Melanoma recurrence

Melanoma recurrence means melanoma that has come back. You may wish to find out more about this if you have just been diagnosed with recurrent melanoma, or if you have had melanoma and want to find out about what may happen if it comes back. This leaflet explains:

- What recurrent melanoma is
- How melanoma recurrence is detected
- What to expect if you have a melanoma recurrence
- How/whether you can help avoid melanoma coming back
- Sources of help and information.

What is recurrent melanoma?

There are three main ways melanoma can come back:

- You can have a new melanoma (a **new primary**)
- Your first melanoma may have spread and come back in the area near your first melanoma (**local recurrence**)
- Your first melanoma may have spread and come back in other parts of your body (**metastases**).

If you have a new primary, it can usually be treated in the same way that your first melanoma was treated. However, it may mean that you have a genetic predisposition to melanoma and will have to take great care to monitor your skin in future. You should also make sure that your family takes care to check their skin for any changes.

If you have a local recurrence, either in the skin or lymph nodes near your first melanoma, then you will need surgery, and may need further treatment. Often, if it has spread to nearby lymph nodes, you will need all the lymph nodes in the area removed (**lymph node dissection/clearance**). Sometimes you will have further treatment following surgery to try and prevent the melanoma coming back again.

If your melanoma has spread to other parts of your body (**metastases**) you may have surgery to try and remove it, or you may have chemotherapy (or similar treatments) which try and attack the melanoma cells wherever they are in your body. These are, however, often not very effective and you may have difficult decisions to make concerning how aggressively to treat your melanoma, as all treatments have some side-effects.
How recurrence is detected

Melanoma recurrence may be detected by you, or by your consultant in your follow-up clinics. If you notice any lumps, bumps or changes in your skin, especially near your first melanoma, you should contact your consultant and arrange an appointment. Often a recurrence will be in the lymph nodes near your first melanoma. These may be in the groin, under the arms, or in the neck, so try to check for lumps in these areas.

Sometimes recurrences are detected in your melanoma follow-up appointments. Your consultant will check your skin and lymph nodes, and will be able to tell you if there is a problem. It is therefore important that you attend these appointments.

If you have more distant recurrence, then you may have aches or pains in any area of your body. If you are at high risk of recurrence and have any aches or pains that last more than two weeks, you should contact your consultant and arrange an appointment. If you are unsure whether to get in touch, you can arrange to see your GP, or contact your melanoma specialist nurse for advice.

Sometimes melanoma recurrences may happen many years after your first melanoma. It is important to remain vigilant. If you are worried about a lump or anything else, then you should see your GP and remind them that you have a history of melanoma. They should, if appropriate, make an urgent referral to the relevant specialist, and you should see them within two weeks.

What to expect if you have a recurrence

If you have a suspected recurrence, your consultant will arrange a biopsy where cells are taken from the area of suspected recurrence to see if they contain melanoma cells. If they do, they should be able to tell whether it is a new primary or a recurrence from your previous melanoma. You may also have further tests, such as X-rays or CT scans, to find out if the melanoma has spread further.

Once the extent of the recurrence is determined, your treatment will be planned. Often this will just be further surgery, but sometimes systemic therapies - treatments such as chemotherapy that affect the whole body - will be offered. Sometimes melanoma recurrences cannot be treated by surgery (excised), in which case there will be a discussion of whether to start systemic therapies. Sometimes radiotherapy can be used in these cases.

Tests and plans for treatment can take several weeks, and it will inevitably be a very anxious time. There are places where you can find support and advice (see below) and you should try and make use of these.

Once tests and treatment is over, you may well become free of any evidence of disease. However, if you have had a melanoma recurrence you are at a very high risk of another one, and so extra vigilance is necessary.
Preventing melanoma recurrence

If you have Melanoma you will want to do what you can to prevent recurrence. The best way to prevent a new primary is to try and be sensible in the sun and avoid getting burnt. We don't yet know how to prevent melanoma spreading, but there are some experimental treatments that you may be offered if you are at high risk of recurrence. These treatments may be referred to as adjuvant therapies.

You may also choose to try and improve your general health and fitness through improved diet and exercise. Eating more fruit, vegetables and whole meal tends to decrease the risk of cancer and it may be beneficial.

“I had a recurrence of my melanoma 16 years after I first had a thin melanoma on my back. I first noticed a lump at the back of my neck. I didn't know then that melanoma could come back after so long, but luckily my GP quickly referred me to a melanoma specialist. He took a needle biopsy which showed that the lump was melanoma. He also ordered CT scans, but fortunately they showed that the melanoma had not spread further. The lump (a lymph node) and some surrounding nodes were removed, and I was monitored carefully. A later scan showed some further recurrence in the area, which was also treated by surgery. Now, a year after that surgery I am feeling well and enjoying life. I know there is a high risk of the melanoma coming back, but you get used to that.”

Sources of help and information

If you suspect, or are diagnosed with melanoma recurrence, you need to know where to turn to for help.

If you suspect a recurrence you should phone your consultant's secretary (if you still have follow-up appointments) or get your GP to make a referral.

If you are anxious and need support and information you can:

- Drop into the Maggie’s Centre at the Western General Hospital in Edinburgh or at the Victoria Hospital in Kirkcaldy which have free information and support for any cancer sufferer or relative
- See your melanoma specialist nurse
- See your GP, who may sometimes refer you for counselling or other support
- Access information provided by various cancer support organisations, such as Macmillan Cancer Care. For these who have access to the Internet they have good online information. (www.macmillan.org.uk)

If you have been diagnosed with a melanoma recurrence you may be anxious to explore all the options for treatment. While there are many new experimental treatments available, none has yet been proven to provide worthwhile benefits. You may be asked if you want to take part in trials of new treatments. This may be a good way to gain access to new treatments and help research into better treatments for melanoma. However, it is your decision whether to take part in such trials.

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