EDUCATION

Understanding Melanoma



Allina Health

Understanding Melanoma

First edition

Developed by Allina Health.

The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

Disclaimer

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Table of Contents

Chapter 1: Introduction

Introduction 7
Your Health Care Team 7
Your Skin 9

Chapter 2: Melanoma

Risk Factors 13
Signs of Melanoma 14
Biopsy 14
Pathology Report 14
Additional Testing 15
Stages of Melanoma 16
Imaging Tests 16
Treatment 17

Chapter 3: Surgery

Wide Local Excision 21
Sentinel Lymph Node Biopsy 22
Lymph Node Dissection 23
Care After Your Surgery 24

Chapter 4: Systemic Therapy and Radiation Therapy

Systemic Therapy 29
    Immunotherapy 29
    Imlygic injections 29
    Targeted therapies 29
    Clinical trials 30
Radiation Therapy 30

Chapter 5: Cancer Rehabilitation and Lymphedema

Cancer Rehabilitation Program 33
Lymphedema 33

Chapter 6: Melanoma Prevention

Skin Exams 39
Sun Protection 39

Chapter 7: Support Services and Resources 43

Chapter 1: Introduction

After you find out you have melanoma, you may feel overwhelmed or confused. Your health care team will help you through this time.

You and your health care team will work together to develop a treatment plan. This plan will be unique to your needs, concerns and preferences.

Many patients and their care circle (family, friends and others close to them) find it helpful to learn as much as they can about their melanoma diagnosis and treatment plan.

This book was created to educate, help and guide you. It should not be used as a substitute for medical or professional advice. This is a general overview of melanoma and not everything may apply to your situation. Read it at your own pace and write your questions in the margins.

Bring this book with you when you meet with your health care team. They will reinforce the information in this book and answer any questions you have.

Your Health Care Team

A health care team will partner with you to help you along your journey. Your team will include many health care providers who, along with you, will create your health care team. You are the center of your health care team.

Members of your health care team may include:

- **dermatologist**
  A dermatologist is a doctor that specializes in treating skin cancer and other skin problems and conditions.
- **cancer care coordinator**
  A cancer care coordinator is a registered nurse who will support, educate and guide you through your course of treatment. The coordinator will be part of your health care team from diagnosis through treatment and on to healing and survivorship.
- **surgeon**
  A surgeon is a doctor who specializes in treating skin cancer. He or she will talk with you about surgery treatment options and help identify the best treatment plan for you.

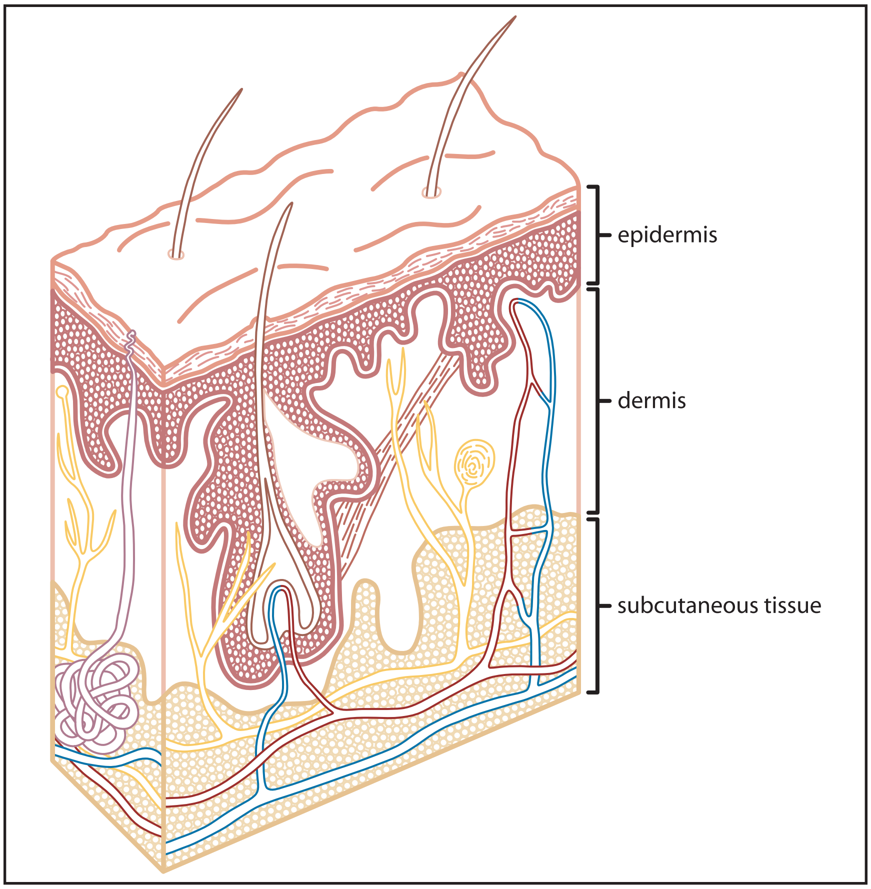
- **medical oncologist**
  A medical oncologist is a doctor who will meet with you if your treatment plan includes taking medicine. This medicine may include immunotherapy, targeted therapies or other types of medicines. He or she will also create a follow-up or surveillance plan that is right for you.
- **radiation oncologist**
  A radiation oncologist is a doctor who will meet with you if your treatment plan includes radiation therapy.
- **oncology clinic nurse**
  An oncology clinic nurse works with doctors in the medical oncology or radiation oncology clinic to review and coordinate your care. He or she will educate you about your cancer treatment and help you manage symptoms.
- **cancer rehabilitation care team**
  Cancer rehabilitation may help you regain or improve the abilities you feel have changed as a result of your cancer or cancer treatment. The team may include: physical medicine and rehabilitation provider, physical therapist, occupational therapist and lymphedema therapist.

Your Skin

Your skin covers and protects your body. It helps prevent dehydration and infection. Your skin controls your body temperature and makes vitamin D.

Your skin has three layers.

- **Epidermis:** This is the outer layer of your skin. It's made up of three types of cells:
  - — squamous cells: These are thin, flat cells that make up the top layer of the epidermis.
  - — basal cells: These are round cells found deep in the epidermis.
  - — melanocytes: These cells make the pigment (color) found in your skin.
- **Dermis:** This layer is under the epidermis. It's made up of blood and lymph vessels, hair follicles and glands.
- **Subcutaneous tissue:** This is the bottom layer of the skin. It's made up of connective tissue, sweat glands, blood vessels, and cells that store fat.



The three layers of your skin are the epidermis, dermis and subcutaneous tissue.

Chapter 2: Melanoma

Did You Know?

Melanoma is also known as malignant melanoma or invasive melanoma.

Melanoma is a type of skin cancer. It can begin in either an existing mole or as a new growth on your skin.

Melanocytes are the cells that give your skin pigment (color). These cells can become damaged (often by the sun) and grow abnormally. This can cause a cancerous tumor.

If left untreated, the tumor can begin to grow deeper into your skin's surface. When this happens, there is a chance it can spread to lymph nodes or other parts of your body.

Risk Factors

The main risk factor for getting melanoma is exposure to ultraviolet (UV) radiation from the sun, sunlamps and tanning beds. UV radiation causes skin damage that can lead to cancer.

Important

Sunburns during childhood greatly increase your risk of developing melanoma.

Other risk factors include:

- a personal or family history of melanoma
- dysplastic nevi
  (a mole that looks different from a common mole)
- a weakened immune system
- many normal moles (more than 50)
- freckles and fair skin
- a history of severe, blistering sunburns
- a history of using tanning beds.

If you have had melanoma, you are at an increased risk of getting melanoma again.

Signs of Melanoma

The most common sign of melanoma is a change in an existing mole. This may include the shape, color, size or feel. Melanoma can also appear as a new mole.

Important

If you notice a mole has changed in color, size or both, tell your health care provider right away. Be sure to also tell him or her if the mole is itchy or bleeds.

Using "ABCDE" will help you remember the signs of melanoma:

- **Asymmetry.** The shape of one side of the mole does not match the other side.
- **Border.** The edges of the mole may be irregular, ragged or blurred. The pigment (color) of the mole may blend in with the surrounding skin.
- **Color.** The color is not the same all over the mole. There may be shades of black, brown or tan. There may also be areas of white, blue, grey or red.
- **Diameter.** The mole has increased in size or is larger than the eraser of a pencil (about ¼ inch).
- **Evolving.** The mole has changed over the past few weeks or months.

A mole can show one or more of the signs listed above. If you have a question or concern about a mole, please call your health care provider.

Biopsy

If you have an abnormal-looking mole, your health care provider may order a biopsy of it. A biopsy removes the mole or a sample of tissue for testing under a microscope.

Pathology Report

A pathology report will show the results of the tissue sample you had taken. It will provide information such as:

- **diagnosis:** This will tell your health care provider if you have melanoma or not.
- **Breslow's depth:** This describes the thickness of the melanoma. It's measured in millimeters.
- **Clark's level:** This describes how deep the melanoma has spread through the layers of skin.
- **ulceration:** This is the breakdown (or loss) of the outer layer of skin (epidermis) over the melanoma. If the melanoma is ulcerated, there is a higher risk of it spreading or coming back again (recurrence).

- **mitotic rate:** This is a measure of how fast cancer cells are dividing and growing.
- **margin:** This is the edge of the biopsy or tissue sample.
  - — A “negative” or “clear” margin means that no cancer cells were found at the edge of the tissue sample. In most cases, this means that all of the melanoma was removed.
  - — A “positive” margin means that cancer cells were found at the edge of the tissue sample. It’s possible that some of the melanoma was not removed.

Additional Testing

Your health care provider may have additional tests done on the tissue sample to help guide your cancer treatment.

BRAF mutation

Some melanomas have changes (mutations) in the BRAF gene. This gene makes a protein that is involved in sending signals inside cells and in cell growth. The BRAF gene mutation can increase the growth and spread of cancer cells. If your melanoma is positive for the BRAF gene mutation, you may receive treatment with BRAF inhibitors (medicine).

PD-L1 expression

PD-L1 is a protein found on normal cells and cancer cells. Some cancer cells can have large amounts of PD-L1. This helps them avoid being attacked by your immune system. A PD-L1 test can help your health care provider determine if you might benefit from a cancer medicine called immune checkpoint inhibitor. These medicines help the immune system destroy cancer cells.

DecisionDx™-Melanoma test

The DecisionDx™-Melanoma test is a melanoma tumor gene profile test. This test may be done if additional information is needed about your melanoma to help guide treatment decisions, surveillance recommendations, or both.

Stages of Melanoma

If your biopsy shows that you have melanoma, your health care provider will need to determine the stage of your cancer. He or she may order additional tests to check for the spread of skin cancer.

The results of these tests will help your health care provider determine the stage of your cancer. The stage of your cancer is based on the TNM staging system:

- **T (Tumor):** the size and depth of your tumor (growth)
- **N (Lymph Nodes):** if the tumor affects nearby lymph nodes
- **M (Metastasis):** if the cancer has spread to other organs or distant lymph nodes.

Stages

There are five stages of melanoma.

- **Stage 0:** The melanoma is only found in the epidermis and has not spread. This stage is also called melanoma in situ.
- **Stage I:** The melanoma has grown into the skin (dermis) but has not spread to the lymph nodes or other parts of your body.
- **Stage II:** The melanoma has grown deeper into the skin but still has not spread to the lymph nodes or other parts of your body.
- **Stage III:** The melanoma has spread to nearby lymph nodes, but has not spread to other parts of your body.
- **Stage IV:** The melanoma has spread to distant lymph nodes or other parts of your body such as the liver, lungs or brain.

Imaging Tests

Tip

You may need additional imaging tests depending on the stage of your cancer. You and your health care team will work together to decide what is right for you.

You may need to have one or more of the following diagnostic imaging tests.

PET scan

A PET (positron emission tomography) scan is a three-dimensional (3-D) view of any part of your body. A small amount of radioactive material, known as a tracer, will be injected into your bloodstream. The PET scan creates colored pictures of chemical changes that take place in body tissues.

Ultrasound

An ultrasound uses sound waves to “see” the inside of your body. A computer monitor shows the images from the sound waves. It may be used to look at your lymph nodes. Ultrasound does not use radiation.

MRI

MRI (magnetic resonance imaging) is a painless way to look inside your body without using X-rays. It uses a magnetic field to make three-dimensional (3-D) images of almost any part of your body. These images show the difference between normal tissue and abnormal tissue. MRI does not use radiation.

CT scan

A CT (computed tomography) exam uses X-ray and a computer to get an in-depth look at your internal organs, tissues, blood vessels and bones. The result is an image that provides a clear and detailed picture of your body.

Treatment

Treatment for melanoma depends on:

- the stage of the cancer
- the size and place of the growth
- the risk of it coming back in the future
- your general health.

You and your health care provider will work together to develop a treatment plan that is right for you.

Your treatment plan may include one or more of the following:

- **surgery.** The melanoma and some normal tissue around it are removed. Lymph nodes may also be removed to check for the spread of melanoma.
- **systemic therapy.** This treatment affects your entire body. It uses medicine to help slow the growth of cancer cells or destroy them.
- **radiation therapy.** This treatment uses high-energy radiation (X-rays) to shrink or destroy the cancer cells.

Important

Continue to have regular skin check appointments with your dermatologist, even if you are having cancer treatment.

Chapter 3: Surgery

Wide Local Excision

A wide local excision is a surgery done to remove the melanoma and some normal tissue around it.

Risks

Possible risks include:

- bleeding
- infection
- scarring
- problems healing.

Before surgery

- Tell your surgeon if you:
    - have a history of bleeding
    - have any allergies
    - are breastfeeding, pregnant or think you may be pregnant.
- Bring a list of your current medicines. Include all prescription, over-the-counter, vitamins, herbal or natural products.

During surgery

- The surgery is done using:
    - local anesthesia: You will be awake but comfortable during the surgery. A numbing medicine is injected at the surgery site.

      or
    - general anesthesia: You will be completely asleep during the surgery.
- Your surgery site will be cleaned with a special solution and draped with a sterile cloth.
- The tissue will be removed and sent to a lab for testing under a microscope.
- Stitches will be used to close your skin. You may have stitches that need to be removed or they may dissolve on their own. A bandage will be placed over the incision.

After surgery

- You should be able to go home the same day as your surgery.
- To help relieve any discomfort, you can use acetaminophen (Tylenol®) or ibuprofen (Advil®). Follow your surgeon's instructions.
- The stitches may need to be removed at your health care provider's office. This usually is done about 2 weeks after your surgery.
- It usually takes about 2 weeks for the wound to heal. Your surgeon will give you instructions on how to care for your wound.

Sentinel Lymph Node Biopsy

The lymph nodes act as small filters that clean your body fluids. They “capture” dead cells, bacteria (germs) and even cancer cells.

If the melanoma has certain features, your surgeon may recommend having your lymph nodes examined to see if the cancer has spread.

Sentinel lymph node biopsy

Sentinel lymph nodes are the first lymph nodes the cancer would be most likely to spread to if the cancer were to spread. Sometimes, there can be more than one sentinel lymph node.

A sentinel lymph node biopsy is the removal of the sentinel lymph node(s) to see if the cancer has spread.

This procedure is done at the same time as a wide local excision.

- A small amount of radioactive tracer is injected into the area around the melanoma. The tracer travels to the sentinel lymph node(s) and the location is found using an X-ray.
- During surgery, the surgeon will inject a blue dye into the area near the melanoma. This dye goes to the sentinel lymph node(s) and turns it blue.
- The tracer and dye are used to help identify the sentinel lymph node(s). The surgeon will make a small incision and remove the sentinel node(s).
- A pathologist will look for the spread of melanoma cells under a microscope. Your surgeon will tell you the results in a few days.
- You may have blue- or green-tinged urine or stools for a few days after the procedure. This is harmless and will go away.

Risks

The risks of a sentinel lymph node biopsy include:

- bleeding
- infection
- damage to nerves or surrounding tissue (this could cause numbness along the incision)
- seroma (a collection of fluid under the skin).

If you have sentinel lymph nodes removed under your arm or in your groin area, there is a small risk of lymphedema. See chapter 5 to learn more about lymphedema.

Did You Know?

- The lymph nodes in you armpit are called axillary lymph nodes.
- The lymph nodes in your groin are called inguinal lymph nodes.
- The lymph nodes in your neck are called cervical lymph nodes.

Lymph Node Dissection

If cancer is found in a sentinel lymph node, your surgeon may talk with you about removing more lymph nodes in the same area. This is called a lymph node dissection. Each lymph node that is removed will be sent to a lab for testing under a microscope.

Care after a lymph node dissection

- It will take up to 6 weeks to recover from this surgery.
- A Jackson-Pratt drain will be placed to draw out the excess blood and fluid from the area around your incision. It will be removed several weeks after surgery.
- Keep your arm or leg raised (elevated) above your heart and rest for at least half of the hours you are awake while your drain is in.
- Avoid being overly active. You can continue to do regular daily activities as tolerated such as cooking and taking regular walks.

Jackson-Pratt drain

The Jackson-Pratt drain is tubing with an attached bulb that promotes draining from a surgical incision. Draining extra fluid helps your tissue heal. Your health care team will teach you how to take care of the drain at home.

When to call your surgeon

Call your surgeon if:

- you develop a temperature higher than 101.4
- your incision becomes red, painful, has increased drainage, or signs of infection:
  - pain
  - swelling
  - redness
  - odor
  - warmth
  - green or yellow discharge
- you have pain that does not get better with medicine, rest or both
- you have nausea (upset stomach) and vomiting (throwing up) that will not stop
- your have dizziness or lightheadedness that will not stop
- you develop a headache
- you develop eye problems
- you have hives (itchy raised rash)
- you have extreme fatigue (can't get out of bed)
- you have problems breathing
- you do not have a bowel movement for 2 to 3 days
- you have any questions of concerns.

In an emergency, call 911 or have someone take you to the nearest hospital Emergency Department.

Anesthesia and sedation

If you received medicine (anesthesia, sedation or both) that made you sleepy, it will affect your ability to think clearly and make good decisions. For your safety, you will need a responsible adult to drive you home and to stay with you for 24 hours.

For 24 hours:

- Do not drive or use any machinery.
- Do not make important decisions.
- Do not drink alcohol. (It's also important to not drink alcohol as long as you are taking prescription pain medicine.)

Important

Please see your After Visit Summary for more information on how to take care of your incision.

Incision care

- You may put an ice pack on your incision. This may help relieve swelling, bruising and tenderness. Follow any instructions given to you by your surgeon.
- Keep the incision clean and dry for 48 hours. You may then remove the dressing and take a shower.
- Gently wash your incisions with soap and water. Pat dry. Do not rub or scrub your incision. Follow any additional instructions given to you by your surgeon.
- Do not take a tub bath, go into a pool or hot tub for 2 weeks after your surgery or until your surgeon says it's OK.
- If you had:
  - stitches: they may need to be removed at your follow-up appointment. Follow your surgeon's instructions on how to care for your incision.
  - Steri-Strips® (paper-like strips over the incision): they will begin to fall off as the incision heals. They do not need to be replaced.

Activity

- Get regular activity. Try to walk for a total of 30 minutes each day.
- Increase the amount of time you walk as you can tolerate.
- Rest as needed.
- Slowly return to your regular level of activity.
- Save your energy by spreading out activities that make you tired.
- Follow your surgeon's instructions for how much you can safely lift.
- Follow your surgeon's instructions for when you can take a shower.
- Do not drive while taking prescription pain medicines because it can impair your judgement and ability to operate the car safely.
- You can drive when your incision is comfortable enough to let you step on the brake quickly.

Food and beverages

- You may return to your normal diet. Eat well-balanced meals.
- Drink more liquids.
- Avoid alcohol while you are taking prescription pain medicine.

Follow-up appointment

- You will need to schedule a follow-up appointment with your surgeon 10 to 14 days after your surgery.
- Please keep all follow-up appointments with your surgeon, even if you are feeling well.

Chapter 4: Systemic Therapy and Radiation Therapy

Systemic Therapy

Tip

You and your health care team will work together to decide the best treatment option(s) for you.

Systemic therapy is treatment prescribed by a medical oncologist. This treatment affects your entire body. Medicine is used to help slow the growth of cancer cells or destroy them. Types of systemic therapy include:

- immunotherapy
- imlygic injections
- targeted therapies
- clinical trials.

Immunotherapy

Immunotherapy is a treatment that helps your immune system fight cancer. Several types of immunotherapy can be used to treat melanoma. You receive immunotherapy through an intravenous (IV) line.

Some side effects are fever, chills, muscle or joint pain, headache, fatigue (tiredness) and inflammatory reactions.

Imlygic injections

Imlygic (T-VEC) injections is a treatment that kills melanoma cells that are in the skin, under the skin or in the lymph nodes. It’s made from the herpes virus that has been changed to infect and break down cancer cells. T-VEC is injected directly into the melanoma tumors.

The most common side effects are fatigue, fever, chills, nausea (upset stomach), flu-like symptoms and pain at the injection site.

Targeted therapies

Targeted therapies are medicines designed to target specific features of cancer cells and stop them from growing and spreading.

The most common side effects are rash, joint pain, headache, fever, chills and diarrhea. You will need additional tests to see if this treatment is right for you.

Clinical trials

Clinical trials (cancer treatment studies) are done to try to improve the prevention, detection, and treatment of melanoma. If you are interested in being part of a clinical trial, talk with your medical oncologist to see if there is one that would be right for you.

Radiation Therapy

Radiation therapy uses high-energy radiation (X-rays) to shrink or destroy cancer cells. It can help shrink tumors and reduce symptoms when melanoma is growing in the bones, brain, skin or lymph nodes.

The most common side effects are fatigue (tiredness) and sunburn-like skin changes or skin irritation in the area being treated.

Chapter 5:
Cancer Rehabilitation and Lymphedema

Cancer Rehabilitation Program

After surgery, your surgeon may refer you to the Courage Kenny Rehabilitation Institute's Cancer Rehabilitation Program.

This program offers consultations by health care providers who specialize in physical medicine and rehabilitation, and therapists who have advanced training in cancer rehabilitation.

These health care providers provide care options to address the unique needs of people who have cancer such as:

- lymphedema
- balance and coordination
- pain and fatigue
- muscular strength and range of motion
- thinking and processing information.

If you are at risk for developing lymphedema, you will be scheduled to see a certified lymphedema therapist. He or she will teach you about lymphedema including symptoms to watch for and what to do if you have symptoms. You will also learn how to do range of motion exercises.

For more information, please talk with a member of your health care team.

Lymphedema

The lymphatic system removes extra fluid from body tissue into the bloodstream.

Lymphedema is the swelling of body tissue that can be caused by tissue damage or lymph node removal. Some people without cancer get lymphedema but the main cause in the U.S. is cancer or cancer treatment, such as surgery, radiation or lymph node removal.

This swelling most often occurs in your arm or leg. Only the side of your body that had damage or nodes removed would be affected.

Lymphedema can develop right away after surgery or many years later. All people who have had lymph node surgery have the potential to develop lymphedema.

How to lower your risk

There is no way to prevent lymphedema but there are guidelines for reducing your risk of developing it.

You will see and hear a lot of information about lymphedema "prevention." It focuses on limiting things that can cause swelling in the affected area.

These sources usually tell people who could develop lymphedema to do the same things as people who already have it. This can be confusing.

There is no proof that limiting all things that could cause swelling will keep you from getting lymphedema. Some people are careful to follow all of the limitations and still develop lymphedema. Some people do nothing after surgery and cancer treatment and never have problems with swelling.

Risk-reduction guidelines

The guidelines below have the most evidence-based proof:

- Early detection is extremely important to prevent severe swelling and problems using the affected area over time.
- You are more likely to get lymphedema if you are obese. Talk with your primary care provider about a healthy weight for you.
- You will be less likely to have swelling if you have more muscle mass in your arm or leg. Exercise to improve muscle mass is beneficial.

The biggest risk factor for developing lymphedema is lymph node removal. Because of this, your health care providers recommend that you see a certified lymphedema therapist after lymph node biopsy or removal.

It's important that you know what symptoms to watch for during and after treatment. The sooner you recognize symptoms, the easier they will be to treat.

What you need to do

- If you do not have an appointment to see a certified lymphedema therapist after lymph node removal, ask your primary care provider or surgeon for a referral.
- Talk with your primary care provider if you have concerns about your weight.

What to watch for

- Check for early symptoms of lymphedema:
    - — changes to your skin
    - — skin feels sore or tight
    - — your arm or leg feels heavy
    - — you have a cut or burn that does not heal
    - — your clothing feels tighter
    - — your rings, shirts, pants or socks do not fit as well.
- You will often hear that you should not get blood pressure or blood draws in the arm that had lymph node removal. Research does not show that this will cause lymphedema.
    - — Talk about this with your health care provider or surgeon. Together, you can decide if you want to limit blood pressures and blood draws on the side you had surgery.
    - — You should tell all members of your health care team that you have had a lymph node biopsy or removal and are at risk for lymphedema.

Check your skin

Get in the habit of checking your skin for signs of increased swelling, or tight or thickened tissue. Look at your skin creases to see if they are thicker.

Do this often. Symptoms do not usually show up and go away. Usually, when lymphedema is starting, symptoms will slowly get worse over time.

Whom to call

- Call your health care provider **right away** if you have:
    - — **rapid, severe swelling**
    - — redness, warmth or tenderness in the affected area
    - — blisters or rash
    - — chills
    - — fever
    - — questions or concerns for infection.
- For specific information on your own medical history and risk of developing lymphedema, make an appointment to see a cancer rehabilitation specialist. (These doctors are experts in managing and treating lymphedema.)
    - — You do not need a referral to schedule this appointment.
    - — Call 612-863-2123 to make an appointment.

Lymphedema resources

- **Lymphatic Education & Research Network**
  lymphaticnetwork.org
- **Lymphology Association of North America**
  clt-lana.org
- **National Cancer Institute**
  cancer.gov
- **American Cancer Society**
  cancer.org
- **National Lymphedema Network**
  lymphnet.org

Chapter 6: Melanoma Prevention

Skin Exams

- Do skin self-exams on a regular basis:
  - Check all of your skin in a mirror or have someone do it for you. Don't forget hard-to-see places such as your scalp and neck.
  - Become familiar with how your moles look. If you see any change, call your health care provider.
- Have your skin checked on a regular basis by your health care provider.

Sun Protection

You do not need to avoid the sun. A few easy actions on your part can help you safely enjoy outdoor activities and stay active.

Did You Know?

When UV rays come into contact with skin, they damage skin cells. This can cause freckles, wrinkles, sunburn and even skin cancer.

Wear protective clothing

- Wear protective clothing when you are in the sun such as a hat and long sleeves.
- Choose light-colored clothing. They do not absorb heat as much as dark-colored clothing.
- Choose loose-fitting clothing made from tightly woven fabric.
- UV protective clothing is available at most outdoor stores and online.

Wear sunscreen

- Sunscreen with an SPF (sun protection factor) of 30 or higher provides high protection against sunburn.
- Make sure you wear sunscreen whenever you're outside. It only takes 15 minutes of sun exposure to harm your skin.
  - Apply at least 1 ounce of sunscreen 30 minutes before activity so your skin has time to absorb it.
  - Reapply sunscreen every 2 hours.
- Use waterproof sunscreen when you're at the pool or beach.
- Wear sunscreen even on overcast days.
- UVA and UVB coverage is best.

Find some shade

- Try to limit your time out in the sun between 10 a.m. and 3 p.m.

Wear eye protection

- Wear sunglasses with large lenses that fit close to your face.
- Look for sunglasses that block 99 to 100 percent of UVA and UVB rays.

Wear lip protection

- Lips can never tan, but they easily burn.
- Use protective lip balm every day and reapply often.

Do not tan

- There is no such thing as a safe tan.
- Do not use tanning beds.
- Use bronzers or sunless tanning lotion if you want a tan look.

Take vitamin D (if needed)

- Your body makes vitamin D when your skin is exposed to direct sunlight.
- Cloud cover, shade and using sunscreen or clothing to protect your skin from the sun will cut down the amount of vitamin D your skin makes.
- You can spend some time in the sun each day, but be sure to wear an SPF 30 or higher sunscreen if you plan to be in the sun for more than 15 minutes.
- The easiest way to get vitamin D is through supplements (vitamins). If you carefully limit sun exposure, you may need to supplement with vitamin D. Adults can take 1,000 IU each day.

Chapter 7: Support Services and Resources

Support Services

Going through cancer treatment can be overwhelming. There is a lot of information to take in and understand. You may be experiencing many different emotions and physical changes. It's important to take time to care for yourself before, during and after your treatment.

There are a variety of programs and services available to you during your treatment and survivorship. Support services are designed to help you cope with the feelings of grief, anger, sadness, fear, and the overall adjustment to life with cancer. They provide an opportunity to talk about your overall well-being and how best to navigate through skin cancer treatment. These services are also a way to connect with other people who have similar concerns.

Support services are available on an individual basis and in many group settings. Ask your cancer care coordinator for more information on the support services listed and how to make an appointment.

Counseling

Sometimes people need to talk with a licensed, skilled professional about the emotional impact of being diagnosed with cancer and receive support and guidance in addressing individual concerns. Counselors are available to meet with you alone as well as with your spouse, partner or family members.

Fertility

Some cancer treatments could affect your fertility (being able to have children). Talk with your health care team about how your treatment may or may not affect your fertility and what options are available to you.

Genetic counseling

A genetic counselor can help clarify concerns related to a personal or family history of cancer, or both. He or she can talk with you about risks, screening and prevention. A genetic counselor can also help determine which, if any, genetic tests may be helpful, coordinate the testing and then interpret the results. Your health care provider may refer you to see a genetic counselor, depending on your personal and family history.

Hospice care

Hospice care is a special way of caring for you, your family and your caregivers if you have advanced cancer. Hospice focuses on your comfort and quality of life while treating your physical, emotional and spiritual needs. The focus is on comfort and providing the highest quality of life possible.

Integrative therapies

Tip

For more information on services offered by the Penny George Institute, or to schedule an appointment, call 612-863- 3333.

The Penny George Institute for Health and Healing offers education to promote wellness, the prevention of illness and healing.

Integrative therapies treat the whole person — body, mind and spirit — at the same time. It puts the person at the center to restore or maintain his or her health.

Types of integrative therapies include:

- integrative nutrition
- acupuncture
- healing touch
- therapeutic massage
- guided imagery
- reflexology
- therapeutic yoga.

Palliative care

Palliative care is for anyone who is in any stage of an advanced illness. This is care that provides relief from the symptoms, pain and stress of a serious illness. The goal is to improve quality of life for both you and your family. A care plan is created to help you live each day to the fullest and be as independent and comfortable as possible.

Social services

A social worker is available to support you and your family during your treatment and recovery. He or she can:

- help find information and get referrals to community resources
- talk about any concerns that may come up during treatment such as financial, employment or transportation
- provide individual and family counseling to help you and your family cope with the emotional side of cancer
- help guide adults on how to talk with children about cancer and the changes it can often bring to the family.

Spiritual care

Through spiritual care services, support is offered for individuals and families to address concerns and feelings raised by the diagnosis, and to encourage each person's own journey of faith and hope. The sacraments and rituals of numerous faith traditions are available.

Support groups

Support groups are designed for people and families affected by cancer. These groups provide a place to connect with others and share thoughts, feelings and ask questions. Groups are usually led by a trained oncology professional and open to anyone. They often include talk about general topics such as adjustment and coping.

Resources

Websites

- **American Academy of Dermatology**
  - aad.org
- **American Cancer Society**
  - cancer.org/cancer/melanoma-skin-cancer
  - 1-800-227-2345
- **American Society of Clinical Oncology**
  - cancer.net
- **Angel Foundation**
  - mnangel.org
  - 612-627-9000
- **CancerCare**
  - cancercare.org
  - 1-800-813-4673
- **Cancer Legal Care**
  - cancerlegalcare.org
- **Cancer Support Community**
  - cancersupportcommunity.org
  - 1-888-793-9355
- **Eye Cancer Foundation**
  - eyecancercure.com
- **Gilda's Club Twin Cities**
  - gildasclubtwincities.org
  - 612–227–2147
- **Melanoma Research Alliance**
  - curemelanoma.org
- **Melanoma Research Foundation**
  - melanoma.org
  - 1-800-673-1290
- **National Cancer Institute**
  - cancer.gov/types/skin
  - 1-800-422-6237

- **National Comprehensive Cancer Network: Melanoma Guidelines**
  - nccn.org/patients
- **Ocular Melanoma Foundation**
  - ocularmelanoma.org
  - 1-800-663-5930
- **Skin Cancer Foundation**
  - skincancer.org

Notes

Get better communication and faster answers online with your Allina Health account.

Health is a journey that happens beyond the walls of your clinic or hospital and we will be there to help you – whether it's a question that pops into your head at midnight or recalling the date of your last tetanus shot. When you sign up for an Allina Health account online, you get better communication with your clinic, hospital and provider; faster answers and your (and your loved one's) health information organized and at your fingertips anytime.

Sign up for your account at allinahealth.org

*Availability varies by location. Ask your clinic or hospital if this service is available.

Allina Health

Your account is a free service of Allina Health

Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - ◊ qualified sign language interpreters, and
  - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
  - ◊ qualified interpreters, and
  - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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