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 2000, Melissa Taylor noticed a small spot on the base of her foot near the heel. "It was like a beauty spot," she recalls. Painless, 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 10c coin. "I thought maybe it was something like a bruise, but then I thought it was more serious, so I started to worry," she says.

A year later, the spot had become a red, irritated area. During her routine visit to her GP, she was asked to check it out. Her doctor referred her to a dermatologist who diagnosed stage 3 melanoma, a potentially lethal skin cancer.

Within two weeks, Taylor had appointments with a surgeon, an integrative oncologist and a homeopath. She was referred to a clinical trial for immunotherapy for advanced melanoma, courtesy of Dr Daniel Verboekot, oncologist and director of the Sandton Oncology Centre.

In the past decade, treatment options for melanoma have broadened to include a range of immunotherapy treatments. In South Africa, Interferon, Interleukin 2 and Yervoy (the latter two products not yet approved) have been approved to target tumours like traditional chemotherapy drugs, but rather help the body's own immune system to attack melanoma cells. They do this by cutting the "brakes" mechanism that slow down and stop the 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 in the pharmacology company Bristol-Myers Squibb, which developed the monoclonal antibody Ipilimumab marketed as Yervoy.

"Advanced melanoma is difficult to treat, and in most instances, it cannot be cured," says Verboekot. "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 breakthrough, a whole new approach to the disease which will save the lives of a number of advanced melanoma patients," Verboekot says.

The treatment programme entails four sessions at a day clinic, where the drug is injected, once every three weeks for 12 weeks. The drug is administered by injection, and within two sessions, the lesions are smaller, and by August 2017, there was no cancer in the lungs or liver, she says.

"Vigorous vaccination (or skin, causing patches) is a side effect of the treatment, so I have these whitish spots on my hands, but I have life, and I wouldn't have it any other way," Taylor says.

Lynette van Schalk, a teaching assistant from Cape Town, was diagnosed with advanced melanoma in January 2013. She was only 31, with a husband and two children.

"In 2004, I had an itchy mole on my back removed, and some skin around it excised, as the doctor diagnosed it as a malignant melanoma. I didn't think anything more of it. Then, in 2011, after a laryngeal operation, I started having abdominal pain, which I thought was a bladder infection. But it was found to be a stem tumour on my ovary," the 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 I felt I had 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 Bloemfontein, Dr Bernardo Report, the treatment was started. After two sessions, the lesions were smaller, and by August 2017, there was no cancer in the lungs or liver, she says.

"I could literally feel it getting smaller with every dose I received. In December 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 Dagnamir Whitaker warns that even a small melanoma of 2mm can be a killer. She is not a GP, but a dermatologist, she says, adding: "Don't use the new melanoma app (which claims to diagnose from pictures of your spots)."

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

Whitaker says protective clothing is not a problem, but for skin sensitive to the sun, a high SPF sunblock is recommended.

"The higher factors protect you for longer - contrary to common belief, the factor doesn't indicate strength but length of time - so feel what you're doing. SPF 30 should be taken off the shelves. Applying sunscreen should be as routine as brushing your teeth," she says.

So what do Taylor and Van Schalk use? "I use Sun-Sense" of no 30," says Taylor. Van Schalk opts for factor 50 by Justine, saying: "It's expensive, but sunscreen has become part of my everyday life."