Melanoma Recurrence

When melanoma comes back after it has been treated, it is called a *recurrence* (or return). When a recurrence comes back in the same spot it was removed, it is called a local recurrence. It may come back in other parts of the body distant to this. This is called metastatic disease or metastases. If you have had melanoma in the past, you are at increased risk for recurrence. Some patients with a past history of melanoma develop a second primary tumor (a recurrence of the tumor in the same location) over time.

It is not usually possible to know what the rate of recurrence will be. The more advanced a melanoma is, the more likely it will be to recur. Melanomas which are thicker, ulcerated, or with some patches of melanoma nearby are more likely to reoccur. The following are descriptions of percentages of the rates of recurrence:

- Low-risk: less than 20% risk of recurrence
- Intermediate-risk: 20-50% risk of recurrence
- High-risk: greater than 50% risk of recurrence. High-risk melanoma has a high probability of having already spread at the time of treatment

CAUSES

Sunlight, passed from parents (*heredity*), and where you live all help to cause melanomas. UV (ultra-violet) light from the sun is damaging to the skin. There is more damage if you have fair skin. There are greater chances of getting skin cancer if you live in a hot, sunny climate. In other words, the same things that caused your first melanoma are at work to cause a recurrence.

DIAGNOSIS

A recurrent melanoma can often be diagnosed by an exam. This means your caregiver can tell by looking at it. This is often described as *in situ*, which means, remaining in place. It may be described as invasive, which means the growth, has spread. This is much more serious if it has spread. Sometimes a suspected abnormality must be removed and looked at under a microscope by a specialist (*pathologist*) to make a diagnosis.

TREATMENT

The treatment of recurrent melanomas is surgical and requires total removal of the melanoma. If the melanoma has spread before surgery can be done, then *chemotherapy* (use of medications to fight cancer) must be used. Your caregiver will discuss your treatment options with you. Continual work is being done to find better treatment for this disease.

If you have been diagnosed with melanoma before, you should follow up with your dermatologist regularly (every 6 months to a year) for skin checks.

You should also pay attention to your moles and bring attention to your doctor any changes in the moles (growth, change in color, bleeding, itching, etc). Look at your moles closely at least once a month. For areas hard to see, ask your spouse or someone else who is able to see these areas to help you look for changes. You may also use mirrors.

PREVENTION (THE THREE S'S)

- Slap on a hat (wide brimmed).
- Slip on a shirt (long sleeved).
- Slather on the sunscreen.

Avoid spending time out in the sun. Sunscreens with SPF 30 or higher and UVA and UVB block should be applied regularly. Sunscreen containing a physical block such as Zinc or Titanium oxide will also work. Apply sunscreen even for a brief exposure to sunlight. Reapply every 2 hours and after swimming or sweating. Wear

sunscreen in all types of weather (cloudy, rainy, snowing, etc). Do not burn - avoid tanning, both indoor (using tanning beds) and outdoor. Prevention is the best therapy for this problem.

Document Released: 09/21/2005 Document Re-Released: 10/15/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.