Clinical Nurse Consultant Support

Management of patients with melanoma receiving immunotherapy and targeted therapy

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BACKGROUND: Targeted therapy and immunotherapy agents for advanced melanoma are associated with novel toxicities. Melanoma clinical nurse consultants (CNCs) provide multifaceted clinical care.

OBJECTIVES: The objective was to evaluate the type of support, excluding clinic and inpatient care, provided by CNCs for patients not enrolled in a clinical trial.

METHODS: A prospective review of CNC support provided during a 12-week period was conducted.

FINDINGS: From May to August 2015, 105 patients attended clinic, and 72 received CNC support. Initial patient encounters with CNCs were documented (n = 150), as well as additional interactions (n = 291). The most common problem identified per initial encounter was symptom/drug toxicity. The most common therapy-related concern was related to anti-programmed cell death protein 1 immunotherapy and BRAF plus MEK inhibition. CNC interventions commonly involved clinical advice and counseling and care coordination.

ANTICANCER THERAPIES HAVE IMPROVED SURVIVAL AND RESPONSE RATES in patients with advanced melanoma, significantly changing the landscape of the melanoma oncology clinic. The melanoma clinic is no longer largely centered on the best supportive care and chemotherapy. The agents altering this landscape are immune checkpoint inhibitors (as single agents or in combination) (Larkin et al., 2015; Long et al., 2016; Robert et al., 2015; Schadendorf et al., 2015) and targeted therapy (v-raf murine sarcoma viral oncogene homolog B [BRAF]/mitogen-activated protein kinase kinase [MEK] [BRAF/MEK] inhibitor therapy) (Long et al., 2015). The widely used immune checkpoint inhibitors include pembrolizumab (Keytruda®), nivolumab (Opdivo®), and ipilimumab (Yervoy®). The BRAF inhibitor approved for use in Australia during the period of the current study was dabrafenib (Taflinar®), and the MEK inhibitor used in combination with this drug is trametinib (Mekinist®).

Toxicities associated with these classes of agents not only differ among class but also from traditional chemotherapy. Management can be complex and time-consuming, with some patients requiring significant support. The current authors prospectively reviewed the level and type of support provided by CNCs for patients not enrolled in a clinical trial.

KEYWORDS
clinical nurse consultant support; immunotherapy; melanoma; targeted therapies

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