

MELANOMA
FOCUS

Melanoma

What it is and how
to reduce your risk.





What is melanoma?

- A potentially serious form of cancer, usually starting in the skin, arising from pigment-producing cells called melanocytes.
- Most likely to affect those with large numbers of moles, a family history of melanoma and with a sun-sensitive skin such as uveal (eye) and mucosal melanoma and further information can be found on our website

How common is melanoma?

- The UK's fifth most common and most rapidly increasing cancer, with about 16,000 new cases every year, or 44 a day – a 50% increase over the past decade
- Since the 1990s melanoma skin cancer incidence rates have more than doubled (135%) in the UK
- 1 in 36 males and 1 in 47 females in the UK will be diagnosed with melanoma in their lifetime
- It is more common in older age groups, however, it is the 2nd and 3rd most common cancer in males and females respectively in the 15-44 year age group.

Excessive exposure to UV rays before the age of 20 significantly increases your risk of developing melanoma later in life.

Why is melanoma on the increase?

Melanoma is linked to exposure to ultraviolet (UV) radiation. The sun is the main source of UV radiation and sun beds are another. Taking a holiday in the sun has become much more common over the last 30 years and many people experience high levels of exposure from an early age. Getting sunburnt when you are young seriously increases your risk of melanoma.



86% of cases are preventable and if detected early it is highly curable

How does melanoma start?

Many melanomas develop on normal skin; this simple fact needs to be recognised more widely. Others develop in an existing mole. Melanoma may occur anywhere on the skin including the palms and soles, the scalp or under and around the nails. In females it commonly starts on the lower limbs, while the trunk is the most common initial site in males.

Acral lentiginous melanomas

These are rare types of melanomas that form on the palms, soles of the feet and around the nail. It is the most common type of melanoma in people with black or brown skin but can occur in any skin colour. Acral lentiginous melanoma in the nail may appear as a streak in a nail but like moles, not all nail streaks are cancerous, so it is important to get these checked out.

Knowing your own skin/nails and regularly checking for changes is key to the early diagnosis of melanoma.

How do I know if a lesion* on my skin could be suspicious?

*** Note: 'skin lesion' is a medical term for a patch, spot, lump or any other abnormality on any otherwise normal skin.**

The 'ABCDE Checklist' can help you identify some of the signs that may point towards there being a problem:

- Asymmetry – the lesion may not be symmetrical, with the two halves differing in shape
- Border – the edges may be irregular or jagged
- Colour – uneven and patchy, with different shades of black, white, grey, brown or pink; any lesion with two or more colours may be suspicious
- Diameter – most (but not all) melanomas are at least 6mm across, or about the width of the rubber on the end of a pencil
- Evolving – the lesion is changing in size, shape or colour, regardless of whether it remains flat or becomes elevated

How reliable is this checklist?

While it is relevant for the most common type of melanoma, the checklist is not completely reliable since a significant number of melanomas don't show these features. To make sure, you should also use the 'skin safety first' guidelines overleaf.

REMEMBER:
if in doubt, get it checked!

Skin Safety First Guidelines

If there is an abnormality on your skin that is...

- **Changed** – it is new or seems to have changed since you last saw it (don't look for detail; if you can see it has changed just by glancing at the lesion, that's enough)
 - **Not going away** – once a new lesion has appeared, it remains on the skin for longer than 6-8 weeks
 - **Odd-looking** (the most crucial test) – it simply looks strange, worries you or seems to be different from other lesions on your skin
- ...then you should get it looked at by a doctor, who may refer you to specialist (generally a dermatologist). It is very important that the result is a confident diagnosis of the lesion. The comment: 'looks OK' is not a diagnosis.



Call 0808 801 0777

Melanoma Focus provides a confidential service available to anyone in the UK who has a question about melanoma. Specialist NHS nurses are there to take call at specified times during the week. This service is also available via www.melanomafocus.org.

"I was desperately worried and I needed to speak to someone who is knowledgeable about melanoma. Grace was brilliant and immediately knew how I felt and she also understood my diagnosis. The conversation put my mind at rest and completely changed my mood. Charities that offer this kind of help and support really are invaluable and hearing a kind voice at the end of the phone is life changing for so many people."

"I needed information and reassurance which I received in a compassionate and empathetic way. I cannot rate the Melanoma Helpline highly enough."



Know Your Skin and Nails

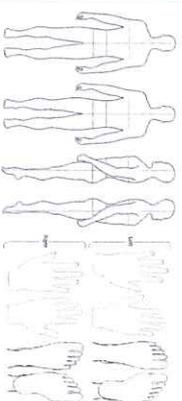
Melanoma is now the 5th most common form of cancer in the UK. Knowing your own skin can help aid early detection of melanoma.

- Melanoma focus recommends:**
- Take a regular, close, steady, and clear, head-on view of your skin and nails
 - Use a mirror, ask a friend, or hold a mirror up to 'check' or check your back and neck
 - Check your feet and toes
 - Check your hair and scalp for any redness, itching, or changes in appearance or distribution of hair
 - Check your nails for any redness, white spots, or changes in shape or color
 - Check your skin for any new spots or changes in old spots
- 70% of melanoma arise from new freckles or lesions**



Record Your Spots

Take notes of new spots before or after a regular skin check



Spot	Date	Approximate Size	Shape	Color	Location	Changes
1	1/1/11	2mm	Round	Brown	Upper arm	
2	1/1/11	3mm	Irregular	Black	Lower back	
3	1/1/11	1mm	Round	Red	Hand	
4	1/1/11	4mm	Irregular	Black	Foot	
5	1/1/11	2mm	Round	Brown	Head	
6	1/1/11	3mm	Irregular	Black	Neck	
7	1/1/11	1mm	Round	Red	Chest	
8	1/1/11	2mm	Round	Brown	Arms	
9	1/1/11	3mm	Irregular	Black	Back	
10	1/1/11	1mm	Round	Red	Hands	
11	1/1/11	2mm	Round	Brown	Feet	
12	1/1/11	3mm	Irregular	Black	Nails	

What happens if a skin lesion is diagnosed as a melanoma?

If found early, most cases of melanoma can be cured by surgical removal. The earlier this is done, the better the long-term outlook is likely to be. However, in some patients the melanoma can spread from the skin to the lymph nodes or bloodstream. This is a more serious situation.

When melanoma spreads, it remains a form of the same disease regardless of the organ in which it appears; for example, if it spreads to the liver it is still melanoma rather than liver cancer.

What are the implications of melanoma spreading?

In its advanced stages, melanoma may spread to organs such as the liver, brain and lungs. Advanced melanoma is often incurable. Each year about 2,400 people in the UK die from the disease, or more than 6 every day.

What are the treatment options if melanoma spreads?

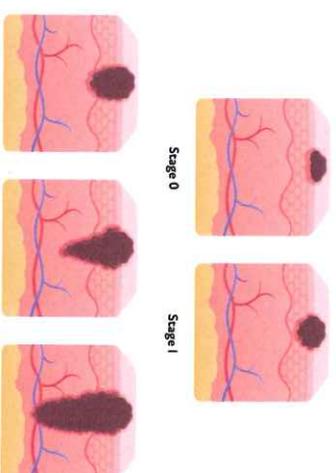
There are many types of melanoma, differing in their behaviour and response to the various forms of therapy, as well as to individual drugs. This means that every melanoma must be fully assessed, categorised and 'staged' in order to decide which treatment is likely to be most effective. Staging is a system of identifying how far melanoma has spread.

Lymph nodes are located under the chin and in the neck, armpit and groin. They act as filters, trapping harmful viruses and bacteria to prevent them infecting other parts of the body. Swollen lymph nodes may indicate an infection or, possibly, cancer.

Melanoma Stages

- **Stage 0** the melanoma cells are 'in situ', or in the outer layer of the skin, with only a very low chance of spreading elsewhere in the body
- **Stage 1** the cancerous cells have been found in the skin but at present there is no evidence they have spread beyond the original location
- **Stage 2** the melanoma indicates the disease has extended further into the skin, with a slightly higher chance of spreading
- **Stage 3** the melanoma has spread to a site on the skin near where the cancer started or on the way to a lymph node (when it is known as 'in-transit' or 'satellite' metastasis), or it has travelled to the local lymph nodes
- **Stage 4** the melanoma has spread to distant organs or other parts of the body and the disease has become much more serious. It may be known a metastatic melanoma

Stages of Melanoma



Melanoma Stages and Treatment – Patient Guide

Melanoma Focus has produced a guide to help patients understand the treatment choices and options available to them when navigating the melanoma care pathway. The aid, which is available at on our website, explains staging in detail and sets out the current melanoma treatments. These are summarised below.

What are the current treatments for melanoma?

An early diagnosis and surgical removal of the lesion usually means that melanoma will be cured successfully, with a very low chance that it will return. However, if the melanoma is thick, or if it spreads elsewhere in the skin or to the lymph nodes or an organ in the body (Stages 3 or 4), successful treatment becomes more difficult.

Improvement may seem slow but behind the scenes enormous efforts, backed by extensive clinical trials, are being made to reduce the lethal effects of this disease. Fundraising allows Melanoma Focus supports several research initiatives.

Until a few years ago **chemotherapy** – used to disrupt the way cancer cells grow and divide – was the principal form of treatment for advanced melanoma apart from surgery.

Targeted therapy and immunotherapy are now the main drug treatments for advanced melanoma.

Targeted therapy uses drugs that are aimed directly at cells with an abnormal gene, BRAF, which is present in approximately half of patients. If the BRAF mutation is present, it switches on a communication pathway to the cells and tells them to grow, divide and spread. This can be blocked by combinations of drugs (known as BRAF and MEK inhibitors) that block this pathway. These drugs are vemurafenib (also known as Zelboraf), cobimetinib (Cotellic), dabrafenib (Tafinlar), trametinib (Mekinist), encorafenib (Braftovi) and binimetinib (Mektovi).

Another type of treatment is known as **immunotherapy**, which harnesses the power of the body's immune system. The immune system eradicates harmful cells by creating an 'immune response'. Normal cells produce special protein signals that switch off this immune response, to prevent them being attacked. However, melanoma cells may also produce these signals in order to evade the immune system. Immunotherapy drugs prevent this, making the cancer cells vulnerable to normal attack from the immune system. Drugs in this category include pembrolizumab (Keytruda), nivolumab (Opdivo) and ipilimumab (Yervoy).

Pairs of different drugs for targeted therapy and for immunotherapy may be prescribed together, bringing extra potential benefits. This is known as **combination therapy**.

For patients who have had their melanomas removed surgically, there is risk that some cells may have already broken away and remain in the body, bringing a high risk that the disease will recur. This is especially true where the melanoma in the skin is thick or if it affects the lymph nodes (Stage 3). A form of additional drug treatment known as **adjuvant therapy** is used to reduce this risk after surgery. A number of the drugs discussed above (pembrolizumab, nivolumab and dabrafenib + trametinib) have been shown to reduce the risk of recurrence significantly in certain situations and are approved for use in the UK.

There has been significant progress in the treatment of advanced melanoma in recent years, with some of the latest drug therapies showing very encouraging results. For many patients, this leads to patients living significantly longer; for a few this can be a cure, but unfortunately for many the cancer comes back and leads to early death. Research into the causes and treatment of melanoma remains a very high priority and is continuing to improve outcomes for patients.

As with other serious diseases, the best option of all is prevention. The next section deals with this aspect.

Understanding your own skin can help aid early detection of melanoma. Visit our website to download a copy of the Know your Skin leaflet and start your own mole map.



examples of acral lentiginous melanoma





How can I reduce the risk of melanoma?

Put simply, the main task is to avoid an excessive amount of skin exposure to UV radiation. A moderate quantity of sunshine is beneficial for most people. But overdoing exposure to the sun to the extent of burning (which means causing any degree of redness), especially when young, can have serious consequences later on.

Melanoma is mainly a cancer affecting pale skin so the advice here is aimed at anyone who has ever burnt in the sun, has red or Auburn hair, any freckles, lots of moles or a family history of melanoma. If you have dark skin which never burns and no other risk factor, then – so long as you don't burn – the rigorous protective measures below are unnecessary except in very sunny places. Indeed, sun exposure makes us feel good and allows the body to manufacture sufficient vitamin D, which is likely to be important. The methods of avoiding exposure to excessive amounts of UV are largely common sense.

Advice includes:

- In sunny weather use a UVA + UVB sunscreen, preferably with a sun protection factor (SPF) of 30 or higher with 5 stars UVA protection; follow the instructions about repeat applications
- Cover exposed skin with clothing and a broadbrimmed hat, especially in the heat of the day or when one particular area of the body is continuously exposed (such as the shoulders, the ears or a bald head) when walking, gardening or playing sport
- Protect the eyes by wearing wrap-around sunglasses
- Avoid direct sunlight altogether by staying in the shade, especially between about 11am and 3pm
- **NEVER** use sunbeds

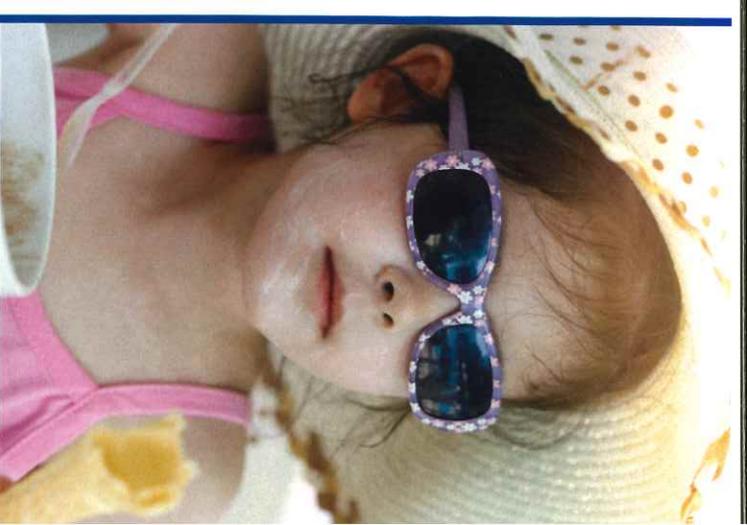
According to Cancer Research UK, using a sunbed at any age increases the risk of melanoma by 16%-20%

- Sunscreen should be applied regularly and thickly throughout the day
- Not using enough sunscreen can halve the sun protection factor
- If your skin goes red you are not using enough sunscreen. You might consider covering up or moving inside

Is it certain that sunbeds are bad for you?

There is evidence that sunbeds increase the risk of melanoma and in the UK it is illegal for under-18s to use sunbeds in premises such as beauty salons. They are dangerous because:

- Many sunbeds give out greater doses of UV rays than the midday tropical sun
- Researchers have assessed the cancer risk from sunbeds as twice that of an equivalent period spent out in the tropical sun
- You cannot always see the damage UV rays cause and the symptoms of skin damage can take up to 20 years to appear
- Many sunbeds are faulty, emitting UV at levels higher than British and EU standards



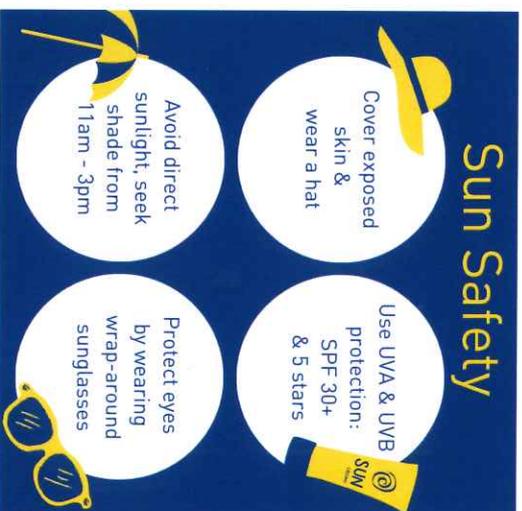
Sun Safety

Cover exposed skin & wear a hat

Use UVA & UVB protection: SPF 30+ & 5 stars

Avoid direct sunlight, seek shade from 11am - 3pm

Protect eyes by wearing wrap-around sunglasses



About Melanoma Focus

The charity was formed in 2012 following a merger between two well-established melanoma charities. We have built our public, patient and carer services on the foundations of public and professional education and funding for melanoma research. Melanoma Focus is now a principal UK melanoma charity, serving both patients and healthcare professionals.

How are donations to Melanoma Focus used?

Melanoma Focus differs from other charities in maintaining a professional core, consisting of melanoma doctors, scientists and nurses, combined with its public information services and activities. Our unique national educational events assist the UK melanoma community to achieve a better understanding of the disease.

Melanoma Focus provides grants to research projects with the aim of developing new drug treatments and diagnostic methods - enhancing patients' quality of life and increasing survival rates. More details can be found at www.melanomafocus.org

The charity currently funds:

- The Melanoma Helpline on a free and confidential basis
- The Melanoma Stages and Treatment - patient guide to help patients navigate the melanoma care pathway. As well as providing key information on the available treatment choices, the tool is intended to improve communication between patients and their healthcare professionals
- Research projects for patient and public benefit
- Information and awareness initiatives informing the public, patients and carers about all aspects of melanoma including clinical trials
- Clinical guideline development for rare forms of melanoma, including uveal and mucosal melanoma
- Creation of consensus guidelines on important melanoma clinical topics
- National campaigns and information programmes
- Patient advocacy including interceding with Government on key patient-related issues
- Organising the UK's two annual professional melanoma scientific meetings

How to support us

By making a donation, setting up a regular gift or fundraising for us you will be helping to make sure that pioneering research and support for patients and healthcare professionals can continue.

Donate online

The easiest way to donate is to visit our website www.melanomafocus.org where you can make a one off donation or set up a regular gift. If you are eligible for Gift Aid it can also be added while you donate and means we receive an extra 25% on top of your donation to help us carry out our vital work.

Donate by post

If you would like to donate by cheque, please send a cheque payable to 'Melanoma Focus' to the address below:

Melanoma Focus
Salisbury House
Station Road
Cambridge
CB1 2LA

Please remember to include your details with anything you post to us, otherwise it will be difficult for us to identify who to thank.

Fundraise

Take part in one of our events or organise your own activity to raise funds for Melanoma Focus. Consider supporting us through your place of work or community organisation by holding fundraising activities or adopting us as your charity of the year. Whatever you choose to do to fundraise we will be there to help you along the way and offer support and guidance. Get in touch with fundraising@melanomafocus.org to discuss how to get involved and start your fundraising.

A gift in your will

Remembering Melanoma Focus in your will, however large or small, is a very special way to support us. Gifts in wills make a real difference and enable us to continue our vital work. Get in touch if you would like to find out more about supporting us in this way.





MELANOMA HELPLINE

Call 0808 801 0777

Are you worried about melanoma?
Need someone to talk to?

Our Specialist NHS nurses are there to take calls at specified times during the week. This service is also available via www.melanomafocus.org.

Calls are free and confidential

You can find Melanoma Focus on:

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 Search 'Melanoma Focus'

Please come and join us.

