

A practical guide to
understanding cancer

UNDERSTANDING MELANOMA

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CANCER SUPPORT**

This booklet is one of a series of booklets on melanoma. It gives information about what melanoma is, its signs and symptoms, types of melanoma, how melanoma is diagnosed and a brief overview of treatment. More detailed information about the various treatments for melanoma is available in other booklets in the series.

Our information booklets on melanoma are:

- *Understanding melanoma*
- *Understanding melanoma – treatment with local surgery*
- *Understanding melanoma – lymph node assessment and treatment*
- *Understanding melanoma – adjuvant treatments after surgery*
- *Understanding melanoma that has come back in the same area*
- *Understanding advanced melanoma*

It's important to check with your hospital consultant or nurse specialist that this is the right booklet for you, and whether you need any additional information.

If you would like more information about these booklets, you can contact our cancer support specialists on **0808 808 00 00**. They will be able to send you the booklet or booklets that contain the information you need.

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About *Understanding melanoma*

Melanoma is a type of skin cancer that develops from cells called melanocytes (see page 8). These cells give our skin its colour.

We hope this booklet answers some of your questions and helps you deal with some of the feelings you may have. We've also listed other sources of support and information, which we hope you'll find useful.

We can't advise you about the best treatment for you. This information can only come from your doctor, who knows your full medical history.

If you'd like to discuss this information, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit **macmillan.org.uk**

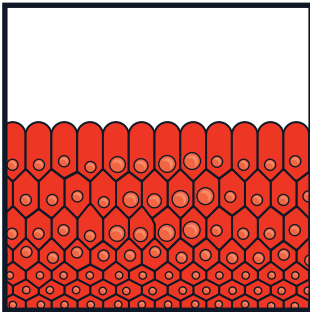
Turn to pages 34–38 for some useful addresses and websites.

If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.

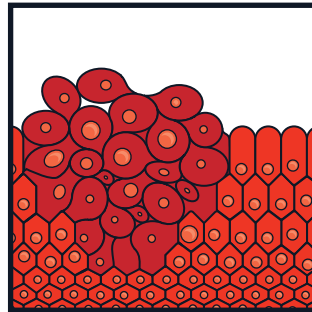
What is cancer?

The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells. There are more than 200 different types of cancer, each with its own name and treatment.

Although cells in different parts of the body may look and work differently, most repair and reproduce themselves in the same way. Normally, this division of cells takes place in an orderly and controlled way. If for some reason the process gets out of control, the cells will continue to divide. They usually develop into a lump, which is called a **tumour**. Tumours can be either benign or malignant. Doctors can tell if a tumour is benign or malignant by examining a small sample of cells under a microscope. This is called a **biopsy**.



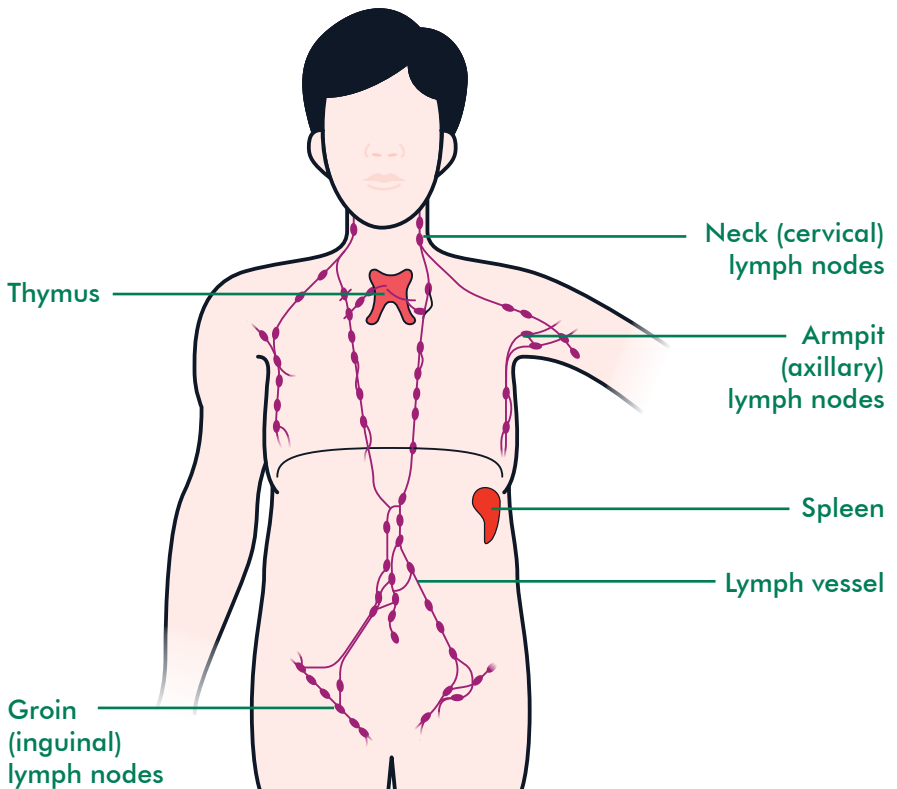
Normal cells



Cells forming a tumour

In a **benign** tumour, the cells do not spread to other parts of the body and so are not cancerous. However, they may carry on growing at the original site, and may cause a problem by pressing on surrounding organs.

In a **malignant** tumour, the cancer cells have the ability to spread beyond the original area of the body. If the tumour is left untreated, it may spread into surrounding tissue. Sometimes cells break away from the original (primary) cancer. They may spread to other organs in the body through the bloodstream or lymphatic system.



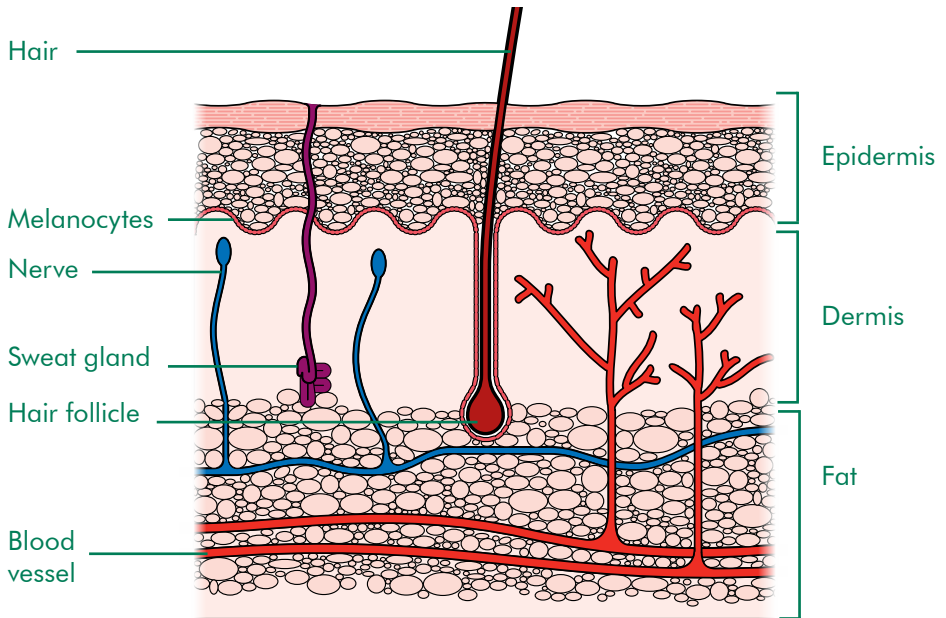
The lymphatic system

The **lymphatic system** is part of the immune system – the body’s natural defence against infection and disease. It’s made up of organs such as bone marrow, the thymus, the spleen, and lymph nodes. The lymph nodes throughout the body are connected by a network of tiny lymphatic tubes (ducts). The lymphatic system has two main roles. It helps to protect the body from infection and it drains fluid from the tissues. When the cancer cells reach a new area, they may go on dividing and form a new tumour. This is known as a **secondary cancer** or a **metastasis**.

The skin

The skin has many purposes. It:

- acts as a barrier to protect the body from injury
- keeps in necessary fluids and proteins
- protects the body from the harmful effects of ultraviolet (UV) light
- helps control the body's temperature



The structure of the skin

The skin is divided into two main layers. The outer layer is known as the **epidermis** and the layer underneath is known as the **dermis**.

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

The dermis contains nerve endings, blood vessels, and oil and sweat glands. It's held together by a protein called collagen.

Melanocytes

Melanocytes are cells that produce a pigment called **melanin**. Melanin is responsible for the natural colour of our skin and protects it from the harmful effects of the sun. Melanocytes are found in the lower part of the epidermis.

When the skin is exposed to sunlight, our melanocytes increase the amount of melanin to absorb more potentially harmful ultraviolet (UV) rays. This makes the skin darker and gives it a suntanned appearance. A suntan is a sign that the skin is trying to protect itself.

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

Moles (sometimes called naevi) are a group or cluster of melanocytes that are close together. Most people with white skin have about 10–50 moles on their skin. Some young adults can have as many as 100.



Why choose us?

- We offer a range of services to help you manage your business.
- Our experienced team will provide you with the best possible service.
- We are committed to providing you with the highest quality of service.
- Our services are tailored to meet your specific needs.
- We offer a range of flexible payment options.
- Our services are available 24/7.
- We are committed to providing you with the highest quality of service.
- Our services are tailored to meet your specific needs.
- We offer a range of flexible payment options.
- Our services are available 24/7.

For more information, please contact us on 01234 567890 or visit our website at www.example.com.

About melanoma

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

The number of people developing melanoma is continuing to rise. More than 10,600 people in the UK are diagnosed with melanoma each year.

Melanoma is more common in women, particularly young women. In the UK it's the most common cancer in people aged 15–34. Like most cancers, though, it's more common in older people as our risk of cancer rises with age. Melanoma is rare in children under 14.

People with black or brown skin are much less likely than people with white skin to get melanoma. This is because their skin has more natural protection against it.

In women the most common place to develop melanoma is on the legs; in men it's on the chest and the back.

How melanoma develops

Melanoma develops from melanocytes (see page 8) that start to grow and divide more quickly than usual. In melanoma, the melanocytes also start to spread into the surrounding surface layers of skin. When they grow out of control, they usually look like a dark spot or mole on your skin.

It's important to find and treat melanoma as early as possible. If a melanoma is not removed, the cells can grow down deeper into the layers of the skin. These layers contain tiny blood vessels and lymphatic tubes (ducts), which form part of our immune system (see page 6). If the melanoma cells go into the blood vessels or lymphatic tubes, they can travel to other parts of the body. Early-stage melanomas are unlikely to spread into the blood vessels or lymphatic tubes.

Types of melanoma

There are four main types of skin (cutaneous) melanoma:

- **Superficial spreading melanoma** is the most common type of skin melanoma. In women the most common place for it to start is on the legs; in men it's on the chest and the back. Usually the melanoma cells grow slowly at first, spreading out across the surface of the skin.
- **Nodular melanoma** is the second most common type. It can grow more quickly than other melanomas and is usually found on the chest, back, head or neck.
- **Lentigo maligna melanoma** is usually found in older people in areas of skin that have had a lot of exposure to the sun over many years (most often the face and neck). It develops from a slow-growing precancerous condition called a lentigo maligna or Hutchinson's freckle, which looks like a stain on the skin.
- **Acral melanoma** is the rarest type and is usually found on the palms of the hands, soles of the feet, or under fingernails or toenails. It's more common in people with black or brown skin and isn't thought to be related to sun exposure.

Rarely, melanoma can start in parts of the body other than the skin. It can start in the eye (ocular melanoma) or in the tissues that line the inside of the body, such as the nose, mouth, lung, and digestive tract (mucosal melanomas).

If you'd like more information about mucosal or ocular melanoma, contact our cancer support specialists on **0800 808 00 00**.

Causes and risk factors

The main risk factor for developing melanoma is exposure to UV radiation, through natural sunlight or artificially from sunbeds or lamps. UV radiation damages the DNA (genetic material) in our skin cells and can cause skin cancers such as melanoma.

Ultraviolet (UV) radiation from the sun

In the UK, the number of white people developing melanoma and other skin cancers is steadily rising. The main reason for this is increased sun exposure as a result of sunny holidays. People who experience episodes of sunburn, especially where the skin blisters, are more at risk.

It's important for everyone to be aware of the damage that too much exposure to the sun can cause. However, experts recommend regular exposure to a small amount of sunshine. Sunlight helps our bodies make vitamin D, which keeps our bones and teeth healthy. The amount of exposure you need depends on your hair and skin type. But it's important not to stay out for long enough to let your skin redden or burn.

Ultraviolet (UV) radiation from sunbeds

Sunbeds give off artificial UV rays that damage the DNA and increase the risk of developing melanoma. The more you use a sunbed or lamp, and the earlier in life you begin using them, the greater your risk.

It's important to protect yourself from the sun and avoid sunbeds. This is especially true if you've had a melanoma (or any other type of skin cancer) or if you're at an increased risk of melanoma (see risk factors below).

Although exposure to UV radiation from the sun or sunbeds is the main risk factor for developing melanoma, it's not the only risk factor. Like other cancers, there are many things that may lead to the development of a melanoma.

Other factors that can increase your risk of getting melanoma

Your skin type

People with fair skin, red or fair hair, blue eyes and freckles are more sensitive to the sun. Because of their skin type, they burn more easily and so are more at risk of getting melanoma.

Having naturally darker (brown or black) skin lowers your risk of getting a melanoma, but it doesn't mean that you'll never get one.

Sunburn

Episodes of severe sunburn that cause the skin to blister, especially during childhood, can increase the risk of melanoma in the future. So it's important that adults and particularly children avoid getting sunburnt.

Having lots of moles and unusual moles

People who have a lot of moles (especially over 100) have a higher risk of getting melanoma. People with moles that are bigger than average, with an irregular shape or colour (called atypical), have an increased risk. These moles (sometimes called dysplastic naevi) rarely change into melanoma, but it's

important to keep an eye on them. Having lots of moles and atypical moles can run in some families. Having a very large, dark, hairy mole that you were born with also increases your risk of melanoma.

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

Family history of melanoma

This increases your risk, especially if you have two or more close relatives who've had melanoma.

About 5–10% of melanomas are thought to be caused by inherited faulty genes. Some of these faulty genes may also be linked to pancreatic cancer, and this helps explain why some families at risk of melanoma are also at increased risk of pancreatic cancer.

People with a very strong family history of melanoma or pancreatic cancer should be referred by their GP to a family cancer clinic.

Our booklet *Cancer genetics – how cancer sometimes runs in families* has more information that you may find useful.

Reduced immunity

People with a weakened immune system have an increased risk of melanoma. This could be due to HIV or taking drugs that suppress the immune system (for example, after an organ transplant).

Signs and symptoms

About half of all melanomas start with a change in previously normal-looking skin. This usually looks like a dark area or an abnormal new mole. Other melanomas develop from a mole or freckle that you already have.

It can be difficult to tell the difference between a melanoma and a normal mole. The following checklist (known as the ABCDE list) will give you an idea of what to look out for:

- **A**symmetry – Melanomas are likely to be irregular or asymmetrical. Ordinary moles are usually symmetrical (both halves look the same).
- **B**order – Melanomas are more likely to have an irregular border with jagged edges. Ordinary moles usually have a well-defined, regular border.
- **C**olour – Melanomas tend to be more than one colour. They may have different shades, such as brown mixed with a black, red, pink, white or bluish tint. Normal moles tend to be one shade of brown.
- **D**iameter (width) – Melanomas are usually more than 7mm in diameter. Moles are normally no bigger than the blunt end of a pencil (about 6mm across).
- **E**volving (changing) – Look for changes in the size, shape or colour of a mole.

See your doctor straight away if you have:

- any of the ABCDE signs, such as a mole that's changing in size, shape or colour
- any unusual marks on the skin that last for more than a few weeks
- a mole that tingles or itches
- crusting or bleeding of a mole
- something growing under a nail or a new dark coloured stripe along part of the nail.

A good time to check your skin is after a bath or shower. Make sure you have plenty of light. Use a full length mirror and a small hand-held mirror for areas that are hard to reach. This will get easier with time, as you become more familiar with your skin and what your moles normally look like. You can ask your partner, a relative or friend to look at your back, neck and parts of your skin that are hard to see.

Looking out for these signs is very important as melanoma can usually be cured if it's found at an early stage.



How melanoma is diagnosed

Usually you'll begin by seeing your GP, who will examine you. If your GP thinks you may have a melanoma, they should refer you urgently to a doctor with specialist training in diagnosing skin conditions, including cancer (a **dermatologist**).

Seeing a specialist

If you have a suspected melanoma, you should be seen within a couple of weeks by a dermatologist. Your appointment will probably be at a skin clinic or at a pigmented lesion clinic (a special clinic for diagnosing melanomas early). Some people may see a plastic surgeon rather than a dermatologist. They are also experienced in treating melanoma.

The specialist will examine your mole and ask you questions about how long you've had it and any changes you've noticed. They usually also examine the rest of your skin to see if you have any other unusual moles.

Some specialists may look at your moles with a small, hand-held instrument called a dermatoscope. This gives a bigger and clearer picture of the mole, but it's not always necessary to have this test. Your specialist will be able to tell a lot by knowing how your mole has behaved and looking at it.

If they think you may have a melanoma, your specialist will advise you to have the whole mole removed (**excision biopsy**). You may also see to a specialist skin cancer nurse, who will give you information and support.

Giving your consent

Before the mole is removed, your doctor will explain the aims of this treatment to you. You'll be asked to sign a form saying that you give your permission (consent) for the mole to be removed. Your doctors or specialist nurse will explain the procedure and talk to you about any possible complications, such as bleeding or infection (although these are unusual). They'll also explain that you'll have a scar as a result of having a mole removed.

Removing the mole (excision biopsy)

Once you're lying down comfortably, your doctor will inject a local anaesthetic around the area of the mole. After this, they'll cut out the whole mole and 2mm of normal skin around it. You won't feel this because the local anaesthetic numbs the area. Your doctor will then close the wound using stitches. These will be removed after 5–14 days, depending on where the mole was. Some people may have stitches that dissolve and don't need to be removed.

The mole is examined under the microscope by a pathologist (a doctor who advises on the type and extent of the melanoma) to see if any melanoma cells are present. It's likely that you'll get the results within a few weeks when you return to the clinic.

If it's confirmed that you had a melanoma, your specialist will talk to you about having further surgery, known as a **wide local excision**. A wide local excision is done to make sure that all the melanoma cells in the area have been removed and to reduce the chance of the melanoma coming back. This is explained in our booklet *Understanding melanoma – treatment with local surgery*.

Staging melanoma

The stage of a cancer is a term used to describe the size of the cancer and whether it has spread. Knowing the stage of your cancer helps doctors decide on the best treatment for you. The staging system used for melanoma is the American Joint Committee on Cancer (AJCC) system.

AJCC staging system

This uses the TNM system.

- **T** stands for **t**umour. This is based on the thickness (depth) of the melanoma (using Breslow thickness – see page 23). It also looks at whether the melanoma is ulcerated. A melanoma is said to be ulcerated if the layer of skin covering the melanoma can not be clearly seen.
- **N** refers to whether the melanoma has spread to the lymph **n**odes (sometimes called glands).
- **M** is whether the melanoma has spread to other parts of the body (secondary or **m**etastatic cancer).

The AJCC system combines information from the TNM system to group melanomas into an overall number stage (stage 1–4).

Stage 1 melanoma

All stage 1 melanomas are no more than 2mm thick and have not spread beyond the skin.

Stage 1 melanoma can be divided into:

- **Stage 1A** The melanoma is 1mm thick or less without ulceration.

- **Stage 1B** The melanoma is 1mm thick or less with ulceration **OR** between 1.01mm and 2mm thick without ulceration.

Stage 2 melanoma

Melanomas at this stage have not spread to the lymph nodes or anywhere else in the body.

Stage 2 melanoma can be divided into:

- **Stage 2A** The melanoma is between 1.01mm and 2mm in thickness with ulceration **OR** between 2.01mm and 4mm without ulceration.
- **Stage 2B** The melanoma is between 2.01mm and 4mm in thickness with ulceration **OR** thicker than 4mm without ulceration.
- **Stage 2C** The melanoma is thicker than 4mm with ulceration.

Stage 3 melanoma

Melanomas at this stage have spread to the lymph nodes or lymphatic tubes closest to the melanoma but not to anywhere else in the body. In stage 3 the thickness of the melanoma is not a factor, but the melanoma is usually thick.

Stage 3 melanoma is divided into stages **3A**, **3B** or **3C**, depending on factors such as:

- the number of lymph nodes involved
- whether the lymph nodes contain melanoma cells that can be seen by the naked eye or only under a microscope

- whether melanoma cells are found in the skin or lymphatic tubes near the melanoma (see page 6).

Stage 4 melanoma

The melanoma has spread to distant areas of skin or distant lymph nodes, or to other organs such as the lung, liver or brain. This is called advanced or **metastatic** melanoma.

Breslow thickness

The most important measurement for melanoma is how thick (deep) it is. This is called the **Breslow thickness** (named after the doctor who introduced it). It's the distance in millimetres from the surface of the skin to the deepest melanoma cells.

Most people have melanomas that are 1mm thick or less – these are stage 1 melanomas. These are very unlikely to spread into the lymph nodes and most can be cured by a simple operation known as a wide local excision – see page 20.

Thick melanomas are more likely to spread into the lymph nodes closest to the melanoma. If the melanoma has spread to the lymph nodes, additional surgery will be needed to remove the lymph nodes as well as the melanoma (see page 25).

Melanoma in situ

Melanoma in situ (also known as melanocytic intraepithelial neoplasia, MIN) is a term used to describe the very earliest stage of melanoma. The melanoma cells are just in the very top layer of skin (epidermis) and haven't started to spread down into the dermis (see page 7). Because the melanoma is only in the very top layer of skin, people with melanoma in situ do not usually have any risk of the melanoma spreading to other parts of the body.



Treatment overview

Surgery

Local surgery to remove a melanoma is the most common treatment. If the melanoma is at an early stage, this is usually the only treatment that's needed and the chances of being cured are high.

We have information about treating a melanoma with local surgery in our booklet *Understanding melanoma – treatment with local surgery*.

Lymph node assessment and treatment

Sometimes, a melanoma can spread to nearby lymph nodes. If your specialist thinks your melanoma may have spread, they'll organise further tests to check if the melanoma has affected nearby lymph nodes. If this is the case, these lymph nodes can be removed during a surgical operation known as a **lymph node dissection**.

You can read more about tests to check the lymph nodes and removal of the lymph nodes in our booklet *Understanding melanoma – lymph node assessment and treatment*.

Adjuvant treatments after surgery

Occasionally, other treatments are used after surgery if there's a risk that the melanoma could come back. These are known as adjuvant treatments. They include biological therapies, which are substances that target the differences between cancer cells and normal cells (for this reason they are often called targeted therapies). There are different types of biological therapy, including monoclonal antibodies and cancer growth inhibitors. Adjuvant treatments are usually given as part of a clinical trial.

We have information about these treatments in our booklet *Understanding melanoma – adjuvant treatments after surgery*.

Melanoma that has come back in the same area

If a melanoma comes back very close to the original one, this is known as a **locally recurrent melanoma**. Recurrent melanoma is usually treated with surgery. But if there are a lot of recurrences, it may be more difficult to remove them all with surgery. In this situation, other treatments may be used, such as radiotherapy, laser therapy or limb perfusion or infusion with chemotherapy (specialised techniques where chemotherapy is given directly into the affected limb).

These treatments are carried out in specialist centres and are covered in our booklet *Understanding melanoma that has come back in the same area*.

Advanced melanoma

Advanced melanoma is a term used to describe melanoma that has spread to other areas of the body, such as distant lymph nodes, the liver or the bones. It's also called **metastatic** or **secondary** melanoma.

In advanced melanoma, drug treatments (chemotherapy and biological therapies) and occasionally radiotherapy or surgery may be used to control the growth of the cancer and control symptoms. These treatments may be given alone or in combination.

Our booklet *Understanding advanced melanoma* gives more information about these treatments.

Coping with feelings

Most people feel overwhelmed and experience many different emotions when they are told they have cancer. Even if your melanoma is likely to be cured, you may still feel anxious and upset for a while. These feelings are part of the process that people go through while dealing with their illness. You may find it helpful to read our booklet *The emotional effects of cancer*, which discusses the feelings you may experience and how to cope with them.

Talking to family and friends about how you are feeling often helps. You can also get support and advice from your doctor or specialist nurse, or you may want to contact our cancer support specialists on **0808 808 00 00**.

Occasionally people need more support, perhaps from a trained counsellor. If you need more support and would like to see a trained counsellor, talk to your specialist or GP, as they can usually refer you to one.



How we can help you

Cancer is the toughest fight most of us will ever face. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

Get in touch

Macmillan Cancer Support

89 Albert Embankment,
London SE1 7UQ

Questions about cancer?

Call free on **0808 808 00 00**

(Mon–Fri, 9am–8pm)

www.macmillan.org.uk

Hard of hearing?

Use textphone

0808 808 0121 or Text Relay.

Non-English speaker?

Interpreters are available.

Clear, reliable information about cancer

We can help you by phone, email, via our website and publications or in person. And our information is free to everyone affected by cancer.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists provide clinical, financial, emotional and practical information and support to anyone affected by cancer. Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres, and offer you the opportunity to speak with someone face-to-face. Find your nearest one at **macmillan.org.uk/informationcentres**

Publications

We provide expert, up-to-date information about different types of cancer, tests and treatments, and information about living with and after cancer. We can send you free information in a variety of formats, including booklets, leaflets, fact sheets, and audio CDs. We can also provide our information in Braille and large print.

You can find all of our information, along with several videos, online at **macmillan.org.uk/cancerinformation**

Review our information

Help us make our resources even better for people affected by cancer. Being one of our reviewers gives you the chance to comment on a variety of information including booklets, fact sheets, leaflets, videos, illustrations and website text.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk**

Need out-of-hours support?

You can find a lot of information on our website, **macmillan.org.uk**

For medical attention out of hours, please contact your GP for their out-of-hours service.

Someone to talk to

When you or someone you know has cancer, it can be difficult to talk about how you're feeling. You can call our cancer support specialists to talk about how you feel and what's worrying you.

We can also help you find support in your local area, so you can speak face-to-face with people who understand what you're going through.

Professional help

Our Macmillan nurses, doctors and other health and social care professionals offer expert treatment and care. They help individuals and families deal with cancer from diagnosis onwards, until they no longer need this help.

You can ask your GP, hospital consultant, district nurse or hospital ward sister if there are any Macmillan professionals available in your area, or call us.

Support for each other

No one knows more about the impact cancer has on a person's life than those who have been affected by it themselves. That's why we help to bring people with cancer and carers together in their communities and online.

Support groups

You can find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online community

You can also share your experiences, ask questions, get and give support to others in our online community at **macmillan.org.uk/community**

Financial and work-related support

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. Some people may have to stop working.

If you've been affected in this way, we can help. Call the Macmillan Support Line and one of our cancer support specialists will tell you about the benefits and other financial help you may be entitled to.

We can also give you information about your rights at work as an employee, and help you find further support.

Macmillan Grants

Money worries are the last thing you need when you have cancer. A Macmillan Grant is a one-off payment for people with cancer, to cover a variety of practical needs including heating bills, extra clothing, or a much needed break.

Find out more about the financial and work-related support we can offer at [macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)

Learning about cancer

You may find it useful to learn more about cancer and how to manage the impact it can have on your life.

You can do this online on our Learn Zone – [macmillan.org.uk/learnzone](https://www.macmillan.org.uk/learnzone) – which offers a variety of e-learning courses and workshops. There's also a section dedicated to supporting people with cancer – ideal for people who want to learn more about what their relative or friend is going through.

Other useful organisations

Melanoma support organisations

Wessex Cancer Trust MARCS Line

Dermatology Treatment
Centre, Salisbury District
Hospital, Salisbury SP2 8BJ

Helpline 01722 415 071
(Mon–Fri, 8.30am–5pm)

Email

MARCSLine@salisbury.nhs.uk

www.wessexcancer.org

This helpline provides a skin cancer information service for patients, families, healthcare professionals and the general public.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

BACP House, 15 St
John's Business Park,
Lutterworth LE17 4HB

Client Information Helpdesk

01455 883316

General Enquiries

01455 883300

Email bacp@bacp.co.uk

www.bacp.co.uk

Aims to promote awareness of counselling and increase availability, and to signpost people to appropriate counselling services. A searchable database of qualified counsellors can be accessed on their website.

Financial or legal advice and information

Benefit Enquiry Line

2nd Floor, Red Rose House,
Lancaster Road, Preston,
Lancashire PR1 1HB

Freephone 0800 882 200

Textphone 0800 243 355

Email BEL-Customer-
Services@dwp.gsi.gov.uk

**www.direct.gov.uk/en/D11/
Directories/DG_1001165**

Provides advice about benefits,
and can also provide help
with the completion of some
disability related claim packs.

Citizens Advice

Provides free, confidential,
independent advice on a
variety of issues including
financial, legal, housing and
employment. Find contact
details for your local office
in the phone book or at
citizensadvice.org.uk

Find advice for the UK online,
in a variety of languages,
at **adviceguide.org.uk**

Citizens Advice Scotland **www.cas.org.uk**

Personal Finance Society – ‘Find an Adviser’ service

42–48 High Road,
South Woodford,
London E18 2JP

Tel 020 8530 0852

Email info@findanadviser.org
www.findanadviser.org

The UK’s largest professional
body for independent financial
advisers. Use the ‘Find an
Adviser’ website to find
qualified financial advisers
in your area.

Unbiased Ltd

117 Farringdon Road,
London EC1R 3BX

Email

ifacontact@unbiased.co.uk

www.unbiased.co.uk

Helps people search for details
of local member independent
financial advisers and online
at **unbiased.co.uk** and
moneymadeclear.org.uk

Further resources

Related Macmillan information

You may want to order some of the booklets mentioned in this booklet. These include:

- *Cancer genetics – how cancer sometimes runs in families*
- *How are you feeling?*

Other booklets in this series:

- *Understanding melanoma – treatment with local surgery*
- *Understanding melanoma – lymph node assessment and treatment*
- *Understanding melanoma – adjuvant treatments after surgery*
- *Understanding melanoma that has come back in the same area*
- *Understanding advanced melanoma*

To order, visit **be.macmillan.org.uk** To order the fact sheets mentioned in this booklet, call **0808 808 00 00**.

This information is also available online at **macmillan.org.uk/cancerinformation**

Audio resources

Our high-quality audio materials, based on our variety of booklets, include information about cancer types, different treatments and about living with cancer.

To order your free CD, visit **be.macmillan.org.uk** or call **0808 808 00 00**.

Useful websites

A lot of information about cancer is available on the internet. Some websites are excellent, others have misleading or out-of-date information.

The sites listed here are considered by nurses and

doctors to contain accurate information and are regularly updated.

**www.macmillan.org.uk
(Macmillan Cancer Support)**

Find out more about living with the practical, emotional and financial effects of cancer. Our website contains expert, accurate and up-to-date information on cancer and its treatments, including:

- our 100+ booklets and 350+ fact sheets
- videos featuring real-life stories from people affected by cancer and information from medical professionals
- how Macmillan can help, the services we offer and where to get support
- how to contact our cancer support specialists, including an email form to send your questions
- local support groups search, links to other cancer organisations and

a directory of information materials

- a huge online community of people affected by cancer sharing their experiences, advice and support.

**www.cancer.org
(American Cancer Society)**

Nationwide community-based voluntary health organisation dedicated to eliminating cancer as a major health problem. It aims to do this through research, education, advocacy and service.

**www.cancerhelp.org.uk
(Cancer Research UK)**

Contains patient information on all types of cancer and has a clinical trials database.

**[www.macmillan.org.uk/
CancerVoices](http://www.macmillan.org.uk/CancerVoices)
(Macmillan Cancer Voices)**

Macmillan Cancer Voices is a UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

**www.healthtalkonline.org
www.youthhealthtalk.org
(site for young people)**

Both websites contain information about cancer, and have video and audio clips of people talking about their experiences.

**www.cancer.gov
(National Cancer Institute – National Institute of Health – USA)**

Gives comprehensive information on cancer and its treatments.

**www.nhs.uk
(NHS Choices)**

NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information you need to make decisions about your health.

**www.nhsdirect.nhs.uk
(NHS Direct Online)**
NHS information site for England. Covers all aspects of health, illness and treatments.

**www.nhsdirect.wales.nhs.uk
(NHS Direct Wales)**

**www.nhs24.com
(NHS 24 in Scotland)**

**www.n-i.nhs.uk
(Health and Social Care in Northern Ireland)**

The official gateway to health and social care services in Northern Ireland.

**www.patient.co.uk
(Patient UK)**

Provides information about health and disease. Includes evidence-based information leaflets on a wide variety of health topics. Also reviews and links to many health- and illness-related websites.

**www.riprap.org.uk
(Riprap)**

Developed especially for teenagers who have a parent with cancer.

**www.click4tic.org.uk
(TIC – Teen Info on Cancer)**

Macmillan's cancer information site written specifically for young people. Get advice and support on how to cope with cancer, and join a community of young people.

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

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

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

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

Give money

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

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other _____

Name _____

Surname _____

Address _____

Postcode _____

Phone _____

Email _____

Please accept my gift of £ _____

(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

Disclaimer

We make every effort to ensure that the information we provide is accurate, but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult a doctor. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information, such as information on websites to which we link. We feature real-life stories in all of our articles.

Some photographs are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our medical editor, Dr Terry Priestman, Consultant Clinical Oncologist.

We wish to thank the following people for their help in reviewing the melanoma series of booklets: Dr Veronique Bataille, Consultant Dermatologist; Dr Louise Fearfield, Consultant Dermatologist; Ms Ann Irwin, Clinical Nurse Specialist; Dr James Larkin, Consultant Medical Oncologist; Professor Rona Mackie, Professor of Dermatology; Dr Jerry Marsden, Consultant Dermatologist; Mr John Scott, Consultant Plastic and Reconstructive Surgeon; and the people affected by cancer who reviewed this edition.

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Cancer is the toughest fight most of us will ever face. If you or a loved one has been diagnosed, you need a team of people in your corner, supporting you every step of the way. That's who we are.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community supporting you online, any time. The fundraisers who make it all possible.

You don't have to face cancer alone.
We can give you the strength to get through it.
We are Macmillan Cancer Support.

Questions about living with cancer?
Call free on 0808 808 00 00 (Mon–Fri, 9am–8pm)
Alternatively, visit macmillan.org.uk

Hard of hearing? Use textphone
0808 808 0121, or Text Relay.
Non-English speaker? Interpreters available.

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Next planned review 2013. Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604).



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