

New Diagnosis of Melanoma

Disease Staging

Cancer stages show whether cancer has spread within or around the skin or to other parts of the body. Cancer spreads in the body in three ways: through tissue, the lymph system, or the blood. Knowing about the different stages can help doctors decide what treatment would be best.

There are two types of staging; clinical stage and pathologic stage. The clinical stage is based on the physical exam and skin biopsy. The pathologic stage is based on the results of the biopsy.

Two different ways to explain your cancer stage are TNM and 0-IV. TNM staging helps describe the Tumor, Nodes, and Metastasis, in detail. We use this staging to help us group tumors into different stages ranging between 0-IV.

T (Tumor): Refers to the tumors size.

N (Node): refers to the number of lymph nodes that have cancer.

M (metastasis): Refers to whether the cancer has metastasized. Metastasized means the cancer has spread to other parts of the body.

Stages of Melanoma:

Local Melanoma

Stage 0: Also known as melanoma in situ. At this stage, the melanoma is in its original site.

Stage I: There is no cancer in the lymph vessels, lymph nodes, or distant organs.

Stage II: This stage is divided into 3 groups (A, B, and C) based on tumor thickness and ulceration status. There is no cancer in the lymph vessels, lymph nodes, or distant organs.

Regional Melanoma

Stage III: The melanoma has spread to nearby lymph vessels, lymph nodes and/or nearby sites.

Distant Metastatic Melanoma

Stage IV: The melanoma has spread to one or more distant sites.

Treatment options for Stage 0-IV Melanoma

Treatments for melanoma may be different depending on the stage of melanoma. Talk with your doctor about what treatment options are best for you.

Local Excision

During this surgery, your doctor will remove the tumor and a rim of the healthy skin around it. The doctor will look at the healthy skin to see if the cancer has started to spread.

Staged Excision

The goal of a staged excision is to remove the cancer and keep as much healthy tissue as possible. This is done in the clinic under local anesthesia. Your doctor will send the removed tissue to a lab. Doctors look through a microscope to make sure all the cancer has been removed. You will be bandaged up and asked to wait while the tissue is looked at. This takes about two hours. If the tissue shows they got all the cancer, your doctor will repair your wound. If there is more cancer, your doctor will take more tissue and send it to the lab. The doctor will repeat the procedure until all the cancer is gone.

Sentinel Lymph Node Biopsy

The doctor takes a sample (biopsy) from the sentinel lymph node to check for cancer cells. A sentinel lymph node is the first lymph node to which cancer cells are likely to spread from the original tumor.

Your doctor may do a lymphoscintigraphy test to find a sentinel lymph node.

Wide Excision

In this surgery, your doctor will remove the tumor and the rim of healthy skin around. After surgery, if the area removed is large, you may need skin grafting to help heal.

Therapeutic Lymph Node Dissection (TLND)

This procedure takes out healthy lymph nodes around the cancerous lymph nodes. This helps prevent the cancer from spreading to other parts of the lymphatic system.

Immunotherapy

This therapy works with the body's immune system to fight melanoma. Interleukin-2 and ipilimumab are examples of immunotherapies used for stage IV melanoma.

Chemotherapy

These drugs kill cancer cells and prevent them from spreading to other areas of the body.

Targeted therapy. These medicines stop the growth and spread of cancer by blocking molecules involved in tumor growth.

Clinical Trials

These studies test new cancer treatments. Talk with your doctor if you would like to participate in a clinical trial or have questions about research studies.

Palliative Therapies

Used to relieve symptoms and improve quality of life, these therapies include surgery to remove lymph nodes or tumors and radiation therapy to the brain, spinal cord, or bone.

Most people will receive more than one type of treatment. Some treatments help shrink a tumor before the primary treatment. Other treatments kill any remaining cancer cells after the primary treatment. Each of the above treatment options may fall under any of these categories, with surgery often considered the primary treatment for melanoma.

Making Treatment Decisions

Deciding on which treatment option is best for you can be hard. Do whatever you need to do to feel confident about your diagnosis and treatment plan. Here are some options that may help you make treatment decisions.

- Obtain a second opinion.
- Join a support group. Every treatment option has risks and benefits. Talking to others may help you learn about benefits and risks you have not thought of.
- Talk with your doctor
 - Your doctors know the science behind your plan but you know your concerns and goals. By

working together, you can decide on a plan that works best for you when it comes to your personal and health needs.

- Ask a health educator for resources and information on treatment. Specialists can answer your questions and locate helpful information in our free cancer resource library, the G. Mitchell Morris Cancer Learning Center
 - Call toll free 1-888-424-2100
 - Visit the sixth floor of the cancer hospital
 - Email cancerinfo@hci.utah.edu
 - Text 801-528-1112 (text only)

What Can I Expect After Treatment?

Regular Visits to Your Doctor

The risk that your melanoma could return is high. You should follow up with your doctor every three months for the first year after surgery and every six months for two to five years after. After that, your doctor may recommend a follow-up exam every year.

Skin Self-Exams

1. Examine your skin once a month to get familiar with your own moles and freckles.
2. Look at your body from all sides in front of a mirror. Bend your elbows and check your forearms, upper arms, and palms.
3. Look at the backs of your legs and feet, including the soles and spaces between the toes.
4. Check the back of your neck and scalp with a hand mirror, parting and lifting the hair. Also, check your back, buttocks, and genital area.

Look for any of the following:

- A new mole
- A change in the size, shape, texture, or color of a mole
- A sore that does not heal

If you see anything abnormal, visit your dermatologist as soon as possible.