Irish Cancer Society

Understanding

Melanoma

Caring for people with cancer

Understanding

Melanoma skin cancer

This booklet has information on:

- Treatment for melanoma skin cancer
- Side-effects and how to manage them
- Coping with the emotional side of cancer
- Financial and practical matters

Useful numbers

Specialist nurse

Family doctor (GP)

Dermatologist

Surgeon

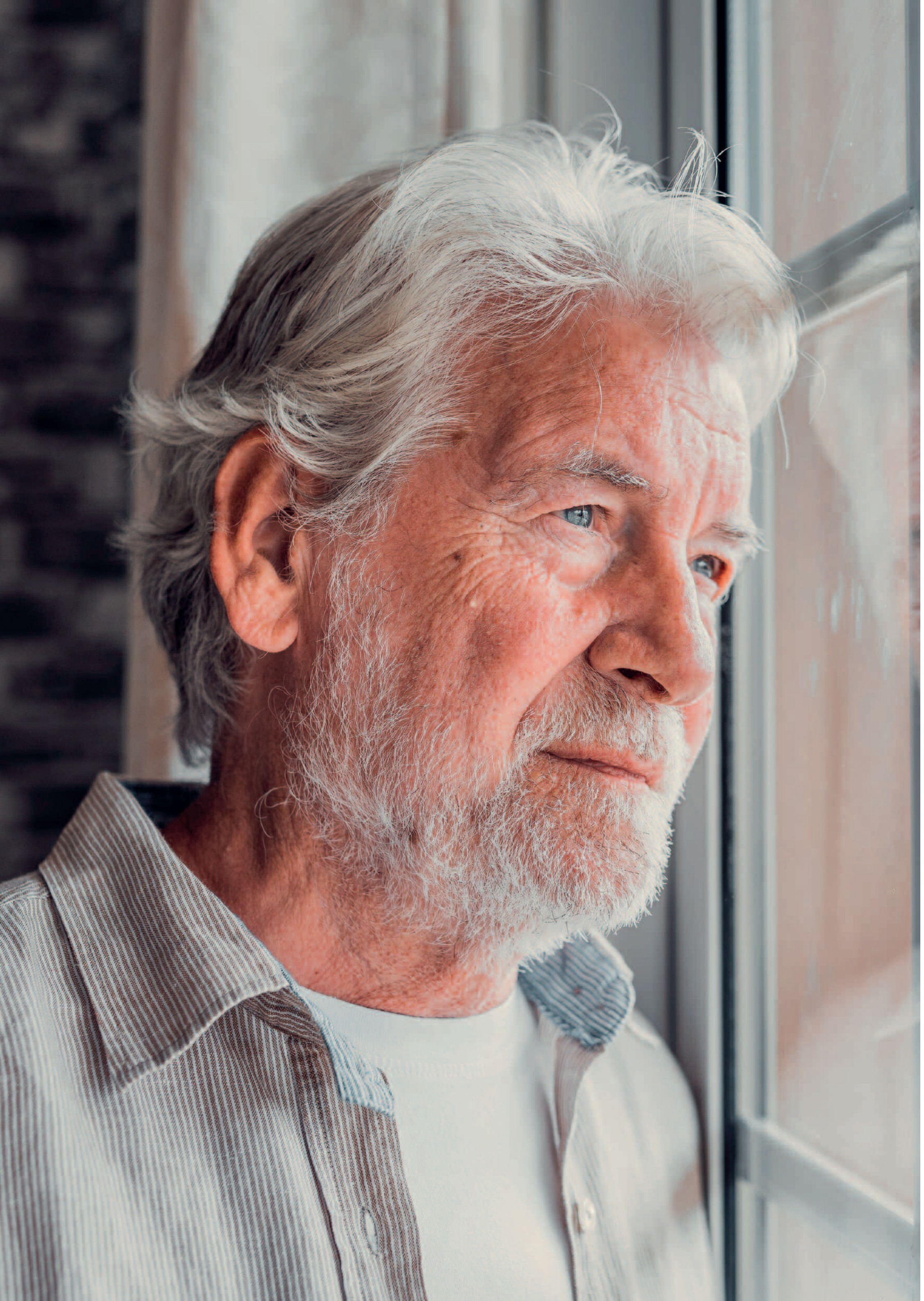
Medical oncologist

Radiation oncologist

Medical social worker

Emergency

Hospital records number (MRN)



Contents

Fast facts

Can my cancer be treated? Page 39

Yes. Surgery is the main treatment for melanoma skin cancer and is usually the only treatment needed. Other treatments such as immunotherapy, targeted therapies, radiotherapy or chemotherapy may be used also, depending on the stage of the melanoma.

Will I be OK? Page 36

What is likely to happen to you (your prognosis) is hard to predict. It depends on a lot of things and everyone's prognosis is different. The prognosis for melanoma is very good for most people. Your doctor will advise you on what is likely to happen in your situation.

What treatment might I have? Page 59

Surgery: Removes the skin cancer and the area close to it.

Targeted therapies: Drugs that find ways to stop melanoma cells from dividing and growing.

Immunotherapy: Drugs that help your immune system to work better to fight cancer cells.

Chemotherapy: Drug therapy used to destroy cancer cells or to control cancer growth.

Radiotherapy: Uses high-energy rays to destroy cancer cells. It is not commonly used to treat melanoma of the skin.

Are there side-effects from treatment? Page 75

Your doctor and the team caring for you will talk to you about possible side-effects. Read about each of the treatments to learn more about their side-effects. There are treatments to help with most side-effects, so tell your doctor or nurse. Don't suffer in silence!

Clinical trials Page 73

Clinical trials are research studies that try to find new or better ways of treating cancer or reducing side-effects. Ask your consultant if there are any trials suitable for you.

We're here for you Page 117

If you or your family have any questions or worries, want to know where to get support, or if you just need to talk, you can talk to one of our cancer nurses.

Ways to get in touch

- Call our Support Line on 1800 200 700
- Drop in to a Daffodil Centre – visit **www.cancer.ie** to find your local centre
- Email us: **supportline@irishcancer.ie**

See page 117 for more about our services.

Reading this booklet

This booklet is to help you throughout your cancer treatment and afterwards. You will probably find different sections useful at different times, so keep it for reference.

If you need more information or don't understand something, ask your doctor or nurse. You can also ask one of our cancer nurses:

- Call our Support Line on Freephone 1800 200 700
- Visit a Daffodil Centre
- Email the nurses at **supportline@irishcancer.ie**

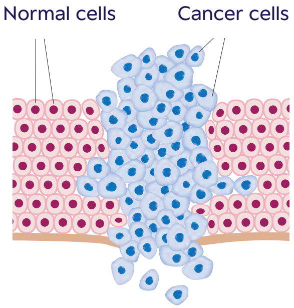
About our information

While we make every effort to ensure the information in this booklet is correct and up to date, treatments and procedures in hospitals can vary.

You should always talk to your own medical team about your treatment and care. They know your medical history and your individual circumstances. We cannot give advice about the best treatment for you.

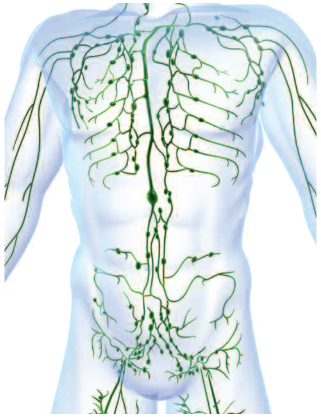
About melanoma

What is cancer?



- **Cancer is a disease of the body's cells**
  Our body is made up of tiny units called cells. Cancer cells are abnormal cells that grow without control. They can form a lump (tumour).
- **Cancers are named after the organ or cell where the cancer starts**
  Melanoma is a type of skin cancer that starts in the melanocyte cells in the skin.
- **Cancers sometimes spread**
  If a tumour is cancerous (malignant), a cell or group of cells can be carried by your blood or lymph fluid to another part of your body, where it can form a new (secondary) tumour. Sometimes cancer cells spread into nearby lymph nodes. When cancer spreads it is called metastasis.

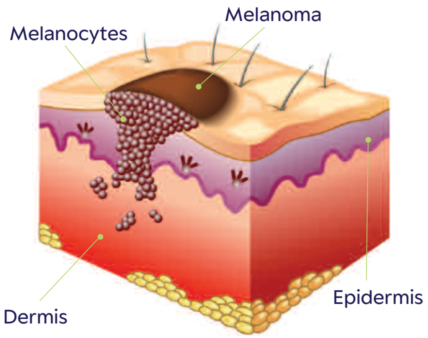
What is the lymphatic system?



- The lymphatic system is part of our immune system, which protects us from infection and disease and removes extra fluid and waste from the body's tissues.
- It is made up of lymph nodes connected by tiny tubes called lymph vessels.
- Lymph nodes are found mainly in the neck, chest, armpit, groin and tummy.
- If cancer cells spread into lymph nodes or cancer starts in the lymph nodes, they can become swollen/enlarged.

Your skin

Your skin is the largest organ in your body. It protects us from heat by controlling body temperature, and protects us from sunlight, injury and infection. It also stores fat, water and vitamin D. It has 2 main layers – an outer layer and an inner deeper layer.



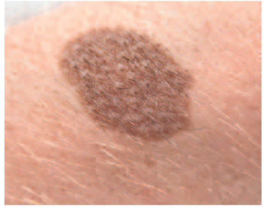
The outer layer is called the epidermis and has cells called melanocytes at its base. Melanocytes make a pigment called melanin, which gives your skin its colour. Melanin protects your skin against damage from the ultraviolet (UV) rays in sunlight. The lighter your skin colour, the more easily it can be damaged by sunlight.

The inner or deeper layer of your skin is the dermis. It contains blood and lymph vessels, hair follicles and glands.

As well as making melanin, your skin has other functions. For example:

- It protects your body from injury and infection.
- It helps to control your body temperature.
- It removes waste products like salt and other minerals from your body.

What is a mole?


Birthmark


Mole

A mole is a group of melanocytes that form a mark on your skin. The most common moles are birthmarks and childhood moles. If a birthmark or mole gets darker, larger, lumpy or starts to bleed, visit your family doctor (GP). See page 91 to learn more about checking your skin for changes to birthmarks or moles.

> Most melanomas are new moles that appear on normal skin. Only a third arise from pre-existing moles.

What is melanoma?

Melanoma is a type of skin cancer. It occurs in the cells that make melanin, called melanocytes. Melanoma is also known as malignant melanoma. Melanoma begins when healthy melanocytes change and grow out of control. It usually starts on the surface of the skin, either as a new mole in normal looking skin or within an existing mole. Most melanomas are new moles. Only a third arise from pre-existing moles. If not caught early, melanoma will spread along the surface of the skin before penetrating deeper. Eventually it can reach the lymph and blood vessels. In rare cases, melanoma may develop in other parts of your body. If melanoma is diagnosed and treated early, there is a very good chance it will not recur (come back).

> Melanoma is a cancer in the cells that make melanin (melanoyctes), which gives your skin its colour.

What are the types of melanoma?

Superficial spreading melanoma

This is the most common type. It grows along the surface of your skin, often on your legs, chest or back. It may grow on skin or within a mole that has suddenly changed.

Nodular melanoma

This is the second most common type. It grows quite quickly down into the deeper layers of your skin. It may occur in normal skin that is not exposed to the sun very often. It has a raised area on the skin and is usually brown or black in colour.

Lentigo maligna melanoma

This is found in older people and often on the face. It begins as a small, brown freckle or stain and gradually increases in size. It can grow slowly over many years.

Acral melanoma

This is found on the palms of your hands, soles of your feet or around your toenails. It is more common in dark-skinned people.

Amelanotic melanoma

This is a rare melanoma. Unlike the others, it may have no colour or be slightly red/pink.

Melanoma in other parts of the body

Melanoma is usually found on the skin. It can develop in other parts of the body, but this is rare. Melanoma can be found under your fingernails or toenails. It can also be found in the tissues that line areas inside your body. For example, in your eyes, nose, mouth, lungs, bowel, rectum or anus. These types of melanoma are not discussed in detail in this booklet. For more information, contact our Support Line on 1800 200 700 or visit a Daffodil Centre.

Melanoma of the eye

Melanoma can sometimes develop in your eye, but it is rare. It develops in the lining of the eyeball called the uvea. Your doctor might call it uveal melanoma or ocular melanoma.

Treatment

The aim of treatment is to remove the cancer and save as much of your vision as possible. Treatment may include radiotherapy, laser therapy, surgery and drug treatment. Your doctor may decide not to give you treatment straight away but bring you back for regular check-ups. That way, the tumour can be watched closely.

For more about eye cancer, you can visit our website **www.cancer.ie** or talk to one of our cancer nurses – visit a Daffodil Centre or Freephone 1800 200 700.

How common is melanoma?

Each year about 1,300 cases of melanoma are diagnosed in Ireland. The number of people in Ireland being diagnosed with melanoma has tripled in the last 20 years. Melanoma is one of the most common cancers among young adults.

Children and melanoma

It is rare to see melanoma and other types of skin cancer in children. But if your child is born with a very large birthmark (naevus), there is a slight risk it may change and become a melanoma.

What increases my risk of melanoma?

The exact cause of melanoma is unknown. Everyone is at some risk, but increased risk depends on several factors including your exposure to UV radiation from the sun and sunbeds, particularly during childhood, the number of moles on your skin, your skin type and family history (genetics). Having a risk factor doesn't mean you will get skin cancer. For more information on the risk factors for melanoma skin cancer, see our website **www.cancer.ie**

Preparing for your hospital appointments

Preparing for your hospital appointments

Preparation is key to getting the most out of your hospital appointments. Being prepared also helps the doctors and nurses get the information they need to plan your care.

Before your appointment

- Write down a list of questions and things you would like to discuss.
- Know where you are going and plan your journey (build in extra time for unexpected delays, such as parking).
- Dress in warm comfortable clothes and shoes – sometimes you can be waiting around for a while. Layers are best, as the temperatures in hospitals can vary a lot. Loose-fitting clothing will be easier to manage if you are having your blood pressure taken, blood tests or a physical examination.
- Try to drink clear fluids (water or juice without pulp) if you are having a blood test and you aren't fasting. This can make it easier for the nurse or doctor to find a vein.
- Check with the hospital if it is OK to bring someone with you. Ask a friend or family member to go along for extra support.

What to take to your appointment

Put together a list of things you might need to bring for your visit, including:

- Your medical card, if you have one
- Your private health insurance details, if you have insurance
- The appointment letter from the hospital, if you got one
- A referral letter or GP letter, if you got one
- Your GP's name and contact details
- Your medical history – remember, your doctor will likely ask you lots of questions so it's a good idea to have everything written down beforehand
- Your list of questions
- A notebook and pen to take notes. (Some healthcare professionals may be happy for you to record the meeting, but make sure you ask for their permission before doing so)
- A list of your medications or the medication itself – ask your pharmacist to print off a list of your medications. Hand-written lists can be hard to read or inaccurate
- Be aware of when your prescription is due, so you can ask for a prescription before you leave, if needed
- Medications and any medical supplies you may need that day, in case you are delayed
- A light snack and drink if you are likely to have to wait for some time. (Make sure you are not meant to be fasting – check with the hospital beforehand if you are not sure)
- Your phone and your phone number
- Contact details of the person to call in an emergency
- Your glasses and hearing aid, if you use them
- A book or something to listen to (including headphones) to pass the time while you wait

Before leaving the appointment

- Make sure you feel satisfied that your questions were answered and that you have written down what you need to know
- Make sure you know what will happen next
- Ask for the name or number of someone you can contact in case you have further questions
- Ensure you are booked in for your follow-up appointment before you leave, if required

After the appointment

- Arrange any tests in advance of your next appointment as soon as you can, for example, a blood test – if your healthcare professional has asked for it

It's important to go to your appointments

If you can't go to your appointment, contact the hospital as soon as possible and ask them for a new appointment. Contact your GP if you have any trouble getting an appointment.

Questions to ask your doctor

Here is a list of questions that you might like to ask. Try not to be shy about asking questions. It is always better to ask than to worry.

How long will it take to get my test results?

What stage is my cancer at?

What type of treatment do I need?

Are there other treatment options? Why is this one best for me?

Would I be suitable for a clinical trial?

How often will I need treatment and for how long?

How and where will my treatment be given?

Do I have to stay in hospital for my treatment?

What side-effects will I get?

Who do I contact if I develop side-effects or feel unwell?

Is there anything I can do to help myself during treatment?

Will treatment affect my fertility?

How often will I need check-ups?

What can I do to reduce the risk of getting another melanoma?

Does my family need to be checked for melanoma? If so, how can this be organised?

Diagnosis and tests

Being diagnosed with melanoma

Hearing that you have cancer can be a huge shock.
You may be feeling:

- **Upset and overwhelmed** by your emotions
- **Confused** by all the information being given to you
- **Worried** about what will happen next
- **Angry** that this is happening to you

If you need to talk to someone or if you want support or advice:

- Ask to speak to the cancer clinical nurse specialist (CNS) or the medical social worker at the hospital. They can help you and your family to cope with your feelings and advise you about practical matters
- Talk to one of our cancer nurses in confidence – visit a Daffodil Centre or call our Support Line on 1800 200 700. You can email the nurses at supportline@irishcancer.ie
- Speak to an Irish Cancer Society Peer Support volunteer who has had a similar cancer experience and is fully trained to provide emotional and practical cancer support in a safe, responsible and kind way. Our cancer nurses can put you in touch with a volunteer.
- Go to your local cancer support centre. For more information, see page 124.

However you feel, you are not alone.

Telling people about your diagnosis

Telling people about your diagnosis can help you to get support from friends and family. But you may feel you don't want to tell people straight away. You may be unsure how to break the news or need a little time to adjust. You may also worry about how other people will react. For example, they may fuss over you or be upset.

If you would like to talk things over with a cancer nurse, call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can also ask for a copy of our booklet ***Understanding the emotional effects of cancer.*** It can help you find ways to talk about your cancer and to ask for the help and support you need.

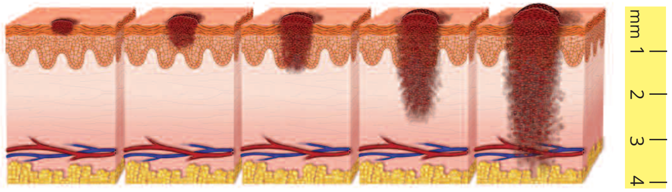
What tests will I have?

- You may need to have tests such as a skin biopsy or an excision biopsy.
- Further tests such as scans may sometimes be used to stage your cancer (to see if it has spread).

Excision biopsy (removing the suspicious mole)

A biopsy means taking a sample of cells and looking at them under a microscope. With an excision biopsy, the entire mole or affected tissue is removed and examined in the laboratory. The doctor who does the surgery is a dermatologist or plastic surgeon; the doctor who examines the mole under a microscope is a pathologist.

After melanoma is diagnosed, the pathologist will measure the depth, or thickness, of the cancer to see how deep it is within the layers of your skin. This is called the Breslow thickness. If the depth of the melanoma is less than 1mm, it is called a thin melanoma and there is an excellent chance that your melanoma will not recur once it has been treated. See page 32 for more on staging melanoma.



Most people have melanomas that are 1mm thick or less.

If the melanoma is thicker than 1mm, there is a chance it could have spread or might come back in the future.

The pathologist will check whether the melanoma has been fully removed. They will also check how fast the cells are dividing (mitotic rate). If the cells are dividing fast there is a greater chance of the cancer spreading. Pathologists will also be looking for breaks in the surface of the melanoma (ulceration) that can only be seen under the microscope.

The biopsy results may take 2-4 weeks to come back to you. Your doctor will explain the results to you in detail.

If the biopsy shows that the cancer has or might spread deeper than your skin surface, your doctor may need to do other tests to find out more about the extent or stage of the cancer and your general health. This can help them decide on the right treatment for you. See page 32 for more about staging melanoma.

Further tests

If you are having further tests, these might include:

Sentinel lymph node biopsy

Cancer cells can sometimes spread to the lymph nodes close to the melanoma site. This is unlikely to happen if the melanoma is less than 0.8mm thick. If the melanoma cells go deeper than 0.8mm into your skin, your doctor may do a test to find out if the melanoma has spread to your lymph nodes. This test is called a sentinel lymph node biopsy.

In this test, a tiny amount of radioactive liquid or dye is injected into the scar site of the melanoma. This may be done in the X-ray department. The liquid will travel to the lymph nodes. The lymph nodes are then scanned to see which ones have taken up the liquid. The first node to take up the liquid is called the sentinel node. This node is removed and sent to the laboratory to be examined. This is usually done during wide local excision surgery (see page 61).

If the sentinel node has melanoma cells, your doctor will discuss treatment options. For more details, see page 63. If there are no melanoma cells in the sentinel lymph node, it is unlikely that other lymph nodes will have melanoma cells. Further treatment is usually not needed.

A sentinel lymph node biopsy is done under general anaesthetic and is usually straightforward. If any problems occur, they tend to be minor. Some people get infections at the biopsy site and may need antibiotics after the test. For others, fluid or blood might collect in the biopsy site and may need to be drained off.

Blood tests

Some blood tests may be done to check your general health.

PET scan

This scan can give your doctor more information about the melanoma and if it is anywhere else in your body. A low dose of radioactive sugar is injected into your arm. The radioactivity can highlight cancer cells in your body. You will have a scan an hour or so after the injection. During the scan, you will lie on a table which moves through a scanning ring. The scan can last up to an hour. Before the scan, you may have to fast (not eat) for a few hours.

You may have to travel to a specialist centre to have a PET scan, as not every hospital has these scanners.

You will be slightly radioactive after the PET scan, so you will be advised not to have close contact with pregnant women, babies or young children for a few hours. This is normal and is nothing to worry about. The hospital staff will give you more detailed information about this.

CT scan (CAT scan)

This is a special type of X-ray that gives a detailed picture of the tissues inside your body. A CT scan of the chest, head, abdomen or pelvis may be recommended if it is suspected that the melanoma has spread. During the scan you will lie on a table which passes through a large doughnut-shaped machine. A rotating X-ray beam takes pictures of your body from many angles. A computer then combines the pictures and makes a detailed image of your body.

The scan is painless and takes between 10 and 30 minutes. You might be asked to fast (not eat) for a few hours before the test. You may also be given an injection or a special drink to help show up parts of your body on the scan. Before you take the drink, let the radiographer know if you are allergic to iodine or have asthma. The injection may make you feel hot all over for a few minutes.

Preparations for a CT scan can vary. The doctor or nurse in your hospital will tell you what to do. This test is usually done as an outpatient, so you should not need to stay in hospital.

Ultrasound scan

This is a scan that uses sound waves to look at collections of lymph nodes (called basins) and soft tissue. It is done in the X-ray department of the hospital. The scan is painless and only takes a few minutes. Some gel is first put on the skin, which is then scanned to give more information about the cancer.

MRI scan

MRI uses magnetic energy to create a picture of the tissues inside your body. During the test you will lie inside a tunnel-like machine for 30-60 minutes, depending on the number of pictures being taken. Some people are afraid they will feel claustrophobic inside the tunnel. Tell the radiographer if you're feeling anxious.

An MRI can also be noisy, but you will be given earplugs or headphones to wear. You might get an injection before the scan to show up certain parts of your body.

During the scan you cannot wear metal jewellery. If you have any medical device in your body, like a pacemaker or metal pin, you should let your doctor know, as you may not be suitable for the test.

Usually you can go home soon after the scan. You shouldn't need to stay in hospital.

Bone scan

Bone scans are very sensitive and can sometimes be used to find cancer cells before they show up on an X-ray. For this test, a very small amount of a mildly radioactive substance is injected into a vein, usually in your arm. A scan is then taken of all the bones in your body. Abnormal bone absorbs more of the radioactive substance than normal bone. This shows up on the scan as highlighted areas.

After the injection you will have to wait for up to 3 hours before the scan can be taken. You might like to bring a book or magazine with you, or a friend to keep you company.

The level of radioactivity used in these scans is very low and safe. You will be slightly radioactive for a few hours after the scan. This is normal following a bone scan. The staff in the hospital will give you more detailed information on how to protect yourself and others following your bone scan.

For most scans you will be alone in the treatment room, but the medical staff can still see you, hear you and speak to you. If you need anything, just speak or raise your hand.

Waiting for test results

It usually takes 2–4 weeks for test results to come back. Ask at the hospital when you will get the results and who will give them to you.

Waiting for results can be an anxious time. It may help to talk things over with the specialist nurse or with a relative or close friend.

You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

> “.... With melanoma, often you don't have a final diagnosis or stage for weeks. The waiting for results can be very hard. Reach out at these times as much as you can.”

Staging melanoma

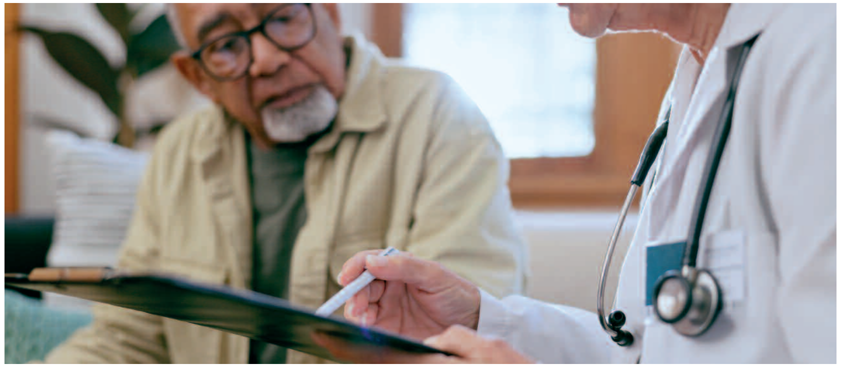
- Staging means finding out the size of the melanoma and if the cancer has spread.
- The results of your excision biopsy will help your doctors to decide if you need further staging tests done.
- Most people with early-stage melanoma do not need further tests.

The tests you have help the doctor to stage your cancer. Staging means finding out the size of the cancer, how deeply it has grown into the skin and if it has spread to other parts of your body.

Knowing the stage of your cancer is very important, as it helps your doctor to decide the best treatment for you.

With melanoma, staging looks at:

- The thickness (depth) of the tumour
- Whether the tumour has broken the skin. This is called ulceration
- Whether the tumour has spread to the lymph nodes
- Whether the tumour has spread to other parts of the body. This is called metastasis



Stages of melanoma

Stage 0: Melanoma in situ. This is the earliest stage of melanoma. The melanoma cells are only in the top layer of the skin (epidermis). Melanoma in situ does not usually spread to other parts of the body.

Stage 1-2: Early-stage melanoma. The melanoma cells are found only in the skin. It has not spread to lymph nodes or other organs.

Stage 3: Medium-stage or locally advanced melanoma. The melanoma may have spread to nearby skin or to nearby lymph vessels or nodes.

Stage 4: Metastatic (advanced) melanoma. The cancer has spread to distant parts of your body such as the lung, liver or brain.

Staging can be confusing, so ask your doctor or specialist nurse to explain it more if you don't fully understand.

Additional staging details

Using the general stages 1-4, your doctor may also do a more detailed staging, adding letters (A-C) to the numbers. This will describe the thickness (see Breslow thickness on page 25), the spread (if any) and if the skin is ulcerated (broken).

Stage 1A: The melanoma is less than 0.8mm thick. The covering layer of skin over the tumour is not broken (not ulcerated).

Stage 1B: The melanoma is less than 0.8mm thick and the skin is broken (ulcerated). Or it is between 0.8 and 1mm thick and may be either ulcerated or not ulcerated.

Stage 2A: The melanoma is between 1 and 2mm thick and is ulcerated. Or it is between 2 and 4mm and is not ulcerated.

Stage 2B: The melanoma is between 2 and 4mm thick and is ulcerated. Or it is thicker than 4mm and is not ulcerated.

Stage 2C: The melanoma is thicker than 4mm and is ulcerated.

Stage 3A: The melanoma has spread to 1-3 lymph nodes near the original tumour. The nodes are not enlarged and the melanoma can only be seen with a microscope. The melanoma can be of any thickness, but it is not ulcerated.

Stage 3B: The melanoma can be of any thickness and is ulcerated. It has spread to 1-3 lymph nodes near the original tumour. The nodes can be enlarged or not enlarged.

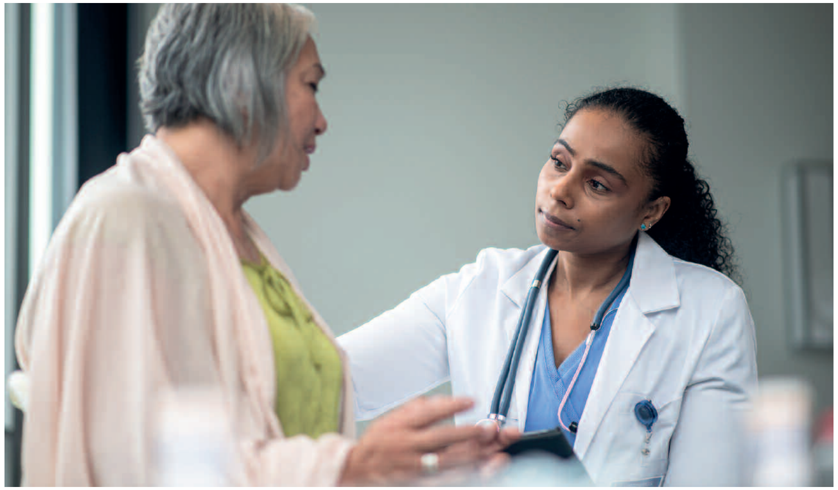
OR: The melanoma can be of any thickness, but it is not ulcerated. The melanoma has spread to skin or lymph vessels around the original tumour. Nearby lymph nodes do not have melanoma cells.

Stage 3C describes one of the following:

- The melanoma has spread to 1-3 lymph nodes near the original tumour. The nodes are enlarged. The melanoma can be of any thickness and is ulcerated.
- The melanoma has spread to skin or lymph vessels near the original tumour. The lymph nodes do not contain melanoma. The melanoma can be of any thickness and is ulcerated.

- The melanoma has spread to 4 or more nearby lymph nodes, or to nearby lymph nodes that are clumped together. The melanoma can be of any thickness and may or may not be ulcerated.
- The melanoma has spread to skin or lymph vessels around the original tumour and to nearby lymph nodes. The nodes are enlarged because of the melanoma.

Stage 4: The melanoma has spread to other areas of the body, such as the lung, liver or brain.



Genetic mutation testing

In certain cases, a pathologist will test the tumour for gene changes (mutations). Each gene mutation makes the cancer act in a different way. Almost half of people diagnosed with melanoma have a mutation in the BRAF gene. Knowing which gene mutation affects your tumour helps the doctors to plan the best treatment for you.

You may be offered a place in a clinical trial, based on the genetic mutation of your melanoma. See page 73 for more on clinical trials.

Asking about your prognosis

Your prognosis includes information about how your cancer is likely to progress, including average survival times or life expectancy.

It's not always easy for doctors to answer a question about life expectancy. Everyone is different, so what happens to you might be quite different from what the doctor expects.

Should I ask about my prognosis?

If your prognosis is better than expected, you may feel more hopeful about your illness and your future. You may feel more in control by having as much information as possible. Or you may not want to know about your prognosis. You may prefer not to think about the future too much or you may worry how you will cope if you get bad news.

If you decide you want information on your prognosis:

Think carefully about how you will cope with the information before asking for your prognosis.

Get information on your prognosis from your doctor. They know your individual circumstances. Your doctor can also support you in understanding the information and answer any questions you have.

Ask a friend or family member to go with you, if you would like some support.

Be careful with online information. It may be hard to understand or it may be incorrect. Also, the information may not really apply to your situation or to your particular cancer type. Ask your doctor or nurse specialist for recommended websites.

Accept that you will need some time to think about what you have been told. You may forget some things or there may be things you didn't understand. You may need to talk to your doctor or nurse again after you have thought about everything.

If you feel upset or anxious about your prognosis you can get support from friends, family or your hospital team. You can also call our Support Line on 1800 200 700, visit a Daffodil Centre or email supportline@irishcancer.ie. Our cancer nurses can give you support, information and advice. They can also tell you about free counselling and other services that can help you.

Treatment overview

Treatment options

- Surgery is the main treatment for early-stage melanoma.
- A team of healthcare professionals will be looking after you (multidisciplinary team).

What treatment will I have?

The best treatment for you will mainly depend on the stage of your melanoma – where it is, how thick it is and if it has spread.

In general, surgery is the main treatment for early-stage melanoma and drug treatments are used for later stage melanoma, but your treatment plan will be tailored to you. You may have a combination of treatments. For example, surgery followed by a course of immunotherapy.

Your treating team will discuss your treatment plan, which will be planned specifically for you.

Surgery

Surgery is the main treatment for early-stage melanoma. After having the melanoma removed, you are likely to have further surgery to remove normal skin around the affected area. This is called wide local excision and is done to reduce the risk of the cancer coming back in the same area. See page 61 for more on wide local excision.

Treatment after initial surgery

A team of doctors and nurses, called the multidisciplinary team (MDT), will meet to discuss your case and see if you need further surgery or treatment.

If your melanoma has been fully removed but it is thick or you have cancer in your sentinel lymph node, your doctors may recommend treatment to reduce the risk of the melanoma coming back or to treat any cancer found in nearby lymph nodes. Treatment after surgery is called adjuvant treatment. Adjuvant treatment may involve drug therapies such as targeted therapies and immunotherapy.

If your melanoma has not been fully removed or has spread to other organs, the MDT will consider further treatment options. These may include surgery, targeted therapy, immunotherapy, chemotherapy and radiotherapy.

Drug treatments (systemic anti-cancer therapy)

The drug treatments used for melanoma are:

- **Targeted therapies** (see page 65)
- **Immunotherapy** (see page 67)
- **Chemotherapy** (see page 68)

Drug treatment with surgery

If you are having surgery, you may have drug treatment after surgery. This is to reduce the risk of the cancer coming back or to treat cancer in lymph nodes close to the original cancer site.

Drug treatment before surgery may reduce the size of some melanomas to make them easier to remove. Your consultant will advise you if this is an option for you.

Drug treatment for melanoma that has spread

Drugs are the main treatment for melanoma that cannot be removed by surgery and/or has spread to nearby tissues or other parts of the body. This is called metastatic or advanced melanoma.

The aim of treatment is to control the cancer. Modern treatments can control metastatic cancer for a long time. You can also have treatment to improve any side-effects or symptoms.

Metastatic cancer is still melanoma even if it is found in another part of your body and will be treated with melanoma treatments.

The best treatment for you will depend on the type and size of the melanoma, where it is found and if any organs are affected.

You may also be offered new drugs or a combination of drugs as part of a clinical trial (see page 73).

Radiotherapy

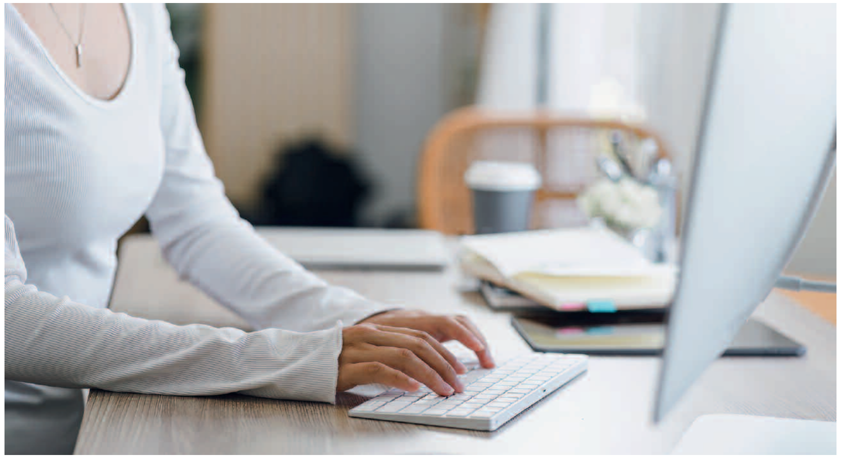
Radiotherapy may be used for melanoma that has come back or spread. It can also relieve symptoms, such as pain. See page 72 for more.

> “Treatment of melanoma is advancing quickly and new approaches, timing of treatment and combination of treatments will be considered by the multidisciplinary team.”

Treating local recurrence

Occasionally melanoma comes back close to the original melanoma site. This is called local recurrence. Surgery is the main treatment for a melanoma that comes back in the same area. Other treatments are radiotherapy, electrochemotherapy or isolated limb perfusion (ILP). With electrochemotherapy, chemotherapy is injected into the melanoma or into your bloodstream. Then a probe that gives out electrical pulses is put into or near the melanoma. The pulses help the chemotherapy attack and destroy the cancer cells. ILP is where chemotherapy is given directly into an affected limb.

For more information on treatments for recurrent melanoma, you can talk to a cancer nurse by calling our Support Line on 1800 700 200, emailing supportline@irishcancer.ie or dropping into a Daffodil Centre.



Deciding on treatment

Multidisciplinary team

A multidisciplinary team (MDT) is a team of specialists involved in caring for your type of cancer. For example, a dermatologist, histopathologist, plastic surgeon, medical oncologist, radiation oncologist, specialist nurse and radiologist. The team will meet to discuss your test results and your treatment plan.

Who will be involved in my care?

Usually a team of healthcare professionals will be involved in your treatment and care.

Consultant: An expert doctor. They are in charge of your treatment. They have a team of doctors working with them.

Dermatologist: A doctor with expertise in managing skin conditions. Dermatologists have undergone training to manage skin cancer by surgical excision. Most skin cancers are first referred to dermatologists.

Plastic surgeon: A doctor who can perform operations to remove cancer from your skin and lymph nodes and to repair or replace skin which has been damaged.

Surgeon: A doctor who specialises in surgery and who can remove a tumour from your body.

Skin cancer nurse specialist: Specially trained nurses who are part of the skin cancer multidisciplinary team. They give information and reassurance to you and your family from diagnosis throughout your treatment.

Advanced nurse practitioner (ANP): ANPs give expert information and support and are specially trained to carry out tests and help to review your treatment.

Medical oncologist: A doctor who specialises in treating cancer patients using drugs, such as immunotherapy and targeted therapies.

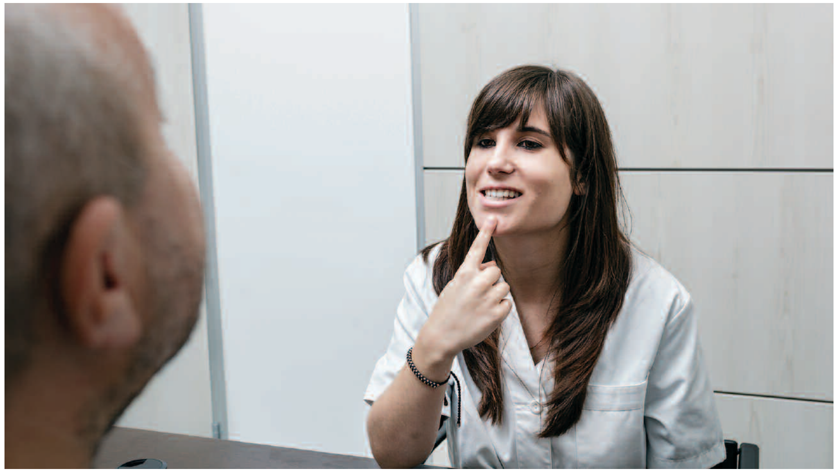
Radiation oncologist: A doctor who specialises in treating cancer patients using radiotherapy.

Radiation therapist: A specially trained person who delivers radiotherapy and gives advice to cancer patients about their radiation treatment.

Radiologist: A doctor who specialises in interpreting X-rays and scans such as ultrasound, CT, MRI and PET and also undertakes biopsies under image-guidance.

Histopathologist: A doctor who examines tissues and cells, usually under a microscope, to help give a diagnosis.

Dietitian: An expert on food and nutrition. They are trained to give advice on eating and artificial feeding during your illness and use diet to help your symptoms.



Speech and language therapist: A therapist who treats speech and swallowing difficulties.

Physiotherapist: A therapist who treats injury or illness with exercises and other physical treatments related to the illness.

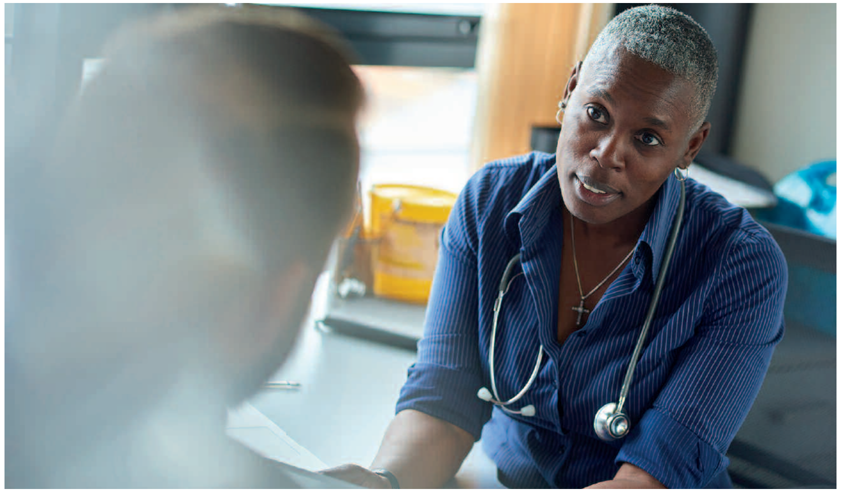
Occupational therapist: A therapist who specialises in helping people who are ill or with disabilities learn to manage their condition and their daily activities, such as washing and dressing, housework, parenting, work and leisure activities.

Medical social worker: A person trained to help you and your family with your social issues and emotional and practical needs. They can also give advice on social welfare benefits, financial matters and practical supports and services available to you.

Pharmacists: Pharmacists – in hospital and in your local pharmacy – dispense chemotherapy and other cancer drugs. They can give advice on cancer drugs, such as how to take them, side-effects, and possible interactions between your cancer drugs and other medicines, food and drink, and supplements such as herbs and vitamins.

Psycho-oncology team: These are specialists in psychological care and support for cancer patients. Usually the team includes psychiatrists, clinical psychologists and nurses.

Psychologist: A specialist who can talk to you and your family about emotional and personal matters and can help you make decisions.



Community health services: These include family doctors, public health nurses (who can visit you at home), community welfare officers and home-help organisers. Your local health centre or the medical social worker in the hospital can advise you about these services.

Palliative care team: This team is experienced in managing pain and other physical symptoms. They can help you and your family cope with any emotional distress. They are sometimes known as the symptom management team. A specialist palliative care service is available in most hospitals. Palliative care teams also work in the community.

GP (family doctor): While your medical team will be your main point of contact, your GP is still very much a part of your care and can be a great support to you.

Specialist cancer centres

Melanoma is treated in specialist cancer centres in Ireland. The staff at these centres have great experience in managing patients with melanoma. As a result, you may be transferred to another hospital from the one where you received your diagnosis.

Understanding your treatment

Your doctor and nurse will explain your treatment options. Ask as many questions as you like. You could write down any questions you have in advance, so you don't forget anything. You could use the fill-in pages at the back of this booklet for your questions and answers.

If you do forget something or need more explanations, ask your specialist nurse or talk to one of our cancer nurses – call our Support Line on 1800 200 700 or visit a Daffodil Centre.

Time to think

It may feel as if everything is happening too fast. You may feel under pressure to make a decision. You can always ask for more time to decide about your treatment, if you are unsure when it is first explained to you.

Second opinion

You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your GP or treating doctor will refer you to another specialist for a second opinion if you feel this would be helpful.

Accepting treatment

You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you want to refuse a particular treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully aware of the benefits and risks.

Giving consent for treatment

Before you start any treatment, you should be asked to sign a consent form saying that you understand what the treatment is for and that you give permission for treatment to be given. Before treatment, you should have been given full information about:

- What the treatment is for
- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Possible side-effects from treatment
- Any other treatments that may be available

If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can still change your mind after you have started treatment. Talk to your doctor or nurse if you have any worries about your treatment plan.

Individual treatment

Your experience of treatment may be quite different to what you expect or have heard. Cancer and its treatment affect people in different ways. It depends on the type and stage of your cancer, the best treatment for your individual cancer and your general health. If you have any questions or worries, ask your doctor or nurse.

Waiting for treatment to start

Planning cancer treatment takes time. Most people want to start treatment right away. You may worry that the cancer will spread during this time.

Cancer treatment should start soon after diagnosis. But for most cancers, waiting for scans or treatment for a few weeks does not usually affect how well the treatment works.

If you are worried, talk to your doctor. You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

While you're waiting for treatment, you might like to focus on your own health. This can help you prepare for your treatment and feel more in control. For more information, see the next page.

Ask your specialist nurse or visit a Daffodil Centre for information on our pre-treatment education workshops and videos. The workshops and videos give information on certain treatments, including what to expect and how to manage side-effects. You can watch the videos at **www.cancer.ie/video-library/patient-education-videos**

How can I help myself?

It can be very difficult to cope with a cancer diagnosis and all the changes that this can bring. Your healthcare team can offer you different types of support, but there are also things you can do yourself to prepare for treatment and feel as well as possible.

Eat well

Eating well when you have cancer can help you feel better. It can help you to:

- Keep up your energy and strength
- Keep your weight stable and avoid muscle loss
- Tolerate your treatment better, so you can finish your course of treatment
- Cope better with side-effects of treatment
- Reduce your risk of infection and other complications
- Recover faster

Ask to talk to the dietitian at the hospital for advice on the best diet for you. We provide group online information sessions with an oncology dietitian, to support you to eat well during cancer treatment and beyond. You can also read our booklet ***Understanding diet and cancer***. For more information, call our Support Line on 1800 200 700 or visit a Daffodil Centre.

Stay active

If you are able, it can really help to be active before, during and after your treatment. Keeping up or increasing your activity levels can help to:

- Reduce tiredness and some treatment side-effects
- Reduce anxiety and depression
- Improve your mood and quality of life
- Strengthen your muscles, joints and bones
- Reduce the risk of other health issues

Talk to your doctor or nurse before starting or increasing the amount of exercise you take. They can advise you on the type and amount of exercise that is safe for you. We offer information and support on how you can make exercise part of your everyday life. We also offer free exercise classes, through ExWell Medical, to build strength and fitness in a supportive environment. Call our Support Line or visit a Daffodil Centre for details.

Quit smoking

If you are coping with a cancer diagnosis, you may find it stressful to quit smoking. However, research tells us that:

- Non-smokers are likely to have fewer or less severe side-effects during cancer treatment. For example, chest infections
- Smoking can reduce how well radiotherapy and some other anti-cancer treatments work
- Not smoking can help you to heal better after surgery
- Quitting reduces your chance of further illness

If you would like advice or support on quitting, call the HSE Quit Team on Freephone 1800 201 203, visit **www.QUIT.ie** or Freetext QUIT to 50100. Some hospitals have a stop-smoking service, with advisors who can help and support you.

Other ways to help yourself

Get information about your cancer and treatment

Understanding cancer and its treatment and knowing what to expect can help to relieve anxiety and stress for some people. Make sure you get your information from trustworthy sources like your medical team, the Irish Cancer Society and the HSE.

Involve your family and close friends

Don’t keep any worries or physical problems secret from the people closest to you. Ask someone close to you to come with you when you are visiting the doctor and when treatments will be discussed. Your friends and family will be affected by your diagnosis too, so try to talk openly and find ways to support each other.

Use your support network

Don’t be shy about asking for help. Family and friends may not know the best way to help you, so tell them what you need. For example, lifts to the hospital, practical help at home, child-minding or just some company or support. Telling people what you need and how they can help means you will get the right amount of support to suit you.

Try relaxation and stress management techniques

Activities like meditation or yoga can help you to cope with stress. Some cancer support centres provide groups to help you learn these techniques.

Accept change in your life

Accept that you may not be able to carry on exactly as before. Give yourself time to adjust to your new routine.

Know that there will be ups and downs

Sometimes people feel they have to be brave or positive all the time, but it’s normal to have bad days. There is help and support available if you are finding it hard to cope. You can call into your nearest Daffodil Centre or Call our Support Line on 1800 200 700.

Try to cope day by day

Don’t think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.

Types of treatment

Surgery

- Surgery is the main treatment for melanoma.
- You may need a skin graft if a large area of skin is removed.
- If there is cancer in your lymph nodes, you may have surgery to remove them.

After the mole or affected area of skin is removed and melanoma is diagnosed, your doctors will most likely recommend further surgery, which is called wide local excision.

Wide local excision

Wide local excision is surgery to remove normal-looking skin around the scar where the melanoma was removed. This surgery is to reduce the risk of the melanoma coming back. The amount of skin that needs to be removed depends on the thickness of the melanoma examined under the microscope (Breslow thickness, see page 25).

This surgery is normally done under local anaesthetic. Most melanomas treated early do not recur (come back) after wide local excision.

Skin grafts

Sometimes when a wider area of skin is removed, the surgeon may need to do a skin graft. A graft means that layers of skin are taken from another part of your body and placed onto the wound. The skin can be taken from your thigh or upper arm. This is called the donor site. The thickness of the skin taken depends on the depth of the area to be covered.

Once the skin is in place it is covered with a dressing. The graft is checked after several days to make sure it is healing properly. The donor site is also checked and dressed regularly. You may feel sore for a few days after the surgery, but you will be given painkillers.

You might have to go back to the hospital for wound checks and dressings. Don’t be put off by how the graft area looks at first. The raw look will heal and fade in time. Small skin grafts can often be done as day surgery, so you can go home the same day.

Skin flap

Sometimes a skin flap is used. This is where the surgeon takes a thick layer of skin – with its own blood supply – from an area near the melanoma site and places it over the site to repair the wound. Usually you can go home the same day.

Removing lymph nodes

If a small number of melanoma cells are found in your sentinel lymph node and your staging scans are clear, the MDT may recommend adjuvant treatment without further surgery. Adjuvant treatment aims to reduce the risk of the cancer coming back.

If melanoma is extensively found in your lymph nodes or has recurred months to years after initial treatment and your staging scans don't show any melanoma elsewhere in your body, the MDT may decide to remove some of your lymph nodes. This helps to prevent cancer spreading to other parts of your body. The lymph nodes are removed in hospital under a general anaesthetic. This is called a complete lymph node dissection (CLND).

You may feel sore for the first few days after an operation to remove lymph nodes, but most people recover quickly. In a very small number of cases, swelling may occur at the site of the removed lymph nodes. For example, swelling in your arm if lymph nodes in your armpit are removed. This swelling is called lymphoedema and it can happen some time after the surgery.

Contact your doctor or specialist nurse if you notice swelling or a feeling of heaviness, tightness, soreness or stiffness in the affected area. For more information on preventing and treating lymphoedema, call our Support Line on 1800 200 700, drop into a Daffodil Centre or visit our website: **www.cancer.ie**

Going home

Before you go home, you will be given a date to go back for a check-up, usually about 6 weeks after surgery. If you have a worry or symptom that is causing you concern before your check-up date, contact your doctor, clinical nurse specialist or hospital ward for advice. Your nurse can organise community services – such as public health nurse visits – for you, if necessary.

Drug treatments (systemic anti-cancer therapy (SACT))

Drug treatments can be given:

- After surgery to reduce the risk of the cancer coming back (adjuvant treatment)
- To control cancer that cannot be removed by surgery and/or has spread – metastatic (advanced) melanoma.

Some patients may have drug treatments before surgery to reduce the size of the cancer to try to make it easier to remove (neo-adjuvant treatment)

The drug treatments used for melanoma are:

- Targeted therapy
- Immunotherapy
- Chemotherapy

Systemic anti-cancer therapy (SACT)

The term systemic anti-cancer therapy describes all types of cancer drugs – targeted therapies, immunotherapy and chemotherapy. Systemic means the drugs affect your whole body – they work throughout your system.

Targeted therapies

Targeted drug therapies ‘target’ specific proteins or genes that help a cancer to grow or survive. Different types of targeted therapies work in different ways. For example, cancer growth inhibitors block the chemical signals that trigger cancer cells to divide and grow.

Targeted therapies used for melanoma include:

- **BRAF inhibitors.** These target an abnormal change in the BRAF gene that produces too much of the BRAF protein – this helps the cancer to grow. About half of melanoma patients in Ireland have a change in the BRAF gene (BRAF-positive melanoma).

- **MEK inhibitors.** These drugs block a protein called MEK that helps cancer to grow. The BRAF gene change affects the MEK protein too, so MEK inhibitors can help to treat melanomas with BRAF gene changes.

You may have a combination of drugs. For example, you may have both a BRAF inhibitor and a MEK inhibitor.

Biomarker testing

Biomarker testing can identify genes, proteins or other substances that may be targeted with specific drugs. For example, genetic mutation testing of melanoma for BRAF mutations (see page 35).

Immunotherapy

Your immune system is designed to identify and destroy harmful or abnormal cells in the body. But sometimes cancer cells find a way to hide from the immune system. Immunotherapy works by helping your immune system to recognise and attack cancer cells.

The most common immunotherapies are drugs called checkpoint inhibitors. For example, anti-PD-1 and CTLA 4 inhibitors. PD-1 and CTLA 4 proteins help to switch off or slow down the immune system. Giving anti-PD-1 and CTLA 4 inhibitors helps to boost the immune system to keep working to reduce the risk of your melanoma recurring or to control your cancer.

These drugs are usually given into a vein (intravenously) as a day case.

New drug therapies

New drugs are being developed all the time and existing therapies are being used in new ways.

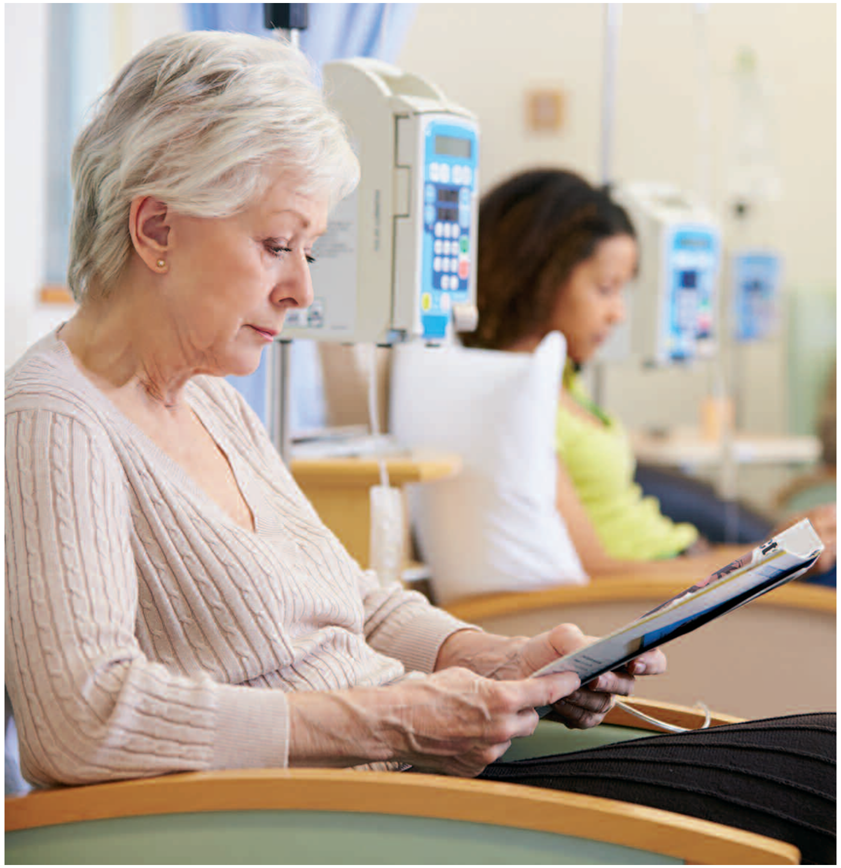
There are a number of new drug treatments being developed for melanoma. For example, vaccines and modified T-cell therapies. You may be offered a new drug treatment as part of a clinical trial (see page 73).

Ask your doctor about the drugs available to treat your cancer or if there are any trials suitable for you.

Chemotherapy

Chemotherapy is a treatment using drugs to kill cells, including cancer cells. It is used to treat melanoma if targeted therapy or immunotherapy are not good options for you. Chemotherapy may be given to control metastatic melanoma and/or to improve symptoms.

You may be given chemotherapy as part of a clinical trial. See page 73 for more details.



Hints and tips: Understanding your drug treatment

It's important that you understand the drugs you have been given.

- Your doctor or specialist nurse should give you information about the drug or drugs you have been given, including written information to take home with you. Ask them if you have any questions and make sure you're clear on how to take the drug and what to do if you have any side-effects.
- If you know the name of your drug, you can visit the Health Products Regulatory Authority's website at **www.hpra.ie** for information about the drug and possible side-effects.
- Our booklet ***Understanding chemotherapy and other cancer drugs*** has information on different types of drug treatments, possible side-effects and how the different types of drugs work. For example, targeted therapies and immunotherapies.
- Our patient education videos give information about drug treatments, such as chemotherapy, targeted therapies and immunotherapy. View the videos in the patient education section of our website, **www.cancer.ie**
- If you have any questions or need any more information, you can speak to our cancer nurses by calling our Support Line on 1800 200 700 or by calling into a Daffodil Centre.

Side-effects of drug treatments

The side-effects of drug treatments vary from person to person. Some people have fewer side-effects than others.

The type of side-effects you might get and how severe they are mainly depend on the drugs used and the dose.

What side-effects might I get?

Your doctors and nurses can advise you about possible side-effects from the drugs you have been prescribed. They should also give you written information about your drug treatment, that you can read at home.

Some of the possible side-effects include extreme tiredness (fatigue), flu-like symptoms, such as chills, fever, joint pain and headaches, skin changes and feeling sick. But there are many possible side-effects. Your team will give you advice specific to you.

Coping with side-effects

Your team will also advise you about coping with side-effects. They will tell you about who to call and when to call if you are experiencing side-effects. They can prescribe treatment to help, if necessary. For example, medicine to stop you feeling sick.

You can also read our booklet ***Understanding chemotherapy and other cancer drugs***, which lists many side-effects and gives tips to help you cope.

> “Your team will prescribe you medications to get you through the side-effects. Take them. Report how you are feeling to your oncologist or oncology nurse, and they will be able to change your drug regimen or offer advice.”

Radiotherapy

Radiotherapy is a treatment that uses high-energy rays to kill cancer cells. It only treats the area it is directed at (localised treatment). It can be used to treat recurrent melanoma or if the melanoma has spread to other parts of your body. Radiotherapy can also help to relieve pain.

For more information on radiotherapy, see our booklet ***Understanding radiotherapy***. You can download it from our website, **www.cancer.ie** or our cancer nurses can send you a free copy. Call our Support Line on 1800 200 700 or visit a Daffodil Centre.

Clinical trials

Clinical trials are research studies that try to find new or better ways of treating cancer or reducing side-effects.

Patients with cancer are sometimes asked to consider taking part in a clinical trial. Clinical trials investigate new treatments and/or using existing treatments in different ways. For example, giving a different dose of a drug or using 2 treatments together.

Because treatment is given as part of a clinical trial, you will be closely monitored and may have extra tests and appointments.

Trials often investigate very specific features of a particular cancer or treatment, so you may not be suitable for a trial, even if it is researching your particular cancer. Your doctor can advise you about this.

More information

It's best to talk to your doctor if you're interested in taking part in a clinical trial. For more information, you can read our factsheet ***Cancer and clinical trials***. It's available to read or download on our website, **www.cancer.ie**. You can also get a free copy by calling our Support Line on 1800 200 700 or by dropping into a Daffodil Centre.

You can see a list of current cancer trials at **www.cancertrials.ie**

Palliative care

Palliative care is an approach that improves the quality of life of people facing the problems associated with life-limiting illness. It also supports families.

The aim of palliative care is to enhance quality of life and, wherever possible, to positively influence the course of illness. The team can include specially trained doctors, nurses, social workers, physiotherapists, occupational therapists, complementary therapists, chaplains and counsellors.

Palliative care can be provided to people of any age and at any stage of their illness. It helps you manage your physical symptoms and improve your quality of life. Palliative care includes end-of-life care, but your doctor may also recommend palliative care to manage symptoms and complications earlier in your illness.

Palliative care can be arranged by your family doctor (GP), public health nurse or by the hospital. It is a free service for all patients with advanced cancer. Palliative care teams work both in hospitals and in the community and sometimes visit patients at home. They may work along with your treating team.

Managing side-effects and symptoms

How can I cope with fatigue?

- Fatigue means feeling extremely tired.
- There are things that can improve fatigue, depending on what’s causing it.

Fatigue means feeling extremely tired. Fatigue is very common with cancer. Usually fatigue starts to improve once treatment is over, but it can continue for some people. Tell your doctor or nurse if fatigue is affecting you, so that they can help you.

Fatigue when you have cancer can be caused by many things, including:

- The cancer itself
- Tests and treatments for cancer
- Not eating well
- Low levels of red blood cells (due to the cancer or its treatment)
- Dealing with difficult emotions and feeling anxious or depressed
- Not sleeping well
- Symptoms like pain, breathlessness or fluid retention

Finding out what is causing your fatigue makes it easier to treat. For example, if you have a low red blood cell count, a transfusion can make you feel better. If you are not eating well, a dietitian may be able to give you some advice to help.

Hints and tips: Fatigue

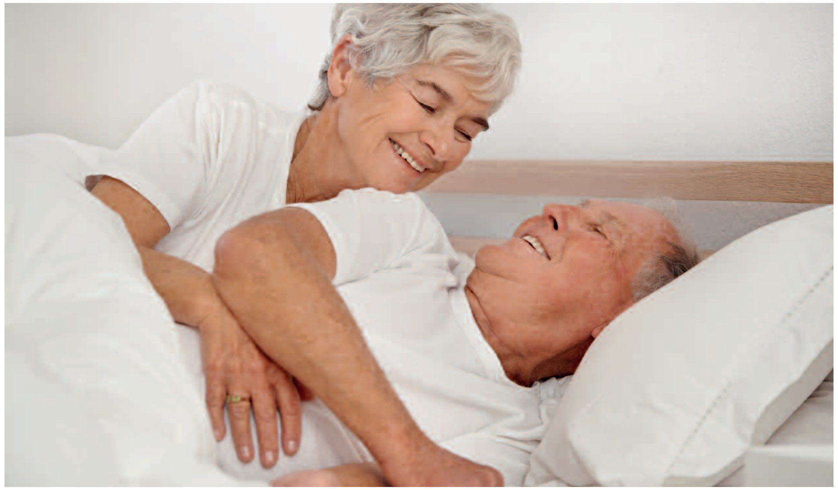
- **Ask your doctor about exercising.** Being active can help with fatigue. Your doctor may also be able to recommend an exercise programme for you.
- **Plan your days:** Get to know when your energy levels tend to be better. You may have to decide which tasks are important to finish and do them over the course of the day or when you have most energy.
- **Ask for help at work or at home** with any jobs that you find tiring.
- **Try to eat a well-balanced diet.** Eat little and often if your appetite is poor. Our booklet ***Understanding diet and cancer*** has tips to help.
- **Try to avoid stress.** Talk to friends and family about any worries you have and take time to enjoy yourself. Counselling may help too (see page 98).
- **If you are not sleeping well, have a good bedtime routine and try relaxation techniques.** Avoid stimulants like caffeine and alcohol in the evening and try not to use electronic devices for an hour before bedtime.
- **Short naps (less than an hour) and rest periods can be helpful,** as long as they don’t stop you from sleeping at night.
- **Try complementary therapies** like meditation or acupuncture, if your doctor says they’re safe for you.

Our booklet ***Coping with fatigue*** has more advice. Call our Support Line on 1800 200 700 or visit a Daffodil Centre for a free copy. It’s also on our website **www.cancer.ie**

Will treatment affect my sex life?

Cancer can affect how you feel about sex and your relationships. Coming to terms with the fact that you have cancer can take quite a while. It can be hard to relax when you have a lot of worries on your mind. You may also be feeling tired from the effects of treatment and lose interest in sex as a result. Or you may be coming to terms with changes in your appearance after treatment.

There is no right or wrong way to feel about your sexuality and sex life. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. Touching and holding each other can help you to stay physically close. There is no set time for you to be ready to have sex again. It varies from person to person.



You may find that talking about your feelings may ease any worries you have. If you find it hard to express your feelings to your partner or a close friend, talk to your doctor or nurse. Our Support Line 1800 200 700 and our Daffodil Centres can help you to find supportive information and accredited therapists if you would like to talk to someone. Therapy can help you and your partner deal with a change in your sexual relationship and find ways of being close again. You can also ask for a copy of our booklet, ***Understanding sex, sexuality and cancer***, or download it from **www.cancer.ie**

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this.

Contraception

If you are having sex and you are fertile, you should use a reliable method of contraception during and for some time after treatment. Some chemotherapy and other cancer drugs may harm a developing baby, so it’s important to avoid pregnancy during and for a time after treatment.

Many specialists recommend that you wait for up to 2 years after treatment before trying to start a family or having more children. This time gives your body a chance to recover from the effects of the cancer and its treatment.

Ask your doctor's advice about contraception or if you are thinking about having children after treatment.

Asking for advice

If you have any questions about how treatment may affect your sex life, you can ask your doctor or nurse. Your doctor and nurse are well used to talking about these matters, so try not to feel embarrassed. You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can discuss any worries you might have with a cancer nurse in confidence. Or email the nurses at supportline@irishcancer.ie

Will treatment affect my fertility?

Your fertility may be affected by some of the treatments so that you may not be able to have a child in the future. This may be temporary or permanent. It depends on the type and amount of treatment you have.

Discuss any worries you have about infertility with your doctor before treatment starts. They can tell you if there are any options open to you. For example, it may be possible to freeze your eggs or sperm before treatment begins. Your doctor can refer you to a specialist fertility clinic for advice, counselling and support if this is an option for you.

Dealing with infertility can bring feelings of sadness, anger and loss of identity. It can help to talk through your concerns with someone who is a good listener or with a professional counsellor. You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre for information and support from a cancer nurse.

Cancer and complementary therapies

Complementary therapies are treatments and activities that you can have along with your standard medical treatment to try and feel better. For example, mindfulness, reflexology and aromatherapy.

Complementary therapies can’t treat or cure cancer, but some people say that complementary therapies help them to feel more relaxed and better able to cope with their cancer and the side-effects of treatment.

It’s very important to talk to your doctor if you’re thinking of using complementary therapies. Tell them also if you’re using or considering using over-the-counter or herbal medications. Some can interfere with your treatment or be harmful to you, even if you have used them safely before your cancer diagnosis.

Integrative care

Integrative care means combining (integrating) your standard cancer treatment with complementary therapies to try to feel as well as possible and to cope better with your cancer.

What's the difference between complementary and alternative therapies?

Complementary therapies are used **together with** standard medical treatment.

Alternative therapies are used **instead of** standard medical care.

Modern medical treatments are very effective in treating cancer. An unproven alternative could harm your health, or you might miss out on a treatment that could really help you.

More information

To find out more about complementary therapies, you can talk to one of our cancer nurses - call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can also ask for a free copy of our booklet ***Understanding cancer and complementary therapies***, or download it from our website **www.cancer.ie**

After treatment

What follow-up will I need?

After your surgery and/or adjuvant treatment (given after surgery for a set period of time) has ended, you will still need to have regular check-ups. This is called follow-up. At first you will be seen by your team every 3-6 months for 1 to 5 years. These check-ups will become less frequent over time, depending on the stage of your melanoma. Ask your treating team about your follow-up plan and how often you will have appointments.

The follow-up will involve a full skin check, examination of the wound site and lymph nodes and may involve blood tests, X-rays or other scans, such as ultrasound, CT scans or PET scans. The best follow-up plan for you will depend on your individual diagnosis, such as the type and stage of your cancer. For example, scans are not always recommended. Ask your team to explain your plan.

If you are having scans or other tests, ask when and how you will get the results.

Some people have long-term drug treatment for melanoma. You will have regular check-ups to assess for side-effects of the treatment and scans to monitor your disease.

Lymph node surveillance

If the cancer is small and only detected on a sentinel lymph node biopsy, your doctor may recommend ultrasound surveillance. This means monitoring the lymph nodes with ultrasound scans instead of removing them straight away.

Tell your doctor or nurse how you have been since your last appointment. Remember to tell them about any new symptoms, aches or pains you have, or if you are finding it hard to cope. It can help to write down what you want to say before your appointment, so you won't forget anything.

If you are between check-ups and have a symptom or problem that is worrying you, call your treating team or GP for advice or to arrange an earlier outpatient appointment if necessary. You should also let them know if you notice any skin changes. See page 91 for more about checking your skin. If you become suddenly unwell and can't contact your treating team, go to your GP or the emergency department at the hospital.

Life after treatment

It can take some time to adjust to life after cancer diagnosis and treatment. It isn't unusual to feel quite low and lost after your treatment has ended, especially during the first few months. Feelings you may have include:

- Fear of cancer coming back and worrying about every small symptom
- Loneliness without the company of fellow patients and fewer visits to your medical team at the hospital
- Stress at having to deal with things that may have been on hold during your treatment, such as your finances, going back to work and family issues
- Isolation or guilt if your family and friends expect you to get back to normal before you are ready
- Anxiety and self-doubt about sexual and romantic relationships
- Anger at what has happened and the effect on you and your loved ones
- Depression or sadness

There is more about how to cope with these feelings and adjusting to life after cancer on our website **www.cancer.ie**

You can also call our Support Line or visit a Daffodil Centre to talk to a cancer nurse in confidence. See page 99 for other ways to get emotional support.

After-treatment workshops

You might like to join our **Life and Cancer – Enhancing Survivorship (LACES)** programme when you have completed treatment or have started maintenance therapy. This workshop covers topics such as diet, exercise, wellbeing, finance and self-management and gives information on support and services to help you. Call our Support Line or visit a Daffodil Centre for details or ask your specialist nurse or doctor to refer you to a LACES workshop.

Living a healthy lifestyle

Having a healthy lifestyle is important as it can help you to:

- Feel better
- Heal and recover faster
- Cope better with any side-effects
- Keep up your energy and strength
- Reduce your risk of further illness

A healthy lifestyle includes:

- Exercising
- Eating well
- Not smoking
- Avoiding alcohol
- Protecting yourself from the sun

It's also important to have any vaccines recommended for you. For example, flu and pneumonia. Some vaccinations may not be suitable if you've had cancer treatment, so check with your doctor which you should have and make sure you get them.

If you want more information or advice, call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can also go to our website **www.cancer.ie** for tips and publications on healthy living.

Checking your skin

It's very important to inspect your skin regularly for any changes once your treatment has ended. For example, changes in moles or new lumps. If you find any changes, go to your GP so that they can check them. Remember, melanoma that is treated early has a greater chance of being cured.

Examine the scar site and lymph nodes

Check the scar on the surgery site when the scar is healed, as part of your regular skin check routine. Watch out for changes such as lumps, bumps or a change of colour. You should also check the lymph nodes close to where the tumour was. Feel for any enlarged or hardened lymph nodes and report any changes to your specialist nurse.

When checking a mole, look for the ABCDE

A = Asymmetrical (uneven) shape
B = Irregular border
C = Changes in colour
D = Diameter (size)
E = Evolving (growing or changing over time)

Self-exam for melanoma skin cancer

Examine yourself from head to toe every month.

- Learn the moles, freckles and other skin marks that are normal for you.
- Stand in front of a long mirror.
- Check your front, groin and your back.
- Check your sides with your right and left arms raised.
- Bend your elbows and look carefully at your forearms and upper underarms.
- Look at your fingernails and palms.
- Look at the backs of your legs and feet, even the soles and the spaces between your toes.
- Examine the back of your neck and scalp with a hand mirror. Part your hair for a closer look.
- Check your back and buttocks with a mirror.
- Ask a relative or friend to check your back or other hard-to-see areas.
- Take a photograph of your skin every year, especially your back, and compare them. You could email the pictures to yourself, so that you have a back-up in case you change or lose your phone.
- Tell your GP or treating team if you notice something that concerns you.

Your family

If you have had treatment for any kind of melanoma or non-melanoma skin cancer, other members of your family may be at risk of developing melanoma skin cancer. This includes your brothers, sisters or children. The level of risk depends on their skin type and the number of unusual-looking moles.

Your family members, including teenagers and young adults, should check their skin too and visit a dermatologist if they are concerned about their skin.

Protecting your skin

Anyone who has been diagnosed with melanoma skin cancer may have a higher risk of developing another. It is very important to protect your skin from ultraviolet (UV) rays. Learn how to protect your skin using the SunSmart code on the next page or on **www.cancer.ie**.

If you're not sure, ask your doctor or nurse for advice. You can also speak with one of our nurses in a Daffodil Centre or call our Support Line on 1800 200 700.

Be SunSmart

Slip on clothing that covers your skin

Slop on sunscreen on exposed areas using factor 30+ for adults and 50+ for children

Slap on a wide-brimmed hat

Seek shade – especially if outdoors between 11am and 3pm

Slide on sunglasses

Do not deliberately try to get a suntan.
Avoid getting a sunburn. **Never use a sunbed.**

Be SunSmart
www.hse.ie/sunsmart

National Cancer Control Programme

Coping and emotions

How can I cope with my feelings?

Some people say that trying to cope with their thoughts and feelings is the hardest part of having cancer.

You may find it hard to come to terms with your diagnosis. You may blame yourself, resent other people who are healthy or feel very anxious or depressed.

Emotions like sadness, fear, grief, hopelessness and anger can happen at different times, sometimes months or years after treatment.

A cancer diagnosis can be hard on you – mentally and emotionally. Give yourself time and space to deal with your emotions and get help if you need it.

A helpful booklet that discusses in detail how you may be feeling is called ***Understanding the emotional effects of cancer.*** Call our Support Line on 1800 200 700 or visit a Daffodil Centre for a free copy.

Anxiety and depression

If you feel that anxiety or low moods are getting the better of you, or you're finding it hard to cope, it's important to get help. Try to talk with someone you know who is a good listener, join a support group or tell your GP. Medical social workers can also offer support to you and your family.

Your doctor may also suggest medication to help with anxiety or depression. Often a short course of antidepressants or anti-anxiety medication can work well. Professional counselling can also be very helpful.

> It's not a sign of failure to ask for help
> or to feel unable to cope on your own.

Counselling

If you're feeling distressed or finding it hard to cope, a trained counsellor who is not involved in your situation can help you to express your feelings, worries and fears and make sense of them.

Counselling can also give you emotional support, help you to make decisions and learn ways to cope better. The Irish Cancer Society funds professional one-to-one counselling, remotely and through some local cancer support centres. To find out more about counselling call our Support Line on Freephone 1800 200 700 or visit a Daffodil Centre. Or email the nurses at supportline@irishcancer.ie.

Ways to get emotional support

Find out about cancer support services in your area: Most provide a range of helpful services like counselling, complementary therapies, exercise programmes and other activities. They can also give you practical advice and support. See page 124 for more about cancer support services.

Join a support or educational group: You might find it reassuring to talk to other people who are in a similar situation and facing similar challenges. Many cancer support centres have activities and groups where you can meet other people affected by cancer.

Ask about psycho-oncology services at the hospital: Hospital psycho-oncology services give cancer patients emotional and psychological support to help them cope. Your doctor, specialist nurse or medical social worker can refer you to psycho-oncology support services if they are available at your hospital.

Get online support: Special websites called online communities let you write questions, share stories, and give and receive advice and support.

Talk things through: It can be a great weight off your mind to share your feelings and worries. You could talk to a friend or family member if you feel comfortable doing so. You could also speak to the medical social worker at the hospital or to one of our cancer nurses.

Seek spiritual support: For some people, spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation may help you to focus on what has value and meaning in your life.

If you need more information or help with finding support, call our Support Line on 1800 200 700 or drop into a Daffodil Centre.

Peer Support

Peer Support is a free and confidential telephone service connecting people with similar cancer experiences. Peer Support volunteers are fully trained to provide emotional and practical cancer support in a safe, responsible and kind way.

To be referred to a Peer Support volunteer, call Freephone 1800 200 700 or contact your nearest Daffodil Centre.

> “Talking about cancer made it feel less awful and helped ease my fears. I learned to cope and understand myself better.”

Positive feelings

In time, some people say they can find positive things in their cancer experience. They say that cancer brought them closer to the people around them or made them appreciate what’s important in life. Or it opened up new experiences and relationships. Getting support, such as counselling, may help you to come to terms with your diagnosis and feel more positive.

> “I am very happy and content…even though I have to live with this.”

You and your family

Every family deals with cancer in its own way. You may feel that you don’t want your illness to upset family life, feel guilty that you can’t join in as much as before, or that you’re letting down your partner or children. You may also worry about the emotional impact your illness will have on your loved ones. Our booklet ***Understanding the emotional effects of cancer*** can help you to find ways to talk about your cancer and to ask for the help and support you need.

Further information and support

If you or your family members need more support or advice, speak to the medical social worker at the hospital or get in touch with one of our cancer nurses. Call us on 1800 200 700 or visit a Daffodil Centre. The nurses can also support you if you have children and aren’t sure what to say to them. There's more about talking to children on pages 102–103.

Changing relationships

You may feel that people are treating you differently. Some people may withdraw and not contact you as much because they are afraid of doing or saying the wrong thing. Others may not understand that you feel too unwell to go out. Try to talk openly to your friends and family if there are any misunderstandings or problems. Tell them how you feel. If you find it hard, ask another family member or friend to talk to them.

Talking to children and teenagers

Saying nothing

If you have children, you may feel it's best not to tell them anything. You may be worried about what to say or how they will react. But children and teenagers can often sense that there is a problem. If no one explains to them why things have changed, they may imagine something worse or blame themselves. By talking openly, you can answer their questions and help them to cope with their emotions.

How to tell your children

It's best that you or your partner tell your children about your cancer diagnosis. How you discuss your cancer and treatment with them will depend on their age and character. A useful booklet called ***Talking to children about cancer**. **A guide for parents*** gives practical advice for talking to children about cancer, with specific advice for different age groups. It also has information on supporting children and teenagers and helping them to deal with their emotions.

Our cancer nurses can also support you if you have children and aren't sure what to say to them.

Supporting someone with cancer

How you can help

Finding out someone you love has cancer and trying to care for them can be difficult. You might be unsure about how best to support the person with cancer, practically or emotionally. You might also be struggling with your own feelings and responsibilities.

Here are some things that can help to make life a little easier:

Learn about cancer

Try to go to hospital visits and also read any information from the hospital so you can understand your loved one’s illness and treatment, how it might affect them, physically and emotionally, and how you can best support them. Visit our website **www.cancer.ie** or call our Support Line for free copies of our cancer information booklets.

Share worries

If you are feeling anxious or overwhelmed, share your worries with someone else. Call our Support Line on 1800 200 700 or drop into a Daffodil Centre if you want to chat to a cancer nurse in confidence.

Be kind to yourself

Your health and happiness matter too. Make some time for yourself, stay in touch with your friends and don't be afraid to let other people help out with the caring.

Try counselling

You might find it helpful to talk to a counsellor. We fund one-to-one counselling for friends and family members online and at some local cancer support centres. Talk to your GP or see page 98.

Find out about support for carers

Find out about groups and organisations especially for carers of people with cancer. Many local cancer support centres have services for carers too.

How to talk to someone with cancer

When someone close to you has cancer it can be hard to know what to say. You may find it difficult to talk about their cancer. Or you may be afraid of saying the wrong thing. Often what people with cancer want most is someone to listen to them.

If you want advice on how to support a friend or loved one with cancer, call our Support Line on 1800 200 700. Ask for a copy of our booklet ***Caring for someone with cancer***. The booklet has a section on talking to someone with cancer. It also has tips to help you to feel more confident about supporting your friend or relative. You can also pick up a copy of the booklet at any Daffodil Centre or download it at **www.cancer.ie**

Support for you

Our cancer nurses are there to support you. Call our Support Line on 1800 200 700, visit a Daffodil Centre or email supportline@irishcancer.ie for confidential support, advice and information.

Our booklet, ***Caring for someone with cancer***, has lots of information on:

- **Getting organised**
- **Managing and giving medications**
- **Giving personal care**
- **Practical and money matters**
- **Relationships with other people**
- **Looking after yourself**
- **Life after caring**

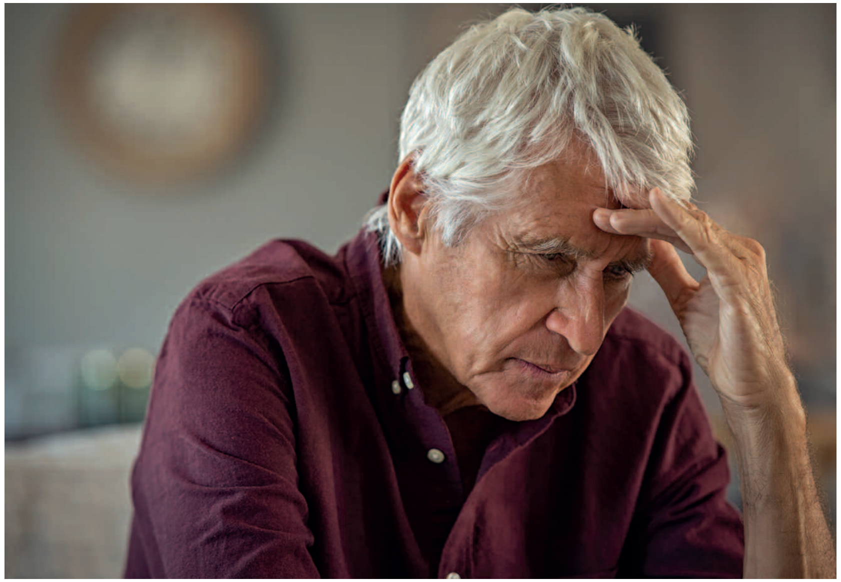
Free copies are available from our Daffodil Centres and our Support Line or download it from our website **www.cancer.ie**

Support resources

Money matters

- If you have cancer you may not be able to work for a time. You may also have extra expenses.
- You may have to pay for some of your cancer treatment.
- You might be entitled to certain social welfare payments.
- There are services to help you if you're finding it hard to manage.

A diagnosis of cancer often means that you will have extra expenses, such as medication, travel, heating and childcare costs. If you can't work or you are unemployed, this may cause even more stress. It may be harder for you to deal with your illness if you are worried about money.



Irish Cancer Society Welfare and Supports Team

We provide appropriate supports and advice for people living with cancer. This includes:

- **Understanding your welfare entitlements**
- **Advice on accessing extra childcare**
- **Telling your boss about your diagnosis/returning to work**
- **Housing and homelessness issues**

We can tell you about the public services, community supports and legal entitlements that might help you and your family. We can also act as advocates for patients and their families who may need extra support after a diagnosis. This might include having an Irish Cancer Society Welfare Officer present when discussing your diagnosis with your employer or at meetings with your financial provider to help them understand your diagnosis.

To be referred, call our Support Line on Freephone 1800 200 700 or contact your nearest Daffodil Centre. Our nurses will chat with you and confirm if a discussion with one of our Welfare Officers or other supports might be of help.

Medical expenses

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to hospital
- Overnight stays in hospital
- Medicines
- Medical aids and equipment (appliances), like wigs

How much you pay towards your medical expenses depends on whether or not you qualify for a medical card and what type of health insurance you have, if any.

If you have a medical card, you will probably have very little to pay for hospital and GP (family doctor) care or your medication. If you are over 70, you can get a free GP visit card.

Medical cards are usually for people on low incomes, but sometimes a card can be given even if your income is above the limit. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

An emergency medical card may be issued if you are terminally ill and in palliative care, irrespective of your income.

If you don't have a medical card you will have to pay some of the cost of your care and medication.

If you have health insurance the insurance company will pay some of the costs, but the amount will depend on your insurance plan. It's important to contact your insurance company before starting treatment to check you're covered.

Benefits and allowances

There are benefits that can help people who are ill and their family. For example, Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

If you want more information on benefits and allowances, contact:

- The medical social worker in the hospital you are attending
- Citizens Information – Tel: 0818 074 000
- Department of Employment Affairs and Social Protection – Tel: 0818 662 244 or ask to speak to a DSP representative at your local health centre or DSP office.

Always have your PPS number to hand when you are asking about entitlements and benefits. It's also a good idea to photocopy completed forms before posting them.

If you have money problems

If you are getting into debt or you are in debt, the Money Advice and Budgeting Service (MABS) can help you. MABS can look at your situation, work out your budget, help you to deal with your debts and manage your payments. The service is free and confidential.

Call the MABS Helpline 0818 072 000 for information.

If you are finding it hard to cope financially, contact the medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also give some help towards travel costs in certain cases. See page 121 for more details of our Transport Service and the Travel2Care fund.

You can also call our Support Line 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

Money and finances

Go to **www.cancer.ie** and see our **Welfare and support** page for information on:

- Medical costs and help available
- Benefits and allowances that you or your family may qualify for
- Travel services
- Ways to cope with the cost of cancer

Our website has lots of information on government supports for people who are unwell and their carers. Our Welfare and Supports Team may also be able to help (see page 114).

Irish Cancer Society services

Our Cancer Support Department provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Support Line
- Daffodil Centres
- Telephone Interpreting Service
- Peer Support
- Patient Education
- Counselling
- Support in your area
- Transport Service
- Night Nursing
- Publications and website information
- Welfare and Supports Team (see page 114)

Support Line Freephone 1800 200 700

Call our Support Line and speak to one of our cancer nurses for confidential advice, support and information for anyone affected by cancer. Our Support Line is open Monday to Friday, 9am-5pm.

The Support Line service also offers video calls for those who want a face-to-face chat with one of our cancer nurses. From the comfort of your own home, you can meet a cancer nurse online and receive confidential advice, support and information on any aspect of cancer.

Our cancer nurses are available Monday to Friday to take video calls on the Microsoft Teams platform. To avail of this service, please go to **https://www.cancer.ie/Support-Line-Video-Form**

You can also email us at any time on supportline@irishcancer.ie

Daffodil Centres

Visit our Daffodil Centres, located in 13 hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide face-to-face advice, support and information to anyone affected by cancer. The service is free and confidential. This is a walk-in service; you do not need an appointment. For opening hours and contact details of your nearest Daffodil Centre, go to **www.cancer.ie** and search 'Daffodil Centres'.

Who can use the Daffodil Centres?

Daffodil Centres are open to everyone. Just call in if you want to talk or need information on any aspect of cancer including:

- Cancer treatments and side-effects
- Chemotherapy group education sessions
- Emotional support
- Practical entitlements and services
- Living with and beyond cancer
- End-of-life services
- Lifestyle and cancer prevention
- Local cancer support groups and centres

Telephone Interpreting Service

We make every effort to ensure that you can speak to our Support Line and Daffodil Centre nurses in your own language through our Telephone Interpreting Service.

If you would like to speak to us using the Telephone Interpreting Service, call our Support Line on Freephone 1800 200 700, Monday to Friday 9am-5pm, or contact your nearest Daffodil Centre.

Tell us in English the language you would like. You will be put on hold while we connect with an interpreter. You may be on hold for a few minutes. Don't worry, we will come back to you.

We will connect you to an interpreter. The interpreter will help you to speak to us in your own language.

Peer Support

Peer Support is a free and confidential telephone service connecting people with similar cancer experiences. Peer Support volunteers are fully trained to provide emotional and practical cancer support in a safe, responsible and kind way.

To be referred to a Peer Support volunteer, call Freephone 1800 200 700 or contact your nearest Daffodil Centre.

For more information on Peer Support, search 'peer support' at **www.cancer.ie**

Patient Education

At our free patient education workshops, our cancer nurses provide tailored information before and after cancer treatment.

The workshops take place in person, in one of our 13 Daffodil Centres nationwide, or online. To register for a place at one of our patient education workshops, call our Support Line on 1800 200 700, contact your nearest Daffodil Centre or email patienteducation@irishcancer.ie You can also learn about different treatments by watching our patient education videos at **www.cancer.ie**

Counselling

The Society funds professional one-to-one counselling for those who have been affected by a cancer diagnosis. Counselling is available for the person who has been diagnosed, family members and close friends. The services we provide are:

- Remote counselling nationwide, by telephone or video call.
- In-person counselling sessions in cancer support centres around the country.

For more information, call Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Support in your area

We work with local cancer support centres and the National Cancer Control Programme to ensure patients and their families have access to high-quality confidential support in a location that's convenient to them.

For more information about what's available near you, visit **www.cancer.ie/local-support**, contact your nearest Daffodil Centre or call our Support Line on 1800 200 700.

Transport Service

We provide patient travel and financial grants for patients in need who are in cancer treatment.

- Transport is available to patients having chemotherapy treatments in our partner hospitals, who are having difficulty getting to and from their local appointments.
- We have recently opened a pilot service for radiotherapy patients attending University Hospital Cork and the Bons Secours Hospital, Cork for treatment.
- Travel2Care is a fund for patients who are having difficulty getting to and from their diagnostic test appointments or cancer treatments. Patients can apply for the fund if they are travelling over 50km one way to a national designated cancer centre or approved satellite centre. Travel2Care is made available by the National Cancer Control Programme.

To access any of these services please contact your hospital healthcare professional, call Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Night Nursing

We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is a unique service in Ireland, providing night-time palliative nursing care to patients, mostly between 11pm and 7am.

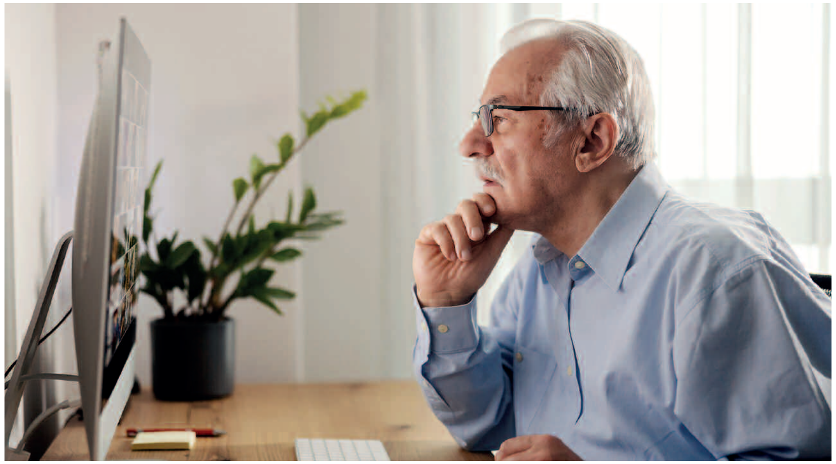
For more information, please contact the healthcare professional who is looking after your loved one.

> “We were really lost when we brought Mammy home from the hospital and the night nurse’s support was invaluable. She provided such practical and emotional support.”

> “Our night nurse was so caring and yet totally professional. We are so grateful to her for being there for Dad and for us.”

Publications and website information

We provide information on a range of topics including cancer types, treatments, side-effects and coping with cancer. Visit our website **www.cancer.ie** to see our full range of information and download copies. You can call our Support Line or visit your nearest Daffodil Centre for a free copy of any of our publications.



To find out more about the Irish Cancer Society’s services and programmes:

- **Visit us at www.cancer.ie**
- **Call our Support Line on Freephone 1800 200 700**
- **Email our Support Line at supportline@irishcancer.ie**
- **Contact your nearest Daffodil Centre**
- **Follow us on:**
  Facebook
  X
  Instagram
  LinkedIn

Local cancer support services

The Irish Cancer Society works with cancer support services all over Ireland. They have a range of services for cancer patients, their partners, families and carers, during and after treatment, many of which are free. For example:

- Professional counselling (the Irish Cancer Society funds free one-to-one counselling through many local support services)
- Support groups, often led by professionals like social workers, counsellors, psychologists or cancer nurses
- Special exercise programmes
- Stress management and relaxation techniques, such as mindfulness and meditation
- Complementary therapies like massage, reflexology and acupuncture
- Specialist services such as prosthesis or wig fitting and lymphoedema services, such as education, exercise, self-management and manual lymph drainage
- Mind and body sessions, for example, yoga and tai chi
- Expressive therapies such as creative writing and art
- Free Irish Cancer Society publications and other high-quality, trustworthy information on a range of topics

Cancer support services usually have a drop-in service where you can call in for a cup of tea and find out what's available.

You can call our Support Line on Freephone 1800 200 700 to find your nearest cancer support centre. Or go to **www.cancer.ie/local-support**

What does that word mean?

Abdomen: The part of your body that lies between your chest and hips. Sometimes known as the belly or tummy.

Adjuvant treatment: Treatment given soon after surgery.

Benign: Not cancer. A tumour that does not spread.

Biopsy: Removing a small amount of tissue from your body to find out if cancer cells are present.

Cells: The building blocks that make up your body. They are tiny and can only be seen under a microscope.

Chemotherapy: Treatment using drugs to kill or control cancer.

Dermatologist: A doctor who specialises in skin diseases and conditions.

Excision: Removing cancer by cutting out an area of skin.

Fatigue: Ongoing tiredness, often not helped by rest.

Immunotherapy: Using drugs that boost your immune system to kill cancer cells.

Malignant: Cancer. A tumour that spreads.

Melanin: A pigment that gives your skin its colour.

Melanocytes: The cells in your skin that make the pigment melanin.

Melanoma: A skin cancer that affects the melanocytes in your skin.

Metastasis: The spread of cancer from one part of your body to other tissues and organs.

Nausea: Feeling sick or wanting to be sick.

Neoadjuvant: Treatment given before surgery

Oncology: The study of cancer.

Prognosis: The expected outcome of a disease.

Sentinel node biopsy: Removing a sample of the lymph node nearest to the melanoma to find out if cancer cells are present.

Staging: Tests that measure the size and spread of cancer.

Systemic anti-cancer treatment (SACT): Treatments that travel throughout the body in the blood stream.

Targeted therapies: Drugs that target cancer cells in different ways to stop or slow down their growth.

Notes/Questions

Notes/Questions

Notes/Questions

Notes/Questions

Acknowledgments

This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible. We would particularly like to acknowledge the contribution of the many consultants, nurses and other healthcare professionals who so kindly gave up their time and expertise to contribute to previous editions of this booklet.

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The following sources were used in the publication of this booklet:

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The Irish Cancer Society is a registered charity, number CHY5863.

Join the Irish Cancer Society team

If you want to make a difference to people affected by cancer, join our team! Visit **www.cancer.ie** if you want to get involved.

Support people affected by cancer

Reaching out directly to people with cancer is one of the most rewarding ways to help:

- Help people needing lifts to hospital by becoming a volunteer driver
- Give one-on-one support to someone newly diagnosed with cancer as part of our Peer Support Programme
- Give information and support to people concerned about or affected by cancer at one of our hospital-based Daffodil Centres

Share your experiences

Use your voice to bring reassurance to cancer patients and their families, help people to connect with our services or inspire them to get involved as a volunteer:

- Share your cancer story
- Tell people about our services
- Describe what it's like to organise or take part in a fundraising event

Raise money

All our services are funded by the public's generosity:

- Donate direct
- Take part in one of our fundraising events or challenges
- Organise your own event

Did you like this booklet?

We would love to hear your comments or suggestions.
Please email reviewers@irishcancer.ie

Irish Cancer Society

Our cancer nurses are here for you:

- Support Line Freephone **1800 200 700**
- Email **supportline@irishcancer.ie**
- Contact your nearest Daffodil Centre

Irish Cancer Society

www.cancer.ie