Understanding Melanoma

Caring for people with cancer
This booklet has been written to help you understand more about melanoma. This is a type of cancer that affects skin cells. The booklet has been prepared and checked by dermatologists, surgeons, cancer doctors, nurses, radiation therapists and patients. The information in this booklet is an agreed view on this cancer, its diagnosis and treatment and key aspects of living with it.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of the contact names and information you may need.

---

<table>
<thead>
<tr>
<th>Specialist nurse</th>
<th>Tel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family doctor (GP)</td>
<td>Tel:</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Surgeon</td>
<td>Tel:</td>
</tr>
<tr>
<td>Medical oncologist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Radiation oncologist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Emergency number</td>
<td>Tel:</td>
</tr>
<tr>
<td>Treatments Review dates</td>
<td></td>
</tr>
</tbody>
</table>

---

If you like, you can also add:

Your name

Address
This booklet has been produced by Nursing Services of 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.

SKIN CANCER ADVISERS
Dr Gillian Murphy, Consultant Dermatologist
Dr Maccon Keane, Consultant Medical Oncologist
Dr Michael Moriarty, Consultant Radiation Oncologist
Prof Paul Redmond, Consultant Surgeon

EDITOR
Antoinette Walker

SERIES EDITOR
Joan Kelly, Nursing Services Manager

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

© Irish Cancer Society, 2003, revised 2005, revised 2011
Next revise: 2013

Product or brand names that appear in this booklet are for example only. The Irish Cancer Society does not endorse any specific product or brand.

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage and retrieval system, without permission in writing from the Irish Cancer Society.

ISBN 0-95323-690-1

Contents

4 Introduction
5 What does that word mean?

About melanoma
7 What is cancer?
9 Your skin
10 What is melanoma?
10 What causes melanoma?
12 What are the signs of melanoma?
13 How is melanoma diagnosed?
16 What are the types of melanoma?
19 What are the stages of melanoma?

Treatment of early melanoma
21 How is early melanoma treated?
21 What follow-up do I need?

Treatment of melanoma and side-effects
23 How is melanoma treated?
26 Surgery
27 Immunotherapy
29 Chemotherapy
34 Radiotherapy
36 How can I cope with fatigue?
38 Will treatment affect my sex life and fertility?
40 What follow-up do I need?
42 Research – what is a clinical trial?
43 Cancer and complementary therapies

Coping and emotions
45 How can I cope with my feelings?
51 How can my family and friends help?
52 How can I talk to my children?
53 What else can I do?

Support resources
57 Who else can help?
59 Health cover
66 Irish Cancer Society services
70 Useful organisations/Helpful books
77 Questions to ask your doctor
78 Your own questions
Introduction

This booklet has been written to help you learn more about melanoma. This type of skin cancer usually affects the melanin cells in your skin. It is also known as malignant melanoma. If diagnosed early, it can be cured successfully. The booklet describes how it is diagnosed and treated and any side-effects due to treatment. We hope it answers some questions and concerns you may have.

The booklet also discusses some of the feelings you and those close to you may have when a diagnosis of cancer is made. At the end of the booklet you will find a list of books that are useful to read. There is also a list of websites and special groups to help and support you at this time.

Reading this booklet

Remember you do not need to know everything about melanoma straight away. Read a section about a particular item as it happens to you. Then when you feel relaxed and want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the freephone National Cancer Helpline 1800 200 700 (Monday–Thursday 9am–7pm; Friday 9am–5pm) for information.

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 for cancer given soon after surgery.

Alopecia  Loss of hair. No hair where you normally have hair.

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 that cure or control cancer.

Dermatologist  A doctor who specialises in skin diseases and conditions.

Fatigue  Ongoing tiredness often not helped by rest.

Immunotherapy  Treatment using drugs that boost your immune system to kill cancer cells.

Malignant  Cancer. A tumour that spreads.

Medical oncologist  A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

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.

Oncology
The study of cancer.

Palliative care team
A team of doctors and nurses who are trained in managing pain and other symptoms caused by cancer. They will also help you cope with any emotional distress.

Prognosis
The expected outcome of a disease.

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

Radiotherapy
The treatment of cancer using high-energy X-rays.

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 extent of cancer.

What is cancer?
Cancer is a word used to describe a group of diseases. Each one has its own name. For example: skin cancer, lung cancer and breast cancer. Each has an individual type of treatment and chance of being cured.

In your body, your organs and tissues are made up of tiny building blocks called cells. All cancers are a disease of the body’s cells. In healthy tissue these cells replace or repair themselves when they get worn out or injured. With cancer, the cells do not behave as normal and keep on growing, even when there is no need.

These groups of abnormal cells can form a lump or tumour. Tumours can be either benign or malignant. Benign tumours do not spread to other parts of the body and so are not called cancer. Malignant tumours are cancer cells that can spread from where they first grew. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph glands to form a new tumour somewhere else in your body. This is called a metastasis or secondary tumour.

National Cancer Helpline 1800 200 700
Understanding melanoma

Your skin

Your skin is the largest organ in your body. It has two main layers, the epidermis and the dermis. The outer layer is called the epidermis and has cells called melanocytes at its base. These cells 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 dermis is the inner or deeper layer of your skin. 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?

A mole is a group of melanocytes that form a mark on your skin. There are several different types. The most common ones are birthmarks or childhood moles.

- **Birthmarks**: Birthmarks are very common. They are small brown or black spots that can be found on a child’s skin at birth or soon afterwards. Most birthmarks get slightly bigger as a child gets older. They may also become darker in colour. Most birthmarks are harmless.
- **Ordinary moles**: These are small evenly coloured brown, tan or black spots found on your skin. They can be either flat or raised and also round or oval. In size, they are usually less than the top end of a pencil. They appear on the skin during childhood. Most people have about 20-40 small brown or slightly raised moles. Like birthmarks, they are usually harmless and should be left alone.

What is the lymphatic system?

Every day your body defends itself against infection in many ways. The lymphatic system is one way. Like your bloodstream, it carries material around your body. It is made up of a network of tiny tubes that pass through most of the tissues in your body. These tubes carry a clear watery fluid called lymph.

Along the network are hundreds of small glands shaped like beans. These are called lymph nodes and they remove unwanted material from the lymph like a sieve. They also help white blood cells called lymphocytes to protect your body against infection.

Lymph nodes are found in groups throughout your body, such as in your neck, armpits and groin. Sometimes you may notice these glands if they become swollen. More of these lymph nodes are found in larger groups in your chest and tummy (abdomen). Other parts of the lymphatic system include your spleen, thymus, tonsils and bone marrow. Lymph nodes can also spread cancer cells.

To sum up

- Cancer is a disease of the cells of the body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by your bloodstream or lymph somewhere else. This is called a metastasis or secondary tumour.
Moles usually stay the same size, shape and colour for many years. As you get older, they may change slightly, becoming darker in colour and raised above the surface of your skin. They often fade away in older people. See page 12 for changes to birthmarks or moles.

What is melanoma?

Melanoma is a skin cancer in the cells that make melanin. It usually starts on the surface of the skin, either in a mole or normal-looking skin. In rare cases, melanoma may develop in other parts of your body. For example, your eye, mouth, under your fingernails or toenails, or in your bowel. If melanoma is diagnosed and treated early, there is a very good chance of a cure. But it can spread to other parts of your body or within the skin itself. Melanoma is also known as malignant melanoma.

> Melanoma is a skin cancer in the cells that make melanin.

How common is melanoma?

Melanoma is one of the most common cancers in the world. It is increasing faster than any other cancer and is rising rapidly in Ireland. Each year around 598 cases of melanoma are diagnosed in Ireland. But this number is likely to greatly increase in future years.

What causes melanoma?

The exact cause of melanoma is unknown. But there are certain things called risk factors that can increase your chance of getting the disease. Exposure of white skin to the ultraviolet rays of the sun is the main risk factor. But dark skin too can sometimes get melanoma.

- **Sun exposure:** Exposure to ultraviolet (UV) rays from sunlight or tanning lamps and beds greatly increases your risk of developing melanoma.
- **Age:** Melanoma affects all age groups but is most common between the ages of 30 and 60 years. The risk of developing it increases with age.
- **Skin type and eye colouring:** You are more at risk if you are fair skinned with fair or red hair and blue, green or grey eyes.
- **Lifetime exposure to sunlight:** Your risk increases if you have been exposed to UV light over your lifetime.
- **Moles:** If you have a large number of moles on your skin and which look unusual, your risk is increased.
- **Family history of melanoma or skin cancer:** Your risk is increased if you have a family history of skin cancer.
- **Genetic skin disorders:** Your risk is greater if you have a genetic condition that makes your skin more sensitive to sunlight. For example, xeroderma pigmentosum.
- **Exposure to chemicals/radiation:** These include coal tar, the wood preservative creosote, arsenic compounds in pesticides and radium.

Remember melanoma is not infectious and cannot be passed on to other people.

Skin type

If you have white skin that does not tan easily or burns quickly in the sun, you are more at risk of developing melanoma. This type of skin usually goes with fair or red hair and blue, green or grey eyes. Having a large number of moles or moles that are unusual may increase your risk of melanoma as well. This is especially true if you have more than 100. If you have freckles you are more at risk than those without freckles.

Sun exposure

Decades ago as sun travel became popular, people were unaware of the dangers of the sun and its harmful rays, UVA and UVB. Severe sunburn or blistering as a child or adolescent may increase your risk of developing melanoma later in life. Sudden exposure of pale skin to strong sunlight will increase the risk of burning and skin damage. You are more at risk if you are fair skinned and work outside or play outdoor sports and do not use a sunscreen or wear protective clothing.
Understanding melanoma

Sunbeds

Artificial sunlight, such as sunbeds, may be as damaging to your skin as natural sunlight. Sunbeds use UVA rays to tan your skin. These rays may show very little of the skin redness and peeling that is normally seen after exposure to natural sunlight. As a result, you may be unaware of the damage you are doing to your skin.

Sunbeds also contain UVB rays. These rays burn your skin and can cause cancer. UVB rays add to the damage caused by UVA rays. If you have fair skin that burns easily, you will find it difficult to get a tan using a sunbed. It does not protect you from long-term skin damage. Using a sunbed regularly will cause skin damage. It may also increase your risk of developing melanoma. New laws in Ireland will prevent anyone under the age of 18 from using a sunbed.

What are the signs of melanoma?

It is important to notice any change in size, shape and colour of a mole. The main signs of melanoma may include one or more of the following:

- A mole that suddenly gets bigger or you find a new one on your skin in adult life.
- The mole develops a ragged or uneven outline. The shape is irregular with one half unlike the other.
- The mole has a mixture of different shades. For example, many shades of tan, brown or black, sometimes white, red or blue.
- The mole is bigger than the top of a pencil.
- The mole looks red or inflamed around the edges.
- The mole is bleeding, oozing or crusting.
- The mole starts to feel different. For example, slightly itchy or painful.

See the centre of this booklet for colour photos of melanomas.

Remember when checking a mole, look for the ABCDE:

- A = asymmetrical (uneven) shape
- B = irregular border
- C = change in colour
- D = diameter (size)
- E = evolving (growing or changing over time)

If you have any of the above signs, get them checked out by your doctor as soon as possible. He or she will examine you and decide what to do. Melanoma has a very good chance of being cured if diagnosed and treated early. It is normal for moles to slowly enlarge and develop during childhood and teenage years.

To sum up

- Melanoma is a skin cancer in the cells that make melanin.
- The exact cause of melanoma is unknown. The risk of developing it increases with exposure to UV rays from sunlight, age, fair skin, moles, family history of melanoma and exposure to chemicals or radiation.
- The signs of melanoma are a change in the size, shape and colour of a mole, if it looks red and inflamed, bleeds, oozes, crusts, or feels itchy or painful.

How is melanoma diagnosed?

First visit your family doctor (GP) who will examine your skin carefully. He or she can then decide to refer you to a skin specialist called a dermatologist for more tests. Some GPs may take a sample of the affected skin and have it tested. But many GPs prefer that a dermatologist removes a suspected melanoma.

The tests at the hospital will include:

- Skin exam
- Skin biopsy
Understanding melanoma

It can help your doctor to decide on the right treatment for you. See page 19 for more about staging.

Cancer cells can sometimes spread to the lymph glands close to the melanoma site. This is unlikely to happen if the melanoma is less than 1 mm thick. If the melanoma cells go more than 1 mm into your skin, your doctor may do a test during surgery to find out if the melanoma has spread to your lymph nodes. This test is called a sentinel node biopsy.

The further tests may include:
- Sentinel node biopsy
- CT scan
- Ultrasound scan of your liver and abdomen
- MRI scan
- PET scan with CT
- Bone scan

Sentinel lymph node biopsy: In this test, a tiny amount of radioactive liquid or dye is injected into the scar site of the melanoma. The liquid will show up lymph nodes that have melanoma cells. The lymph nodes are then scanned to see which ones have taken up the liquid or not. The first node to take up the liquid is called the sentinel node. This node is then removed and sent to the laboratory to be examined. If the sentinel node has melanoma cells, all the lymph glands in the area are removed. For more details, see page 26. If there are no melanoma cells present in the sentinel lymph node, it is unlikely that other lymph nodes are involved. Further treatment is usually not needed.

A sentinel node biopsy is straightforward. If any problems occur, they tend to be mild. 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. These problems usually clear up within a few weeks of the test. There is a very small chance of lymphoedema (swelling in the area) after the biopsy. Overall, the test is safe and there is no danger from the radioactive liquid.

You may need a chest X-ray and some blood tests to check your general health as well.

Skin exam
In most cases, the dermatologist can tell if the mole is harmless or not just by looking at your skin. If there is any doubt, he or she may suggest a biopsy of the skin. The dermatologist will also ask you about any family history of moles and if they were removed.

Skin biopsy
A skin biopsy is the only way to diagnose melanoma. In a biopsy, the mole or affected skin is removed under a local anaesthetic. If the mole is small, all of it is removed along with a small border of normal-looking skin. This is then examined in the laboratory by a doctor called a pathologist. He or she will look at the cells and their thickness under a microscope.

Sometimes a biopsy is the only treatment you need.

The skin biopsy normally causes very little pain. The local anaesthetic used to numb your skin can sting a little when given. A small cut is then made through your skin and all or some of the mole or affected skin is removed. At least 1 cm of normal-looking skin around the affected area is removed as well. This is to make sure there are no melanoma cells left behind.

You may need several stitches afterwards. The biopsy is quick and only takes about 5–10 minutes. Do have someone to take you home afterwards, as you may feel a little tired. The biopsy result is usually available within 5–10 days.

A skin biopsy is the only way to diagnose melanoma.

Further tests
Sometimes it is not possible to remove the entire melanoma or it may have spread beyond your skin surface. In this case, your doctor will find out the extent or stage of the cancer. This is known as staging.
Understanding melanoma

**MRI scan:** This scan uses magnetic energy to build up a picture of the tissues inside your body. It does not hurt but can be very noisy. But you will be given earplugs to wear during it. 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 like a pacemaker or metal piece in your body, you may not be suitable for the test. Usually you can go home afterwards.

**PET scan with CT:** PET stands for positron emission tomography. This scan can give your doctor more information about melanoma and if it is found elsewhere in your body. PET uses a low dose of radioactive sugar to measure the activity in your cells. Because cancer cells absorb large amounts of the sugar, there will be more radioactivity where the cancer cells are found.

The sugar is first injected into your arm and travels to all the cells in your body. After an hour, the scan is taken and can show if the cancer has spread to other tissues and organs. Before the test, you may have to fast for a few hours. The scan itself may take up to 1 hour. PET is safe to use and there are no side-effects.

Sometimes PET can be used together with a CT scan to give your doctor more information.

**Bone scan:** Bone scans are very sensitive and can find cancer cells before they show up on X-ray. For this test a very small amount of mildly radioactive substance is injected into a vein, usually in your arm. A scan is then taken of all the bones in your body. As 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. The radioactivity disappears from your body within a few hours.
**Understanding melanoma**

**What are the stages of melanoma?**

Tests like a sentinel node biopsy and scans like ultrasound, CT, MRI, PET and bone scans can help to stage melanoma. Staging means finding out the size of the tumour and if it has spread to other parts of your body. Staging is very important as it allows your doctor to decide the best treatment for you.

There are different ways to stage melanoma. A common method is the Breslow scale. This scale refers to the thickness of the tumour within your skin. The thickness (depth) is measured in the laboratory once the tumour is removed. It can find out if the cancer cells have spread into the deeper layers of your skin.

The scale has four parts:
- Less than 1 mm in depth
- 1–2 mm
- 2–4 mm
- Greater than 4 mm

**Waiting for results**

It may take some time for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with the specialist nurse or with a relative or close friend. You can also call the National Cancer Helpline 1800 200 700 to speak to one of our specially trained nurses.

**What are the types of melanoma?**

There are several types of melanoma. Their names often refer to where they are growing in the body.

- **Superficial spreading melanoma:** This is the most common type. It grows along the surface of your skin, often on your legs or chest and back. It may grow out of a mole that has suddenly changed.
- **Nodular melanoma:** This is the second most common type and more common in men. 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 may be brown or black in colour.
- **Lentigo maligna melanoma:** This is usually found in older people and often on the face. It begins as a small, brown freckle or stain and gradually spreads to form a bumpy surface. It can grow slowly over many years.
- **Acral melanoma:** This is usually found in the palms of your hands, soles of your feet or around your toenails. It is more common in dark-skinned people.

**To sum up**

The following tests are used to diagnose melanoma:
- Skin exam
- Skin biopsy

The following tests can show if the melanoma has spread:
- Sentinel node biopsy
- Scans such as ultrasound, CT, MRI, PET and bone scans

**Melanoma of the eye**

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

**Signs and symptoms**

Symptoms include blurred vision, seeing flashing lights and shadows. All these symptoms are common to other conditions of the eye. In most cases, your eye specialist can find the tumour by looking at the back of your eyeball with a special instrument.

**Treatment**

The aim of treatment is to 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.
If the depth of the melanoma is less than 1 mm, you have an excellent chance of a complete cure. If it is thicker than 1 mm, there is a chance it could have spread or might come back in the future. The chance of it coming back depends on how thick it is and if there are other signs of it spreading. For example, enlarged lymph nodes.

Another simple staging method is:

- **Early stage melanoma**: The melanoma cells are found in the top layer of your skin only.
- **Medium stage or locally advanced**: The melanoma cells have grown in size, are found in the deeper layers of your skin and may have spread to nearby lymph nodes and other tissues.
- **Advanced melanoma**: The cancer has spread to distant parts of your body like the lung, liver or brain.

To sum up

- There are several types of melanoma. They often refer to the part of the body where they first grow.
- Staging means finding out the size of the tumour and if it has spread to other parts of your body.
- There are different ways to stage melanoma. The Breslow scale looks at the thickness of the melanoma within your skin.
- In general, the stage of melanoma can be early, locally advanced or advanced.

### Treatment of early melanoma

#### How is early melanoma treated?

**Excision surgery**

Surgery has a very high chance of curing early stage melanoma. Excision surgery removes the entire mole. It is called wide local excision when the melanoma and an area around it are removed so no melanoma cells are left behind. The area is often 1 cm of skin all around the melanoma. Thin melanomas usually do not need deep surgery.

The surgery is normally done under local anaesthetic in the day surgery unit. Often it is done at the same time as a skin biopsy. If the melanoma did not spread too deeply below your skin surface, your doctor may decide that no further treatment is needed.

#### What follow-up do I need?

Melanoma can recur. If you have been treated for melanoma, you are more at risk of developing it at the same place or elsewhere on your body. For this reason, you must visit your doctor regularly to have your skin examined. This is called follow-up. Your doctor may want to see you quite often at first but the visits will decrease over time. They will continue for at least 5 years.

At these visits your doctor will examine your skin and the lymph nodes in your neck, armpits and groin. You will also have to learn how to inspect your skin (see page 22). Your doctor will also show you how to do this. If you develop a new melanoma, it is important that it is diagnosed and removed quickly. Early diagnosis of melanoma improves your chance of successful treatment.

If you are between check-ups and you have a problem that concerns you, let your doctor know as soon as possible.
Understanding melanoma

Treatment of melanoma and side-effects

How is melanoma treated?

Melanoma that is locally advanced or advanced can also be treated. The main treatment is surgery.

Locally advanced: Sometimes it is not possible to remove all the melanoma during a skin biopsy. Your doctor may decide to give you more treatment even if the melanoma is found in only one section of skin. There may be a high risk that it may return, depending on its size and thickness.

Advanced: If the melanoma has spread to other parts of your body, you will need more treatment. Treatment will depend on the type and size of melanoma, where it is found and if any organs are affected.

Treatments include:

- Surgery
- Immunotherapy
- Chemotherapy
- Radiotherapy

Surgery: Excision surgery can remove the entire mole or wide local excision to make sure no more melanoma cells are left behind. If a large area of skin is removed, you may also need a skin graft. If melanoma is found in your lymph nodes, these will be removed under general anaesthetic. See page 26 for more about surgery.

Immunotherapy: This treatment uses your body’s immune system to kill melanoma cells. One of the drugs used is called interferon. See page 27 for more details.

Chemotherapy: Chemotherapy uses drugs to control cancer. It is used to treat a large melanoma or if it has spread to other parts of your body. It can also be given if the melanoma returns after treatment. See page 29 for more details.

Self-exam for melanoma

- 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 spaces between your toes and soles.
- 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.
- Visit your doctor if you notice something that concerns you.

See the centre of this booklet for advice on protecting yourself from the sun and the SunSmart Code.
Radiotherapy: Radiotherapy uses high-energy rays to destroy cancer cells. It may be used if the brain or spinal cord is affected or to relieve pain. See page 34 for more details.

Your doctors at the hospital will plan your treatment and consider the type and stage of melanoma and your age and general health.

Deciding on treatment

Treatment: Your doctor and nurse will explain your treatment options to you. Do ask as many questions as you like, no matter how small or trivial you think they are. All questions are important. You could use the fill-in page at the back of this booklet for your questions and answers. Sometimes, depending on the stage of your melanoma, you may have fewer choices.

Time to think: When faced with a life-threatening illness, it can be hard to decide what the right treatment is for you. It may feel as if everything is happening too fast. You may feel under pressure to make a decision. You might want more time to think things through. But remember there is always time for you to consider what sort of treatment you want.

Second opinion: You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your 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 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 informed of the benefits and risks.

Giving consent for treatment

You may be asked to sign a consent form saying that you give permission for the treatment to take place. No medical treatment can be given without your consent. Before treatment, you should know:

- The type of treatment you are advised to have
- The benefits and risks of the treatment
- Any other treatments that may be available
- Any major side-effects of the treatment

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 always ask for more time to decide about the treatment, if you are unsure when it is first explained to you.

Individual treatment

You may notice that other people with melanoma are not getting the same treatment as you. Their cancer may not be the same type or at the same stage as yours. Everyone’s treatment needs will be different. Do not be afraid to ask your doctor about your treatment.

To sum up

- Melanoma is mainly treated by surgery.
- Other treatments include immunotherapy, chemotherapy and radiotherapy.
- A team of specialists will decide which treatment is best for you.
**Surgery**

The aim of surgery is to remove the melanoma and the area close to it. It is called wide local excision when the melanoma and an area around it are removed so no melanoma cells are left behind. The area of healthy tissue removed can vary. For example, it can be 1–4 cm of tissue, depending on the size of the melanoma.

This surgery is normally done under local anaesthetic in the day surgery unit.

**Skin grafts**

Sometimes a wider area of skin is removed and the surgeon may need to do a skin graft. In this case, 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 regularly.

Once the skin graft and the donor site are well healed, you can go home. This is usually 7–10 days after the operation. You might have to come back to the hospital for dressings. Don’t be put off at how the graft area is looking at first. The raw look will heal and fade in time.

**Removing lymph nodes**

If melanoma cells are found in your lymph nodes, your doctor may decide to remove some of the nodes. This helps to prevent cancer spreading to other parts of your body.

The lymph nodes are removed in hospital under a general anaesthetic. You may feel sore for the first few days after the operation but most people recover quickly. In a very small number of cases, swelling may occur at the site of the removed lymph nodes. This is called lymphoedema.

Wearing elastic support garments can ease this swelling. For free factsheets on lymphoedema, call the National Cancer Helpline 1800 200 700 or visit the website: [www.cancer.ie](http://www.cancer.ie)

You can also visit Lymphoedema Ireland’s website at [www.lymphireland.com](http://www.lymphireland.com)

**Going home**

If you live alone or have problems getting around the house, talk to the medical social worker or nurse on your ward once you are admitted to the ward. That way, they can organise the community services you may need after you leave hospital. On the day you go home, you will be given a date to come back for a check-up, usually in about 6 weeks’ time.

If you have a worry or symptom that is causing you concern before your check-up date, contact your doctor, cancer nurse specialist or hospital ward for advice.

---

**To sum up**

- Surgery is the main treatment for melanoma.
- The aim of surgery is to remove the melanoma and the area close to it.
- Surgery is often the only form of treatment needed.
- You may need a skin graft if a large area of skin is removed.
- If your lymph nodes are affected, they will be removed under general anaesthetic.

**Immunotherapy**

Immunotherapy is a treatment that boosts your body’s immune system to fight cancer. One of the drugs used is called interferon. Your doctor may decide to give you a course of interferon in case the melanoma may return after it has been removed. It can also be used to treat melanoma that has recurred or spread to other parts of your body.
Chemotherapy

Chemotherapy is a treatment using drugs to control cancer. The doctor who specialises in giving chemotherapy is called a medical oncologist.

Chemotherapy can be used to treat melanoma that has spread or if it has come back. But remember chemotherapy alone is unlikely to cure melanoma. It can help to control or improve your symptoms and give you a better quality of life.

How is chemotherapy given?

If your doctor decides to give you chemotherapy, you will most likely get three or four different drugs. These drugs travel through your bloodstream to almost every part of your body.

How is interferon given?

Interferon is usually given as a small injection under your skin. The drug is injected 3 days a week or once every day. But it can be given directly into a vein or as an infusion (drip) in hospital. You may need to stay on treatment for up to a year or more. Your doctor or nurse can show you how to inject the drug yourself into your skin or they can give it to you. Or a relative of yours can be shown how to inject the drug.

The dose and length of treatment can vary. But you will be told how often to take the drug and how long treatment will last.

What are the side-effects?

Interferon can cause side-effects like flu symptoms. These include chills, fever and headaches. You might also feel very tired (fatigue) and even depressed. It may help to take the injection in the evening or late at night so that the side-effects occur while you are resting or asleep.

Before you start treatment, do ask your doctor about the side-effects that you can expect. He or she will tell you what you can do to make treatment easier. Usually the side-effects disappear once the treatment is over. If you become depressed, you may also need medication. Do ask your doctor for advice. Call the National Cancer Helpline 1800 200 700 for a free copy of Coping with Fatigue.

To sum up

- Immunotherapy uses your body’s immune system to fight melanoma.
- Treatment is usually given as a small injection under your skin.
- You may need to stay on treatment for a year or more.
- Interferon may cause flu-like symptoms, fatigue or depression.
What are the side-effects?

The side-effects of chemotherapy vary from person to person and depend on the drugs used. These unwanted side-effects happen because chemotherapy can affect both cancer cells and normal cells. The side-effects can be short term or long term. In most cases the side-effects go away once the treatment ends or soon after. Your doctor or nurse can give you medication to stop most side-effects or make them easier to cope with.

Side-effects in the short term can include:

- Nausea and vomiting
- Sore mouth
- Loss of appetite
- Ongoing tiredness (fatigue)
- Hair loss (alopecia)
- Numbness and pins and needles
- Infection
- Anaemia
- Bruising or bleeding

**Nausea and vomiting:** You might feel sick (nausea) or vomit during chemotherapy. It all depends on the drugs being used. But if you do, it can happen before, during or after treatment. It may last for several hours. Your doctor or nurse will give you medication to stop you feeling sick. This may be in injection or tablet form. While on treatment it is best to take all medication as advised by your doctor or nurse.

**Sore mouth:** Some drugs may cause a sore mouth. They can also cause little ulcers to appear on your tongue, gums and inside the cheeks of your mouth. Try to keep your teeth, gums and mouth very clean, as this will reduce the risk of getting a mouth infection. Clean your teeth after every meal, using a soft toothbrush. If you have dentures remove them if your gums are sore. There are special mouthwashes that you can use too. Your nurse will advise you about these.

**Loss of appetite:** Some drugs can affect your appetite. This may happen for a short time while on treatment. It can help to eat small amounts often or replace meals by special food supplements. It is best to get advice from a dietitian. A booklet with useful tips is also available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy of *Diet and Cancer: A Guide for Patients with Cancer*.

**Hints & Tips – nausea and loss of appetite**

- Let your doctor know if the anti-sickness tablets are not working well.
- Eat bland, easy-to-digest foods and drinks. For example, cream crackers, toast or plain biscuits.
- Eat about 5 or 6 small meals or snacks each day.
- Do not fill your stomach with fluids before eating.
- Take fluids slowly, with small sips. Ice cubes can help too.
- Do not eat or prepare food if you feel sick.
- Avoid food and drinks with a strong smell. For example, garlic, onions, fried foods, etc.
- Find out when is best for you to eat and drink before treatment. Some people need a light snack, while others need an empty stomach.
- Some complementary therapies, like acupuncture, may help. Do discuss any complementary therapies with your doctor.

**Ongoing tiredness (fatigue):** You may have ongoing tiredness or fatigue during treatment. This tiredness can last for some weeks after treatment has ended. Sometimes it can last for months. If you are fatigued, do take things easier. Do less than you normally would and rest more if you can. Ask your family or friends to help you at work or at home. Some gentle exercise like walking may help you to sleep better at night. Do tell your doctor about the way you are feeling as most side-effects can be eased with medication. See page 36 for more about fatigue. You can also call the National Cancer Helpline 1800 200 700 for a copy of the free booklet, *Coping with Fatigue*.

**Hair loss (alopecia):** The drugs may also cause some hair loss. The amount of hair loss depends on the drugs you are given. Your hair might just thin out a little bit. If you do lose your hair, it can happen about 2–3 weeks after your first cycle of chemotherapy. You may get a tingling sensation in your scalp a day or two beforehand. Try not to worry as your hair will grow again once treatment ends.
It is normal to feel upset at the thought of losing your hair. Talk to your nurse or medical social worker about your feelings. He or she will help you to find ways to cope with hair loss. You might like to wear a wig, hat, scarf or turban. The staff can give you names of hairdressers and wig suppliers. Ask them if you can get financial assistance towards the cost of a wig. For some patients the amount of hair loss is small and a wig may not be needed. For more information, especially on wig suppliers, call the National Cancer Helpline on 1800 200 700. Ask for a copy of the free factsheet called Hair Loss and Cancer Treatment.

**Numbness or pins and needles:** Some drugs can cause numbness, tingling or burning sensations in your hands and feet. You may also have trouble picking up small objects or buttoning up a shirt or cardigan. This is known as peripheral neuropathy. It usually goes away once treatment ends. But do tell your doctor if it happens, as your treatment may need to be changed. Medication can improve the problem too. You can also call the National Cancer Helpline 1800 200 700 for a free factsheet on pins and needles (peripheral neuropathy) or it can be downloaded from [www.cancer.ie](http://www.cancer.ie).

**Infection:** Chemotherapy can make you more likely to get infections. This happens because the drugs affect the bone marrow that makes white blood cells. These are the cells that fight infection. If you do not have enough white blood cells, even minor infections such as a cold or sore throat could make you quite ill.

During treatment you will have blood tests to make sure you have enough white blood cells. If your white cell count is low, your doctor may ask you to watch out for signs of infection when at home. These signs could include feeling shivery and unwell or running a high temperature of 37.5°C or higher.

If this happens, tell your hospital doctor or nurse straight away. He or she will tell you what to do. Some hospitals prefer you to ring them directly. Check this with your doctor or nurse before you start treatment. If you have a high temperature, you will need to have a blood test. Depending on the results, your doctor may prescribe antibiotics.

**Anaemia:** Chemotherapy can also cause the bone marrow to make fewer red blood cells. Fewer red blood cells is called anaemia. You need red blood cells to carry oxygen around your body. With anaemia, your heart must work harder to get enough oxygen. It can make you feel tired and weak, short of breath, dizzy, faint or light-headed and your muscles and joints can ache. Regular blood tests to check your red cell count will be done during treatment. You may be given a blood transfusion to help your breathlessness and give you more energy. Once the chemotherapy is over, the tiredness will ease off gradually. But some people still feel tired for a year or more after treatment.

**Bleeding and bruising:** The drugs can also reduce the amount of platelets in your blood. This is called thrombocytopenia. If you do not have enough platelets, you may bleed or bruise more easily, even from a minor injury. Let your doctor or nurse know straight away if you are bruising easily. Or if you notice tiny red spots under your skin that can look like a rash (petechiae). You may need a platelet transfusion.

**Other side-effects**

If you have a side-effect or symptom other than those listed above and it concerns you, tell your doctor or nurse straight away. He or she will tell you what to do. For more information on chemotherapy, contact the National Cancer Helpline 1800 200 700. Ask for a copy of the free booklet, Understanding Chemotherapy.

---

**Hints & Tips – infection**

- If you have a high temperature of 37.5°C or higher, contact the hospital.
- Avoid close contact (such as hugging or kissing) with people who have colds or flu or other infections such as chickenpox, shingles or measles.
- Let your doctor know if you are in contact with any infections.
- Wash your hands often during the day, especially before you eat and after going to the toilet.
Understanding melanoma

Planning your treatment

First, your doctors and other specialists plan how best to give you the treatment. They work out how to give you the right amount of radiotherapy with the least damage to normal cells.

Treatment planning is a very important part of radiotherapy. It may take a few visits to the radiotherapy department before your treatment can go ahead. On your first visit, you may be asked to lie under a machine called a simulator. This takes X-rays of the area to be treated. Or you might have a CT scan for planning your treatment instead.

The area to be treated will be marked on your skin. These marks are like dots and are made with a permanent tattoo. That way the X-rays can be aimed at the same area each day. Before and after your skin during and after treatment. If you have any queries, do ask your radiation therapist or nurse for advice.

Getting your treatment

External radiotherapy is quite straightforward. You will be asked to come for treatment every day during the week with a rest at weekends. Your treatment can go on for 2–4 weeks. Each treatment session only lasts a few minutes. The treatment is painless but you will be asked to lie still. How much treatment you need will depend on the type and size of the melanoma. Your doctors will discuss this with you.

Radiotherapy uses high-energy rays to destroy or shrink cancer cells. It kills the cells while doing as little harm as possible to normal cells. Radiotherapy is generally not used to treat melanoma of the skin. Usually it is used if the melanoma has spread to other parts of your body, such as your brain or spinal cord. Radiotherapy can also help to relieve pain.

Radiotherapy can be given as external beam radiation. This is where a beam of radiation is aimed at the cancer directly from a machine. The machine is called a linear accelerator. The radiation only affects the cells in the treated area and not the rest of your body. Your doctor will let you know how many sessions or treatments you need.

To sum up

- Chemotherapy is a treatment that uses drugs to control cancer.
- It can be given after surgery or if the cancer comes back after being treated.
- The drugs can be given directly into a vein as an injection or in a drip, or may be given in tablet form.
- Side-effects to chemotherapy vary and depend on the drugs used.
- Some side-effects include nausea and vomiting, a sore mouth, loss of appetite, fatigue, numbness or pins and needles, hair loss, infection, anaemia and bruising.

Palliative care

If your cancer is advanced it may be very difficult to cure. If this happens, your doctor will discuss the best treatment options for you with the healthcare team. He or she may refer you to specialist palliative care doctors and nurses.

Palliative care is treatment and care given if you are ill due to advanced cancer. The aim of the care is not to cure the disease but to relieve your symptoms and make sure you have the best quality of life possible.
Each time you come for treatment you will go into a special room. The radiation therapist will ask you to lie or sit in a certain position under the machine. When you are ready the radiation therapist will leave the room. The machine will then be turned on and your treatment given. Even though you are on your own in the room, your radiation therapist can see you all the time through a closed circuit camera. You can talk through an intercom to the staff if you wish.

What are the side-effects?
The side-effects of radiotherapy depend on the part of your body being treated. You may feel sick or get sick, have redness of the skin, or lose body hair on the treated area. You may also feel tired for some time.

External radiotherapy is safe and does not make you radioactive. If you would like more information on radiotherapy, call the National Cancer Helpline 1800 200 700. Ask for a copy of the free booklet Understanding Radiotherapy or a DVD called Radiation Therapy: A Patient Pathway.

If you are feeling very worried, you may find it hard to sleep at night. Do tell your doctor or nurse, who may be able to help. Also, try talking to your family or close friends about your concerns. If you find this difficult, ask to see a counsellor. He or she will help you to find ways to cope.

Regular exercise can help too. For example, a 30-minute walk 3 days a week might be a realistic goal and will boost your morale when you achieve it. Get others to help you around the house, with travelling to hospital, at work, with the children or with shopping. Use the extra free time to do something that you especially enjoy.

A helpful booklet called Coping with Fatigue is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

To sum up
- Radiotherapy is a treatment using high-energy X-rays.
- The X-rays are aimed at the cancer to cure or shrink it.
- Radiotherapy is painless and only takes a few minutes.
- Treatment may continue for 2–4 weeks, depending on the extent of the melanoma.
- Side-effects of radiotherapy depend on the area being treated and the type of radiotherapy given.

How can I cope with fatigue?
Fatigue is a common symptom of cancer and often described as an overwhelming tiredness. Often it is not relieved by rest. You may also find it hard to concentrate or even make decisions. Fatigue may be caused by anxiety over a cancer diagnosis or the added stress caused by treatment. Whatever the reason, there are things you can do that may help.

Hints & Tips – fatigue
- Build rest periods into your day. If you are going somewhere special, have a rest before you go out.
- Save your energy for doing the things you most enjoy.
- Ask for help at work or at home, especially with cooking, housework or childcare.
- Keep your energy for eating. Eat little and often and use ready-made meals or snacks.
- If you find it hard to sleep, make sure your bedroom is quiet and not too hot or cold.
- Do some gentle exercise each day. Ask your doctor or nurse for advice.
- Go to bed each night at the same time. Each morning get up at same time and do not lie in.
- Use relaxation techniques to get to sleep. For example, gentle exercise and relaxation tapes.
- Avoid stimulants before bedtime, such as alcohol, coffee, tea, coke or chocolate.
Will treatment affect my sex life and fertility?

Intimacy and loss of libido

There is no medical reason why you cannot have sex while on chemotherapy or radiotherapy, if you feel like it. But coming to terms with the fact that you have cancer can take a while for some people. Your emotions might be turned upside down and you might find it hard to relax. You may also feel tired from the effects of treatment. As a result, you may have a loss of desire for sex (libido) and not wish to be intimate with your partner. But remember this is a normal way to feel at this time.

There is no set time for you to be ready to have sex again. It varies from person to person. Once you return to your usual routine, your interest in sex should return too. If you have a supportive partner, you may find that talking about your feelings will help ease your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship. Do not feel guilty or embarrassed to talk to your doctor or nurse about what is troubling you. He or she may refer you for specialist counselling if you think that would be helpful.

You may be afraid that melanoma can be passed on to a partner during sex. There is no truth to this. It is quite safe for you to have sex again with your partner.

Fertility

Your fertility may be affected by some of the melanoma treatments. Sadly, you may not be able to have a child in the future. If this is the case, do talk to your partner about your feelings. Also, discuss your worries about infertility with your doctor. He or she can tell you if there are any options open to you at this time. It may be possible to freeze your eggs or sperm before treatment begins. The HARI (Human Assisted Reproduction Ireland) Unit at the Rotunda Hospital, Dublin provides a service where eggs or sperm can be frozen for later use. Talk to your doctor about this service or call the National Cancer Helpline 1800 200 700 for more information.

Dealing with infertility may not be easy, depending on your age and if you have had children or not. It 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.

Immunotherapy and chemotherapy

For women

Some of the drugs used to treat melanoma can affect your ovaries and may cause infertility. It may be temporary or permanent. This means that your periods may stop during treatment and for a few months afterwards. You may get hot flushes, a dry vagina or other symptoms of the menopause. If it is temporary, your periods will return to normal after a few months. In general the younger you are, the more likely it is that regular periods will return. The nearer you are to the menopause the more likely that chemotherapy will stop your periods permanently.

As periods usually stop while you are on treatment, you may not know if you are fertile or not. If you are having sex, you must use a reliable method of contraception throughout and for some time after your treatment. There is a risk of miscarriage or birth defects in babies conceived during or just after treatment.

Many doctors believe it is better not to get pregnant for 2 years after your chemotherapy ends. This gives you a chance to recover from the effects of treatment. And by this time the likelihood of the cancer coming back is much less. When treatment is over, blood tests can show if you are fertile, or if you have started the menopause. Do ask your doctor or nurse for advice.

For men

Some of the drugs used to treat melanoma may cause infertility. It may be temporary or permanent. If you are having sex and your partner is fertile, you must use a reliable method of contraception throughout your treatment and for some time afterwards. This is because there is a risk of miscarriage or birth defects in babies conceived during or just after treatment. Many doctors believe it is better for your partner not to get pregnant for 2 years after your
After chemotherapy ends. This time gives your body a chance to recover from the effects of treatment. By then the chance of the cancer returning is much less.

**During and after radiotherapy**

Most radiotherapy treatments to the skin have no effect on your ability to have children. But radiotherapy to other parts of your body may make you feel tired and less interested in sex. Many specialists recommend that you wait for 2 years after radiotherapy before trying to start a family or to have more children. This time gives your body a chance to recover from the effects of the cancer and its treatment.

**What follow-up do I need?**

No matter what type of treatment you receive, you will still need to come back for regular check-ups once it is over. This is called follow-up. At first these visits to the specialist will be quite often, sometimes every 3–6 months, for at least 5 years. Gradually the visits will become less frequent. The follow-up may involve having a skin exam, blood tests, X-rays and scans.

It is important that you inspect your skin regularly for any new moles. Remember a melanoma that is treated early has a greater chance of being cured. See page 22 for more about inspecting your skin. See the centre of this booklet for more about protecting your skin from the sun.

If you are between check-ups and concerned about a mole or new mark on your skin, let your doctor know. Make an appointment to see him or her as soon as possible.
What do melanomas look like?

- A mole that suddenly gets bigger or you find a new one on your skin in adult life.
- The mole develops a ragged or uneven outline. The shape is irregular with one half unlike the other.
- The mole has a mixture of different shades. For example, many shades of tan, brown or black, sometimes white, red or blue.
- The mole is bigger than the top of a pencil.
- The mole looks red or inflamed around the edges.
- The mole is bleeding, oozing or crusting.
- The mole starts to feel different. For example, slightly itchy or painful.

Self-exam for melanoma

- 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 spaces between your toes and soles.
- 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.
- Visit your doctor if you notice something that concerns you.

Remember 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)
Reduce your risk of melanoma by following the SunSmart Code.

**Cover up...**
By wearing a shirt with a collar and long shorts.

Also wear a hat that gives shade to your eyes, ears and back of your neck.

**Seek shade...**
Especially from 11am to 3pm.

**Wear wraparound sunglasses...**
Make sure that they give UV protection.

**Slap on sunscreen...**
Use sunscreen with SPF 15 or higher and UVA protection.

But don’t think that using sunscreen allows you to spend longer in the sun. You will still need to be careful and follow the code.

Look for the UVA logo on your sunscreen bottle.

Visit the SunSmart website at [www.cancer.ie/sunsmart](http://www.cancer.ie/sunsmart)

---

**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 giant birthmark (naevus), there is a slight risk it may change and become a melanoma. From research we know that severe sunburn as a child or adolescent may lead to melanoma later in life. For this reason, do protect your children’s skin from an early age. It will reduce the risk of skin damage and melanoma.

All babies under 6 months of age should be kept out of direct sunlight. From the age of 6 months, children should wear protective clothing like a loose T-shirt and hat. Apply a sunscreen with a high protection sun factor when they are out in the sun. This should be reapplied frequently, especially if the child is swimming or playing with water. Children should be kept out of the sun during the hottest part of the day.

**Your family**

If you have had treatment for melanoma, other members of your family may be at risk of developing melanoma as well. This includes your brother or sister or children. The level of risk depends on their skin type and the number of unusual-looking moles.

If your family is concerned about melanoma, they should visit a dermatologist who can examine their skin and advise them.

Visit the SunSmart website at [www.cancer.ie/sunsmart](http://www.cancer.ie/sunsmart)
Cancer and complementary therapies

There is great interest today in complementary treatments for cancer. Many people find them very helpful during their illness. The way cancer is treated often depends on the culture of the country you live in. In Ireland, cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted. You may hear about the following types of treatments or therapies.

Conventional therapies

Conventional therapies are treatments that doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy, hormone therapy and biological therapy. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy
- Nutrition therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that it can often bring. Some complementary therapies also focus on the spiritual dimension of a person to aid healing.

For more information, call the National Cancer Helpline 1800 200 700 or visit our website: www.cancer.ie
Alternative therapies

Alternative therapies are generally treatments that are used instead of conventional treatments. These therapies include diet therapy, megavitamin therapy and herbalism. The diet therapy can often be restrictive. This means it does not allow you to eat foods that could be nutritious for you. Some restrictive diets can harm your health and may even cause malnutrition.

Most doctors do not believe that such treatments can cure or control cancer.

If you decide to have complementary or alternative treatments...

Before you decide to change your treatment or add any methods of your own, do talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, do talk openly with your GP or cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don’t be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don’t be misled by promises of cures. At present in Ireland, this area is not fully regulated. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called Understanding Cancer and Complementary Therapies. A Guide for Cancer Patients. If you would like a copy or more advice, call the National Cancer Helpline 1800 200 700.

Coping and emotions

How can I cope with my feelings?

Many cases of early melanoma are completely cured and will not cause too much upset in your life. If you need extra treatment, there may be more lasting effects.

There are many reactions when told you have skin cancer. Reactions can often differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you finish all your treatment that your emotions hit hard.

Common reactions include:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. A helpful booklet which discusses them in detail is called Understanding the Emotional Effects of Cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

Shock and disbelief

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are genuinely
shocked when it does. Even if your doctor and nurse discuss the cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you cannot really believe what is happening to you.

**Fear and uncertainty**

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. They think the worst. But nowadays many cancers can be cured or controlled with modern treatments.

Another great fear about cancer is pain. The fear of pain can sometimes overwhelm everything else. However, some cancers cause no physical pain at all or else can be controlled with good painkillers.

You may also have fears that your experience of cancer will change who you are or that people will reject or avoid you. For example, after some cancer treatments your body image may be different, and it will take some time for you and for others to adjust to your new look. You may also have practical worries and fears about the effect of your illness on your family, your finances, your job, and your lifestyle.

It is natural for you to be afraid or concerned about the future too. You may wonder if you will be cured or if your cancer will recur. Living with this uncertainty can make you feel anxious and fearful. You may not wish to make any plans or decisions. Discuss your concerns with your doctor, nurse or medical social worker, who will give you advice and help. If living with uncertainty overwhelms you, it may help to talk to someone in a support group.

**Loss of control**

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom.

Because you don’t know enough about your illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident to make any decisions about your treatment. When you experience a loss of control, it can lead to feelings of helplessness. You may also feel that you will be unable to cope with your treatment or that you will ‘fall to pieces’ or ‘go crazy’. You may even lose hope.

It takes a while to know what is within your control and what is beyond it. Finding out as much as possible about your illness can help you regain some control. Taking an active part in making decisions about your treatment can also help you feel more in control of your illness.

**Sorrow and sadness**

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons. For example, for the loss of your good health, for the plans that are put on hold, for the people you feel you’ve let down, and for any changes to your body due to treatment.

Depending on your type of cancer, your fertility or body image may be affected by treatment. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

**Denial**

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem unusual, it is a valid way of coping. As a result, you may not wish to mention or discuss your illness. Or else you may talk as if your illness is nothing serious. Denial may last for a short or long time, depending on how long it takes
Admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

Don’t bottle up your feelings – express them.

Blame and guilt

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. As cancer experts rarely know exactly what has caused cancer, there is no good in blaming yourself. Other times, people feel guilty because they delayed going to the doctor with their symptoms, fearing the worst. No matter what the reason, don’t torture yourself at this time.

Don’t feel guilty if you can’t keep a positive attitude, especially when you feel unwell. Low periods are to be expected. There is no evidence at all that your attitude will affect your health or cancer. Regret and guilt serve no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Withdrawal and isolation

It is true that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may want to be left alone and withdraw from people. It is normal for you to want to be alone to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. But it is not a good idea to spend long hours on your own every day.

Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you do not want to hear any information about your cancer until you are ready.

Resentment

It is natural that you might be resentful and unhappy – even jealous – because you have cancer while other people are well. During the course of your illness similar feelings of resentment may occur for many reasons. You may resent that another patient receiving the same treatment as you has responded quicker than you have. You may resent your healthy relatives or having to change your lifestyle in some way.

On the other hand, sometimes relatives, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

Don’t bottle up your feelings – express them.

Blame and guilt

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. As cancer experts rarely know exactly what has caused cancer, there is no good in blaming yourself. Other times, people feel guilty because they delayed going to the doctor with their symptoms, fearing the worst. No matter what the reason, don’t torture yourself at this time.

Don’t feel guilty if you can’t keep a positive attitude, especially when you feel unwell. Low periods are to be expected. There is no evidence at all that your attitude will affect your health or cancer. Regret and guilt serve no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Withdrawal and isolation

It is true that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may want to be left alone and withdraw from people. It is normal for you to want to be alone to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. But it is not a good idea to spend long hours on your own every day.

Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you do not want to hear any information about your cancer until you are ready.
How can my family and friends help?

Your family and friends can support you through your cancer journey in different ways. Some family members and friends can offer a listening ear and give you advice if needed. Some may gather up-to-date information on melanoma to know what you can expect and what you are going through. Others may prefer to help you in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your family or friend best.

Learning to cope

After any treatment for cancer it can take some time to come to terms with your emotions. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it is true that some treatments can have some unpleasant side-effects, many people are able to live a normal life during treatment. You will need to take some time off for your treatment as well as time afterwards to recover. Just do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

Positive emotions

A cancer experience can also bring positive emotions. However, it may be some time before you are ready to accept these emotions as positive. You may experience great love, affection and closeness by those around you, not only family and friends but also neighbours and even the healthcare team. With that can come a sense of gratitude too. The experience of cancer can also bring personal growth and knowledge – it can make you realise where your strength lies and what is important in life for you. You may also get the chance to do and enjoy different things that you would never have done otherwise.

How to talk to someone with cancer

When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you’re afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with your own feelings too.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don’t rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may think you are not doing much by just listening. In fact, it is one of the best ways to help.

Be patient

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

Lost for Words: How to Talk to Someone with Cancer is a useful booklet written for relatives and friends of people with cancer. Call the National Cancer Helpline 1800 200 700 and ask for a copy.
How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either great or small. Even so, it is best to keep family life as normal as possible. Continue with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to big changes in their lives.

Every family deals with cancer in its own way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or that you’re letting them down. These are all natural feelings to have at this time.

**Be honest**
The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you or your partner tell your children about your cancer diagnosis. If this is not possible, then someone else close to your children should break the news.

How much you tell children will depend on their age and level of maturity. Very young children do not understand illness and need a simple reason why their parent or friend is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly full explanations of why you are sick. Adolescents can understand far more.

It is best to prepare children for the side-effects of treatment before they happen and to answer their questions simply and honestly. For example, if you get hair loss due to treatment. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

Coping with children’s emotions

During your illness, your children may experience a range of emotions from fear, guilt and anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief too. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with children, talk to your nurse or medical social worker. A useful booklet called *Talking to Children about Cancer. A Guide for Parents* gives practical advice for talking to children about cancer. If you would like a free copy, call the National Cancer Helpline 1800 200 700.

What else can I do?

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope, only your way. During your illness there are many things that you can learn, not only about cancer itself but also about you as a person. Here is a list of things to help make you feel more involved and more in control of your illness. They can help to boost your self-esteem and well-being, making it easier to deal with cancer.

- **Communicate with your family and close friends:** Do not keep your worries or symptoms secret from the people closest to you. This includes physical or emotional problems. Ask the person closest to you to come with you when visiting the doctor and when treatments will be discussed.
- **Live one day at a time:** 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.
- **Live well:** Try to eat as well as you can. Eat little and often, using lots of different types of foods with plenty of fresh fruit and vegetables. Do some regular exercise that you enjoy. Take it easy at first, building up the amount you do as you feel stronger.
- **Expect change in your life**: Even though you may want to stick to your old routines, sometimes this may not be possible. It may take a while for you to adjust to your new routine. Remember that change may bring new opportunities and blessings.

- **Keep an open mind**: Don’t feel you have to be positive all the time. Expect ups and downs during your cancer journey. There will be times when you feel low but don’t feel guilty about it, as it will pass.

- **Seek information**: Be sure to ask your doctor as many questions as you can and get involved in decisions about your treatment. Always ask for information that is personal to you. Ask what side-effects you can expect so you can prepare for them. Build up as much information about your cancer and treatment as possible. Follow your doctor’s instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor or nurse. Keep a notebook of all your dates for blood tests, X-rays, scans, treatments, symptoms, side-effects, medications, and your general health. Keep a record of any emotions you are feeling too, especially strong ones. Call 1800 200 700 for a free copy of Journey Journal to help you keep track of your cancer treatment.

- **Find what works for you**: It can help to use whatever way of coping that has helped you solve problems in the past. Some people are comfortable taking about their illness, others are not. You may prefer relaxation, meditation, walking, listening to music, or other approaches helpful. Do whatever suits you. But if it’s not working, be open to finding a new way to cope.

- **Build a support network**: Be realistic about what you can manage by yourself. No man is an island, so seek help from those who want to support you. Talk to your family, friends, nurses or doctors. Meet with other patients in support groups and self-help groups as they can understand what you are going through. If the group does not suit you and is not helping, leave it.

- **Seek professional help**: If you have any low moods or strong emotions, talk to your close friends and family – or someone who is a good listener. If they are still getting the better of you, discuss them with your nurse and doctor. They may recommend you talk to a trained counsellor or other specialist.

- **Spiritual care**: When faced with a cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. For some people spiritual and religious beliefs can bring comfort and hope. Prayer or meditation can help you to focus on what has value and meaning in your life. Even if you do not consider yourself a religious or spiritual person, it is still possible to take comfort and support from these practices. Some complementary therapies that have a spiritual dimension may also help you to focus on being positive and hopeful.

- **Express yourself**: Keep a diary or journal if you need to express yourself without holding back. It can help you to make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

A useful booklet called *Understanding the Emotional Effects of Cancer* has been written for people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.
Support resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Medical social worker
- Cancer nurse specialists
- Psycho-oncology services
- Family doctor (GP)
- Community welfare officer and community health services
- Support groups and cancer support centres
- Irish Cancer Society helpline nurses

Medical social worker: The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and give advice on benefits, entitlements and services available when you go home.

Cancer nurse specialists: Some of the major cancer treatment hospitals have oncology liaison nurses or cancer nurse co-ordinators. These specially trained nurses can support you and your family from the time of diagnosis and throughout treatment. These nurses along with other members of your medical team work together to meet your needs.

Psycho-oncology services: In some larger hospitals there are special units that provide psycho-oncology services. This means that you can receive psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

GP (family doctor): You may feel comfortable talking to your family doctor (GP) about your cancer too. He or she can discuss any of your queries and offer advice and support.
**Community health services:** When you go home, there are various community health services available from your local health centre. These centres have family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as transport costs, financial worries, etc. All these people in community health services can provide advice and support. More information on the services is available either from the social worker in the hospital before you go home or at your local health centre.

**Support groups:** Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with melanoma. There are a range of support groups that will support you and your family at time of diagnosis, throughout treatment and afterwards. Cancer support centres and groups are found in most counties in Ireland and can offer a wide range of services. Some are listed at the back of this booklet.

**Irish Cancer Society:** The staff of the National Cancer Helpline will be happy to discuss any concerns you or your family may have at any stage of your illness. This can range from treatment information or practical advice about your financial matters. For example, getting a mortgage or travel insurance.

Call 1800 200 700 for information about any of the services outlined above or for support services in your area.

---

### Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given here:

- **Outpatient cover**
- **Medical card**
- **GP visit card**
- **Drug Payments Scheme (DPS)**
- **Private healthcare cover**
- **Benefits and allowances**

At the end of this section there are also some useful telephone numbers and addresses for further help.

### Hospital cover

At present, everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical cardholders. Higher rates apply for semi-private or private care.

### Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the A&E unit first.

### Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You will have to pay a prescription charge of 50c per item up to a limit of €10 per family.

To qualify for a medical card depends on a means test. If you are over 70 and your weekly income is €700 or less, you can apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above
but close to the guidelines, you should apply for a card anyway as a card may be granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case, your spouse and children will not be covered if your means are over the limit.

**GP visit card**
If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible.

**Drugs Payment Scheme**
Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €120 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your local pharmacy.

**Private healthcare cover**
Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Quinn Healthcare, AVIVA Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

If you have private insurance, you may not always be able to have your tests done as quickly as you would like. Your health insurer has to approve some tests in advance. For example, MRI scan and PET scan. In some cases, it may take 24–48 hours to get approval from your health insurer.

**Benefits and allowances**
Information on the following is given in this section:

- **Illness Benefit**
- **Disability Allowance**
- **Invalidity Pension**
- **Carer’s Benefit**
- **Carer’s Leave**
- **Appliances**
- **Travel to hospital**


**Illness Benefit**
This is a benefit for insured people. Your eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social Protection, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment. The benefit lasts for 2 years.

**Disability Allowance**
You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with an injury, disease or a disability who are aged between 16 and 66. For this allowance, you must satisfy a means test, live in Ireland and be medically suitable. To be medically suitable, you should have an illness that has continued or may continue for at least 1 year.

You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Localcall 1890 927 770.
Invalidity Pension
This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Local 1890 927 770.

Carer’s Allowance
This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your social worker and/or the Dept of Social Protection.

Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Local 1890 927 770.

Carer’s Benefit
If you are employed but wish to care for a sick relative full time, you might qualify for a carer’s benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer’s Leave
Under carer’s leave legislation, you may be entitled to unpaid temporary leave from your employment. Carer’s leave allows you to leave your employment for up to 104 weeks to care for someone in need of full-time care and attention. The leave will be unpaid, but you will have your job kept open for you while you are on leave. You do not need to be eligible for carer’s allowance or carer’s benefit to apply for carer’s leave. You must have worked for your employer for a continuous period of 12 months to be eligible to apply for carer’s leave. The person you are caring for can be a partner or family member, friend or colleague. The family doctor (GP) of the person you are caring for will also need to fill in part of your application form.

You can work while you are on carer’s leave for up to 15 hours a week. But you must make sure your income from employment or self-employment is less than a weekly income limit set by the Department of Social Protection. For more information, contact the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Local 1890 927 770.

Appliances
For patients who have medical cards most appliances are free of charge. For example, you are entitled to 1–2 free or subsidised wigs or hairpieces every year.

Travel to hospital
Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide
Understanding melanoma

transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, like hardship.

See page 69 for information on the Care to Drive and Travel2Care schemes run by the Irish Cancer Society.

Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements that may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending

For social welfare queries, contact:

Dept of Social Protection – Social Security Enquiries
Information Service – Tel: 1850 662 244
Oisin House – Leaflet line: 1890 202 325
212–213 Pearse Street – Email: info@welfare.ie
Dublin 2 – Website: www.welfare.ie

If you have queries about health and social services, contact the HSE office in your area: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact:

HSE infoline: 1850 24 1850 Email: info@hse.ie Website: www.hse.ie

Information is also available from your local Citizens Advice Centre. A list of these centres is available from:

Citizens Information Board (formerly Comhairle)
Ground Floor, George’s Quay House, 43 Townsend Street, Dublin 2
Tel: 01 605 9000; Local call 1800 777 121
Email: info@ciboard.ie; Website: www.citizensinformation.ie
If you have financial worries...
A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are not able to work or unemployed, this may cause even more stress. It may be hard for you to recover from cancer if you are worried about providing for your family and keeping a roof over your head.

There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 69 for more details. You can also call the National Cancer Helpline 1800 200 700 for ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 1890 283 438. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 70 for more contact details.

Irish Cancer Society services
The Irish Cancer Society funds a range of cancer support services that give care and support for people with cancer at home and in hospital.

- Cancer Information Service
- Daffodil Centres providing cancer information
- Cancer support groups
- Peer-to-peer support
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets
- Financial support
- Care to Drive transport project
- Daffodil Centres providing cancer information
- Cancer support groups
- Peer-to-peer support
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets
- Financial support
- Care to Drive transport project

Cancer Information Service (CIS)
The Society provides a Cancer Information Service with a wide range of services. The National Cancer Helpline is a freephone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The helpline 1800 200 700 is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie
- The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private.
- Message Board is a bulletin board on our website (www.irishcancer.ie) that gives you the chance to post your comments.
- The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.

Daffodil Centres providing cancer information
Daffodil Centres are located in a number of Irish hospitals. They were set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give enquirers a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.
Cancer support groups
The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 71 for more details.

Peer-to-peer support
Many patients find it helpful to talk to someone who has had a diagnosis of cancer and who has recovered. The Irish Cancer Society can put you in touch with someone who has been trained to give you emotional and practical support. All volunteers have had a personal experience of cancer and understand the emotional and physical impacts of the disease. If you would like to make contact with a volunteer, please call the National Cancer Helpline 1800 200 700.

Counselling
Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the helpline 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing
The Irish Cancer Society can provide a night nurse, free of charge, for up to 70 hours (mainly at night) if you are seriously ill at home. The night nurse can also give support to your family. You can find out more about this service from a member of the homecare team, your GP or local public health nurse. Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms.

Oncology liaison nurses
The Society funds oncology liaison nurses who can provide you and your family with information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer information booklets
These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.

Financial support
A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid.

The Travel2Care scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking. If you are travelling to some of the Rapid Access Diagnostic Clinics for cancer, may qualify for the Travel2Care scheme.

Travel2Care: If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society.

Financial Aid: For this kind of help, contact the social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society.

See our website for more information: www.cancer.ie

Care to Drive transport project
Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their treatments. All of the volunteers are carefully selected and trained. You, the patient, are collected from your home, driven to your appointment and brought back home again. For more information, call the National Cancer Helpline 1800 200 700.
# Useful organisations

<table>
<thead>
<tr>
<th>Irish Cancer Society</th>
<th>43/45 Northumberland Road</th>
<th>Dublin 4</th>
<th>Tel: 01 231 0500</th>
<th>National Cancer Helpline: 1800 200 700</th>
<th>Email: <a href="mailto:helpline@irishcancer.ie">helpline@irishcancer.ie</a></th>
<th>Website: <a href="http://www.cancer.ie">www.cancer.ie</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SunSmart</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.cancer.ie/sunsmart">www.cancer.ie/sunsmart</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer Research Ireland</strong></td>
<td>Website: <a href="http://www.cancer.ie/research/why.php">www.cancer.ie/research/why.php</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The Carers Association</strong></td>
<td>Market Square</td>
<td>Tullamore</td>
<td>Co Offaly</td>
<td>Tel: 057 932 2933</td>
<td>Email: <a href="mailto:info@carersireland.com">info@carersireland.com</a></td>
<td>Website: <a href="http://www.carersireland.com">www.carersireland.com</a></td>
</tr>
<tr>
<td><strong>Citizens Information Board</strong></td>
<td>Ground Floor</td>
<td>George's Quay House</td>
<td>43 Townsend Street</td>
<td>Dublin 2</td>
<td>Citizen Information Service: 1890 777 121</td>
<td>Tel: 01 605 9000</td>
</tr>
<tr>
<td><strong>Dept of Social Protection – Information Service</strong></td>
<td>Osis House</td>
<td>212–213 Pearse Street</td>
<td>Dublin 2</td>
<td>Tel: 1850 662 244</td>
<td>Email: <a href="mailto:info@welfare.ie">info@welfare.ie</a></td>
<td>Website: <a href="http://www.welfare.ie">www.welfare.ie</a></td>
</tr>
<tr>
<td><strong>HARI Unit (Human Assisted Reproduction Ireland)</strong></td>
<td>Rotunda Hospital</td>
<td>Parnell Square</td>
<td>Dublin 1</td>
<td>Tel: 01 807 2732</td>
<td>Website: <a href="http://www.rotunda.ie">www.rotunda.ie</a></td>
<td></td>
</tr>
</tbody>
</table>

**Health Promotion HSE**
Website: www.healthpromotion.ie

**Irish Clinical Oncology Research Group**
Website: www.icorg.ie

**Irish Nutrition & Dietetic Institute**
Ashgrove House
Kill Avenue
Dún Laoghaire
Co Dublin
Tel: 01 280 4839
Email: info@indi.ie
Website: www.indi.ie

**Money Advice and Budgeting Service (MABS)**
Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 01 812 9350
Freefone 1890 283 438
Email: helpline@mabs.ie
Website: www.mabs.ie

**Health insurers**

<table>
<thead>
<tr>
<th>AVIVA Health (formerly VIVAS Health)</th>
<th>One Park Place</th>
<th>Hatch Street</th>
<th>Dublin 2</th>
<th>Tel: 1850 717 717</th>
<th>Email: <a href="mailto:info@avivahealth.ie">info@avivahealth.ie</a></th>
<th>Website: <a href="http://www.avivahealth.ie">www.avivahealth.ie</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quinn Healthcare (formerly BUPA)</td>
<td>Mill Island</td>
<td>Fennery</td>
<td>Co Cork</td>
<td>Locall: 1890 700 890</td>
<td>Email: <a href="mailto:info@quinn-healthcare.com">info@quinn-healthcare.com</a></td>
<td>Website: <a href="http://www.quinn-healthcare.com">www.quinn-healthcare.com</a></td>
</tr>
</tbody>
</table>

**Voluntary Health Insurance (VHI)**
VHI House
Lower Abbey Street
Dublin 1
Tel: 01 872 4499
CallSave 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

**National support groups**

<table>
<thead>
<tr>
<th>ARC Cancer Support Centres</th>
<th>Dublin and Cork (see page 72 and 73).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bowel Cancer Support Group</strong></td>
<td>Irish Cancer Society</td>
</tr>
</tbody>
</table>

**Brain Tumour Support Group**
Medical Social Work Department
St Luke's Hospital
Highfield Road
Rathgar
Dublin 6
Tel: 01 406 5163

| CanTeen Ireland | Young Peoples’ Cancer Support Group | Carmichael Centre | North Brunswick Street | Dublin 7 | Tel: 01 872 2012 | Freefone: 1800 200 700 | Email: canteen@oceanfree.net | Website: www.canteen.net |

| I’ve Got What?! | [Support for young adults affected by cancer] | c/o Cross Cause Charity Shop | Blackrock | Co Louth | Tel: 086 339 5690 |

**Connaught support groups & centres**

<table>
<thead>
<tr>
<th>Athenry Cancer Care</th>
<th>Social Service Centre</th>
<th>New Line</th>
<th>Athenry</th>
<th>Co Galway</th>
<th>Tel: 091 844 319 / 087 412 8080</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballinasloe Cancer Support Centre</td>
<td>Society Street</td>
<td>Ballinasloe</td>
<td>Co Galway</td>
<td>Tel: 090 964 5574 / 087 945 2300</td>
<td>Email: <a href="mailto:ballinasloecancer@yahoo.co.uk">ballinasloecancer@yahoo.co.uk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cara Iorrais Cancer Support Centre</th>
<th>2 Church Street</th>
<th>Belmullet</th>
<th>Co Mayo</th>
<th>Tel: 097 20590</th>
<th>Email: <a href="mailto:caraiorrais@gmail.com">caraiorrais@gmail.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>CD’s Helping Hands</td>
<td>Lakeview Point</td>
<td>Corporate Park</td>
<td>Claregalway</td>
<td>Co Galway</td>
<td>Tel: 091 799 749</td>
</tr>
<tr>
<td>Gort Cancer Support Group</td>
<td>The Hawthorn</td>
<td>Ennis Road</td>
<td>Gort</td>
<td>Co Galway</td>
<td>Tel: 086 312 4220</td>
</tr>
</tbody>
</table>

| Inis Aolbhin – Cancer Care West | Costello Road | University College Hospitals Galway | Tel: 091 545 000 | Email: info@cancercarewest.ie | Website: www.cancercarewest.ie |

| Mayo Cancer Support Association | Rock Rose House | 32 St Patrick’s Avenue | Castlebar | Co Mayo | Tel: 094 903 8407 | Email: info@maysupport@eircom.net | Website: www.mayocancer.ie |

| Roscommon Cancer Support Group | Vita House Family Centre | Abbey Street | Roscommon | Tel: 090 662 5898 | Email: vithouse@eircom.net |

| Sligo Cancer Support Centre | 44 Wine Street | Sligo | Tel: 071 917 0399 | Email: scsc@eircom.net | Website: www.sligocancersupportcentre.ie |
Tuam Cancer Care Centre
Cricket Court
Dunmore Road
Tuam
Co Galway
Tel: 093 28522
Email: support@tuamcancercare.ie
Website: www.tuamcancercare.ie

Cuisle Centre
Cancer Support Group
Block Road
Portaloise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuisine.com

Dochas – Offaly Cancer Support
Teach Dochas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: dochasoffaly@eircom.net
Website: www.dochasoffaly.ie

Dundalk Cancer Support Group
Philistown
Hackballs Cross
Dundalk
Co Louth
Tel: 086 107 4257

Éist – Carlow Cancer Support Group
5 Mount Clare Court
Carlow
Tel: 085 144 0510

Gary Kelly Support Centre
George’s Street
Drogheda
Co Louth
Tel: 041 980 5100 / 086 195 9864
Email: services@gkcancersupport.com
Website: www.gkcancersupport.com

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: info@greystonescancersupport.com
Website: www.greystonescancersupport.com

HOPE
Enniscorthy Cancer Support & Information Centre
22 Upper Weaver Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: mary@hopesupportcentre.ie

Lakelands Area Retreat & Cancer Centre (LARCC)
Ballinlack
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Little Way Cancer Support Centre
4 Woods Way
College Road
Clane
Co Kildare
Tel: 045 902 996
Email: littlewayclane@eircom.net
Website: www.littlewaycancersupport.com

Little Way Cancer Support Centre
8 Stanhope Street
Athy
Co Kildare
Tel: 059 863 3725

Manorhamilton Cancer Support Group (Leitrim)
Tel: Maura Farry 071 985 6220

Rathdrum Cancer Support Centre
34 Main Street
Rathdrum
Co Wicklow
Tel: 087 292 8660
Email: rathcan@gmail.com

Stillorgan Cancer Support
C/o Marsham Court
Stillorgan
Co Dublin
Tel: 01 288 5725

Tallaght Cancer Support Group
Millbrook Lawns
Tallaght
Dublin 24
Tel: 087 217 6486

Wicklow Cancer Support Centre
1 Morton’s Lane
Wicklow
Tel: 087 691 4657 / 0404 32696

Munster support groups & centres

Cork ARC Cancer Support House
Cliffrdale
5 O’Donovan Rossa Road
Cork
Co Cork
Tel: 021 427 6688
Email: cancersupport@eircom.net
Website: www.cancercare.ie

HOPE
Enniscorthy Cancer Support & Information Centre
22 Upper Weaver Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: mary@hopesupportcentre.ie

Cancer Information & Support Centre
Mid-Western Regional Hospital
Doonradyle
Co Limerick
Tel: 061 485 163
Website: www.midwesterncancercentre.ie

CARE – Cancer Support Centre
14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: cancersuppor@eircom.net
Website: www.cancercare.ie

Kerry Cancer Support Group
Acorn Centre
47 Liosdara, Oakpark
Taraee
Co Kerry
Tel: 066 719 5560 / 087 320 8734
Email: kerrycancersupport@live.ie
Website: www.kerrycancersupport.com

Listowel Cancer Support Group
Bedford
Listowel
Co Kerry
Tel: 068 21741 / 087 237 0766

Recovery Haven
5 Haig’s Terrace
Taraee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhaven.com
Understanding melanoma

Sláinte an Chláir: Clare Cancer Support
Tir Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630 / 087 691 2396
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

South East Cancer Foundation
7 Sealy Close
Earscourt
Waterford
Tel: 051 876 629
Email: infosecf@eircom.net
Website: www.sec.ie

Suimhneas Cancer Support Centre
2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 067 37403
Email: suaimhneascancersupport@eircom.net

Suir Haven Cancer Support Centre
Clongour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Youghal Cancer Support Group
161 North Main Street
Youghal
Co Cork
Tel: 024 92353

West Cork Cancer Support
Community Work Department
HSE Skibbereen
Co Cork
Tel: 027 53485 / 086 862 5417

Ulster support groups & centres
Cootehill Community Centre Support Group
Cootehill
Co Cavan
Tel: 087 622 0000

Éist – East Inishowen Cancer Support Group
C/o Serenity House
2 Montgomery Terrace
Moville
Co Donegal
Tel: 074 938 2874

Gary Kelly Support Centre
Monaghan
Tel: 086 195 9864 / 041 980 5100

Living Beyond Cancer
Oncology Day Services
Letterkenny General Hospital
Letterkenny
Co Donegal
Tel: 074 912 5888 (Bleep 674)

Solace – Donegal Cancer Support Centre
St Joseph’s Avenue
Donegal Town
Tel: 074 974 0837
Email: solacedonegal@eircom.net

For other support groups or centres in your area, call 1800 200 700.

Useful contacts outside Republic of Ireland

Action Cancer
Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Email: info@actioncancer.org
Website: www.actioncancer.org

American Cancer Society
Website: www.cancer.org

Cancer Network Buddies
www.cancerbuddiesnetwork.org

Cancer Research UK
Tel: 0044 20 7242 0200
Website: www.cancerresearchuk.org
Website: www.cancerhelpln.org.uk

Healthtalkonline
www.healthtalkonline.org

Macmillan Cancer Support (UK)
89 Albert Embankment
London SE1 7UQ
Tel: 0044 207 840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk
Website: www.cancerbackup.org.uk

Macmillan Support & Information Centre
Belfast City Hospital Trust
79–83 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Email: cancer.info@bch.n-i.nhs.uk
Website: www.actioncancer.org

MARC’s Line
Dermatology Treatment Centre, Level 3
Salisbury District Hospital
Salisbury
Wiltshire SP2 8BJ
Tel: 0044 172 241 5071
Email: marcsline@salisbury.nhs.uk
Website: www.wessexcancer.org

Ulster Cancer Foundation
40/42 Eglantine Avenue
Belfast BT9 6DX
Tel: 048 906 63281
Website: www.ulstercancer.co.uk

Ulster support groups
& centres
Cootehill Community Centre Support Group
Cootehill
Co Cavan
Tel: 087 622 0000

Mayo Clinic (US)
Website: www.mayoclinic.com

Memorial Sloan-Kettering Cancer Center (US)
Website: www.mskcc.org

National Cancer Institute (US)
Website: www.nci.nih.gov

Royal Marsden Hospital Foundation NHS Trust
Website: www.royalmarsden.org

Skin Cancer Foundation
Website: www.skincancer.org

Ulster Cancer Foundation
40/42 Eglantine Avenue
Belfast 9BT9 6DX
Tel: 048 906 63281
Website: www.ulstercancer.co.uk

Youghal Cancer Support Group
161 North Main Street
Youghal
Co Cork
Tel: 024 92353

West Cork Cancer Support
Community Work Department
HSE Skibbereen
Co Cork
Tel: 027 53485 / 086 862 5417

Ulster support groups & centres
Cootehill Community Centre Support Group
Cootehill
Co Cavan
Tel: 087 622 0000
Understanding melanoma

Questions to ask your doctor

Here is a list of questions that you might like to ask. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- What is melanoma?
- How long will it take to get the test results?
- What stage is my cancer at?
- What type of treatment do I need?
- Will surgery cure my cancer?
- Are there other treatment options? Why is this one best for me?
- Would I be suitable for a clinical trial?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- What side-effects will I get?
- 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?
- Do my family need to be checked for melanoma? If so, how can this be organised?

Helpful books

Free booklets from the Irish Cancer Society:
- Understanding Chemotherapy
- Understanding Radiotherapy
- Understanding Cancer and Complementary Therapies
- Diet and Cancer
- Coping with Fatigue
- Understanding the Emotional Effects of Cancer
- Lost for Words: How to Talk to Someone with Cancer
- Who Can Ever Understand? Taking About Your Cancer
- Talking to Children about Cancer: A Guide for Parents
- A Time to Care: Caring for Someone Seriously Ill at Home
- Journey Journal: Keeping Track of Your Cancer Treatment

Explaning cancer to children

The Secret C: Straight Talking About Cancer
Julie A Stokes
Winston's Wish, 2000

Why Mum? A Small Child with a Big Problem
Catherine Thornton
Veritas, 2005
ISBN 1-85390-891-6

Helpful DVDs

Understanding Radiation Therapy: A Patient Pathway
Call 1800 200 800 for a copy.
Website: www.cancer.ie

A Guide to Chemotherapy
HSE/Mid-Western Cancer Centre/ICS, 2008
Call 1800 200 700 for a copy.
Your own questions

1
Answer

2
Answer

3
Answer

4
Answer

5
Answer
Acknowledgements
We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet and/or previous editions:
Jennifer Ledwith, Cancer Information Nurse
Janet Beatty Doyle, Medical Social Worker
Catríona Fogarty, Clinical Nurse Specialist
Deirdre McDonnell, Clinical Nurse Manager
Susan Rowan, Patient Education Editor

Would you like more information?
We hope this booklet has been of help to you. If you feel you would like more information or someone to talk to, please call the National Cancer Helpline 1800 200 700.

Would you like to be a patient reviewer?
If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. Please fill in the postcard in the pocket inside the back cover, and post it back to us for free.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie

If you would prefer to phone or write to us, see contact details below.

Would you like to help us?
The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email fundraising@irishcancer.ie

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie
The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life, with three programme areas to achieve them: advocacy, cancer services and research.