

Newly Diagnosed with Melanoma?

I have been diagnosed with malignant melanoma – what happens now?

The malignant melanoma is a cancer of the melanocytes, the cells that are responsible for the production of melanin. Melanoma is the third most common form of skin cancer. Its ability to metastasize (to spread to other parts of the body) distinguishes melanoma from the other skin cancers and can make it dangerous.

Melanoma typically begins on the surface of the skin. In rare cases it can develop on a mucosal surface like e.g. mouth, rectum and genital area or in the eye (ocular melanoma). Usually the melanoma is pigmented and appears brown or black. Rare the lesion can be amelanotic and looks flesh colored. Because of this not obvious appearance it is often later diagnosed. (S14)

The process used to find out whether cancer has spread within the skin or to other parts of the body is called staging. The information gathered from the staging process determines the stage of the disease. It is important to know the stage in order to plan treatment.

The following tests and procedures may be used in the staging process:

- **Wide local excision:** A surgical procedure to remove some of the normal tissue surrounding the area where melanoma was found, to check for cancer cells.
- **Lymph node mapping and sentinel lymph node biopsy:** Procedures in which a radioactive substance and/or blue dye is injected near the tumor. The substance or dye flows through lymph ducts to the sentinel node or nodes (the first lymph node or nodes where cancer cells are likely to have spread). The surgeon removes only the nodes with the radioactive substance or dye. A pathologist then checks the sentinel lymph nodes for cancer cells. If no cancer cells are detected, it may not be necessary to remove additional nodes.
- **Chest x-ray:** An x-ray of the organs and bones inside the chest. An x-ray is a type of energy beam that can go through the body and onto film, making a picture of areas inside the body.
- **CT scan (CAT scan):** A procedure that makes a series of detailed pictures of areas inside the body, taken from different angles. The pictures are made by a computer linked to an x-ray machine. A dye may be injected into a vein or swallowed to help the organs or tissues show up more clearly. This procedure is also called computed tomography, computerized tomography, or computerized axial tomography. For melanoma, pictures may be taken of the chest, abdomen, and pelvis.
- **MRI (magnetic resonance imaging):** A procedure that uses a magnet, radio waves, and a computer to make a series of detailed pictures of areas inside the body. This procedure is also called nuclear magnetic resonance imaging (NMRI).
- **PET scan (positron emission tomography scan):** A procedure to find malignant tumor cells in the body. A small amount of radioactive glucose (sugar) is injected into a vein. The PET scanner rotates around the body and makes a picture of where glucose is being used in the body. Malignant tumor cells show up brighter in the picture because they are more active and take up more glucose than normal cells do.

- Laboratory tests: Medical procedures that test samples of tissue, blood, urine, or other substances in the body. These tests help to diagnose disease, plan and check treatment, or monitor the disease over time.

The results of these tests are viewed together with the results of the tumor biopsy to determine the melanoma stage.

The following stages are used for melanoma:

Stage 0 (Melanoma in Situ)

In stage 0, abnormal melanocytes are found in the epidermis (outer layer of the skin). These abnormal melanocytes may become cancer and spread into nearby normal tissue. Stage 0 is also called melanoma in situ.



Pea, peanut, walnut, and lime show tumor sizes.

Stage I

In stage I, cancer has formed. Stage I is divided into stages IA and IB.

- Stage IA: In stage IA, the tumor is not more than 1 millimeter thick, with no ulceration. The tumor is in the epidermis and upper layer of the dermis.
- Stage IB: In stage IB, the tumor is either:
 - not more than 1 millimeter thick, with ulceration, and may have spread into the dermis or the tissues below the skin; or
 - 1 to 2 millimeters thick, with no ulceration.

Stage II

Stage II is divided into stages IIA, IIB, and IIC.

- Stage IIA: In stage IIA, the tumor is either:
 - 1 to 2 millimeters thick, with ulceration; or
 - 2 to 4 millimeters thick, with no ulceration.
- Stage IIB: In stage IIB, the tumor is either:
 - 2 to 4 millimeters thick, with ulceration; or

- more than 4 millimeters thick, with no ulceration.
- Stage IIC: In stage IIC, the tumor is more than 4 millimeters thick, with ulceration.

Stage III

In stage III, the tumor may be any thickness, with or without ulceration, and:

- has spread to 1 or more lymph nodes; or
- has spread into the nearby lymph system but not into nearby lymph nodes; or
- has spread to lymph nodes that are matted (not moveable); or
- satellite tumors (additional tumor growths within 2 centimeters of the original tumor) are present and nearby lymph nodes are involved.

Stage IV

In stage IV, the tumor may be any thickness, with or without ulceration, may have spread to 1 or more nearby lymph nodes, and has spread to other places in the body.

Source: [National Cancer Institute](#)