

# Melanoma

## Your guide to best cancer care



### About this guide

Being told you have melanoma (a type of skin cancer) or could have melanoma can be overwhelming. A lot can happen quickly, and you might have lots of questions. This resource can help to guide you and your family and friends through this experience.

### Information and support

**Cancer Council:** For information and support, call Cancer Council on **13 11 20** to talk to a healthcare professional or visit [www.cancer.org.au](http://www.cancer.org.au).

For more information about melanoma, look for Cancer Council's Understanding Melanoma Cancer booklet on your local Cancer Council website.

**Melanoma Patients Australia:** For information and support, call **1300 884 450** or visit [www.melanomapatients.org.au](http://www.melanomapatients.org.au).

**Melanoma Institute Australia:** For more information visit [www.melanoma.org.au](http://www.melanoma.org.au).

**Translating and Interpreting Service (TIS):** If you need a translator, call TIS on **13 14 50** or visit [www.tisnational.gov.au](http://www.tisnational.gov.au).

## Initial tests and referral

### Symptoms

Your general practitioner (GP) will look at any lesions that are unusual, change or grow quickly. A lesion can be a spot, mole, scab, area of a different colour, lump, growth or anything different on your skin.

### Initial tests you may have:

**Examination:** A complete skin check with a focus on any concerning lesions. For individual lesions the GP should use an instrument called a dermatoscope to see the lesions more clearly. The dermatoscope will magnify the lesion so it is larger. Your doctor may take a photograph and measurement, and talk to you about what to look for between visits.

If your GP is concerned, they will refer you to a GP more experienced in skin cancer or to a specialist, or will do one of the following tests:

**Complete excision biopsy.** The lesion and a small area around it is cut out and the area is stitched up. This is done with a local anaesthetic so you don't feel pain. The sample is sent to a pathology laboratory and tested to see if it is skin cancer. If all of the melanoma can be taken out, you might not need any more treatment.

**Partial biopsy.** A partial biopsy may be taken when the lesion is over a large area or in an awkward place for complete excision biopsy. Part of the lesion is sampled either by shaving the lesion or cutting it out. This is done with a local anaesthetic so you don't feel pain. The sample is sent to a pathology laboratory and tested to see if it is skin cancer.

### Referrals

Your GP may treat you, or refer you to a GP more experienced in skin cancer or to a specialist such as a dermatologist or surgeon. Specialists are doctors who are highly trained in a particular area of health care.



**You can bring a family member or friend with you to your appointments.**



### Timeframes

If melanoma is suspected, a biopsy should be done **within two weeks** of your first GP appointment.

If needed, referral to a GP more experienced in skin cancer or specialist should happen **within two weeks**.

If you can't get an appointment within this time, follow up with your GP.



### Questions you might want to ask

- Can I choose whether I go to a public hospital or private practice?
- Can I choose the specialist I see?
- How much will appointments cost me?

## Diagnosis and staging

A **diagnosis** is the process of working out if you have a medical problem. Most biopsies sent to a pathology laboratory confirming a melanoma diagnosis happen in general practice.

If melanoma has been diagnosed you might have the following:

**Complete excision biopsy** may be done if you have previously had a partial biopsy. If you have already had a complete excision biopsy, your specialist might recommend another excision to make sure enough normal skin has been removed. If the melanoma and enough normal skin has been completely removed, you might not need any more treatment.

The pathology testing will give information about the removed melanoma, such as the risk of the melanoma causing problems in the future. For some melanomas with a low risk (early stage) complete excision is adequate, as long as enough normal skin has been removed.

For higher risk melanomas, the specialist may discuss and recommend more tests, to get more information about the cancer such as if it has spread to other areas of the body. This is called **staging**. **Staging** helps to work out the best treatment for you. You might have a complete excision alone, with a margin of normal skin, or it might be recommended that you have other tests:

**Sentinel lymph node biopsy.** A small amount of radioactive material is injected into the area where the melanoma was cut out. This will assist the surgeon in identifying the correct node for that area of skin. Under general anaesthetic (you will be put to sleep), the lymph node will be cut out and checked for cancer.

Some people may develop a lump in the groin, armpit or neck. This may be due to the presence of melanoma in your lymph nodes. If this happens other tests and procedures that may be considered appropriate include:

**Ultrasound.** Soundwaves are used to check lymph nodes. If a lymph node looks concerning, the specialist may request the radiologist gets a sample from the lymph node with a needle directed to the correct lymph node by ultrasound.

**Computed tomography (CT) scan.** Computers and x-rays are used to create a detailed picture of the body.

**Positron emission tomography– computed tomography (PET–CT) scan.** Computers and x-rays in combination with a small amount of radioactive material injected into your veins are used to make a detailed picture of the body and see if there are any abnormal areas of growth. This can only be ordered by a specialist.

**Regional lymph node removal.** If the skin cancer has spread so that the lymph nodes are enlarged, the lymph nodes in that region (armpit, groin or neck) are cut out.



### Timeframes

Results should be available **within two weeks** from when you have the tests.



### Questions you might want to ask

- What is melanoma?
- What tests will I have?
- Who should do the treatment?
- How much will tests/appointments cost?
- Where should I be treated?
- Do I have a choice?
- What stage is my cancer?
- What support services are available to me?

## Treatment

For most people, who have early stage disease, no further treatment is needed once the melanoma is completely removed.

Your GP or specialist should talk to you about your risk of getting more melanomas and skin cancers. They should discuss a plan so that together you can look out for any melanomas and other skin cancers if they grow as well as discuss prevention of future skin cancers.

For high risk melanoma you may need specialised treatments. Your GP and/or specialist will talk to you about your treatment options.

You may be treated by a team of experts, and you may need more than one treatment type to get the best results. The team will work with you and your family or carer to plan your treatment.

You might have one treatment or a mix of treatments:

**Surgery.** The melanoma and an area around it is cut out and the area stitched up. If the area can't be stitched up a skin graft/flap will be applied. A skin graft/flap is where healthy skin is removed from another area of the body and moved to a different area.

Surgery can be done by a GP experienced in skin cancer, a surgeon or a dermatologist.

**Lymph nodes.** Sentinel lymph node biopsy and regional lymph node removal should be done by a surgeon in a specialist treatment centre.

**Radiation therapy** uses x-rays to kill cancer cells and stop the cancer growing. It might be used alone or after surgery.

**Immunotherapy** is a type of cancer treatment that helps the body's immune system to fight the cancer. It can be used if the melanoma has grown and if it has spread to other parts of the body.

**Targeted therapy** uses drugs to attack specific features of cancer cells and stop the cancer growing. It can be used if the melanoma has grown and if it has spread to other parts of the body.

For more information visit

[www.cancer.org.au/cancer-information/treatment](http://www.cancer.org.au/cancer-information/treatment).

Supportive care (treatment or services that support you through a cancer experience) are also available.



### Timeframes

Treatment should start **within two weeks** (surgery) or **within four weeks** (other treatments) of agreeing to your treatment plan. In some cases, urgent treatment is needed.



**You can ask your GP for a referral to another specialist for a second opinion.**

### Risk of lymphoedema

Some treatments for cancer, commonly surgery, involving the lymph node areas such as the armpit and the groin, may increase your risk of developing lymphoedema (swelling of a body region). Your specialist should discuss this risk with you and arrange for it to be managed appropriately.

### Clinical trials

You may be offered to take part in a clinical trial. Clinical trials are used to test whether new treatments are safe and work better than current treatments. Many people with cancer are now living longer, with a better quality of life, because of clinical trials.

For more information visit [www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au).

### Complementary therapies

Speak to your healthcare team about any complementary therapies (including dietary supplements like vitamins) you use or would like to use. Something as common as vitamins might not work well with your treatment.



### Questions you might want to ask

- What treatment do you recommend?
- Where will I have to go to have treatment?
- What will treatment cost and how much of the cost will I have to pay myself?
- What activities/exercise will help me during and after treatment?
- Can I still work?
- How will the treatment affect my day-to-day life?
- Who are the people in my team and who is my main contact person?
- What side effects could I have from treatment?
- Who do I contact if I am feeling unwell or have any questions?
- Will treatment affect my ability to have a child?



### Decisions about cost

You may have to pay for some appointments, tests, medications, accommodation, travel or parking.

Speak with your GP, specialist or private health insurer (if you have one) to understand what is covered and what your out-of-pocket costs may be.

If you have concerns about costs talk to your healthcare team or a social worker about:

- being bulk-billed or being treated in the public system
- help with accommodation during treatment
- the possible financial impact of your treatment.

You can call Cancer Council on **13 11 20** to speak to a healthcare professional about financial support.

For more information about costs, visit [www.cancer.org.au/support-and-services/practical-and-financial-assistance](http://www.cancer.org.au/support-and-services/practical-and-financial-assistance) and [www.cancer.org.au/support-and-services/practical-and-financial-assistance/what-will-i-have-to-pay-for-treatment](http://www.cancer.org.au/support-and-services/practical-and-financial-assistance/what-will-i-have-to-pay-for-treatment).

## Recovery

Cancer treatment can cause physical and emotional changes.

### Follow-up care plan

Your healthcare team will work with you to make a plan for you and your GP. This plan will explain:

- who your main contact person is after treatment
- how often you should have check-ups and what tests this will include
- understanding and dealing with side effects of treatment
- how to get help quickly if you think the cancer has returned or is worse
- how to prevent future skin cancers such as using a combination of five forms of sun protection during sun protection times.

Many people worry that the cancer will return. Your specialist and healthcare team will talk with you about your needs and can refer you to other healthcare professionals and community support services.

Other information you may get:

- signs and symptoms to look out for if the cancer returns
- late effects of treatment and the specialists you may need to see
- how to make healthy lifestyle choices to give you the best chance of recovery and staying well.

For more information visit [www.cancer.org.au/cancer-information/after-a-diagnosis/after-cancer-treatment](http://www.cancer.org.au/cancer-information/after-a-diagnosis/after-cancer-treatment).

For information about skin cancer prevention and early detection visit [www.sunsmart.com.au](http://www.sunsmart.com.au).



### Questions you might want to ask

- Who should I contact if I am feeling unwell?
- What can I do to be as healthy as possible?
- Where can I get more help?
- How can I reduce my chance of future skin cancers?

## Living with advanced cancer

### If cancer returns

Sometimes cancer can come back after treatment. It can come back in the same place or can appear somewhere different in your body.

If cancer returns, you may be referred to the specialist or the hospital where you were first treated, or to a different specialist.

Treatment will depend on how far the cancer has spread, how fast-growing it might be and the symptoms you are experiencing.



### Questions you might want to ask

- Where is the cancer and has it spread?
- What are my treatment options?
- What are the chances that the treatment will work this time?
- Is there a clinical trial available?
- Where else can I get support?

### Advance care planning

Your GP or healthcare team may talk with you, your family and carer about your future treatment and medical needs.

### Advance care directive

Sometimes known as a living will, an advance care directive is a legally binding document that you prepare to let your family and healthcare team know about the treatment and care you might want or not want in case you become too unwell to make those decisions yourself. For more information visit [www.advancecareplanning.org.au](http://www.advancecareplanning.org.au).

### Palliative care

Your specialist may refer you to palliative care services, but this doesn't always mean end-of-life care. Today people can be referred to these services much earlier if they're living with cancer or if their cancer returns. Palliative care can help you to live as well as you can including managing pain and symptoms. This care may be at home, in a hospital or at another location you choose.

Speak to your GP or specialist or visit [www.palliativecare.org.au](http://www.palliativecare.org.au).

## Making treatment decisions

You may decide not to have treatment at all, or to only have some treatment to reduce pain and discomfort. You may want to discuss your decision with your healthcare team, GP, family and carer. For more information visit [www.cancer.org.au/cancer-information/treatment/advanced-cancer-treatment](http://www.cancer.org.au/cancer-information/treatment/advanced-cancer-treatment).



### Questions you might want to ask

- What can you do to reduce my symptoms?
- What extra support can I get if my family and friends care for me at home?
- Can you help me to talk to my family about what is happening?
- What support is available for my family or carer?
- Can I be referred to a community support service?

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Disclaimer: Always consult your doctor about matters that affect your health. This guide is intended as a general introduction and is not a substitute for professional medical, legal or financial advice. Information about cancer is constantly being updated and revised by the medical and research communities. While all care is taken to ensure accuracy at the time of publication, Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided above.

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This resource is based on information from the optimal care pathway for people with melanoma (2nd edition), available at [www.cancer.org.au/OCP](http://www.cancer.org.au/OCP).