

# NEWSLETTER

**In this issue:**

- Happy Hour—New time.
- Delia Sworm talks to the VC
- The Sarah Qureshi Interview
- News from the World of Melanoma
- Buddies report
- .....and more.

# Happy Hour Start Time moves to 7:30 pm



In response to a number of requests from those of you who are working, we have moved the start time from 6:30 pm to 7:30 pm. Happy Hour continues on every second Tuesday of each month, the next being the **8th June**. We look forward to seeing you there. Remember just drop us an email requesting a video invite and we will send you the joining information.

[melanomore@googlegroups.com](mailto:melanomore@googlegroups.com)

We are blessed in May with two Public Holidays. May 1st has been a celebration day since Roman times, heralding the start of summer. Today celebrations include maypole dancing, Morris dancing and crowning of the May Queen, however, the 1st May has never been a bank holiday.

May Day is a public holiday in the UK usually celebrated on the first Monday of the month. The 1st May was also the day that worker's protests traditionally took place, hence 1st May also became known as Labour Day. The bank holiday was introduced by a Labour Government In 1978 as a way marking the International Labour day by the socialist government of the time. Today it is commonly known as the Early May bank holiday or May Day bank holiday.

The second bank holiday in the month of May exists because it used to be held on the day-off in the Christian calendar after Whit Sunday or Pentecost. Whit Sunday always falls seven Sundays past Easter Sunday. Since 1971 however, this bank holiday has always been held on the last Monday of the month. It was never given an official name. Unlike the May Day bank holiday, or the August bank holiday, this holiday tends to either be called the Spring bank holiday or the Late May bank holiday. Whatever you call it, it's a good opportunity to take some time away from your normal routine.

Possibly the most misunderstood fact about May Day: "Mayday! Mayday!" is a well-known distress word used by pilots and maritime crews when radioing back to base and other crafts. The "mayday" procedure word was originated in 1923, by a senior radio officer at Croydon Airport in London. The officer, Frederick Stanley Mockford, was asked to think of a word that would indicate distress and would easily be understood by all pilots and ground staff in an emergency. Since much of the traffic at the time was between Croydon and Le Bourget Airport in Paris, he proposed the expression "mayday" from the French *m'aidez* ('help me'), a shortened form of *venez m'aidez* ('come and help me'). It is entirely unrelated to May Day celebrations and the early May Bank Holiday!

## The Virtual Café



26th May



Attendance: 12



**Guest Speaker:** Delia Sworm, Macmillan CNS -Skin Cancers

**Topic:** Ask the Nurse

**Q: What may happen if we cease to wear Face Masks after 21 June?**

The Clinicians expect that there will be a big increase of transmissible viruses as face masks are removed e.g., colds, coughs, flu in addition to the ever-present covid. Whilst face masks may no longer be mandatory it is expected the general public will make their own minds up as to whether to wear them. Echinacea was used by some to ward off illnesses.

**Q: Will there be a third Wave of Covid?**

Logically you could argue there will be, but the question is how much impact will it have on the NHS. The hope is that the vaccination programme will dampen the effect of covid. Only time will tell.

**Q: Should we be taking Vitamin Supplements?**

Vitamin D supplements are recommended for melanoma patients. Vitamin D is at its lowest level in April following the winter months. The clinicians recommend 3,000 IUs/day as supplied by BetterYou D3000 Vitamin D Oral Spray (<https://betteryou.com/products/vitamin-d3000-oral-spray>)

For registered vulnerable people the government supplies free doses of Vitamin D see: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/free-vitamin-d-supplements-for-people-at-high-risk/>. As an aside vulnerable people can also register with the waterboard and if there is disruption to water supplies 12 free 2L water bottles are delivered to them daily.

**Q: How did you get into nursing?**

I left school at 16 and went on to study A levels at college. I then went on to Leeds University to obtain a degree in Psychology. It wasn't until I was 30 that I decided to enter the nursing profession by doing a PCG in nursing. I knew I wanted to be involved in cancer treatment and I spend time at the Royal Marsden before coming to the RSCH.

**Q: Is there any further engagement with the surgical or oncology teams after the 5 year mandatory period?**

In simple terms there is not. There is a move to assess patients at the end of the 5 year period and those classified as at extreme risk of further melanoma may remain as a patient. For others they are encouraged to know their own skin and if there are any anomalies they are encouraged to visit their GP who may refer them on to a dermatologist.

Successful immunotherapy patients will have an individual monitoring plan discussed with them, after the 5 years. This is still a very new area with no available statistics. Monitoring of moles after successful immunotherapy treatment is not needed as it is less likely to reoccur.

Delia confirmed she would be available to see all who are currently patients if there were any worries.

**Q: What psychological services are available to those who wish them?**

Locally the Fountain Centre sited in St Luke's Cancer Centre has psychological and well-being services available.

## The Virtual Café



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**Topic:** Ask the Nurse

Mind Matters Surrey IAPT (Improving Access to Psychological Therapies) is a talking therapy service for adults registered with a GP in Surrey. Other Mind Matters services are available for other counties. You can self-refer to this service and join on-line.

Macmillan also offers help.

<https://www.macmillan.org.uk/cancer-information-and-support/treatment/coping-with-treatment/getting-help-with-your-emotions>

Melanoma Focus has on-line telephone support. There are also many other melanoma or general cancer charities that also offer these services.

**Q: Is there any help available for “cording” after removal of sentinel lymph nodes.**

There is, both on-line and physically. Your surgeon can refer you to massage therapists. Locally in Guildford The Beacon Centre offers Lymphoedema Services. It requires referral from a doctor or surgeon. It is run by Lorraine Brown and we should ask her to talk at a future VC.

**Q: Do you see your role changing in the future?**

To date I have worked on both the surgical and the oncology side but moving forward I see myself undertaking a more clinical role on the oncology side. Eight years ago there were no treatments available except for radical surgery and a mass removal of lymph nodes. Today there are adjuvant and neo adjuvant treatments available These will increase into the future and there will be many more patients accessing these treatments than today.

I have also secured funding from Melanoma Focus to undertake new research on the “Psychological Needs of Patients Going Through Radiology”.

*Many thanks to Delia for sharing her knowledge and expertise with us. It is always a pleasure. We also look forward to working with Wendy as we move forward.*

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### Block Out the Date:

			Topic	Guest Speaker
Happy Hour	8th June	7:30pm	Chit/Chat	N/A
Virtual Café	23rd June	10 am	Healthwatch, Surrey	Sarah Browne
Happy Hour	13th July	7:30pm	Chit/Chat	N/A
Virtual Café	21st July	10 am	TBA	TBA

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## THE INTERVIEW

This month we talk to:

**Dr Sarah S Qureshi, MBBS, FCPS (Med Oncology), MRCP (UK),  
Associate Specialist Oncology**

**St Luke's Cancer Centre, RSCH**

**Q: Can you tell us a little bit about yourself?**

I am from Pakistan and it was my father's wish that one of his children would be a doctor. Out of all my siblings, I was probably the most academically minded and I went to study Medicine in one of the most prestigious colleges of Pakistan. I was unsure about studying medicine to start with, but I soon grew to enjoy it and I became thirsty for knowledge.

I decided to specialise in cancer treatment after attending a lecture given by one of Pakistan's leading oncologists. She gave a fascinating account of the research being undertaken and with such a role model it was easy to imagine I could make a difference within this branch of medicine.

In 2014 I moved to Dubai, UAE and was involved in providing cancer treatments for all kinds of solid tumours. In 2019 I moved to England to a position at the Queen's Centre for Oncology and Haematology in Hull and then in February of this year I accepted the post of Associate Specialist Oncology at St Luke's Cancer Centre.

**Q: What does your job involve?**

An Associate Specialist Oncology is a senior middle-grade doctor, who has trained and gained experience in oncology but has not yet gone on to become a consultant.

I work specifically with Breast and Melanoma patients. Most of my work is done through clinics. I enjoy interacting with the patients; discussing and planning their treatments with them; monitoring their ability to tolerate treatments; their wellness. I also enjoy reviewing the data from treatments and comparing results.

**Q: What are the best and worst aspects of your job?**

I enjoy working with a very talented and professional team and enjoy the camaraderie that goes with it. Of course, the highlights are always when there is a positive response to treatments for the patient and the cancer or melanoma is cured or at least goes into remission such that it can be managed. The worst, is feeling helpless when there is nothing further to offer in terms of treatment.

**Q: Do you have any concerns over Covid restrictions being lifted on 21 June?**

I think masks should continue to be worn in public places such as hospitals, shops, public transport, sporting arenas etc. At hospital we will continue with more telephone appointments and



## ***THE INTERVIEW*** (Continued)

less face-to-face meetings for routine appointments. Of course, like all of us, I would love to have the freedom to travel. Many of my extended family now live in North America and the Middle East, as well as Pakistan and I would like to be able to travel to visit them. But none of us know what will happen after 21<sup>st</sup> June and so common-sense and caution should prevail.

**Q: How do you relax?**

Reading is my favourite pastime. I enjoy meeting friends and going out to eat and shop with them.

**Q: What is your favourite food and tittle?**

Well, coming from my background any spicy food is a hit. I love good coffee and spiced tea.

**Q: What do you dream of doing that is achievable?**

From a professional standpoint, I would like to be a Consultant Oncologist and also to undertake more research for publication.  
From a personal standpoint I would like to travel more and see the world, assuming Covid allows.

**Q: How do you see your job changing in the next 3-5 years?**

I see new drugs and treatments coming along which will provide doctors with more options for patients. I anticipate that more patients will come through the system as we have seen the incidence rising in the past decade for both melanoma and breast cancer.

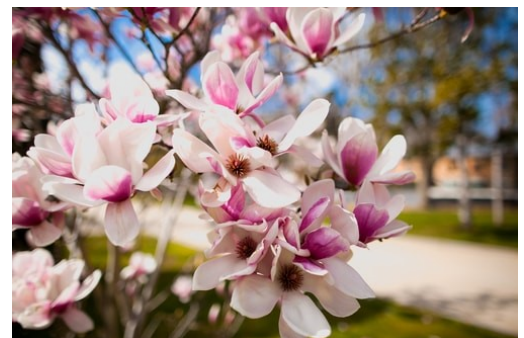
*Our thanks go to Sarah for providing this interview and we know you will be a valuable addition to the oncology team. We wish you well and every success.*

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**May** is named after the Greek goddess Maia who looked after plants. The month is known for love and success.



## News From The World of Melanoma

We are intending to provide information on this page of what other charities and support groups are doing within the world of melanoma.

This month we are focussing on **Skcin** and **Melanoma UK**



**RAISING AWARENESS THROUGH EDUCATION  
PROMOTING PREVENTION & EARLY DETECTION  
CAMPAIGNING FOR CHANGE**

SKCIN: THE KAREN CLIFFORD SKIN CANCER CHARITY / REGISTERED CHARITY: 1150048

At Skcin our primary objectives are to raise awareness of skin cancer and promote the importance of sun safety and early detection through national educational initiatives and targeted campaigns. All of the funds we receive into the charity via corporate support and the generous donations made by fundraisers and members of the public are ploughed back into producing awareness and prevention materials and campaigning for change.

## PREVENTION AND EARLY DETECTION SAVES LIVES

- Skin Cancer is the UK's most common and fastest rising cancer.
- Over 210,000 cases of non-melanoma are diagnosed annually in the UK.
- Over 16,000 cases of melanoma (the deadliest form of skin cancer) are diagnosed annually in the UK
- According to Cancer Research UK, 1 in 36 males and 1 in 47 females will be diagnosed with melanoma during their lifetime and it is one of the biggest killing cancers in the 15-34 age group.

**Up to 90% of skin cancers however, are preventable by adopting simple sun safe strategies. Skin cancer is also the only cancer we can physically see developing in its early stages and if detected, diagnosed and treated early enough, almost all cases are curable. Learning about the risks associated with UV exposure, how to prevent skin cancer and how to spot the early signs and symptoms - saves lives. Download our handy guide to sun safety and skin cancer below for advice and guidance in taking charge of your skin health and surveillance.**

### Editor's Comment

This website is a joy to read. It is just like reading a magazine, full of great articles and pictures. It is aimed at non-professionals and everything is written in simple English which can be understood and enjoyed by us all.

A highly informative website that achieves the charity's objectives

## News From The World of Melanoma

### MISSION, VISION, VALUES



**"You never know how strong you are, until being strong is your only choice."**

#### Our mission

At Melanoma UK it is our challenge and desire to give patients and their families much needed support during the very difficult times faced upon diagnosis.

We aim to get patients access to the best care available and support them throughout the journey.

Patients, families, carers, and clinicians are at the heart of our work. We are passionate about our work and will work tirelessly to get results.

#### Our Vision

- To increase the UK's awareness of melanoma, and its prevention through advocacy, education, and research.
- To support melanoma patients, caregivers, and medical professionals through coordinated information and services.
- To create a support network advocating for additional treatment options and provide a united voice for our patient community dealing with melanoma.

#### Our Values

- To provide patient support and assist in the awareness of the condition of malignant melanoma.
- To provide funds for vital research to prolong and preserve our patients' quality of life.
- To educate and heighten awareness of the dangers of melanoma.



## NEW PARTNERSHIP WITH SKINVISION GIVES FREE LICENCES TO MY MELANOMA APP USERS

#### Editor's Comment

Melanoma UK is one of the most prestigious charities associated with melanoma. Superb downloadable information covering all aspects of the science, treatment and prevention of melanoma and much more.....

## MelaNoMore's Buddies and Friends



Have you just received your diagnosis? Are you still on the road to recovery? Are you undertaking treatment?

**MelaNoMore**  
Buddies Let's talk

Are you feeling Anxious, Fearful, Apprehensive?  
Does your family/carer need help to understand your situation?  
Do you just want to chat with someone who understands what you're going through?

MelaNoMore has now established '**Melanomore Buddies**' allowing Buddies and Friends to get together

For further information visit [www.melanomore.net](http://www.melanomore.net) (click on Support Icon) or email: [melanomore.buddy@gmail.com](mailto:melanomore.buddy@gmail.com)



**Chris Caswell, Lead – MelaNoMore Buddies**

The MelaNoMore Buddies system continues to offer support via the Buddy / Friend one to one pairing. A Buddy, who perhaps had more experience of the melanoma path and process, is paired with a Friend, who was newer and in need of support and a listening ear.

This pairing offers support to share information, to discuss worries and concerns on a one to one basis, without the constraints of the appointment time slots. This support pairing is away from the standard clinical appointments, on a more frequent basis, probably weekly or more. Contacts may be of quick ad hoc text or WhatsApp messages, interspersed with longer phone calls.

Recently an “urgent Buddy request” came in from our website. Once verified and registered, a Buddy was allocated, who made immediate contact with the Friend. The whole process was completed within two days!

We currently have 11 Buddy /Friend pairs operating, and since launch in October last year, they have shared 99 phone calls, and sent 57 texts, WhatsApps or emails between them.

Buddies report that scheme is very worthwhile and of benefit to both parties.

If you wish to join this support group, as either a Buddy or a Friend, please send an email to

[Melanomore.buddies@gmail.com](mailto:Melanomore.buddies@gmail.com)



This page is for your contributions to the Newsletter. There are no limits on content.

Continuing on from our Spring theme of last month we thought you might like to try these jokes on your friends and family .

**Q: Who's the most important person in a Spring wedding?**

A: The MAYtron of honor.

\*\*\* JOKE OF THE MONTH \*\*\*

**Spring Fever**  
Four secondary school boys afflicted with spring fever skipped morning classes. After lunch they reported to the teacher that they had a flat tyre. Much to their relief she smiled and said, "Well, you missed a test today so take seats apart from one another and take out a piece of paper."  
  
Still smiling, she waited for them to sit down. Then she said: "First Question: Which tyre was flat?"

**Q: Which month can't make a decision?**

A: MAYbe.

**: What starts growing in the spring and then goes POP?**

A: May-ze

**Q: What did the spring say when it was in trouble?**

A: May Day!!

**Q: What season is it when you are on a trampoline in May?**

A: Spring-time.

**Q: Which crime fighter likes May the most?**

A: Robin

We hope you enjoy this Newsletter. Please let us know or if you have any suggestions for improvement or any articles may wish to publish. You can contact us on:

[melanomore@googlegroups.com](mailto:melanomore@googlegroups.com)



## MelaNoMore VACANCIES

We continue to have vacancies on the Committee and are also in need of volunteers to assist the Committee with tasks or roles - such as:

- \* Website designer
- \* Linked sites project
- \* Minutes Secretary
- \* Health & Wellbeing lead
- \* Deputy Newsletter Editor

If you are interested in helping out with any of these roles or wish to join the Committee, then drop a line to

**[melanomore@googlegroups.com](mailto:melanomore@googlegroups.com)**

Include your phone number and we will ring you back to discuss with you.

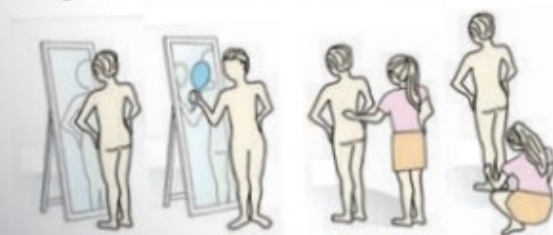


# CHECKING YOUR SKIN



THE SOONER A SKIN CANCER IS IDENTIFIED AND TREATED, THE BETTER YOUR CHANCE OF AVOIDING SURGERY OR, IN THE CASE OF A SERIOUS MELANOMA OR OTHER SKIN CANCER, POTENTIAL DISFIGUREMENT OR EVEN DEATH.

- Skin cancers seldom hurt and are much more frequently seen than felt.
- Get to know your skin and what is normal for you so that you can easily identify any changes.
- Undress completely, make sure you have good light, use a mirror and/or get someone to help you to check hard to see spots.
- Make sure you check your entire body - for example; scalp, soles of the feet, between fingers and toes and under nails.



## WARNING

IT IS IMPORTANT TO REGULARLY CHECK YOUR SKIN FOR SIGNS OF CHANGE TO DETECT CANCER EARLY. IT COULD SAVE YOUR LIFE!

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# How and where to look

**Check your skin once a month for any changes or suspicious-looking spots.**

Your check should cover your whole body, front and back, with particular emphasis on areas exposed to the sun. Stand in front of a full-length mirror with a hand mirror for those hard-to-reach places.

**1**

Look at your face, including your nose, lips, mouth and on and behind your ears.



**2**

Check your scalp, using a comb to part your hair. If you do not have much hair, check your entire scalp very thoroughly.



**3**

Check the front and back of your hands and in between your fingers.



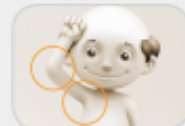
**4**

Then focus on your neck, chest and upper body. Women, be sure to check between and underneath your breasts.



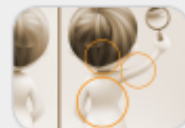
**5**

Bend your elbow to check your upper arm and armpits.



**6**

Use your hand mirror to check the back of your neck and your back, top and bottom.



**7**

Check your buttocks and the back of your legs. Finish by checking the soles of your feet and in between your toes.



  
**MELANOMAUK**  
*Fighting Melanoma Together*

Find out more: [www.melanomauk.org.uk](http://www.melanomauk.org.uk)  
Melanoma UK: 0800 171 2455

# UV Index Guide

Always protect your skin when the UV level is 3 or more.

## UV Index Levels



## 5 ways to protect yourself from the sun



### SLIP

On sun-protective clothing.



### SLOP

On SPF50+ sunscreen. Reapply every 2 hours.



### SLAP

On a board brimmed hat.



### SEEK

Shade.



### SLIDE

On wrap-around sunglasses.



# FIVE S's OF SUN SAFETY

SKCIN RECOMMEND FIVE  
SIMPLE STEPS TO SUN SAFETY.  
WHEN UV LEVELS REACH 3 OR ABOVE  
SLIP, SLOP, SLAP, SLIDE, SHADE.

Remember it's not just sunbathing that puts you at risk, but being in the sun without adequate protection. If you regularly take part in outdoor hobbies or sports, or work outdoors, you could be at greater risk. Make sure you use all five S's of sun safety and NEVER BURN!

1. **SLIP** on a t-shirt
2. **SLOP** on SPF 30+ sunscreen
3. **SLAP** on a broad brimmed hat
4. **SLIDE** on quality sunglasses
5. **SHADE** from the sun when possible

*See below for detailed guidance.*

## WARNING

UVA AND UVB HAVE  
BEEN DEMONSTRATED  
TO CAUSE DNA CELL  
DAMAGE WHICH  
CAUSES SKIN  
CANCER