



Cancer survivorship information for professionals

Follow-up of survivors of early stage melanoma

Key messages

- Survivors of early stage melanoma have high 5-year survival rates and a good long-term prognosis.
- The follow-up plan for each survivor will be different, but regular follow-up and surveillance for recurrence/metastases and for new skin cancers is essential.
- The rate of subsequent skin cancer is higher in survivors with a past history of melanoma.
- Survivors should be encouraged to self-examine their skin, take part in sun-safe practices and seek help for psychosocial concerns.
- GPs play a vital role in the follow-up of melanoma survivors.
- **mycareplan.org.au**, the online survivorship care plan generator, includes early stage melanoma. Survivors can generate their own survivorship care plan, which can be used to help coordinate their ongoing management.

Early stage melanoma (Stages 0–2) is melanoma that has not spread to the lymph nodes or distant organs (**Table 1**).

Table 1. Early stage melanoma

Stage	Spread, size, ulceration
0 (in situ)	The melanoma is localised to the epidermis.
1	The melanoma is <2 mm thick, with or without ulceration.
2	<ul style="list-style-type: none"> • Stage 2A: the melanoma is 1–2 mm thick with ulceration or 2.01–4 mm thick without ulceration. • Stage 2B: the melanoma is 2.01–4 mm thick with ulceration or >4 mm thick without ulceration. • Stage 2C: the melanoma is >4 mm thick with ulceration.

Source: Adapted from the American Joint Committee on Cancer and Melanoma Patients Australia [<https://www.cancer.org/cancer/melanoma-skin-cancer/detection-diagnosis-staging/melanoma-skin-cancer-stages.html> & <https://melanomapatients.org.au/about-melanoma/staging-of-melanoma/>]

Once a person with melanoma completes treatment, their care may be partly or fully transitioned back to their GP. Survivors may continue to experience a range of different physical, emotional, psychosocial and practical challenges.

This factsheet provides healthcare practitioners with information and resources relevant to managing and caring for survivors of early stage melanoma. A [companion fact sheet](#) is available for survivors and carers of people with early stage melanoma.

Five-year survival

Prognostic factors for patients with melanoma include clinical and histological factors such as tumour site, comorbidities, tumour thickness, ulceration and mitotic rate.¹ In Australia, if treated appropriately, early stage melanoma is associated with high 5-year survival rates.

- Survival rates for people who have been treated for Stage 1 melanoma are 99% at one, 3 and 5 years.¹
- Five-year survival rates for people who have been treated for Stage 2 melanoma are: Stage 2A 94%, Stage 2B 87% and Stage 2C 82%.¹

Stage 2B and 2C have similar survival rates to 3A and 3B melanoma.

Trials are underway to reduce the risk of recurrence and improve survival outcomes.²



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Potential issues for survivors

Survivors of early stage melanoma can face a wide range of issues post-treatment. These experiences may impact physical health (fatigue, lymphoedema, pain, sexual health), psychosocial health (anxiety, fear, sleep issues, relationships, financial) and practical aspects of life (return to work) (**Table 2**).

Survivors can have symptoms as described on the Australian Cancer Survivorship Centre's Common Survivorship Issues Directory (petermac.org/survdirect). These issues may be due to the cancer itself or the treatment.

Table 2. Potential physical, emotional, psychological and practical issues faced by people with melanoma

Effect	Causes	Recommendations
Changes to the excision site (rare)	There may be scarring or skin colour change at the excision site. Sensation at the excision site may also be impaired if there was any nerve damage. This can last months. ³	Provide education on wound care to limit scarring process and to promote wound healing. Refer to a dermatologist/GP for treatment options (e.g. intralesional steroids for keloid scarring) or further guidance on wound management.
Swelling in the neck, arm or leg after sentinel lymph node biopsy (rare)	Lymphoedema results in pain, swelling and limb heaviness. Lymphoedema following sentinel node biopsy is rare. However, once it develops it is usually permanent. ⁴	Provide education about effective lymphoedema treatment methods including compression garments and physiotherapy. Referral to a lymphoedema specialist may be required.
Fear of cancer recurrence, progression and family developing melanoma	People may be worried about the risk of melanoma spreading, or developing a second melanoma or a new cancer. They may also be worried about their family developing melanoma as there may be a genetic risk associated with it. For some survivors, this concern may be exacerbated by a family history of melanoma, personal history of high UV exposure, having a large number of naevi/moles or having had other skin lesions in the past. ⁵ The level of anxiety and psychological distress often correlates with having other unmet needs. ⁶	Although concerns about cancer recurrence usually reduce over time, it is important to monitor the person's mood. Normalise the fear of cancer recurrence. Provide personalised information about their prognosis and likelihood of recurrence. Consider referral to counselling, psychology or group mental health services, or provide links to reputable websites such as Cancer Council, Melanoma Patients Australia, and Melanoma & Skin Cancer Advocacy Network (see Resources). A GP mental health plan should also be discussed.
Impaired body image	Surgery may result in scarring, dissatisfaction with a cosmetic result, change in appearance, and/or abnormal function.	Discuss concerns and suggest seeing a GP to discuss a mental health plan. Some people may benefit from acceptance and commitment therapy. If physical function is affected, consider referral to a physiotherapist or occupational therapist, as necessary.
Relationship changes	Relationships, roles and lifestyle may change after treatment. Some people may report feeling like a burden to their loved ones.	Ensure all family members are aware of the person's treatment and the impact this may have on their relationships. Refer people and their family/partner/friends to counsellors, psychologists or group mental health services. A GP mental health plan should also be considered.



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Follow-up recommendations

Models of care and care coordination

Follow-up may be performed by the dermatologist, GP or both in a shared care arrangement. During follow-up, a survivor's treatment team may include their GP, nurse, dermatologist and allied health specialists (e.g. dietitian, physiotherapist, exercise physiologist, psychologist).

Responsibility needs to be agreed between the designated lead clinician, GP and cancer survivor. In some circumstances, other models of post-treatment care may also be effective, such as nurse-led care.⁵

Healthcare practitioners should recommend and assist survivors with creating a survivorship care plan. Survivorship care plans are formal, written documents that provide details of a person's cancer diagnosis and treatment, potential late and long-term effects arising from the cancer and its treatment, recommended follow-up, surveillance and strategies to remain well. The survivorship care plan is based on survivor preferences and ongoing physical and emotional needs of the survivor. They are a way to ensure a consistent, coordinated management plan and flow of information, to help ensure good survivorship outcomes.⁷ They are a valuable communication tool between the treating team, the survivor and the GP.⁸

myCarePlan.org.au is a free online survivorship care plan generator which includes early stage melanoma. You will be able to create a personalised survivorship care plan with and for survivors to give them a better understanding of life after treatment.

Surveillance for cancer spread, recurrence of second primary cancers

The highest risk of recurrence is in the first 36 months after the treatment of Stage 1–2 melanoma.⁹

In Australia, up to 75% of patients detect their own recurrences.⁹

Follow-up times vary depending on the stage of the melanoma (**Table 3**). Consider more frequent follow-up for those with greater risk of recurrence including thicker tumours, ulceration and/or a high mitotic rate.⁹

Table 3. Example of a follow-up schedule for early stage melanoma

Stage	Years 1–2	Year 3	Years 4–10
0	Every 12 months	Every 12 months	Every 12 months
1	Every 12 months	Every 12 months	Every 12 months
2A	Every 6 months	Every 12 months	Every 12 months
2B, 2C	Every 3–4 months	Every 6 months	Every 12 months

Source: Adapted from Cancer Council Australia's Clinical Guidelines [https://wiki.cancer.org.au/australia/Clinical_question:What_is_the_ideal_setting,_duration_and_frequency_of_follow-up_for_melanoma_patients%3F]

Follow-up should include:

- comprehensive history taking
- full skin examination
- examination of the primary excision site, draining lymph nodes and potential sites of distant metastases.⁵

Imaging (e.g. computed tomography or positron emission tomography) is not routinely recommended.¹⁰ However, for people with Stage 2C melanoma, imaging may be considered every 3–12 months for the first 3 years of follow-up, given the higher risk of disease recurrence.⁵

- If a local or nodal recurrence is suspected, an ultrasound-guided fine needle aspirate may be required to confirm the diagnosis.
- If a distant recurrence is suspected, a core biopsy may be required to confirm the diagnosis.⁹
- Patients may then need to be referred to a specialist service for further investigation and management.⁵

Diagnosing melanoma: practice points

Check the entire body skin surface (including nail beds, palms of hands, soles of feet and scalp). Examine suspicious lesions using a strong light, with dermoscopy (must be an appropriately trained practitioner) if possible, being mindful of clinical appearance, the patient's description of the history of the lesion and risk factors for melanoma.¹¹

In most cases, suspicion of melanoma is based on the ABCDE method of clinical diagnosis.^{5, 12}

- **A**symmetry
- **B**order irregularity
- **C**olour variation – Shades of black, brown and tan may be present. Areas of white, grey, red, pink or blue may also be seen.
- **D**iameter (>6 mm) – Melanoma can be diagnosed when it is smaller.
- **E**volving

The EFG method may be particularly useful in recognising nodular melanoma.¹³

- **E**levation – Is the lesion changing with time/ulcerating/itching/crusting?
- **F**irm
- **G**rowing

Prevention and detection of new cancers and recurrent cancer

All people who have had melanoma should be taught to examine their skin.

They should be advised to see a GP if they experience:

- any suspicious or changing skin or lumps in the area of the surgery
- any suspicious new or changing skin spots or moles on any part of the body, including spots that bleed or become irritated with minimal or no trauma
- swelling in lymph nodes in the neck, armpits or groin.

People who have had melanoma and their families should be informed about skin cancer prevention including sun protection measures.^{5, 14}

- The SunSmart app or the weather forecast can be used to check expected UV levels.



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- Minimise sun exposure and wear sunscreen when the UV Index is 3 or higher and especially between the hours of 10 am and 4 pm when UV levels are at their highest.
- Use multiple sun protection measures – do not rely on just one.⁵



SLIP

Wear a lightweight UV-resistant long sleeve shirt and pants when outside.



SLOP

Apply SPF 50+ sunscreen.



SLAP

Wear a hat that protects the face, neck and ears.



SLIDE

Wear close-fitting sunglasses.



SEEK

Seek shade.

These images have been reproduced with permission from SunSmart Prevention at Cancer Council Victoria.

- Do not use solariums. These are banned in Australia. This advice may be important when travelling to countries where solariums are available.⁵
- People who have had melanoma may be at risk of vitamin D deficiency due to ongoing sun protection measures. Survivors should have their vitamin D levels checked by their GP.

Important general advice for all cancer survivors

- All people who have had cancer should be counselled about healthy lifestyle behaviours including maintaining a healthy diet, maintaining a healthy weight, increasing physical activity, smoking cessation and limiting alcohol intake. This can reduce the risk of subsequent cancers and other health problems. It may also help improve the psychosocial consequences of cancer and its treatment.⁵

- Where indicated, monitor survivors' cholesterol, blood pressure, blood glucose and vitamin D levels. Survivors should have regular dental examinations.¹⁵
- Survivors need appropriate screening for other cancers at recommended time intervals, including breast, bowel and cervical cancer.¹⁵



Resources

These resources may be helpful for survivors, their family and friends who are going through difficult situations or for those who wish to gain further information.

Melanoma

- ✚ Early stage melanoma fact sheet for survivors and carers <https://www.petermac.org/sites/default/files/media-uploads/CONSUMER%20melanoma%20fact%20sheet%20template-2021-V7-WEB.pdf>
- ✚ Early stage melanoma survivorship care plan generator mycareplan.org.au
- ✚ Australian Cancer Survivorship Centre petermac.org/cancersurvivorship
- ✚ Cancer Council 13 11 20
- ✚ Melanoma Institute Australia 02 9911 7200
- ✚ Melanoma & Skin Cancer Advocacy Network <https://mscan.org.au/>

- ✚ Cancer Council on vitamin D <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/vitamin-d>

Lymphoedema

- ✚ Australasian Lymphology Association <https://www.lymphoedema.org.au/>
- ✚ Cancer Council Victoria <https://www.cancervic.org.au/living-with-cancer/common-side-effects/lymphoedema>

Psychological support

- ✚ Beyond Blue 1300 22 4636
- ✚ Carers Australia 02 6122 9900
- ✚ Cancer Connect 13 11 20

- ✚ Lifeline 13 11 14
- ✚ Melanoma Patients Australia 1300 884 450

Cancer prevention

- ✚ SunSmart 03 9514 6419
- ✚ Quitline 13 78 48 (13 QUIT)

Models of care and survivorship care plans

- ✚ Models of Survivorship Care petermac.org/acsc/hp/models-care
- ✚ Survivorship Care Plans https://www.petermac.org/sites/default/files/media-uploads/ACSC_Factsheet_SurvivorshipCarePlans.pdf



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Further information

This overview was prepared with reference to:

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