

Managing a Stage III Melanoma Diagnosis

RESEARCH

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WHAT YOU NEED TO KNOW

Once you recover from the shock of being told you have melanoma, it's important to learn about the disease and the current treatment options.

A Stage III melanoma diagnosis means that melanoma cells have been found in your lymph nodes. The extent of lymph node involvement plays an important role in the outcome, or prognosis, of patients with Stage III melanoma.

Being diagnosed at Stage III is much different than being diagnosed at other stages. Stage I and II melanomas are most often surgically removed and no other treatment is needed.

Stage IV patients are usually prescribed treatments, either approved by the FDA or in clinical trials, designed to kill tumors that have spread to other organs. Treatment for Stage III patients is less clear, unfortunately. Because cancer cells have been found in lymph nodes, there is concern that some of those cells may spread to other areas. It is difficult to predict whether these cells will remain dormant indefinitely or if they will spread and form new tumors.

TIPS FOR SUCCESS

While no one can tell you which treatment route to take, here are some tips from Stage III patients just like you that might help during this journey:

- Make sure you are being seen and treated by a melanoma specialist.
- If you know that the “watch and wait” option isn’t for you, educate yourself, decide on a course of treatment or join a clinical trial.
- Side effects for all treatments can be difficult to tolerate. Be as strong as you can be but, ultimately, do what’s best for YOU.
- Follow-up appointments and scans will likely cause you a great deal of “scanxiety” — you will get through it.
- Don’t blame yourself for your diagnosis — even if you were a sun worshiper. You have it now, learn everything you can, and make the best treatment decision for yourself.
- Having a recurrence will never be far from your mind but try your best not to dwell on it.
- Don’t be afraid to ask your doctor questions. Ask about treatment options, new research, side effects, clinical trials, genetic mutations and follow-up care.
- Never be afraid to get a second opinion.
- Clinical trial participation is a very personal decision — evaluate trials appropriately and at length.
- Get support — in-person, group, phone or online — and find a way to connect with others who can help.
- Stay current on melanoma research and treatment options — just in case you need to have a plan.

Familiarize yourself with each treatment option so you can participate in the decision-making process with your melanoma treatment team.

Treatment for Stage III melanoma will likely consist of surgery with the possibility of additional therapies. Clinical trials and the “watch and wait” approach may also be options for you. Keep reading to learn more.

Standard surgical treatment is removal of the primary melanoma and a small amount of normal skin around the lesion. Recommended margins range from 1–2 cm and are determined by the size of the primary melanoma. If your doctor cannot completely remove all of the primary melanoma, it is referred to as *unresectable*. In some cases, unresectable Stage III melanoma may be treated much like Stage IV melanoma.

Close observation after surgery may be recommended by your treatment team,

especially if your recurrence risk is low. In this case, they may recommend the “watch and wait” approach. If that option makes you uncomfortable, is important to discuss that with your treatment team.

Ipilimumab (Yervoy®) is an immunotherapy approved by the FDA in 2011 for patients with Stage IV melanoma. It was then approved in October 2015 as an adjuvant therapy for Stage III patients to lower the risk that the melanoma will return after surgery.

T-VEC (Imlygic®) is an immunotherapy approved in October 2015 for the treatment of unresectable Stage IIIB, IIIC or IV melanoma. It is a genetically modified virus designed to replicate within tumors, causing tumors to rupture, resulting in cell death.

Interferon is an immunotherapy approved for Stage III melanoma. It is important to learn the side effects and benefits of this treatment, as well as how aggressive your melanoma is. Some people find Interferon tolerable while others find it disrupts their life in a major way. Interferon has been tested extensively over many years, and most studies show it does little to extend life.

Clinical trials offer access to drugs or combinations of drugs that are not yet approved by the FDA. Many experts believe these drugs offer great promise in lowering the risk of recurrence. As with any treatment decision, enrolling in a trial is a personal decision and numerous factors should be considered.





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