UNDERSTANDING MELANOMA IN SITU AND LENTIGO MALIGNA

Patient Information Leaflet
Introduction
You have had melanoma in situ or lentigo maligna diagnosed. You may be asking ‘What does this mean?’ and ‘What happens to me now?’. You may have lots of other questions.

We hope this leaflet will answer some of your questions about your diagnosis but we encourage you to ask your doctor or nurse for information that is more personal to you.

Your doctor or nurse in this hospital will explain your treatment options in more detail with you.

Please ask any questions or voice any worries that you or your family may have, to your doctor or nurse.

What is melanoma in situ?
Melanoma in situ is the very earliest stage of a skin cancer called melanoma.

‘In situ’ means the cancer cells have not had the opportunity to spread to anywhere else in the body.

Melanoma in situ means there are cancer cells in the top layer of the skin (the epidermis) but they are all contained in the area in which they began to develop. The cancer cells have not started to grow into the deeper layers of the skin and have not become invasive. This is why some doctors call in situ cancers ‘pre cancer’. The prognosis is excellent.

What is lentigo maligna?
Lentigo maligna is a type of melanoma in situ. It is a slow growing lesion that appears in areas of skin that get a lot of sun exposure, such as the face or upper body. It can take years to develop.

Similar to melanoma in situ, lentigo maligna has not spread and is only in the top layer of the skin. It can be cured with surgery. If left untreated lentigo maligna can develop into a more serious disease called lentigo maligna melanoma.

What causes melanoma in situ and lentigo maligna?
There is no doubt that ultraviolet (UV) radiation from the sun and other sources such as sunbeds, play the most important role in the development of melanoma in situ and lentigo maligna.

Research suggests that episodes of sunburn (redness of the skin) as a child under the age of 15 years of age increase the risk of developing melanoma in situ/lentigo maligna as an adult.

Research also suggest that intermittent episodes of sunburn as an adult, such as when on holiday or the weekends, may play a very important part in your risk for getting melanoma in situ/lentigo maligna.
People who accumulate a lot of sun exposure in a continuous pattern, such as working outside, are also at increased risk.

**What is melanoma?**
Melanoma is a cancer that usually starts in the skin, either in a mole or in normal looking skin.

Melanoma is a cancer of the pigment of coloured cells, called melanocytes, which are found in the layer of skin nearest the surface called the epidermis.

The melanocytes produce the pigment for our skin called melanin.

Melanocytes are also the cells that form moles and freckles and allow you to tan.

**What does cancer mean?**
Cancer is a disease of the tiny building blocks that make up organs and tissues called cells.

Normal cells replace themselves when they get worn out or injured. Sometimes the cells don’t grow normally and instead keep growing even when they don’t need to. These abnormally growing cells continue to divide and develop into a lump which is called a tumour.

Cancer is not one disease. There are 200 different types of cancer and all cancers are treated differently and happen for different reasons. Many are completely curable.

**How is melanoma in situ and lentigo maligna diagnosed?**
If your doctor suspects that an unusual spot or mole may be a type of melanoma in situ or lentigo maligna, all or part of the lesion will be surgically removed and sent to be looked at under a microscope by a pathologist.

The surgical procedure is called an *excision* when the whole lesion is removed. It is called a *biopsy* when only part of the lesion is removed. Both procedures are usually done under local anaesthetic. This procedure is necessary to make a diagnosis.

After the pathology result is available your doctor will discuss with you and your family (if you wish) the result and any treatment that will be necessary.

**How is melanoma in situ and lentigo maligna treated?**
In most cases the treatment is surgery.

A border of healthy tissues from around the melanoma in situ/lentigo maligna is taken also to make sure all cancerous cells are removed.

The surgery is done under local anaesthetic and the wound will be covered with a dressing. You will be given advice on wound care. You may experience some discomfort after the procedure and you may take the medicine that you would normally take if you had a headache.
In some cases a skin graft may be needed. This is more common for areas of the body that do not have much spare skin, such as the face or lower leg. A skin graft replaces the skin that has been removed with skin taken from another part of the body. If you need a skin graft you will be referred to a plastic surgeon at another hospital.

There is risk of infection, bruising, bleeding and scarring after surgery.

**Will I need any other treatment?**
In almost all cases surgery is the only treatment necessary for melanoma in situ and lentigo maligna.

**Will I need further check ups?**
The British Association of Dermatologists and other health organisations such as The National Institute for Health and Clinical Evidence, state people who have had a melanoma in situ or lentigo maligna do not need any follow up visits with their specialist.

This is because melanoma in situ and lentigo maligna are unlikely to come back once the area has been removed.

You might be seen once again in clinic and then discharged. Your doctor or nurse will let you know.

**Will I be cured?**
It is rare for melanoma in situ and lentigo maligna to come back.

This is because they are both ‘in situ’.

‘In situ’ means the cancer cells have not had the opportunity to spread to anywhere else in the body.

**What can I do to help myself?**
Your doctor or nurse can give you an information leaflet called Detecting Skin Cancer – spot the symptoms early. This leaflet will help you to spot skin changes using the ABCD rule.

You can protect yourself and your family from sun damage. Stay out of the sun between the hours of 11am and 3pm. Slip on a shirt, apply some 30+ sun screen and wear a broad brimmed hat. Wear sunglasses and minimise the time you spend in the direct sun.

There are information leaflets for this too, please ask your doctor of nurse if you have not received one.
Contact us
Do not worry if you forget what the doctor or nurse said about your diagnosis. Patients often do not remember all the details and for this reason we may tell you the same things a number of times.

The Skin Cancer Specialist Nurse is here to go through the information in more detail and is here as your key worker.

The Skin Cancer Specialist Nurse is Amanda McQueen and can be contacted Monday to Friday on 0161 419 5435.

If Amanda is not available, please leave a message with your name and contact number and Amanda will call you back.

Information on the Internet.

Macmillan Cancer Support  www.macmillan.org.uk
Cancer Research UK  www.cancerresearchuk.org
British Association of Dermatologists  www.bad.org.uk
If you would like this leaflet in a different format, for example, in large print, or on audiotape, or for people with learning disabilities, please contact:
Patient and Customer Services, Poplar Suite, Stepping Hill Hospital. Tel: 0161 419 5678. Email: PCS@stockport.nhs.uk.

A free interpreting service is available, if you need help with this booklet/leaflet. Please telephone Stockport Interpreting Unit on 0161 477 9000. Email: eds.admin@stockport.gov.uk

W przypadku gdybyś potrzebował pomocy odnośnie tej broszurki/ulotki, dostępne są usługi tłumaczeniowe. Prosimy dzwonić do Interpreting Unit pod numere 0161 477 9000.

Our smoke free policy
Smoking is not allowed anywhere on our sites. Please read our leaflet ‘Policy on Smoke Free NHS Premises’ to find out more.

Leaflet number
Publication date
Review date
Department
Location
OUT17
October 2012
October 2014
Medicine
Stepping Hill Hospital