This article provides an overview of this supplement, outlining the needs assessment process the Melanoma Nursing Initiative (MNI) used to determine the immunotherapy and targeted therapy topics for discussion as well as the process for developing the consensus statements. The article provides specific discussion of a unique feature of the MNI, the care step pathways (CSPs) for management of adverse events (AEs) associated with melanoma therapies, and looks to the future in terms of the potential benefits of engaging and enabling oncology nurses to adopt a standardized approach to AE management and adherence promotion for melanoma therapies.

AT A GLANCE
- Nurses have an essential role in managing AEs and promoting adherence in patients receiving newer melanoma therapies.
- This supplement outlines nursing assessment and AE management for melanoma immunotherapies and targeted therapies.
- Early and comprehensive management of AEs by oncology nurses is likely to lead to improved outcomes for patients with melanoma.

The rationale for the Melanoma Nursing Initiative

Krista M. Rubin, RN, MS, FNP-BC

Metastatic melanoma is a complex and challenging malignancy. Until recently, treatment options for this tumor were limited and, for the most part, ineffective. However, a virtual explosion of new scientific knowledge has given rise to an impressive number of novel therapeutics. The U.S. Food and Drug Administration’s (FDA’s) approval of nine drugs and drug combinations since 2011 is the concrete bounty of these endeavors (National Cancer Institute, 2015). These advances have transformed this from a disease that, once metastatic, was uniformly fatal, to one in which control, if not cure, is the new expectation (Achkar & Tarhini, 2017). Patients have derived tremendous benefits from these advances, and the survival statistics for melanoma have improved dramatically (Achkar & Tarhini, 2017; Grossmann & Margolin, 2015; Hodi et al., 2016).

As the treatment options for melanoma have evolved, so has the role of the oncology nurse. This revolution in treatment has also been accompanied by the appearance of new treatment-related toxicities, some of which can be difficult to diagnose, complex to manage, and potentially persistent throughout the patient’s life. These toxicities are completely different from those associated with chemotherapy, with which oncology nurses are very familiar. In addition, oncology nurses often have little experience with managing these regimens for patients with melanoma because they rarely see this tumor type.

Genesis of the Melanoma Nursing Initiative

This supplement consists of a series of articles describing the novel therapies now considered standard for high-risk and advanced melanoma, an overview of associated toxicities, and the nursing role in the provision of care. The Melanoma Nursing Initiative (MNI) was spearheaded by Valerie Guild, co-founder and president of the AIM at Melanoma Foundation, a not-for-profit foundation dedicated to increasing education, research, and support related to melanoma, and Lisa Tushla and her staff at Terranova Medica, LLC, a medical education company specializing in the delivery of education content to healthcare professionals. They envisioned a comprehensive initiative developed for oncology nurses and other allied health professionals in community and academic melanoma centers. The goal of the initiative is to educate and engage healthcare providers to address adverse events associated with melanoma therapies, adherence issues, and patient education, thereby improving therapeutic outcomes for patients with melanoma.

The content was developed by members of the MNI, a group of advanced practice providers and other members of the healthcare community. The MNI members have extensive knowledge about melanoma, targeted therapies, immunotherapies, and their associated toxicity profiles. This nurse-centric educational effort began in fall 2016 when the invited group of multidisciplinary professionals met for brainstorming and
The focus of the Melanoma Nursing Initiative is on the practical, nurse-led interventions that oncology nurses can and should undertake.
on more practical, clinically oriented grading systems for disorders like thyroiditis and type 1 diabetes.

The CSPs also address management of adverse events. The focus of the MNI is on the practical, nurse-led interventions that oncology nurses can and should undertake as well as anticipatory guidance regarding drug holds or discontinuations, dosage adjustments, and management strategies. The CSP shows overarching management strategies by grade, particularly when examining the immune-related adverse events associated with immune checkpoint inhibitors. The CSP also shows detail about use of corticosteroids for immune-related adverse events and when urgent intervention is needed. Such detail is important because MNI members have encountered much confusion regarding the proper use and dosage of corticosteroids for immune-related adverse events among colleagues. Noting the red flags serves as a reminder to intervene rapidly at the recognition of signs and symptoms of more serious or life-threatening manifestations of these adverse events.

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The current armamentarium for high-risk and advanced melanoma has evolved to include treatments that will offer cure or life prolongation for a subset of patients. Oncology nurses are essential members of the medical team and are in a pivotal position to positively influence treatment outcomes through their roles as patient advocates and educators to patients, families, staff, and other members of the healthcare team. It is the hope of MNI that the information provided in this supplement, in conjunction with the CSPs and the ancillary nurse and patient materials available online, will provide a strong foundation for ongoing learning.

The realm of management of immune checkpoint inhibitor– and targeted therapy–related toxicity will be an area in which oncology nurses excel. A concerted effort to support nurses in their central adverse event management role is likely to yield life-saving results. Future research is needed to look specifically at nurse-influenced outcomes: decreased toxicity, decreased associated costs, improved adherence, and, ultimately, improved patient outcomes.

**REFERENCES**


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