

RESIGNED TO DYING, BUT SAVED BY A NEW CANCER TREATMENT

WARNING SIGNS

SOME melanomas develop from a mole or freckle that you already have and some appear on previously normal looking skin. The mnemonic "ABCDE" points to early signs. If you see one or more, consult a dermatologist.

These warning signs do not apply to all melanomas, so it's important you notice changes in your skin.



A **ASYMMETRY:** If you draw a line through the mole or mark, the two halves will not match. Common moles are round.



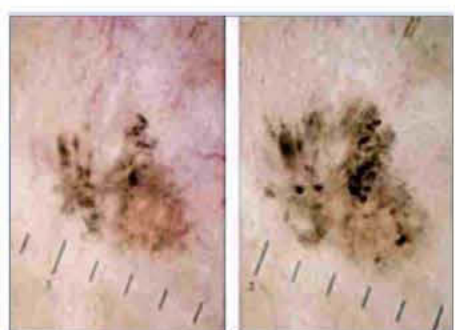
B **BORDER:** The borders of an early melanoma tend to be uneven.



C **COLOUR:** A number of different shades of brown, tan or black could appear. It may also become red, blue or another colour.



D **DIAMETER:** Melanomas are usually larger in diameter than the size of the eraser on your pencil (6mm), but they may sometimes be smaller when first detected.



E **EVOLVING:** Any change, in size, shape, colour or height, or any new symptom such as bleeding, itching or crusting, points to danger.

Melanoma is a serious skin cancer that will kill you if it advances to other parts of the body. But now a new treatment option has been approved for South Africa, writes Helen Grange

IN 2003, Melissa Taylor noticed a small spot on the base of her foot near the heel. "It was like a beauty spot," she recalls. Pregnant, she had other things on her mind, so she dismissed it.

But six months later, the spot had grown darker and to the size of a R2 coin. "I thought maybe I'd stood on something, like a thorn, because by now I could feel it when I was standing," she says.

A year later, the spot had become a real irritant so during her routine visit to her GP, she asked him to check it out. He took one look at it and sent her to a dermatologist, who diagnosed stage 3 melanoma, a potentially lethal skin cancer.

Within two weeks, Taylor had seen doctors, an oncologist and a surgeon and had been operated on twice. She was placed on a course of chemotherapy, but 18 sessions later, in November 2006, she was told the cancer had spread to all four quadrants of her liver and into her lungs. She'd progressed to stage 4 melanoma and was given six months to live.

Had Taylor gone through this 10 years ago, that might have been the end of her story. But as it happens, she was lucky enough to be the first South African patient to get on to a global clinical trial for immunotherapy for advanced melanoma, courtesy of Dr Daniel Vorobiof, oncologist and director of the Sandton Oncology Centre.

In the past decade, treatment options for melanoma have broadened to a range of immunotherapy treatments which, according to Vorobiof, have had "life-changing results in certain patients with inoperable or metastatic melanoma who've been non-responsive to other therapies".

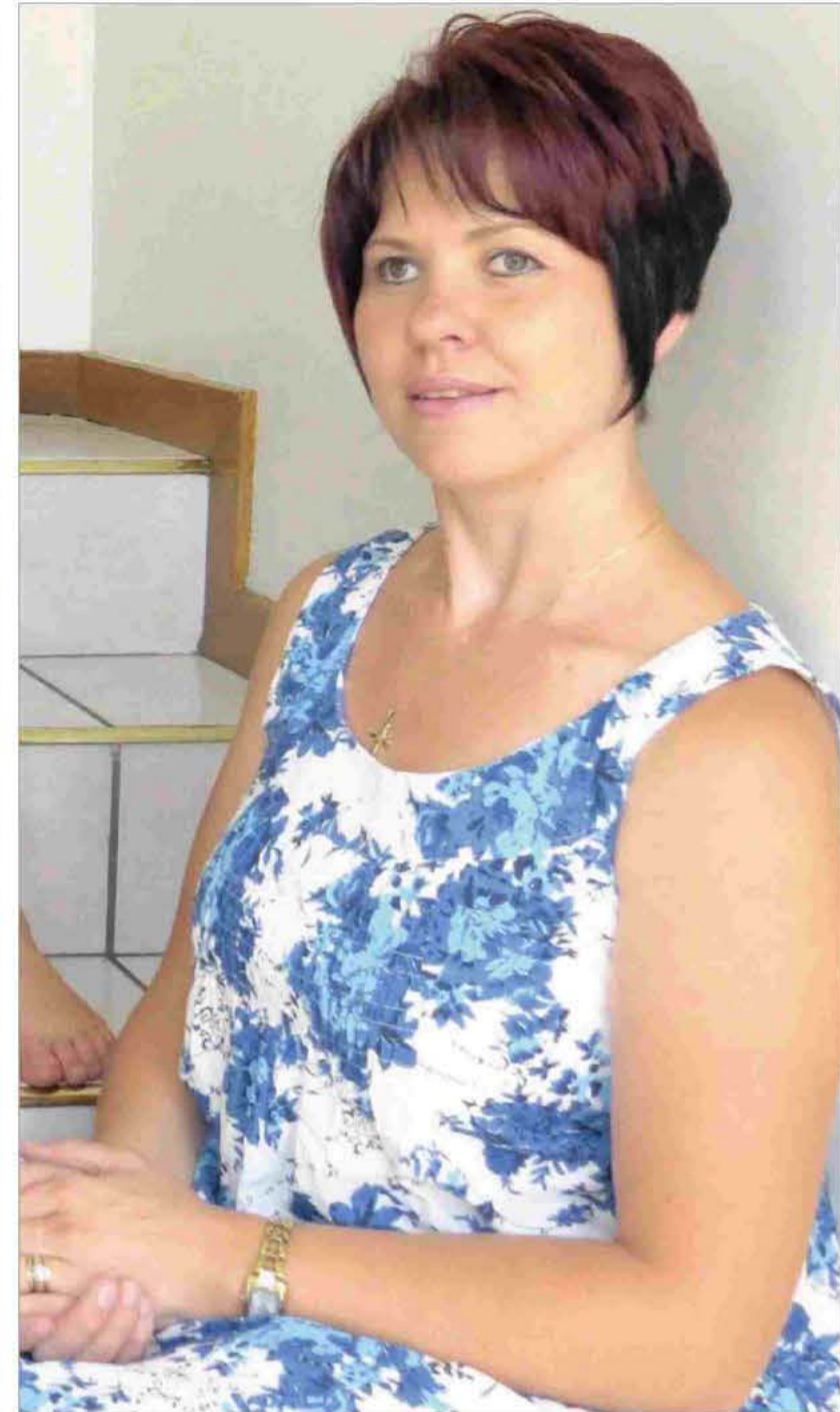
Immunotherapy treatments, which in South Africa include the drugs Interferon, Interleukin 2 and Yervoy (the latest to be approved), do not directly target tumours like traditional chemotherapy, but rather help the body's own immune system to attack melanoma cells. They do this by lifting the "brakes" mechanisms that slow down and stop

MELANOMA FACTS

- Melanoma is a cancer originating in the pigment-forming cells called melanocytes. It is the deadliest form of skin cancer worldwide. Although melanoma makes up only 4 percent of skin cancers, it causes 77 percent of skin cancer deaths.
- Every year, 53 000 people die of advanced melanoma (stage 4), which means it has spread to another part of the body.
- The most common secondary sites of melanoma are lungs, liver, abdomen, bones, brain and lymph nodes.
- Up to 12 percent of patients who present with early melanoma will eventually develop advanced melanoma with tumours in other sites of the body.



Melissa Taylor, left, was given six months to live when she was diagnosed with advanced stage 4 melanoma, while Lynette van Schaik, right, began planning her own funeral. The young mothers were saved by a treatment that, instead of attacking cancer cells, gives the immune system a kick.



immune responses. These "brakes" are a necessary part of a healthy immune system, but they may also slow down an immune response before a cancer has been destroyed, explains the literature from biopharmaceutical company Bristol-Myers Squibb, which developed the monoclonal antibody ipilimumab it markets as Yervoy.

"Advanced melanoma is difficult to treat and in most instances, it cannot be cured," says Vorobiof. "However, it can be slowed down, and depending on the patient's condition, the melanoma site and the characteristics of the lesions, the disease can be treated with chemotherapy combinations, radiotherapy and surgery.

"Immunotherapy treatments are a medical breakthrough, a whole new approach to the disease which will save the lives of a number of advanced melanoma patients," Vorobiof says.

The treatment programme entails four sessions at a day clinic, where the drug is injected, once every three weeks for 12 weeks. It may be shorter or longer depending on response, but there is no maintenance treatment afterwards.

The approval last week of this treatment option in South Africa is hugely significant, and follows availability in the US and Australia, where the highest incidence of melanoma is found worldwide and where immunotherapy treatments have only been available for about two years.

More than 90 percent of melanomas are treatable, but there are those, as in the case of Melissa Taylor, that advance to stage 4, spreading to other organs in the body and invariably leading to death.

Taylor, now 41, is in remission after receiving immunotherapy treatments and is no longer on any treatment.

Where the melanoma was cut out, her foot had to be reconstructed by a plastic surgeon. "Immunotherapy is administered by injection, and within two sessions, the lesions were smaller, and by August 2007, there was no cancer in the lungs or liver," she says.

"Viligo (depigmentation of the skin, causing patches) is a side effect of the treatment, so I have these whitish spots on my hand. But I have life, and I couldn't be happier," Taylor says.

Lynette van Schaik, a teaching assistant from Nigel, east of Joburg, was diagnosed with advanced melanoma in January 2013. She was only 31, with a husband and two young children.

"In 2004, I had an itchy mole on my back removed, then some skin around it excised, as the doctor diagnosed it as a malignant melanoma. I didn't think anything more of it. Then in 2012, after a hysterectomy, I started having abdominal pain, which I thought was a bladder infection. But it was found to be a 9cm tumour on my ovary," she recalls.

Worse news was to come. The cancer had spread to her ribs on the left, her left lung and adrenal gland in the muscles on

her back.

She began chemotherapy immediately, but the cancer still spread, to her left kidney, her ribs and under her arm, presenting there as a big, painful lump. "I got so sick from the chemotherapy. It got to the point where I couldn't lift my arm any more. I became so negative - I was even planning my own funeral," she says.

After she was put on the immunotherapy trial thanks to her oncologist in Rosebank, Dr Bernardo Rapoport, it took only a couple of treatments for the lump under her arm to diminish to nothing.

"I could literally feel it getting smaller with every dose I received. In September 2013, I was clean of cancer. I can't explain the feeling of joy I had when the scans picked up not a trace of it left anywhere in my body," she says.

Dermatologist Dr Dagmar Whitaker warns that even a small melanoma of 2 or 3mm can be a killer if it is malignant, which means the melanoma cells have invaded the cells beneath the skin, turning the surrounding tissues cancerous. These cancerous cells can then be transported in the blood to any other organ in the body, which is why skin cancer is a particularly menacing cancer form.

Sufferers can have a genetic predisposition to melanoma, but chronic sun exposure is the main culprit, and according to Whitaker, the most dangerous sun damage is done before the

age of 18. "The risk of developing melanoma is determined in childhood," she says.

A common myth is that melanoma only affects the white population. Although it's much rarer in darker-skinned people, it does occur, typically under the soles of the feet, palm of the hand or under a fingernail, she says.

The warning sign that it is malignant is a skin spot or mole that changes in colour and/or shape. "If you notice a spot changing, don't sit back and watch it. Go and have it checked, not by a GP but by a dermatologist," she says, adding: "Don't use the new melanoma app (which claims to diagnose from pictures of your spot)."

Prevention is better than cure, of course, so the best advice is to minimise your sun exposure, especially between 11am and 3pm.

Whitaker says protective clothing is your No 1 sun protector, followed by a high SPF sunblock lotion.

"The higher factors protect you for longer - contrary to common belief, the factor doesn't indicate strength but length of time - so I feel anything under SPF 50 should be taken off the shelves. Applying (sunscreen) should be as routine as brushing your teeth," she says.

So what do Taylor and Van Schaik use? "I get Dis-Chem's factor 50," says Taylor. Van Schaik opts for a factor 50 by Justine, saying: "It's expensive, but sunscreen has become part of my family's everyday life."