Understanding melanoma in situ and lentigo maligna

Introduction

You have had either a melanoma in situ or a lentigo maligna diagnosed. You may be asking, ‘What does this mean?’, ‘What happens to me now?’ and you may have lots of other questions.

We hope this leaflet answers some of your questions about your diagnosis, but you may need to ask your doctor or nurse for information that is more personal to you.

Your doctor and the nursing staff in this hospital will explain your treatment options in more detail with you.

Please do not hesitate to ask any questions or voice any worries that you, or your family may have, to your doctor or nursing staff.

What is melanoma in situ?

Melanoma in situ is the very earliest stage of a skin cancer called melanoma. ‘In situ’ means that the cancer cells have not had the opportunity to spread to anywhere else in the body. There are cancer cells in the top layer of the skin (the epidermis) but they are all contained in the area in which they began to develop. They have not started to spread or grow into deeper layers of the skin and have not become invasive. This is why some doctors call in situ cancers ‘pre cancer’. The prognosis is excellent.

Melanoma in situ is cured with surgery. However if not treated with appropriate surgery, melanoma in situ can develop into an invasive cancer. This is why it is important to know about preventative measures you can take which will lower your risk of this condition occurring in the future.

What is lentigo maligna?

Lentigo maligna is a type of melanoma in situ. It is a slow growing lesion that appears in areas of skin that get a lot of sun exposure, such as the face or upper body. Because it grows slowly it can take years to develop. Similar to melanoma in situ, lentigo maligna has not spread and is only in the top layer of skin. It is therefore cured with surgery. However if lentigo maligna is not treated, it may later develop into lentigo maligna melanoma which is a more serious disease.
What does cancer in general mean?

Cancer is a disease of the tiny building blocks that make up organs and tissues called cells. Normal cells replace themselves when they get worn out or injured. Sometimes they don’t grow normally; instead, some cells keep on growing even when they don’t need to. These cells will continue to divide and develop into a lump which is called a tumour.

Cancer is **not one disease**. There are over 200 different types of cancer. All cancers are treated differently and occur for different reasons. Many are completely cured.

What is melanoma?

Melanoma is a cancer that usually starts in the skin, either in a mole or in normal-looking skin. Melanoma is a cancer of the pigment or coloured cells, called **melanocytes**, which lie in the layer of skin nearest the surface called the **epidermis**. The melanocytes produce the pigment for our skin called **melanin**. They are also the cells that form moles and freckles and allow you to tan.

Who gets melanoma?

Around 12,800 cases of malignant melanoma were diagnosed in 2010 in the UK, that’s around 35 people every day.

Like most cancers, skin cancer is more common with increasing age, but malignant melanoma is disproportionately high in younger people. More than one-third of all cases of malignant melanoma occur in people aged under 55.

More than two young adults (aged 15-34) are diagnosed with malignant melanoma every day in the UK, and it is the second most common cancer in this age group. Malignant melanoma is almost twice as common in young women (up to age 34) as in young men, but more men die from it.

Over the last thirty years, rates of malignant melanoma in Great Britain have risen faster than any of the current top ten cancers.

Melanoma is very rare in dark skinned people and is seen more commonly on people with fair skin who burn and freckle easily.

Melanoma can occur anywhere on the body, not only in areas that are exposed to lots of sun. The legs of women and the trunks of men are the most common places for melanoma to develop.
What causes melanoma in situ and lentigo maligna?

There is no doubt that ultraviolet (UV) radiation from the sun and other sources, such as sunbeds, play the most important role in the development of melanoma in situ and lentigo maligna.

Past episodes of severe sunburn, often with blisters, and particularly in childhood, increase the risk of developing melanomas. Research also suggests that intermittent episodes of sunburn as an adult, such as when on holiday or the weekends, may play a very important part in your risk for developing a melanoma. However, people who accumulate a lot of sun exposure in a continuous pattern, such as by working outside, are also at increased risk. Not all melanomas, however, are due to sun exposure, and some appear in areas that are normally kept covered.

What are the risk factors for developing melanoma in situ and lentigo maligna?

People who burn easily in the sun are particularly at risk and melanomas occur most often in fair-skinned people who tan poorly. Often they have blond or red hair, blue or green eyes, and freckle easily. Melanomas are less common in dark-skinned people.

The risk is increased if another family member has had a melanoma.

People who have already had one melanoma are at an increased risk of getting another one.

Some people have many unusual (atypical) moles. They tend to be larger than ordinary moles, to be present in large numbers, and to have irregular edges or colour patterns. The tendency to have these moles can run in families and carries an increased risk of getting a melanoma.

People with many (more than 50) ordinary moles, or with a very large dark hairy birthmark, have a slightly higher than average chance of developing a melanoma.

People with a damaged immune system (eg as a result of an HIV infection or taking immunosuppressive drugs, perhaps after an organ transplant) have an increased chance of getting a melanoma.

How is melanoma in situ and lentigo melanoma diagnosed

If your doctor suspects that an unusual spot or mole may be a type of melanoma in situ/ lentigo maligna, it is surgically removed and sent to a pathologist. This is called a biopsy or excision and is usually performed under local anaesthetic. A biopsy is essential for the diagnosis.

After the biopsy result is available your doctor will discuss with you and your family (if you wish) the result and any treatment that will be necessary.
How is melanoma in situ and lentigo melanoma treated?

In all but a few instances, the treatment is simple surgery. A border of healthy tissue from around the melanoma in situ/lentigo maligna is taken to make sure all cancerous cells are removed.

The wound will be covered with a dressing and follow up care will be organised. You may be uncomfortable for some days after your operation. If you have pain, paracetamol may be all you require.

Sometimes a skin graft may be necessary. This is more common for areas of the body that do not have much spare skin, for instance, the calf or face. A skin graft replaces the skin that has been removed with skin taken from another part of the body. If you have a skin graft, the area on which the skin is grafted may look unattractive after the operation, but eventually it will heal and the redness will fade. There is risk of infection, bruising and scarring after surgery. Occasionally the skin graft fails and needs further treatment.

Do I need any other treatment?

Surgery is the only treatment necessary for melanoma in situ and lentigo maligna in almost all cases.

Follow-up and checking yourself

The British Association of Dermatologists and other health organisations such as NICE (the National Institute for Health and Care Excellence) state that people who have had an in situ melanoma do not need any follow up visits with their specialist. This is because in situ melanomas cells are very unlikely to come back once the area has been removed.

Due to the prognosis of melanoma in situ/ lentigo maligna you will be seen once again in clinic and then discharged.

Your specialist doctor or nurse should show you how to spot early skin changes in the future and how to protect yourself from the UV radiation from the sun.

Will I be cured?

The melanoma in situ and lentigo maligna outlook is excellent. It is very rare for them to come back because they were ‘in situ’, therefore they will not have had an opportunity to spread elsewhere in the body.
What can I do to help myself?

1. Learn how to spot skin changes early using the ABCDE rule and report any concerns to your doctor or nurse. You should be taught how to examine your own skin and be given an information leaflet.

2. Protect yourself and your family from sun damage. Stay out of the sun between the hours of 11:00 and 15:00. Slip on a shirt, a broad brimmed hat and sunglasses, apply a broad spectrum sunscreen that provides **SPF of 30+** and a **UVA star rating of 4/5**, approximately 20 minutes before any sun exposure, reapply every two hours and minimise the time you spend in the direct sun. There are information leaflets for this too.

3. Adopt a healthy lifestyle: if you smoke, stop smoking. Ensure you get regular exercise, reduce your stress levels if possible and eat a healthy diet.

### Vitamin D advice

The evidence relating to the health effects of serum vitamin D levels, sunlight exposure and vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with vitamin D deficiency.

Individuals avoiding all sun exposure should consider having their serum vitamin D measured. If levels are reduced or deficient they may wish to consider taking supplementary vitamin D3, 10-25 micrograms per day, and increasing their intake of foods high in vitamin D such as oily fish, eggs, meat, fortified margarines and cereals. Vitamin D3 supplements are widely available from health food shops.

### Advice and support

It is completely normal not remembering what your doctor or the nursing staff tell you initially at diagnosis. For this reason we often say the same things to you a number of times.

The **skin cancer specialist nurses** are here to go through the information in more detail and are a resource for all patients as and when needed. They can be contacted Monday to Friday on **01223 348156**. If they are not available please leave a message with your name, date of birth and hospital number, if known and they will return your call.

### Information on the Internet

- Cancer Research UK: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)
- British Association of Dermatology: [www.bad.org.uk](http://www.bad.org.uk)
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio please ask the department where you are being treated, to contact the patient information team: patient.info@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department which has authored the leaflet.

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