

Melanoma



What is a melanoma?

A melanoma is a form of skin cancer caused by pigment cells (melanocytes). Pigment cells are mainly found in the skin. In groups, they form a birthmark. Melanoma is a skin cancer that begins in the skin's pigment-producing cells. In the Netherlands, more than 5000 melanomas are detected every year. Melanoma is becoming more common.

Discovering and then removing a melanoma is critical. In most people, the disease does not return once the melanoma has been removed. In a number of people, the melanoma does return and it can spread (metastasis). There is a greater risk of the melanoma spreading in the body if the melanoma is thicker. This thickness of the melanoma (Breslow thickness) is measured under a microscope.

What causes a melanoma?

Melanomas can occur anywhere on the skin. Sometimes a melanoma develops in a birthmark that has been present for a very long time and sometimes a melanoma develops without the presence of a birthmark. The causes of melanoma are not clear. There is a greater risk of developing a melanoma (risk factors) if:

- One or more family members have had a melanoma.
- You often had sunburn at a young age.
- You often used sunbeds.

- You are light-skinned, with red or light blonde hair.
- You have more than 5 'clinically atypical' birthmarks.
- You have more than 100 birthmarks.
- You have a congenital birthmark (congenital naevus) of 20 cm or larger.
- You have had a melanoma.

What are the symptoms of a melanoma and what does a melanoma look like?

You can see this or notice this if:

- A new, striking, dark brown to black birthmark appears all of a sudden.
- A new or existing birthmark changes (grows, changes colour, becomes very dark or thickens or changes shape).
- A birthmark becomes itchy, painful, starts bleeding or turns into a wound.

How does your doctor know if you have a melanoma?

The dermatologist can often tell from the birthmark whether it is a melanoma. In order to look at it properly, the dermatologist uses a 'dermatoscope'. This is a small hand-held microscope.

If the doctor thinks you have a melanoma, you must have surgery to remove the birthmark; after surgery, a tissue sample will be sent away for examination under a microscope. After this examination, it will be possible to say with certainty whether you have a melanoma. The thickness of a melanoma

(Breslow thickness) can also be measured under a microscope.

Metastasis or metastatic cancer

If the cancer cells spread to other parts of the body, this is called metastasis or metastatic cancer. Metastatic melanoma usually spreads through the lymphatic capillaries of the skin, whereby the lymphatic capillaries flow to the lymph nodes. When there is metastasis in a lymph node, it can usually be felt as a solid lump underneath the skin that is about 2 to 3 centimetres in size.

If you find a swollen lymph node or your doctor finds one, further investigation is required to find out whether there is metastasis. This can be investigated via an ultrasound exam and possibly a lymph node (puncture) biopsy. Metastatic cancer can also occur via the bloodstream. The cancer can then spread to all kinds of organs, such as the liver, bones and brain. The thinner the melanoma is, the smaller the risk of metastasis. You are more at risk from metastasis spreading to other organs if you have had a thick melanoma or if the metastasis has spread to the lymph nodes.

What treatments are there for melanoma?

Surgery

A dermatologist or surgeon removes the melanoma via surgery. You will be given a local anaesthetic. Once the melanoma has been examined under a microscope and the thickness of the melanoma is known, you will have a second operation. A further piece of skin measuring about 1 or 2 centimetres around the scar where the melanoma was removed during the first operation, will be removed as a precaution. The size of the piece of skin to be removed depends on the thickness of the melanoma that has been measured (Breslow thickness). This second operation may result in a

relatively large wound, which cannot always be closed immediately. In that case, the skin closure will be discussed with you. For example, it may be decided to take a piece of skin from elsewhere on the body and use it to close the surgical wound (skin transplant).

Examination and removal of the lymph nodes

In the case of melanomas that are thinner than one millimetre, no further tests are carried out after the first and second operations. The risk of metastasis is very small. If a melanoma is thicker than 1 millimetre, you have the option of additional tests to determine possible metastasis in the nearest lymph node ('sentinel node'). This test involves the use of a dye. This dye is injected into the skin at the site of the scar where the melanoma was removed. The dye goes to the nearest lymph node, and that's how the sentinel node is located. This gland will then be removed and examined for metastasis. If there is no metastasis in this gland, the risk of metastasis in the other lymph nodes is very small. However, if metastasis is found, all the lymph nodes in the immediate vicinity must be removed.

Not everyone opts for this test. This test gives you a clearer picture about your risk of metastasis, but does not improve the outcome. So, if you choose to have this test of the sentinel node, you will know more about the risk of metastasis. However, after removing one or more lymph nodes, you may experience problems such as:

- Greater difficulty in moving an arm or leg;
- Loss of strength;
- Pain;
- Reduced feeling;
- Build-up of more fluid in one spot (fluid build-up / lymphoedema)

Further treatment

If there is no metastasis, then there will be no other treatments after the operations. If there is metastasis in other areas of the body, the options of chemotherapy, immunotherapy or radiotherapy are available. Your doctor will then discuss this with you.

When do you need to return to your doctor for a check-up?

- Always make an appointment straightaway with your doctor for a check-up in case you have any symptoms.
- If your melanoma was thin (Breslow thickness thinner than one millimetre), you are usually asked to come for a check-up with your doctor about 1 to 3 months after the treatment. The dermatologist will explain to you how you can examine your skin and your lymph nodes yourself.
- The intervals between check-ups, and for how long you need check-ups, depend on the thickness of the melanoma. Usually, at the start (in the case of a melanoma more than 1 millimetre thick), check-ups will be a few times a year and, after a certain period, once or twice a year.
- It is not necessary to have X-rays, ultrasounds or scans taken at your check-ups. This is only necessary if there is a special reason for doing so.

Can a melanoma be cured or will you always suffer from it?

Thin melanomas are very curable. The thinner the melanoma, the greater the chances are of complete recovery. If the Breslow thickness is thinner than 1 millimetre, the risk of metastases is less than 10%. For thicker melanomas, the risk of metastases is greater. If there are metastases only in the lymph nodes, recovery is still possible. When there are metastases in other organs, the chance

of a recovery is very small. Patients eventually die from the effects of the metastases. People with a melanoma can already have metastases from the start, but more often the metastases occur later.

What else can you do?

- Avoid getting sunburn;
- Do not use sunbeds;
- Become familiar with your own body. Check your birthmarks, possibly by taking photos or asking someone to help you. How often you need to do this varies per person. Ask your dermatologist how often you need to check.

Go to your doctor or dermatologist if:

- A new birthmark has appeared, existing birthmarks are changing or show symptoms;
- You notice changes to the skin in the area surrounding the scar left by the operation.
- You notice the lymph nodes becoming larger in size.

Many patients have problems after cancer treatment. Sometimes there are many problems, sometimes only a few. The problems are not only physical, but also psychological. Sometimes problems arise quickly, but they can also manifest themselves later. Physical problems are caused by the melanoma or the treatment of melanoma. Psychological problems consist mainly of fatigue, concentration problems, anxiety, depression, anger and sadness.

Other problems may arise from your relationships with your partner and family, social contacts, problems at work or financial problems. In many cases, at some stage after your melanoma treatment, you will be given a questionnaire (a "complaints gauge") to see whether, and what kind of problems

you might be experiencing. If you wish, you can be referred for additional professional help.

More information

You can get in contact with people who are also being treated for melanoma and further information can also be obtained through the patient organisation for people with a melanoma (www.stichtingmelanoom.nl).

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