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.

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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.

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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 of your questions and encourages you to discuss them with your doctor and nurse.

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 freefone National Cancer Helpline on 1800 200 700. It is open from Monday to Thursday 9am–7pm and Friday 9am–5pm.

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.

**Biological therapies**
A treatment that works with your immune system. It can help fight cancer or control side-effects from other cancer treatments. It does this by stopping or slowing the growth of cancer cells or by making it easier for your immune system to destroy them.

**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. See also biological therapies.

**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 and your family 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.

Understanding melanoma

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 vessels to form a new tumour somewhere else in your body. This is called a metastasis or secondary tumour.

What are lymph vessels?
Lymph vessels are part of your lymphatic system, which helps your body defend itself against infection. Like your bloodstream, it carries...
Understand melanoma

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. 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.

If a birthmark or mole gets darker, larger, lumpy or starts to bleed, visit your family doctor (GP). See page 13 for changes to birthmarks or moles.

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.
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.

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 720 cases of melanoma are diagnosed in Ireland. At present more women than men are affected.

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.

- Number and type of moles: If you have a large number of moles on your skin which look unusual, your risk is increased.
- 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. But dark skin too can sometimes get melanoma.

- Lifetime exposure to sunlight: Your risk increases if you have been exposed to UV light over your lifetime, especially from childhood.
- Family history of melanoma or skin cancer: Your risk is increased if you or a family member have a history of skin cancer.
- Weakened immune system: If you have a weakened immune system, your risk of melanoma is greater. This can happen if you have had an organ transplant or have HIV/AIDS.
- 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.

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

Skin type and moles

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 can increase your risk of melanoma as well. This is especially true if you have more than 50. 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.

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 also cause cancer. UVB rays can add to the damage already 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 also 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 looks different to all your other moles.
- 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.

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.
Understanding melanoma

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, and a family history of melanoma.
- 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. If he or she thinks you have a melanoma, they should refer you urgently to a skin specialist, such as a dermatologist or plastic surgeon. You should be seen within 2 weeks.

The tests at the hospital may include:
- Skin exam
- Excision biopsy

Skin exam

In most cases, the dermatologist can tell if the mole is harmless or not just by looking at your skin. He or she can also use a special magnifying glass called a dermatoscope to examine the area closely. The area can be photographed as well. Your dermatologist will also ask you about any family history of melanoma.

Excision biopsy

A biopsy means taking a sample of cells and looking at them under a microscope. But with a mole a sample is never just taken. Instead, the entire mole is removed by your dermatologist or plastic surgeon. This is called an excision biopsy and it can diagnose melanoma. If the melanoma is less than 1 mm, it is called a thin melanoma.

The mole is usually removed under local anaesthetic. A small cut is made through your skin and the mole removed. At least 2–5 mm of normal-looking skin around the affected area is removed as well. This is to make sure there are no melanoma cells left behind. The excision biopsy normally causes very little pain. The local anaesthetic used to numb your skin can sting a little when first given. Afterwards the mole tissue is examined in the laboratory by a doctor called a pathologist. He or she will look at the cells and their thickness under a microscope.

You may need several stitches afterwards. These are usually removed 5–14 days later. The excision 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 waiting time for the result of the excision biopsy can vary. It might take a few weeks to get the results.

Sometimes an excision biopsy is the only treatment you need. Or you may need more tissue removed at a later stage. See page 21 for more about wide local excision.

Most people do not need further tests.

Further tests

Most people do not need further tests, especially with a thin melanoma. If you do, a team of medical doctors will discuss which tests you need. 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. 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 deeper 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 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.

**CT scan:** This is a special type of X-ray that gives a detailed picture of the tissues inside your body. The test is usually done as an outpatient. The scan itself is painless and lasts about 30 minutes. You might need to fast from midnight or 4 hours before the test. You might also be given a special drink to help show up certain parts of your body on the scan. Preparation for a CT scan can vary but your doctor or nurse will tell you what to do. Some people feel anxious about this test and are afraid they may feel claustrophobic during it.

If you are anxious about this, contact the radiographer the day before. They may be able to give you medication to relax you on the day.

**Ultrasound scan of your liver and abdomen:** This scan uses sound waves to look at the tissues inside your body. In this case, your liver and tummy (abdomen). Once you are lying on your back, some gel is spread on your tummy. A small device like a microphone is then passed over your tummy and takes pictures that can be seen on a screen. It can show any abnormal changes in your liver or other organs in your tummy. The test does not hurt and only last about 10 minutes.

**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.
To sum up

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

The following tests might sometimes be done:
- Sentinel node biopsy
- Scans such as ultrasound, CT, MRI, PET and bone

What are the stages of melanoma?

Tests like a sentinel node biopsy and scans like ultrasound, CT, MRI and PET can help to stage metastatic 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

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 your lung, liver or brain. It is also called metastatic melanoma.

To sum up
- There are several types of melanoma. They often refer to the part of your 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 stage melanoma

How is early stage 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. The area is often 1 cm of skin all around the melanoma.

The surgery is normally done under local anaesthetic in the day surgery unit. If the melanoma did not spread too deeply below your skin surface, your doctor may decide that no further treatment is needed. In fact, a team of doctors will discuss your case and see if you need more treatment or not.

What follow-up do I need?

Melanoma can recur. Do look after your skin as you are more at risk of developing a second melanoma in 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 have a problem that concerns you, let your doctor know as soon as possible.
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**
- **Biological therapies**
- **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.

**Biological therapies:** This treatment uses your body’s immune system to kill melanoma cells. The types used are called BRAF inhibitors, monoclonal antibodies and immunotherapy. 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 30 for more details.

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**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)
**Radiotherapy:** Radiotherapy uses high-energy rays to destroy cancer cells. It may be used if your brain or spinal cord is affected or to relieve pain. See page 35 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.

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**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 aware of the benefits and risks.

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**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.

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**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.

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**To sum up**

- Most melanomas can be caught early and treated by surgery. Excision surgery is the best treatment.
- Other treatments include biological therapies, chemotherapy and radiotherapy.
- A team of specialists will decide which treatment is best for you.

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National Cancer Helpline 1800 200 700
Understanding melanoma

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. Most melanomas are cured by surgery.

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

You can also visit Lymphoedema Ireland’s website at 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

- Excision 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.

Biological therapies

Biological therapies are a type of treatment that works with your immune system. They can help fight cancer or control side-effects from other cancer treatments. They do this by stopping or slowing the growth of cancer cells or by making it easier for your immune system to destroy them. They can also help to prevent cancer from spreading to other parts of your body.
Understanding melanoma

There are many different types of biological therapies. For example, BRAF inhibitors, monoclonal antibodies and immunotherapy can be used to treat melanoma.

**BRAF inhibitors**
A very new biological therapy used in the treatment of late-stage melanoma is BRAF inhibitors. BRAF is a gene found inside body cells which can control cell growth. The BRAF gene is mutated in about half of patients with melanoma. This means that cell growth does not switch off when it should and the abnormal cells grow and spread. BRAF inhibitors target the mutation in the BRAF gene and cause the cancer to stop growing. The drug commonly used is vemurafenib and it comes in tablet form. Do ask your doctor if you are suitable for this drug.

**What are the side-effects?**
The side-effects include rashes, joint pain, liver problems and skin complaints. Before you start treatment, do ask your doctor about any side-effects that you can expect. He or she will tell you what to do to make treatment easier.

**Monoclonal antibodies**
Monoclonal antibodies are a new kind of treatment for advanced melanoma. They can block the growth of cancer cells by interfering with molecules needed for the cancer to grow. Ipilimumab (Yervoy®) is one example of the drug. It is usually injected into your vein in an infusion (drip) lasting 90 minutes. Normally, you receive four doses over three months. Ipilimumab might help to prolong life in advanced melanoma.

**What are the side-effects?**
The drug targets the cancer cells directly and does not affect normal cells, unlike chemotherapy. This means there are no chemotherapy side-effects like hair loss or damage to bone marrow. But there are some minor side-effects. For example, fatigue, nausea, diarrhoea, abdominal pain, itching and rashes. Your doctor and nurse will give you advice on how to manage them.

**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.

**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.

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 on 1800 200 700 for a free copy of Coping with Fatigue.
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.

Chemotherapy is usually given into a vein or as a tablet. If given into a vein, it can be as an injection or through an infusion or drip. A long tube may be put into a vein in your arm called a PICC line to give you the drugs. Usually you receive the treatment as a day patient at the hospital. You doctor will let you know how many courses you need. You will have a rest period between each course to allow your body to recover from the drugs.

Your oncology doctor will decide on the most suitable drugs for you. Some of the drugs used are dacarbazine, vinblastine, cisplatin and carmustine. If you would like more information on drugs used for melanoma, see the Irish Cancer Society website:
www.cancer.ie/cancer-information/treatments/chemotherapy/drugs

Some research studies called clinical trials are being done to find out if the drugs can improve the treatment results. Your doctor might ask you to take part in a trial. These studies are quite safe. See page 42 for more details.

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 dietician. 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 37 for more about fatigue. You can also call the National Cancer Helpline on 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.

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.
Radiotherapy

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.

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.
Fatigue is a common symptom of cancer and usually 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.

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 on 1800 200 700 for a free copy.

**Hints & Tips – fatigue**

- Build rest periods into your day. If you are going somewhere special, have a rest before you go out.
- 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. Talking to your doctor or nurse might also help.

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 on 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
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.

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.

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. Your family member should visit a dermatologist if they are concerned about their skin.
Understanding melanoma

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.

Research – what is a clinical trial?

Research into new ways of treating melanoma goes on all the time. Some of the research that surgeons and cancer doctors (oncologists) are doing includes:

- How much skin needs to be removed around a melanoma?
- Are skin grafts needed for melanomas of a certain size and thickness?
- Can new anti-cancer treatments work for melanoma that has spread to other parts of the body?
- Are there new ways to stop or slow the spread of melanoma?
- Do the new drugs work well in the treatment of melanoma?
- When is the best time to give chemotherapy?
- Can high-dose treatments work for patients who in the past were seen as unsuitable for this treatment?

Research is also looking at new treatments that destroy cancer cells without harming healthy tissues. These treatments include the use of vaccines and drugs that may help the immune system to fight the cancer. Research on vaccines to prevent melanoma coming back is also taking place.

Taking part in clinical trials

Many patients with melanoma take part in research studies today. Your doctor may ask you to try a new treatment. Even though the word ‘research’ or ‘new drug’ sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use. These are called clinical trials. Sometimes, several hospitals take part in the same clinical trial. The more people who take part in a trial the more useful the findings will be. There is no need for worry as you will be carefully monitored during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available. Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your melanoma or blood.

For more information, call the National Cancer Helpline on 1 800 200 700 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 on 1800 200 700.

Coping and emotions

How can I cope with my feelings?

Many cases of early stage 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 on 1800 200 700 for a free copy.

Shock and disbelief

‘It can’t be me.’ ‘Has there been a mistake?’ ‘Cancer happens to other people, not me.’

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...
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.

**Anger**

It is normal too to be very upset when told you have cancer. Many aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with God for allowing cancer to occur. You may vent your anger on those closest to you. Indeed being unable to protect the ones you love may frustrate you a lot.

Your family and friends may not always be aware that your anger is really at your illness and not at them. It may be helpful to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

**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
your family and friends, as they will want to share this difficult time with you. They may worry about you needlessly. Let your family and friends know that you will talk to them once you are ready.

If you would like more information on how to talk about your cancer, there is a useful booklet available called *Who Can Ever Understand? Talking about Your Cancer*. If you would like a copy, call the National Cancer Helpline on 1800 200 700.

**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 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 friends best.

**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 on 1800 200 700 for a free 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 on 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 talking 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 on 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 practical or financial supports 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.
**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 card holders. 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 per month.

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 €132 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 and PET scans. 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 Allowance
- Travel to hospital
- Appliances
- Carer’s Leave
- Carer’s Benefit


**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.
Understanding melanoma

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 Call 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 medical 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 Call 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 Local Call 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 Call 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 medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas
provide 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 – Information Service | Tel: 1850 662 244 |
| Osin House 212–213 Pearse Street | Leaflet line: 1890 202 325 |
| 227x258 | 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

**HSE East Coast Area**
(Co Wicklow, South East Dublin)
Southern Cross House
Southern Cross Business Park
Boghall Road
Bray
Co Wicklow
Tel: 01 201 4200

**HSE Northern Area**
(North Dublin)
Swords Business Campus
Balheary Road
Swords
Co Dublin
Tel: 01 813 1800

**HSE Western Area**
(Co Donegal, Sligo, Leitrim and West Cavan)
Head Office
Manorhamilton
Co Leitrim
Tel: 071 982 0400 / 1850 636 313

**HSE South Eastern Area**
(Co Carlow, Kilkenny, Wexford, Waterford, South Tipperary)
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 778 4100

**HSE Southern Area**
(Co Cork and Kerry)
Head Office
Wilton Road
Cork
Tel: 021 454 5011

**HSE Mid-Western Area**
(Co Clare, Limerick, Tipperary North)
Head Office
31/33 Catherine Street
Limerick
Tel: 061 483 286

**HSE North Eastern Area**
(Co Cavan, Monaghan, Louth and Meath)
Head Office
Navan Road
Kells
Co Meath
Tel: 046 928 0500

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 1800 777 121
Email: info@ciboard.ie; Website: www.citizensinformation.ie

National Cancer Helpline 1800 200 700
Understanding melanoma

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
• 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. These have been 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 you 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.

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

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 on 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. A useful book for preparing low-budget nutritious meals is 101+ Square Meals. See page 76 for more information.

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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 on 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 80 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.

Travel2Care is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. The 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 at (01) 231 664 3/231 6619 or email travel2care@irishcancer.ie.

Financial Aid: For this kind of help, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

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 using volunteer drivers. 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.

If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.
Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline: 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

SunSmart
Website: www.cancer.ie/sunsmart

Cancer Research Ireland
Website: www.cancer.ie/research/why.php

The Carers Association
Market Square
Tullamore
Co Offaly
Tel: 057 932 2933
Email: info@carersireland.com
Website: www.carersireland.com

Citizens Information Board
Ground Floor
George’s Quay House
43 Townsend Street
Dublin 2
Citizen Information Service: 1890 777 121
Tel: 01 605 9000
Email: info@cilboard.ie
Website: www.citizensinformation.ie

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

HARI Unit (Human Assisted Reproduction Ireland)
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Website: www.rotunda.ie

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

AVIVA Health (formerly VIVAS Health)
PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.avivahealth.ie

Quinn Healthcare (formerly BUPA)
Mill Island
Fermoy
Co Cork
Locall: 1890 700 890
Email: info@quinn-healthcare.com
Website: www.quinn-healthcare.com

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
CallSave 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support groups

ARC Cancer Support Centres
Dublin and Cork (see page 72 and 73).

Bowel Cancer Support Group
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone: 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

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

Connacht support groups & centres

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 844 319 / 087 412 8080

Ballinasloe Cancer Support Centre
Society Street
Ballinasloe
Co Galway
Tel: 090 964 5574 / 087 945 2300
Email: ballinasloecancer@yahoo.co.uk

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 097 20590
Email: caraIRRORais@gmail.com

CD’s Helping Hands
Lakeview Point
Corporate Park
Claregalway
Co Galway
Tel: 091 799 749
Email: info@cdshelpinghands.ie
Website: www.cdshelpinghands.ie

Gort Cancer Support Group
The Hawthorn
Ennis Road
Gort
Co Galway
Tel: 086 312 4220

Inis Aoihinn – 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: mayocancersupport@eircom.net
Website: www.mayocancer.ie

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

Sligo Cancer Support Centre
44 Wine Street
Sligo
Tel: 071 917 0399
Email: ssc@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
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuisle.com

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

Dundalk Cancer Support Group
Philipstown
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@gkcsupport.com
Website: www.gkcsupport.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)
Ballinalack
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: littletwayclane@eircom.net
Website: www.littletwaycancersupport.com

Munster support groups & centres
Cancer Information & Support Centre
Mid-Western Regional Hospital
Doonardoyle
Co Limerick
Tel: 061 485 163
Website: www.middwesterncancercentre.ie

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

Kerry Cancer Support Group
Acorn Centre
47 Liosdara, Oakpark
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerrycancersupport@live.ie
Website: www.kerrycancersupport.com

Listowel Cancer Support Group
Bedford
Listowel
Co Kerry
Tel: 086 21741 / 087 237 0766

Recovery Haven
5 Haig’s Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhaven.com
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
Earlscourt
Waterford
Tel: 051 876 629
Email: info@secc.ie
Website: www.sec.fie

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

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

British Association of Skin Camouflage
Website: www.skin-camouflage.net

Cancer Network Buddies
www.cancerbuddiesnetwork.org

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

Healthtalkonline
www.healthtalkonline.org
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

Explaining cancer to children
The Secret C: Straight Talking About Cancer
Julie A Stokes
Winston’s Wish, 2000
ISBN 978-0955953927

Challenging Cancer: Fighting Back, Taking Control, Finding Options
Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 978-1859590683

Judith McKay, Nancee Hirano & Myles E Lampenfeld
New Harbinger, 1998
ISBN 978-1572240704

101+ Square Meals
[Budget and nutrition]
Norah Bourke et al
MABS/HSE West/Paul Partnership/Limerick VEC/Safefood, 1998
ISBN 187407514X
[For more details see www.mabs.ie]

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.

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?
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:
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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 on 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.

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.