Melanoma is a form of cancer that develops in the body's pigment cells, known as melanocytes. Melanoma occurs when abnormal melanocytes grow in an uncontrolled way and evade the immune system.

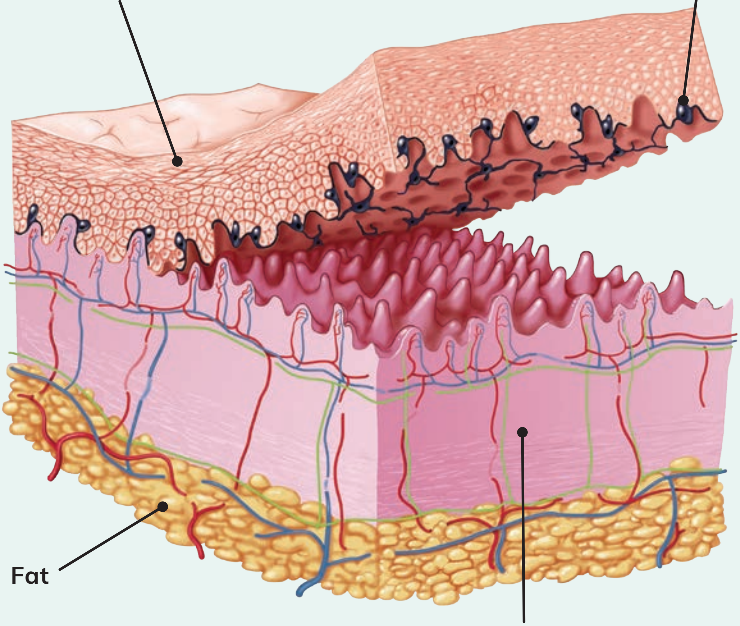
While melanoma usually begins in the skin (cutaneous melanoma), less commonly it can start in the eye (ocular melanoma) or the moist tissue that lines certain parts of the inside of your body (mucosal melanoma).

It can occur anywhere you have melanocytes, even if they are not exposed to sunlight.

The term 'primary melanoma' describes the site of origin of a melanoma.

Australia has the highest rate of melanoma in the world.

The skin



Melanocytes: These cells produce melanin which gives skin colour. Clustered in groups they form moles.

Epidermis: The outer layer of skin.

Fat

Dermis: The inner layer of skin that contains hair roots, sweat and oil glands, nerves, blood vessels and lymph vessels. The dermis is made up of two layers: papillary dermis and reticular dermis.

What is melanoma in-situ?

Melanoma in-situ is a low-risk form of melanoma.

Melanoma in-situ is confined to the top layer of skin (epidermis) and has not spread to the deeper layer of skin (dermis). It is NOT an invasive form of melanoma, meaning it cannot spread to other areas of the body if treated. It is also very unlikely to return once it has been treated.

Melanomas in-situ are generally flat skin spots (also called lesions). They are typically asymmetric with irregular borders and can vary in colour from black and brown to pink.

‘In-situ’ is a Latin term that means ‘in place’.

Subtypes of melanoma in-situ

In general, there are four different subtypes of invasive melanoma:

- superficial spreading melanoma
- nodular melanoma
- acral lentiginous melanoma
- lentigo maligna melanoma

If these subtypes are confined to the epidermis, they are called melanoma in-situ.

Lentigo maligna (also called Hutchinson’s melanotic freckle) is a common subtype of melanoma in-situ seen in Australia. It is characterised by its very slow and superficial growth on chronic sun exposed skin areas, such as the head and neck.

Can melanoma in-situ grow and spread?

Melanoma in-situ is confined to the top layer of skin, meaning it cannot spread to other areas of the body if removed early.

However, if left untreated, melanoma in-situ can grow into an invasive cancer.

The picture below shows the difference between normal skin, a melanoma in-situ and an invasive melanoma.

As an invasive melanoma grows, it can spread to nearby tissue and structures. Cancer cells can also spread to other areas of the body through the blood or lymphatic vessels. This process is called metastasis.

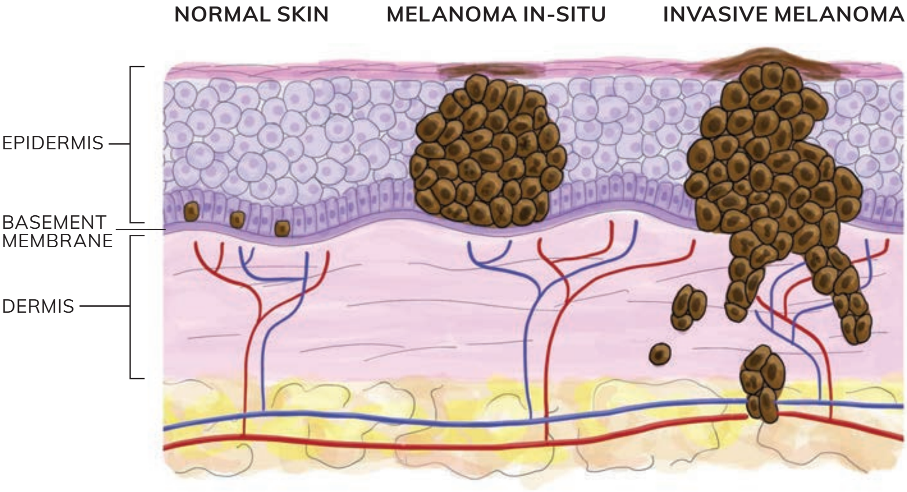


Image used with permission from MyPathologyReport.ca.

Notes

Diagnosing and treating melanoma in-situ

How is melanoma in-situ diagnosed?

Most melanoma diagnoses start with a physical examination of a suspicious looking spot on the skin (lesion).

Your doctor will have assessed this lesion by looking at it through a hand-held microscope known as a dermatoscope (see picture) and decided to perform a biopsy to investigate it further.

A biopsy is the removal of a tissue sample from the suspicious area so that it can be sent to a pathologist for examination. In some cases, the whole lesion may be removed at this stage.

A pathologist would have examined your tissue sample under a microscope to determine if it contained melanoma cells.

The results of this biopsy would have been provided to your doctor in a pathology report.

You can read more about your pathology report over the next few pages.

Pathology results

Following your biopsy, your doctor will receive a pathology report that will contain a detailed description of your tissue sample. A complete pathology report can take up to two weeks to prepare.

Your doctor will talk you through your pathology report to explain what your results mean and how this will determine further treatment.

Some of the common terminology used on pathology reports is described below.

Macroscopic description. This is a description of what the pathologist sees from looking at your tissue sample under the microscope. It provides more technical and diagnostic information. This part of the report may describe the size of the sample and the size and appearance of any lesion within it.

Specimen type. This refers to the biopsy method used to obtain a sample of your tissue.

Site. This is the area of your body where the sample of tissue came from.

Breslow thickness. This describes the thickness of an invasive melanoma from the surface of the skin to its deepest part. As melanomas in-situ are non-invasive, your pathology report will not list a Breslow thickness measure or state “zero” Breslow thickness.

Clark level. This is a scale from I-IV to describe which layer of skin the melanoma cells have invaded. Clark level should not be confused with stages of melanoma. Melanomas in-situ are Clark level 1, meaning only the outer layer of skin is affected.

Diagnosis or summary. This is the confirmation of the type of cells that have been found in your biopsy.

Understanding the stages of melanoma

The stage of a melanoma is used to describe its size and whether it has spread to other parts of the body. In general, melanoma can be described as Stage 0, I, II, III or IV. Melanoma in-situ is always Stage 0. Only invasive melanomas are described as Stage I, II, III or IV.

Characteristics described in your pathology report help to determine the stage of your melanoma and will guide your treatment.

In most cases, the stage of a cancer is based on three factors:

- The location and size of the original (primary) tumour (T)
- Whether or not the cancer has spread to nearby lymph nodes (N)
- Whether or not the cancer has spread to distant areas of the body, known as metastasis (M).

These combined factors are known as the TNM Staging System. The TNM Staging System was developed by the American Joint Committee on Cancer (AJCC) and the Union for International Cancer Control (UICC). It helps doctors to stage different types of cancer based on certain, standardised criteria.

Melanoma in-situ is Stage 0.

In the TMN staging system, it is written as Tis, N0, M0.

Stage	What does this mean?	Likely course of action
Stage 0 (in-situ)	**Melanoma is confined to the cells in the top layer (epidermis) of the skin. The melanoma has not invaded deeper layers (dermis) where there are lymphatic and blood vessels to spread to.**	– **Surgical removal (wide local excision)**
Stage I	Melanoma can be up to 2mm in thickness without ulceration; or up to 1mm in thickness with ulceration.	– Surgical removal (wide local excision) – Sentinel node biopsy may be considered to rule out spread of melanoma to lymph nodes
Stage II	Melanoma can be over 2mm in thickness without ulceration; or 1 to >4mm in thickness with ulceration and no lymph node spread.	– Surgical removal (wide local excision) – Sentinel node biopsy may be considered to rule out spread of melanoma to lymph nodes – Consideration of additional drug (systemic) therapy treatment after surgery
Stage III	Melanoma has spread to local lymph nodes or nearby tissues (in-transit disease).	– Surgical removal (local excision) for in-transit disease – Consideration of lymph node dissection (removal of all lymph nodes in the affected region) – Consideration of additional treatments before or after surgery, such as radiation therapy or drug (systemic) therapies
Stage IV	Melanoma has spread (metastasised) to distant lymph nodes or to distant parts of the body (e.g. lung, liver, brain, bone).	– Drug therapy may be used – Radiation therapy or surgery may also be considered

What is the prognosis for melanoma in-situ?

Melanoma in-situ is highly curable. Once treated, there is very little chance that the melanoma will come back (recur) or spread to other areas of your body (metastasize).

Receiving a diagnosis of melanoma in-situ might be a little daunting for you. You may find it helpful to talk to a professional, such as a counsellor or psychologist, about your response to your diagnosis. You can read more about accessing this support on page 42.

Even though melanoma in-situ is very low risk, it can put you at slightly higher risk of developing another primary melanoma in the future. It's important to stay up to date with skin checks with your doctors and become familiar with your skin so that you can notice any changes. You can read more about follow-up care from page 23.

'Prognosis' is a term used to describe the likely outcome of a medical condition.

If you would like to know more about the prognosis for your specific circumstances, speak with a member of your treatment team.

Treating melanoma in-situ

Treatment team

Melanoma in-situ can be managed by your General Practitioner (GP), Skin Cancer Doctor, Dermatologist or Surgeon.

You may be referred to a specialist melanoma centre if your lesion is in a part of the body that is difficult to treat (e.g., the face or lower legs), if you have multiple lesions or if your doctor is uncertain about the best treatment for you.

Surgery

Surgery is the standard treatment for melanoma in-situ.
This surgery is called a wide local excision. It involves cutting out the melanoma and a margin of healthy skin around the lesion to ensure all the cancerous cells have been removed.

The size of the healthy margin of skin removed during a wide local excision will depend on the subtype of melanoma in-situ that you have.

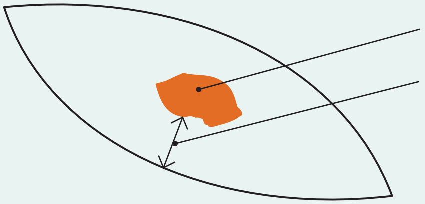
You can read more about the subtypes of melanoma in-situ on page 6.

Generally, a healthy margin of 5mm is recommended. However, some subtypes of melanoma in-situ, like lentigo maligna, may require a wider area of healthy skin to be removed. You can read more about surgery for lentigo maligna on the next page.

Once the melanoma and healthy margin have been removed, the wound is usually closed with stitches, staples or clips. Larger wounds may require a skin flap or skin graft. The need for a skin flap or a skin graft will depend on the location and size of the tissue that is being removed.

The wide local excision can be performed as a day procedure using local anaesthetic although some people will require a general anaesthetic or a hospital stay.

For most people, a wide local excision will be the only treatment necessary for melanoma in-situ.



This is the melanoma which needs to be removed.

This is the margin - an area of healthy skin around the melanoma that is taken to check that all cancer cells are removed. The width of the margin depends on the thickness of the melanoma.

Treatment for lentigo maligna

Surgery

In lentigo maligna (LM), cancerous cells can be spread out over a wider area of surrounding skin. This means that a wider margin of skin around the lesion needs to be removed during surgery to achieve a clear margin.

The healthy margin of skin recommended in a wide local excision of a LM can be up to 10mm.

Achieving this margin can be difficult in certain areas of the body, like the face and neck. There are a number of specialised techniques that can be used to try and ensure that clear margins are achieved during wide local excision, including:

– **Confocal microscopy.** A confocal microscope machine performs a scan of the surface of the skin. This provides an 'optical biopsy' of the skin so the extent of the LM can be more accurately defined prior to surgery being performed.

– **Mapping biopsies.** Multiple small pieces of skin (biopsies) are taken around the edge of the LM and sent to the pathologists to check where the LM ends.

An alternative approach to wide local excision is a staged excision. During a **staged excision**, the lesion and a healthy margin of skin is cut out and sent for priority investigation by pathologists. The wound is not stitched up at this stage. Instead, a special dressing is applied overnight while the patient and doctor await the results of the pathology investigation. If the results show that the healthy margin of skin is clear of cancerous cells, the wound can be closed. If not, more tissue will be removed, and the process repeated. This process can be repeated for up to one week until the cancerous cells have been completely removed.

Patient Information Brochures

Melanoma Institute Australia has developed a variety of patient information brochures, including one on Lentigo Maligna and one on Confocal Microscopy which may be of interest.

melanoma.org.au

Radiotherapy

Radiotherapy uses high-dose x-rays to kill cancer cells. Radiotherapy to treat LM requires daily (5 days per week) outpatient radiotherapy over a 4-5 week period with each session lasting 10-15 minutes.

During treatment with radiotherapy, you may experience side effects, including:

- dryness, redness or swelling at the site of treatment
- peeling of the skin as treatment progresses
- hair loss in the treated area.

Some people also experience wet skin peeling that requires dressing, and fatigue.

Radiotherapy for LM will be planned to minimise damage to your healthy skin tissue. You will be regularly reviewed during treatment to manage any side effects you may experience.

Topical immunotherapy

Imiquimod (also known as ImiQ or Aldara) is a type of cream that acts with the body's immune system to target and destroy cancerous cells, such as those seen in LM. This type of treatment is called a topical immunotherapy.

Imiquimod cream is applied to the affected area of skin 5 nights per week over a 12-week period. As imiquimod starts working, your immune system will begin to attack the LM cells. This will cause a reaction in the skin you are treating.

All patients who apply imiquimod cream should expect redness, itchiness, crustiness, dryness and inflammation at the treatment site. Although these side effects may cause discomfort, they should not be painful. These side-effects indicate that the skin is responding to the treatment and are a marker for good response.

If you experience any side effects during treatment that cause you concern, please contact your doctor as soon as possible as the treatment may need to be discontinued.

Wound care

Surgery

How you care for your wound will depend on the size and the location of the excision and whether or not a skin flap or skin graft is required.

Your doctor or nurse will advise you about dressing changes, healing time and whether you need stitches or staples removed.

Side effects from surgery

Like all medical procedures, surgery can cause side effects. Side effects of surgery may include:

- pain or tenderness around the wound
- bleeding and bruising
- infection
- swelling
- scarring
- numbness or unusual sensations (sharp pain, tingling, burning)
- inflammation and reduced mobility around the wound.

Monitor your side effects and if you feel in any way uncomfortable, seek medical advice.

Scars

You will have a scar after your surgery. Everyone scars differently depending on skin type and how invasive the surgery was.

Infections and wound complications can also alter the appearance of the scar. After surgery your scar will look red and raw; this will eventually settle and your scar will fade with time. Once the wound is healed, you may use creams and topical ointments to minimise the appearances of the scar. These topical treatments can help reduce the appearance but will not make the scar go away completely.

Complementary or alternative therapies

Some people may choose to use complementary therapies **alongside** conventional treatments to maintain a sense of wellbeing, manage side effects or for general health purposes. These therapies may include meditation, massage, vitamins, special diets and yoga.

Alternative therapies are used **instead of** conventional treatments. Alternative therapies are unproven and have not been scientifically tested. They may cause harm or increased risk to those who use them instead of conventional treatments. If you are thinking about using alternative therapies speak to your doctor first.

Cancer Council have produced a booklet to help you understand more about the role of complementary therapies in cancer care.

cancercouncil.com.au

Search for 'Understanding Complementary Therapies'.

Notes

Follow-up care

Understanding your risk of melanoma in the future

Anyone can get melanoma. But having a melanoma in-situ puts you at slightly higher risk of developing another primary melanoma in the future.

It's important to be aware of the factors that increase your risk of melanoma, including:

- a personal or family history of melanoma
- a high mole count (if you have a lot of moles)
- unusual-looking, but non-cancerous moles (known as atypical moles)
- fair skin
- a history of sunburn and blistering, especially in childhood
- ultraviolet (UV) exposure, from working outdoors, using sunbeds or actively seeking a tan
- older age, over 50 years
- being male.

Melanoma can run in families. If you have been diagnosed, your close blood relatives (parents, siblings and children) can be at increased risk, so regular skin checks may be recommended for them.

Speak to your doctor if this is of concern to you.

The Centre for Genetics Education has some information and a fact sheet.

genetics.edu.au

Search for 'Fact sheet 34 – Melanoma and inherited susceptibility'

What is appropriate follow-up care for melanoma in-situ?

Attentive follow-up care is important after treatment for any melanoma to monitor for recurrence and to check for other primary melanomas.

Attending follow-up appointments is a good way to monitor your health and to make sure that any concerns are dealt with quickly.

After treatment for melanoma in-situ, you should attend follow-up appointments with your skin doctor at least once a year.

During this visit, your doctor will perform a thorough skin examination to check the previous melanoma site and look for any new or suspicious lesions. This examination may be aided by the use of total body photography to detect any changes in your skin.

Total body photography

Total body photography (TBP) is a tool for the early detection of skin cancer, especially in high-risk patients.

If you have multiple moles (naevi), your doctor may recommend you have TBP to help monitor your skin. This is not required for everyone who has had a melanoma.

A specially trained photographer (sometimes call a melanographer) takes clinical photographs of a patient's entire skin surface (see image). These photographs are then stored so that they can be used as a reference point for future examinations.

Patient Information Brochures

Melanoma Institute Australia has developed a patient information brochure on Total Body Photography, if you would like to find out more.

melanoma.org.au

A patient undergoing Total Body Photography. These photographs are stored and used as a reference point in future examinations to help detect skin changes over time.

Self examination

Being familiar with your skin will allow you to recognise changes early and act quickly.

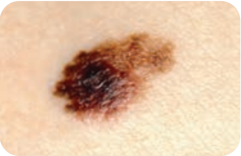
What to look for

The first sign of a melanoma is usually the appearance of a new spot, or a change in an existing freckle or mole. The change is normally noticed over several weeks or months.

Here is a simple ABCDE guide to monitor your skin for early signs of melanoma. Seek medical advice if you see any of the following changes to a mole:

A Asymmetry

One half does not match the other.

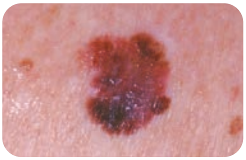


B Border irregularity

The edges are irregular, ragged, notcheds or blurred.

C Colour variation

The colour is not the same all over, but may have shades of brown or black, or even red, white or blue.

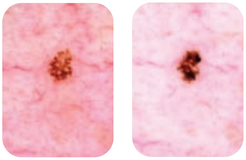


D Diameter

The area is larger than 6mm, or is growing larger.

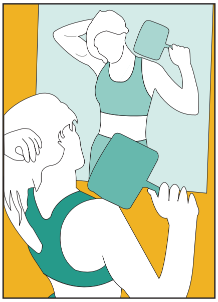
E Evolution

Changing in size, shape, colour, elevation or another trait (such as itching, bleeding or crusting). This last point is likely the strongest of all the warning signs.

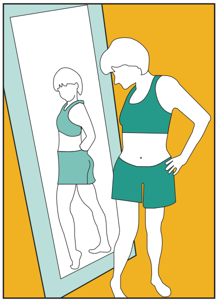


Where to look

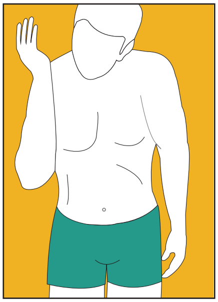
Make sure you check your entire body, including skin that is not normally exposed to the sun. You may need the help of a trusted family member or friend to help check areas you can't see easily



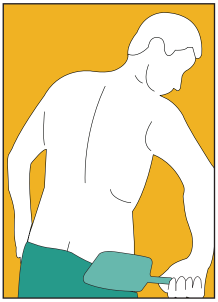
Head, scalp, neck and ears. Use a hand-held mirror to examine your face, scalp and neck areas. Ask someone to check areas you can't see easily.



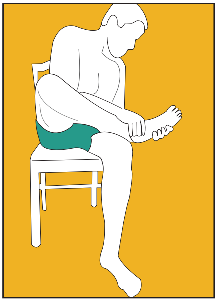
Torso: While standing in front of a mirror, check the front and back of your torso, then the right and left sides with your arms raised.



Arms, hands, fingers and nails. Bend your elbows and look carefully at forearms and upper arms. Check the palms of your hands, your fingernails and between your fingers as well.



Buttocks and legs. Check all sides of your legs from ankles to thighs.



Feet. Take a seat and check the soles of your feet, between your toes and your toenails.

Don't forget to check around your excision site, including your lymph nodes in that area for any new lumps.

If you have many moles, your doctor may recommend total body photography to assist in monitoring the skin.

Photographing your moles

Several smartphone apps allow you to photograph your skin and set reminders for skin checks. They can be really helpful for keeping track of your moles over time, making it easier to detect changes. However, they cannot reliably diagnose skin cancer and should not replace a visit to the doctor. If you find something you are worried about, make sure you see your doctor.

Body maps

If you have moles or lesions you want to keep an eye on simply draw them on the body maps on pages 52 and 53 along with the date and any comments.

Know your skin and seek help if you notice any changes.

Did you know?

Melanoma is not the only type of skin cancer that you can get.

The outer layer of skin – called the epidermis – contains three main types of skin cells: melanocytes, squamous cells and basal cells.

Melanoma is skin cancer that forms in the melanocytes. Squamous cell carcinoma (SCC) is skin cancer that forms in the squamous cells. Basal cell carcinoma (BCC) is skin cancer that forms in the basal cells.

SCCs and BCCs are often grouped together under the banner of 'non-melanoma skin cancer'. They are the most common cancers in Australia and are typically not life-threatening.

Sun protection

Regardless of your history of melanoma in-situ or other risk factors, you can reduce your future risk of melanoma by being careful about how and when you spend time in the sun.

Understanding UV

Did you know that 95% of melanomas in Australia are caused by exposure to UV radiation? Light from the sun contains UV radiation in the form of UVA rays and UVB rays.

UVA radiation makes up the majority of UV rays that make it to the Earth's surface. These rays penetrate deep into the skin and are associated with skin damage and ageing.

UVB rays don't penetrate as deeply as UVA rays, and are associated with skin burning.

Both UVA and UVB damage skin cell DNA which can lead to the development of skin cancer. It's important to remember that UV can't be seen or felt, and cloud cover won't necessarily reduce UV radiation levels.

The UV index is a tool you can use to know when to protect yourself from UV radiation. When the UV index is 3 and above, sun protection is always needed. If you have very fair skin and will be in the sun for long periods (more than an hour), you may need protection even if the UV index is below 3.

UV Index 1 UV Index 2	UV Index 3 UV Index 4 UV Index 5 UV Index 6 UV Index 7	UV Index 8 UV Index 9 UV Index 10 UV Index 11^+
No protection required*	**Protection required**	**Extra protection**
You can safely stay outside.	Seek shade during the hottest part of the day. Use clothing, hat, sunglasses and sunscreen.	Avoid being outside during the hottest part of the day. Make sure you seek shade. Clothing, hat, sunglasses and sunscreen are a must.

*Very fair skinned people may still need protection if in the sun for more than an hour.

It’s important to protect yourself from the sun by following the five sun safe rules:

- Seek shade, especially in the hottest part of the day
- Wear sun-protective clothing that covers your back, shoulders, arms and legs
- Wear a broad-brimmed hat
- Apply a broad-spectrum sunscreen with an SPF of at least 50+ every 2 hours and after swimming or exercise
- Wear wrap-around sunglasses

To protect yourself fully, it is important that you utilise all of these sun safe measures throughout the day, rather than just relying on one.

Using sunscreen

Choosing a product

Choose a sunscreen with the highest possible SPF rating (currently SPF50+ in Australia) and broad spectrum UVA and UVB protection.

Applying it correctly

It's important to apply enough sunscreen to achieve the SPF rating on the bottle.

Apply the product generously, a teaspoon for each arm, each leg and on the front and back of your body, and a teaspoon for your face, neck and ears (that is 7 teaspoons or a shot glass full of sunscreen in total).

Spread the product lightly and evenly on your skin and allow it to absorb. Do not rub it in completely as you may end up just rubbing it off.

For spray products, hold the nozzle close enough to ensure the spray reaches your skin and keep spraying until your skin is glistening. Spread gently to ensure even coverage and then let the product absorb. Ensure you apply spray sunscreen out of the wind otherwise the product may blow away before it reaches your skin.

Reapplying your sunscreen every two hours is important as it often gets wiped or washed away. When you do reapply you will likely cover parts of your skin that were missed the first time around.

Make it a habit to apply sunscreen in the morning as part of your daily routine.

Sunscreen in beauty products

Lots of beauty products, like moisturising creams and foundations, contain SPF, but they are unlikely to provide you with the protection you need each day.

Remember you need to apply an adequate amount of an SPF-containing product to achieve protection. This could mean you need to apply a whole teaspoon of foundation to your face, neck and ears. This doesn't sound practical or economical!

While SPF-containing beauty products are a bonus, they should not replace sunscreen in your daily skin care routine.

Wearing protective clothing

Covering up with clothing is one of the best ways to protect your skin from the sun. Try to cover as much skin as possible with long pants and collared shirts.

Don't forget to protect your eyes as well by choosing sun protective eyewear that offer good sun glare and UV protection.

Vitamin D

What do I need to know about vitamin D?

Vitamin D is important for bone health and regulating the immune system. Vitamin D is best absorbed by the body when exposing the skin to sunlight. We also get small amounts of vitamin D from some food sources such as milk, eggs and fatty fish.

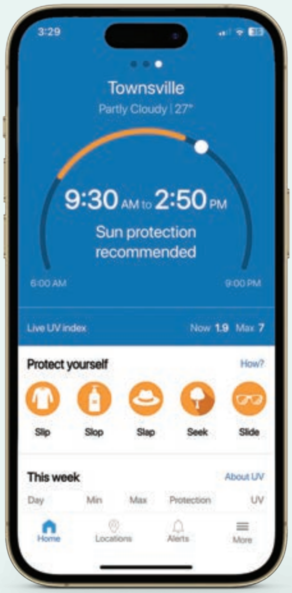
Does sunscreen use prevent vitamin D production?

Normal use of sunscreens, in combination with a healthy active lifestyle, does not generally result in vitamin D deficiency.

How do I get it and what's the right amount for me?

Most people will get the vitamin D they need from sun exposure as they go about everyday outdoor activities. For most people a few minutes outside everyday during summer months (either side of the peak UV period of 10am–2pm or 11am–3pm daylight saving time) is enough to maintain vitamin D levels. Vitamin D requirements will change with age, skin type, season, geographic location, and pregnancy. If you have questions about your vitamin D levels, talk to your doctor. Vitamin D levels can be checked with a blood test and if levels are low, it may be recommended that you take a supplement.

Using sensible sun protection when outdoors does not put you at risk of developing vitamin D deficiency.



Keep an eye on the UV index in your area by downloading the SunSmart Global UV app on your phone or look for the UV rating on some weather apps. It tells you when sun protection is needed in your local area.

Notes

Self-care and support

Looking after your physical health

Maintaining a healthy lifestyle is important for both your physical and emotional wellbeing after your treatment for melanoma in-situ.

From being active and eating well to participating in activities you enjoy, it's time to put yourself at the top of your priority list!

Maintaining your follow-up visits

Be sure that you keep up to date with your follow-up visits (at least annually) and closely monitor your general health. Record details of your follow-up plan and appointments in the personal record section at the end of this Guide.

Keeping active

Regular physical activity is a great way to maintain your fitness and boost your mood.

Try to be active most days of the week – every day if you can manage. In the beginning, start slowly and listen to your body.

When you feel ready, work up to doing 30 minutes of aerobic activity on three or more days of the week.

This may include activities like walking, jogging, swimming or cycling. Aim to be working at a pace where you can talk but not sing.

You should also incorporate two to three resistance exercise sessions during the week. This may include lifting weights or using your body weight as resistance in exercises such as squats, lunges and push-ups.

When exercising, it's important to be mindful of the wound from your wide local excision and move within the recommendations of your treatment team. You may like to work with a physiotherapist or exercise physiologist to develop an exercise program that suits your body and needs.

Eating well

Eating a fresh, nutritionally balanced diet can help you to maintain your energy and keep you feeling good after your treatment for melanoma in-situ.

Choose fresh vegetables, fruit, nuts, lean meat, fish and non-processed foods. Drink 6 cups of water each day to keep hydrated.

Nutrition and Cancer
Resource available from Cancer Council

cancercouncil.com.au
13 11 20

Your emotional wellbeing

Even though melanoma in-situ is very low risk, being diagnosed can still come as a shock. It's normal to feel a range of emotions during this time.

Over the next few pages, we explore some of these common emotions and what you can do to manage them.

Worry

You might feel uncertain about the future or like you're 'not in control' of your health. You might also be worried that the melanoma will come back. This is called 'fear of recurrence'.

You can manage your worry by:

- **staying well-informed** and well-prepared for what is to come. Access information from reliable sources, like those we've listed on page 44.
- **writing down questions** and talking them through with your treatment team. Use the notes pages throughout this Guide to help with this.
- **taking control of your general health** and wellbeing by making healthy choices to eat well, exercise regularly and be sun smart.
- **joining a support group** to talk with people who have had a similar experience to you.

Stress

Stress is the way your body reacts to a threatening or harmful situation. It can affect your body and emotions in very real ways.

Some signs that you may be experiencing unhelpful stress include:

- feeling overwhelmed
- getting easily agitated
- being unable to focus
- having tense muscles or headaches
- having trouble sleeping.

You can manage your stress by:

- **participating in regular exercise** to relax and clear your mind.
- **practising mindfulness and meditation,** even for just a few minutes at a time, to help you feel calm and at peace.
- **establishing a good sleep routine.** Go to bed at the same time each night. Avoid screens and caffeine within an hour of bedtime to promote a solid sleep.
- **writing a journal** to acknowledge and express the things that are causing you stress.

Sadness

Sometimes being diagnosed with melanoma in situ can change the way you feel about yourself and what's important in your life. These changes might make you feel sad.

You might also feel self-conscious about scars caused by your treatment, and this can affect your confidence.

It's important to be kind to yourself and allow yourself time to adjust to the changes that you're going through. Try talking about your feelings with people you trust and keeping social and active.

Anger

Your diagnosis might feel like an inconvenient disruption to your life. It's normal to think 'why has this happened to me?'

Feeling anger and hostility is unpleasant – it can make you physically tense and tired. So, it's best to take some steps to not let anger build up.

It can help to talk through your feelings with someone you trust or channel your energy into a physical activity, like jogging or boxing.

Guilt

You might blame yourself for past sun exposure that may have increased your risk of melanoma.

It's important to remember that melanoma is not your fault. Letting go of guilt, by sharing your feelings or joining a support group, is important for improving your emotional wellbeing.

Anxiety and depression

It's normal to feel worried, stressed, sad or angry when you've been diagnosed with melanoma in-situ.

However, if these feelings become overwhelming and start to interfere with your daily life, you may be experiencing clinical anxiety or depression.

People diagnosed with melanoma are at higher risk of developing anxiety or depression and may require psychological support and treatment.

Living Well After Cancer

Booklet available from Cancer Council

cancercouncil.com.au

13 11 20

Know the warning signs

Signs of clinical anxiety

- Feeling agitated or on edge
- Trouble focusing and problem solving
- Trouble sleeping
- A need for constant reassurance
- Muscle tension, trembling or shaking
- Increased heart and breathing rate
- Sweaty palms
- Knots in the stomach
- Racing thoughts

Signs of clinical depression

- Feeling low, hopeless or flat for most of the day
- Losing pleasure or interest in things you used to enjoy
- Trouble sleeping, or sleeping too much
- A loss of appetite
- Difficulty concentrating
- Feeling an excessive amount of guilt
- Frequent thoughts of death or suicide

Talk to your healthcare team if you think you may have anxiety or depression. You are not alone.

There are programs, support groups and helplines that may be useful for you. You can read more about accessing psychological support on page 42.

Professionals such as psychologists or counsellors can provide you with strategies to help you cope with your situation.

Emotions and Cancer

Booklet available from Cancer Council

cancercouncil.com.au

13 11 20

Getting help and support

Everyone's experience with melanoma in-situ is different. You might feel like you need extra support to work through your diagnosis and understand your treatment.

Over the next few pages, we'll explore the different sources of information and support available to you.

Help from a psychologist or counsellor

Just like your GP, dermatologist, surgeon or nurse have helped to treat the physical symptoms of melanoma, a psychologist or counsellor can help you to manage your emotional health.

A member of your treatment team can put you in touch with a psychologist or counsellor if you feel that you migh benefit from talking with a professional. Alternatively, you can:

- visit psychology.org.au or call 1800 333 497 to find a psychologist in your area. The 'Find a psychologist' search function on the website allows users to search for a psychologist working in cancer support
- call the Cancer Council on 13 11 20 to arrange to speak to a counsellor or find a psychologist specialising in cancer support in your area.

Help from a support group

Sometimes, it can help to speak with people who have had a similar experience to you. Face-to-face or online support groups can be a powerful way to share stories and information and learn from the experience of others.

The following organisations provide a range of support options.

Melanoma Patients Australia
melanomapatients.org.au
or 1300 884 450

Melanoma Patients Australia (MPA) provides a range of support options throughout Australia including telephone support, peer-to-peer linkages and face-to-face support groups.

Melanoma Institute Australia
melanoma.org.au or (02) 9911 7200

Melanoma Institute Australia support groups are run monthly in collaboration with Melanoma Patients Australia. Visit the website to find details on a group near you.

Cancer Council
onlinecommunity.cancercouncil.com.au
or 13 11 20

Cancer Councils throughout Australia offer a number of online and telephone support options.

Melanoma Nurse Telehealth Service

A specialist melanoma nurse service is available to support patients in navigating the health system, accessing available services and making decisions regarding their health. This personalised telephone support service from Melanoma Patients Australia and supported by Melanoma Institute Australia is available to all melanoma patients and their carers.

Phone 1300 884 450 to book an appointment or visit melanomapatients.org.au to find out more.

Finding reliable information online

While the internet can be a helpful source of information it can also be overwhelming and inaccurate. Not all medical information available online is evidence-based – and it can be hard to tell the difference between fact and fiction.

To help, we've listed some useful websites that provide reliable melanoma information. But always remember to discuss any information from the internet with your healthcare team as they will be able to discuss it with you in terms of your individual circumstances.

General Australian websites:

Melanoma Institute Australia
melanoma.org.au

Melanoma Patients Australia
melanomapatients.org.au

Cancer Council Australia
cancer.org.au

eviQ Patient and Carers
eviq.org.au/patients-and-carers

International websites:

Macmillan Cancer Support
macmillan.org.uk

US National Cancer Institute
cancer.gov

American Cancer Society
cancer.org

MD Anderson Cancer Center
mdanderson.org

Your family and friends

Talking to your friends and family about melanoma in-situ

It's entirely up to you if you choose to tell your friends and family about your diagnosis of melanoma in-situ. If you do tell them, you might find they have a lot of questions or they are worried for you.

You can use the information in this Guide to help them understand that melanoma in-situ is a low-risk form of melanoma that is very unlikely to spread or return once treated.

Ways your family and friends can help

You might also find that your friends or family are keen to help you during this time. Sometimes it can be difficult to accept help from others, but at some point, you may be grateful for the offer.

Your family and friends can help by:

- attending medical appointments with you to take notes so that important information is not missed
- driving you to appointments, the shops or anywhere you need to go
- cooking meals for you and your family
- helping to look after your children.
- distracting you with enjoyable activities
- simply being around!

Notes

Your melanoma in-situ organiser

My diagnosis summary

If you find it helpful you can record details of your diagnosis here. Ask your doctor to help you fill in the following information.

Date of biopsy: ____________________

Doctor who took the biopsy: ____________________

Location/s on my body: ____________________

Result

Diagnosis/Summary: ____________________

Notes

My treatment summary

Wide local excision

Date of procedure:________________________________

Doctor performing procedure:__________________________

Flap or skin graft needed: ☐ Yes ☐ No

Clear excision margins: ☐ Yes ☐ No

Further treatment needed: ☐ Yes ☐ No

Notes on further treatment

____

____

____

Doctor’s details

Name:______________________________________

Occupation/Department:__________________________

Phone:______________________________________

Email:______________________________________

Address:____________________________________

____

____

My follow-up plan

My follow-up appointments will be with: ______________________________

My appointments will be: ☐ 6 monthly ☐ Annually

My next appointment is on: ______ / ______ / ______ At ________ am/pm

Location: ______________________________

I will check my own skin every ________ months

If I am concerned about my scar or skin, I should contact:

____

____

Notes or questions for follow-up

____

____

____

____

____

____

____

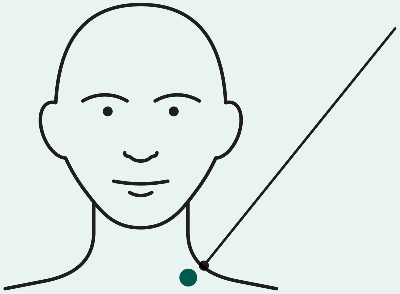
____

____

Body map

Use the body map on the next page to mark any moles or lesions that you want to keep an eye on over time. The image below provides an example of how you can monitor a mole over time.

Example



12/12/2023 – new, 2mm, brown

20/12/2023 – checked by doctor

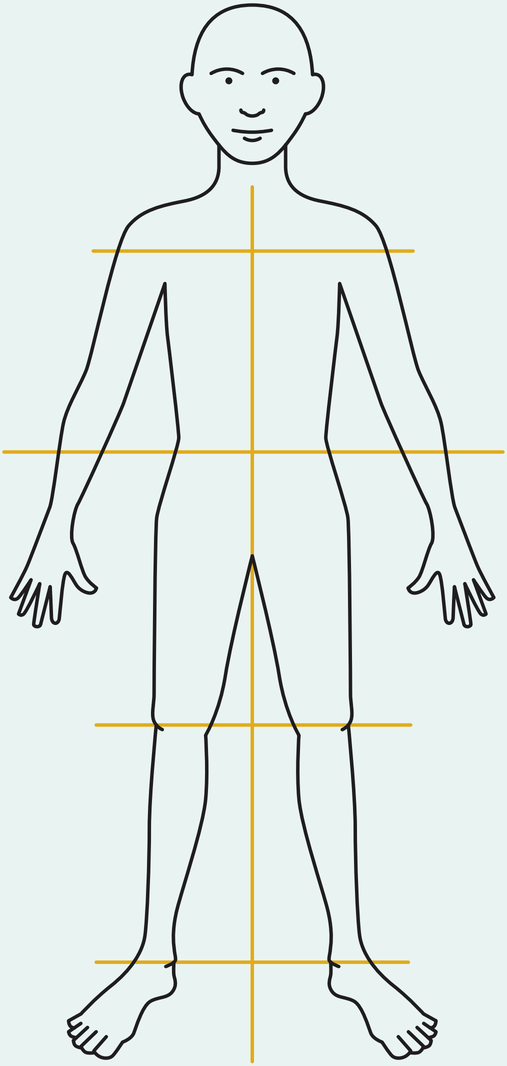
31/01/2024 – no change

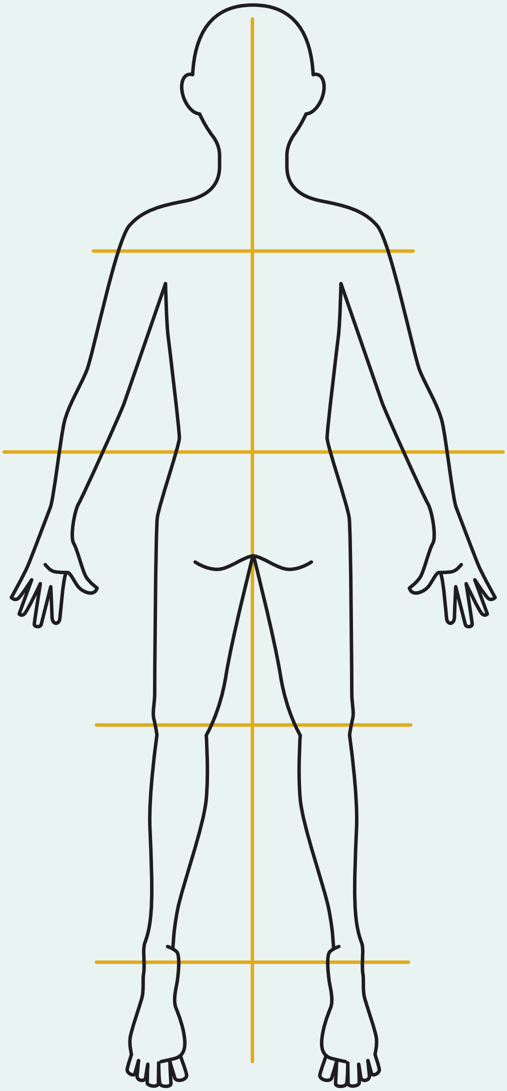
28/03/2024 – changed: 3mm,
red spots, needs checking by doctor

Use this size guide to measure the size of a mole or lesion that you are monitoring. Mark the size of the mole or lesion on your body map.

Size Guide

Body Map





Glossary

Atypical moles

Unusual looking but non-cancerous moles. Having atypical moles can be a risk factor for melanoma.

Dermis

The skin is made up of two layers; the dermis is the inner layer that contains hair roots, sweat and oil glands, nerves, blood and lymph vessels.

Epidermis

The epidermis is the outermost layer of the skin. It covers the dermis.

In-situ

The melanoma is confined to the cells in the top layer (epidermis) of the skin. The melanoma has not invaded deeper layers (dermis). In-situ melanoma is also known as Stage 0 melanoma.

Lesion

A lesion is a general term for anything abnormal such as a cut, injury or tumour.

Malignant

Cancer.

Melanocytes

These are cells that produce melanin which gives skin its colour. These cells are found in many places in our body, including the skin, hair, eyes and the mucous membranes (such as the lining of the mouth, nose and other internal structures of the body).

Melanoma

Cancer of the melanocytes. While usually developing on the skin, melanoma can also affect internal structures of the body.

Metastatic melanoma

Cancer has spread from where it started (primary site) to another part of the body (secondary cancer).

Naevus

Another term for mole, birthmark or beauty spot.

Prognosis

The likely outcome or course of a disease.

Recurrence

Return of the cancer anywhere. A local recurrence is the return of the cancer at the original site.

Tumour

A tumour is an abnormal growth of cells.

Wide local excision

The surgical removal of the melanoma along with some normal tissue around it (a margin) to ensure that all cancer cells are removed.

Notes

Acknowledgements

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Disclaimer

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