PATIENT EDUCATION

Melanoma — clinic overview handout

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is melanoma?

Melanoma is a cancer of melanocytes (pigment cells). It is less common than basal or squamous cell skin cancer but more likely to spread if not caught early. Found while still confined to the skin, outcomes are excellent. The most important habits are prevention, monthly self-checks (ABCDE / ugly-duckling), and prompt biopsy of changing spots.

What you may notice

- A mole that is Asymmetric, has irregular Border, mixed Color, larger Diameter, or is Evolving
- An "ugly duckling" spot that looks unlike your other moles
- A new dark streak under a nail, or a spot on palms/soles
- A lesion your clinician has already biopsied as melanoma

Usual care — surgery first for early disease

For most early melanomas, **surgery is the primary treatment and usually the cure**: excisional biopsy for diagnosis/depth, then wider excision with a margin matched to Breslow thickness. Sentinel node biopsy may be offered above certain depths. Immunotherapy and targeted therapy (BRAF) are central in higher-stage disease. Radiation is selective — not the main treatment for typical early melanoma.

Where CureRays may fit. CureRays is the radiation specialist. For most early melanoma, surgery (with your surgical oncology / dermatologic surgery team) is the main event. Radiation may help for **lentigo maligna** on the face when surgery would be disfiguring, for high-risk local control after surgery, and for precise treatment of selected metastases (for example brain or bone with stereotactic techniques). We will tell you honestly when radiation is — and is not — central.

If radiation is part of your plan

- Multidisciplinary review of stage, pathology (Breslow, ulceration, mitoses), and goals
- Immobilization and image guidance matched to the site being treated
- A course length that depends entirely on whether the target is skin, nodes, brain, or bone
- Side-effect counseling specific to that site
- Continued dermatology surveillance for a lifetime second-primary risk

Prevention and early finding

Daily SPF 30+ broad-spectrum sunscreen, shade midday, no tanning beds, and monthly skin checks lower risk and catch trouble early. CureRays' Keep Melanoma Away® resources and SkinIO photography can support tracking. A changing spot needs evaluation now — not at the next annual physical.

Side effects you should know about

Side effects depend on the site treated and on other therapies (surgery, immunotherapy):

- **Surgery.** Scar proportional to the margin; sentinel node biopsy can cause fluid collection or limb swelling.
- **Immunotherapy (if used).** Immune-related effects (skin, bowel, thyroid, liver, lungs) — report new diarrhea, rash, breathlessness, or profound fatigue the day it starts.
- **Radiation.** Site-specific (skin reaction, fatigue, or other organ effects) — your team will detail the field you are receiving.
- **Urgent.** Chest pain, severe headache with neurologic change, or rapidly progressive symptoms need emergency care.

Survival by stage at diagnosis (population data)

Source: NCI SEER Cancer Stat Facts: Melanoma of the Skin, SEER 21 (excluding IL), 2015–2021 — as summarized on www.curerays.com/keepmelanomaaway. These describe large groups, not any one person, and lag newer treatments.

100%	75.7%	34.6%
5-year relative survival when localized to skin (~77% of cases)	5-year relative survival when regional nodes involved (~10%)	5-year relative survival when distant disease (~5% of cases)

SEER population statistics — not a prediction of your outcome. Modern immunotherapy has improved advanced-melanoma outlook versus older eras. Your stage and pathology drive your personal plan.

What this means for you at CureRays

Early melanoma is usually a surgical disease with outstanding cure rates when localized. CureRays supports prevention education, skin tracking, and radiation when it truly adds value — and will not oversell radiation when surgery or systemic therapy should lead.

Questions to ask

- What is my Breslow depth, ulceration status, and stage — in plain words?
- Do I need sentinel node biopsy or adjuvant systemic therapy?
- Is radiation recommended in my case, or is surgery/systemic therapy enough?
- What lifelong skin-check schedule should I follow?

How to schedule or learn more

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