

Melanoma

■ What is melanoma?

Melanoma is one of the most serious types of skin cancer. It begins when healthy color-producing cells called melanocytes change and grow out of control, eventually forming a mass called a tumor. Sometimes, melanoma develops from a normal mole a person already has on their skin. Melanoma can occur anywhere on the body.

■ What is the function of the skin?

The skin protects against infection and injury, helps regulate body temperature, stores water and fat, and produces vitamin D. Skin is made up of the epidermis (outer layer), the dermis (inner layer), and the hypodermis (deep layer of fat). The deepest layer of the epidermis contains melanocytes.

■ What does stage mean?

The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are 5 stages for melanoma: stage 0 (zero) and stages I through IV (1 through 4). Find more information at www.cancer.net/melanoma.

■ How is melanoma treated?

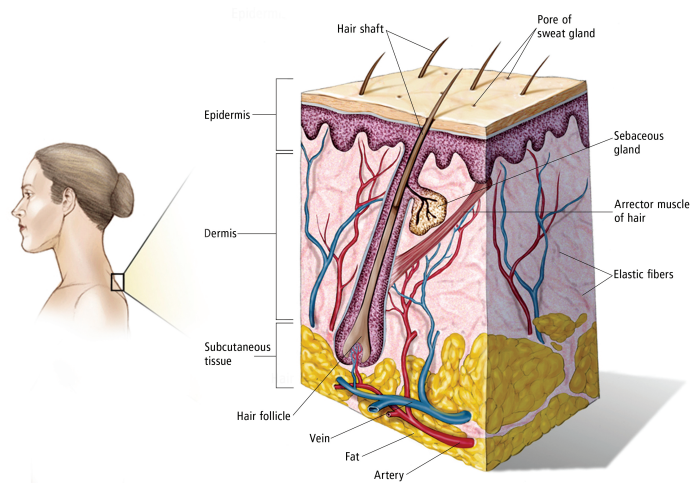
The treatment of melanoma depends on its thickness, whether the cancer has spread, the stage, whether there are specific genetic changes in melanoma cells, the rate of melanoma growth, and the person's overall health. Specific genetic changes, or mutations, in melanoma can involve the *BRAF*, *NRAS*, *NF-1*, or *KIT* genes. *BRAF* mutations are found in about 50% of melanomas. If the melanoma has not spread to other parts of the body, surgery is the primary treatment. Most people with early-stage melanoma are cured with the first surgery. After surgery, stage II and stage III melanoma can be treated with radiation therapy or immunotherapy if there is a high risk that the cancer may come back.

Stage III melanoma that cannot be removed with surgery is called "unresectable." Stage IV melanoma is when the cancer has spread to other parts of the body. Cancer in these stages is usually treated with medications that may affect the whole body. Treatment options include immunotherapy, targeted therapy, intralesional therapy, chemotherapy, radiation therapy, surgery, and isolated limb infusion therapy, which is when chemotherapy is isolated in a specific arm or leg. Talk with your doctor about all treatment options, including clinical trials. Clinical trials are an option to consider for treatment and care for all stages of cancer.

The side effects of melanoma treatment can often be prevented or managed with the help of your health care team. This is called palliative care or supportive care and is an important part of the overall treatment plan.

■ How can I cope with melanoma?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type or subtype of melanoma do I have?
- ▶ Can you explain my pathology report (laboratory test results) to me?
- ▶ What stage is the melanoma? What does this mean?
- ▶ Would you explain my treatment options?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ Will surgery be able to remove all of the melanoma?
- ▶ Should I have a sentinel lymph node biopsy to find out if cancer has spread to the lymph nodes?
- ▶ Does my melanoma have a *BRAF* or other known genetic mutation? Is targeted therapy or immunotherapy an option?
- ▶ What treatment plan do you recommend? Why?
- ▶ What is the goal of each treatment? Is it to eliminate the melanoma, help me feel better, or both?
- ▶ Who will be part of my treatment team, and what does each member do?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ Will this treatment affect my ability to become pregnant or have children?
- ▶ What long-term side effects may be associated with my cancer treatment?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ Where can I find emotional support for me and my family?
- ▶ If I have a question or problem, who should I call?

Find more questions to ask the health care team at www.cancer.net/melanoma. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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Health Care Professionals: To order more printed copies, please call 888-273-3508 or visit www.cancer.net/estore.

Words to know

Biopsy: Removal of a tissue sample that is then examined under a microscope to check for cancer cells.

***BRAF*:** A genetic change found in about 50% of melanomas. Having this mutation can affect which treatment options are used.

Chemotherapy: The use of drugs to destroy cancer cells.

Dermatologist: A doctor who specializes in treating diseases and conditions of the skin.

Immunotherapy: Treatment designed to boost the body's natural defenses to fight cancer.

Lymph node: A small, bean-shaped organ that fights infection.

Metastasis: The spread of cancer from where it began to another part of the body.

Oncologist: A doctor who specializes in treating cancer.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Sentinel lymph node: The first lymph node that cancer is likely to spread to from a primary tumor.

Sentinel lymph node biopsy: Removal of sentinel lymph node(s) to find out if cancer has spread.

Targeted therapy: Treatment that targets specific genes or proteins that influence cancer growth and survival.

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