

PATIENT GUIDE

Cutaneous Melanoma Diagnosis – What Next?

So you have been diagnosed with cutaneous melanoma. What next?

Learning that you have melanoma, the most serious type of skin cancer, can make it difficult to hear anything else your doctor may tell you. After leaving the office, you may wonder what happens next.

While what happens next varies with each patient, there is a process after diagnosis as per the [Australian Optimal Care Pathway \(OCP\)](#).

This Patient Guide aims to provide an overview on what may happen after a melanoma diagnosis. It is important to note that this is a guide only and your diagnosis should be discussed with your treating doctor.

Diagnosis, Staging and Treatment Planning

Diagnosis

Biopsy and pathological examination

Other tests can suggest that cancer is present, but only a biopsy can make a definite diagnosis of melanoma. A pathologist analyses the sample removed during the biopsy to

determine if the lesion is a melanoma. The pathologist will write a report, called a pathology report, that should include the following information:

- The type and/or subtype of melanoma
- Thickness of the melanoma (Breslow depth)
- Presence or absence of ulceration
- Clark level (1-5)- layer of skin the melanoma has penetrated. Level 1 (first layer of skin), Level 5 (fifth layer of skin)
- Mitotic rate, which is the speed at which the cells are dividing
- Presence of immune cells called tumor-infiltrating lymphocytes
- Margin status, which describes how much normal tissue from around the melanoma was removed in the biopsy (measured in mm)

Some of this pathology report information is further explained here:

1. Types of melanoma of the skin defined by pathologists

The 3 most common types of skin (cutaneous) melanoma are:

- **Superficial spreading melanoma** - this is the most common type, making up 70% of melanomas. It usually develops from an existing mole.
- **Lentigo maligna melanoma** - this type of melanoma tends to occur in older people. It most commonly begins on the face, ears, arms, and other skin that is often exposed to the sun.
- **Nodular melanoma** - this type often appears as a bump on the skin. It is usually black, but it may be pink or red.

Rare types of cutaneous melanoma are:

- **Acral lentiginous melanoma** - develops on the palms of the hands, soles of the feet, or under the nail bed. It mostly occurs on people with darker skin.
- **Amelanotic melanoma** - appears as a pink or red spot on the skin.
- **Nevoid melanoma** - can be any colour and tends to be a dome-shape.
- **Spitzoid melanoma** - looks like a benign mole so can be difficult to diagnose.
- **Desmoplastic melanoma** - may look like a scar in texture and appearance. Can be any colour but most often pink or red.

2. Melanoma tumor thickness

The thickness of the primary melanoma tumor is the most reliable characteristic that helps doctors predict the risk that the cancer will spread. To do this, the pathologist will measure

the depth of the melanoma from near the top of the skin down to the bottom of the melanoma.

- Thin. Less than 1 mm thick. Is associated with a low risk of spreading to regional lymph nodes or to distant parts of the body.
- Intermediate. Between 1 mm and 4 mm, is associated with a higher chance the cancer has spread to the lymph nodes.
- Thick. More than 4 mm thick. Is associated with a higher chance of the cancer having already spread to other parts of the body at the time of diagnosis.

3. Ulceration

The presence or absence of ulceration of the melanoma is defined in the pathology report. Ulceration is the loss of the surface of the skin that lies over the melanoma tumor. If the melanoma is ulcerated, it significantly increases the risk of spread and recurrence.

4. Mitotic rate

Another pathological feature of melanoma is the mitotic rate, which is an estimate of the amount of cell growth. It is measured as the number of dividing cells (mitoses) per millimeter squared (mm²). Combined with the thickness and the presence of ulceration, the mitotic rate may be used to help determine prognosis.

Testing

If your melanoma is less than 0.8mm thick with no ulceration, no further testing is usually required. If the melanoma is 0.8mm or greater, further testing may be required to determine if the melanoma has spread to lymph nodes and other areas of the body.

Sentinel lymph node biopsy

Sentinel lymph node biopsies are usually recommended for people with a melanoma that is more than 0.8 mm thick with ulceration or more than 1mm without ulceration.

However, a sentinel lymph node biopsy may also be recommended for some other melanomas that are less than 0.8 mm thick depending on other, related risk factors.

Sentinel lymph node biopsy—also called SLNB, sentinel node biopsy, SNB, or lymphatic mapping—is a surgical procedure that helps the doctor find out whether the melanoma has spread to the lymph nodes. When melanoma spreads from the place it started to the lymph nodes, it travels through the lymphatic system. A sentinel lymph node is the first lymph node into which the lymphatic system drains. Because melanoma can start anywhere on the skin, the location of the sentinel lymph nodes will be different for each patient, depending on where the melanoma started. To find the sentinel lymph node, a dye and a harmless radioactive substance is injected as close as possible to where the melanoma started. The substance is followed to the sentinel lymph node. Then, the doctor (typically a surgical oncologist) removes 1 or more of these lymph nodes to check for melanoma cells, leaving behind most of the other lymph nodes in that area. The removed lymph node(s) are sent to a pathologist, who analyses the lymph nodes and then provides a report.

If the sentinel lymph node contains melanoma, this is referred to as a positive sentinel lymph node and further investigations will be advised.

Imaging

If melanoma is identified in the lymph nodes, or your melanoma is greater than 4mm thick, you will require further imaging such as a PET scan, CT scan or MRI. These scans are to look for melanoma spread to other parts of the body.

Skin check

If you haven't had a complete skin check, you should have one at your next appointment with your doctor, or seek an appointment if you do not have an appointment scheduled. During a complete skin exam, your doctor should use a device called a dermatoscope. This device provides a closer look at the spots on your skin. The doctor may also wish to take photographs of your skin or recommend you complete Medical Surveillance Photography (Total Body Photography) to assist with monitoring of your skin at subsequent skin checks.

Staging

Staging is a way of describing where the melanoma is located, if or where it has spread, and whether it is affecting other parts of the body.

The stage of the melanoma tells you:

- How deeply the cancer cells have reached into the skin.
- Whether the cancer has spread beyond the skin.

Your GP, dermatologist or oncologist (doctor who specializes in cancer) uses the stage to determine how best to treat the melanoma.

The stages of melanoma are from stage 0 to stage IV

Please refer to the Melanoma Patients Australia [Patient Guide: Understanding Cutaneous Melanoma Levels and Stages for Melanoma](#) for further information.

If the melanoma has spread beyond the skin (stage III and IV)

You're likely to see a team of medical specialists such as a medical or surgical oncologist. Gene testing will be performed on the original biopsied tissue. Common melanoma gene mutations are BRAF, NRAS, NF-1, or KIT or wild type (no gene mutation). Gene testing usually only occurs in the advanced setting (stage III and IV) as targeting specific mutated genes is an important way of treating invasive melanoma, called targeted therapy.

Treatment Planning

If your doctor performs one or more of these tests and no spread is revealed, your stage remains the one that was given to you after your skin biopsy. You should continue seeing a dermatologist or GP who specialises in skin cancer, to check for new melanomas and any indication of spread or recurrence.

If you are Stage IIB or IIC, you should consider seeing a medical oncologist who specializes in melanoma. In years past, only patients Stage III and higher were referred to medical oncologists and offered treatment. But now there are clinical trials open or opening that are studying whether giving certain treatments at Stage IIB and IIC will help prevent the recurrence of melanoma versus giving no drug treatment, which is the standard of care now.

If you have stage III or IV melanoma, you will be referred to an oncologist to explore treatment options.

Treatment

The common types of treatments used for melanoma are:

- **Surgery** - main treatment for most melanomas and usually cures early-stage melanomas (stage 0-II).
- **Immunotherapy** - enhancing the body's own immune system to kill the melanoma cells. Currently used for stage III and IV patients.
- **Targeted therapy** - targets genetic mutations in the melanoma to stop the growth of melanoma. Can only be used in BRAF positive patients. Currently used in stage III and stage IV patients.
- **Clinical Trial** - experimental treatment considered to be part of best practice medicine.
- **Radiotherapy** - using targeted radiation to kill cancer cells. Usually used to treat melanoma spread, such as melanoma in the brain, bones, lung. Can be used on melanoma that cannot be surgically removed.
- **Chemotherapy** - kills rapidly dividing cells. Not used very often in melanoma.

Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Talk with your doctor about the goals of each treatment and what you can expect while receiving the treatment. These types of talks are called “shared decision-making.”

Care after Initial Treatment and Recovery

After you finish treatment, your treatment team will still want to see you regularly. Melanoma can return or spread after treatment. If this happens, it's most likely to occur within the first 5 years.

During the first 5 years, you will need thorough check-ups. You will most likely be advised to have a skin check and possibly a lymph node check every 3-6 months in the beginning. If you have advanced melanoma (stage III and IV), you will also require regular imaging with either CT scans, PET scans or MRIs.

Ask Questions

Now that you have an idea of what happens after the diagnosis, it's important to understand that one patient's progress through these steps can differ greatly from that of another patient.

To get an idea of what lies ahead for you, ask your GP, dermatologist or surgeon the following questions - not all of these questions will be relevant to you.

- What type of melanoma do I have?
- What is the stage of the melanoma? What does the stage mean for my treatment?
- Has the melanoma spread? If so, where has it spread?
- How fast is it growing?
- Are the latest tests and treatments for this type of melanoma available in my local hospital?
- Who makes the decision about my diagnosis and treatment?
- Is my case discussed by a group of specialists (Multidisciplinary Team Meeting) to decide the best treatment? See Melanoma Patients Australia's Patient Guide - Understanding the Multidisciplinary Team (MDT) and the Multidisciplinary Team Meeting (MDM).
- Will I have access to a social worker, psychologist or dietician, or will I need to arrange support myself?
- Do you have a support nurse who will be there for me and my family throughout my treatment?
- What is the estimated out-of-pocket cost of the treatment?
- Do I need any tests? What will the test results tell us? What will the estimated out-of-pocket cost be?
- What treatment do you recommend?
- What is the aim of the treatment?
- Are there other treatments that might work? If not, why not?
- How long do I have to make a decision about my treatment?
- If I am thinking of getting a second opinion, how do I do this?
- If I don't have the treatment, what should I expect?
- Is there a possibility my cancer is genetic and runs in my family? Should I see a genetic specialist?
- How often will I need to have check-ups after treatment? Who should I go to for the check-up appointments?
- If the cancer returns, how will I know?
- What do I still need to know?
- What organisations and peer support groups exist to provide information and support me?
- Will you keep my GP informed?

Other useful Melanoma Patients Australia Patient Guides

- What to expect after a SLNB
- Useful information about Immunotherapy
- Useful information about Radiotherapy
- Understanding the MDT and the MDM
- Medical terminology used in melanoma
- Understanding cutaneous melanoma levels and stages
- What to ask your specialist?
- Getting Support: Diagnosis

Note- If you have been diagnosed with mucosal or ocular melanoma, please refer to Melanoma Patients Australia website- [Rare Melanomas page](#)

Getting Support

A melanoma diagnosis is a difficult time for most people. There are many supports available for patients, carers, family members and support people. To find out more about supports available to you, please see the [Melanoma Patient Australia Patient Guide- Getting Support: Diagnosis](#).

If you would like any further information about your melanoma diagnosis or require support and information to help you with decision making, or other related concerns, please contact the Melanoma Patients Australia Melanoma Support line on 1300 88 44 50.

Connecting with Melanoma Patients Australia Support Programs

Melanoma Support Line 1300 88 44 50

Connect with other patients through [Melanoma Patients Peer Support Programs](#) via the website

Connect with [Melanoma Patients Australia Melanoma Telehealth Nurse](#)

The information contained in this resource is intended to be a guide. Every patient is different and will have different experiences, the information contained in this resource will not apply to all patients. This information is not aimed specifically to an individual and it is therefore important that patients always consult their specialist doctor or other medical professional (e.g., General Practitioner) about any specific matters affecting their individual treatment and care. The information in this guide is not intended to replace medical information or substitute the formal professional advice or your supportive care team. Melanoma Patients Australia exclude all liability for any injury, loss or damage incurred by using or relying on the information provided in this resource.

Updated October 2025