

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.

KEYWORDS

clinical nurse consultant support; immunotherapy; melanoma; targeted therapies

DIGITAL OBJECT IDENTIFIER

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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 (Tafinlar®), 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 melanoma clinical nurse consultants (CNCs) provided during a 12-week period at Chris O’Brien Lifehouse in Camperdown, New South Wales [NSW], Australia. This support was provided distinct from and in addition to standard melanoma inpatient and outpatient care. The goal was to evaluate the role CNCs played in the day-to-day care of patients with melanoma receiving novel therapies associated with complex toxicities. Per standard practice at the authors’ institution, clinical trial nurse coordinators cared for patients enrolled in clinical trials. As a result, data were collected for patients not enrolled in clinical trials and, therefore, not receiving the support of a clinical trial coordinator. CNC support was provided under the supervision of a consultant medical oncologist.

Methods

During a 12-week period, two melanoma CNCs recorded each patient encounter and method of contact (i.e., via telephone, text, email, or in-person contact). The number and duration of related interactions (e.g., additional calls, emails) were also documented. Each patient’s problem,