This article provides perspective from medical oncologists on the importance of this supplement from the Melanoma Nursing Initiative. The authors (a) delineate the challenges inherent in addressing adverse event (AE) management with newer melanoma therapies, particularly in the community setting; (b) illustrate how advanced practice providers with extensive clinical trial experience in melanoma are in a key position to set the agenda and educate colleagues on best practices in AE management; and (c) outline the rationale for the supplement and how it is uniquely tailored to enable community-based oncology nurses and allied health professionals caring for patients with melanoma to reduce the burden of AEs, support adherence, and improve patient outcomes.

**AT A GLANCE**
- Symptom/toxicity management is an issue of critical importance to patients with cancer.
- This initiative provided community-based oncology nurses with tools to reduce the burden of AEs, promote adherence, and support patients through the melanoma treatment journey.
- A collaborative approach to AE management should improve overall outcomes for patients with melanoma.

**KEYWORDS**
malignant melanoma; immune-related adverse events

**DIGITAL OBJECT IDENTIFIER**
10.1188/17.CJON.S4.4-6

---

**Collaborative Care in Melanoma**

The essential role of the nurse

John M. Kirkwood, MD, and Antoni Ribas, MD, PhD

This supplement to the *Clinical Journal of Oncology Nursing* features a series of consensus statements and tools developed by the members of the Melanoma Nursing Initiative (MNI) to empower oncology nurses in their efforts to improve outcomes associated with established and new molecularly targeted antitumor and immunologic therapies for melanoma. The treatment landscape for melanoma has changed dramatically, resulting in improved survival rates and disease outcomes for patients being treated in advanced and high-risk (adjuvant) settings (Andtbacka et al., 2015; Bendell et al., 2017; Eggermont et al., 2015, 2016; Larkin et al., 2014, 2015; Robert, Long, et al., 2015; Robert, Schachter, et al., 2015). Disease and survival outcomes are likely to improve as newer therapies become available, combination therapy approaches evolve, and the ability to tailor treatment and address challenges, such as brain metastases, continue to expand.

Although the promise of improved survival and disease outcomes drives the research agenda, healthcare providers must not lose sight of an outcome of critical importance to patients—symptom/toxicity management. As a group, oncologists do not focus extensively on this issue (Okuyama et al., 2011; Shin et al., 2011). Efforts are often focused on the general benefit-risk assessment and the primary treatment goal of improved overall and disease-free survival. However, survival can be compromised if adverse events (AEs) are left untreated so that they progress sufficiently in severity (i.e., become life-threatening), cause nonadherence, or trigger treatment discontinuation (Boutros et al., 2016; Timmers et al., 2014; Villadolid & Amin, 2015). Therefore, prompt recognition and optimal management of AEs is an essential requirement for achievement of all treatment outcomes.

One of the challenges in addressing the AEs of newer melanoma therapies is related to experience and knowledge transfer. These melanoma therapies are associated with a range of AEs that differ from those associated with chemotherapy. Working with these therapies requires a complete shift in thinking for nurses accustomed to dealing with chemotherapy AEs. Nurses with expertise in melanoma have a wealth of experience with the newer therapies, expertise that they started developing over the course of clinical trials with these agents. As members of expert tertiary care teams, nurses have additional real-world, post-approval experience with these agents and can share that experience directly with other nursing and allied healthcare professionals in their networks and cooperative groups.

Unfortunately, outside the walls of the academic melanoma center, such expertise is frequently lacking. For example, in the melanoma clinical trials that the current authors have conducted in conjunction with community affiliate sites, numerous questions about how to manage AEs have been fielded despite the availability of a protocol. In addition, many MNI nursing colleagues can attest to the number of
“Healthcare providers must not lose sight of an outcome of critical importance to patients—symptom/toxicity management.”

The authors take full responsibility for this content. This supplement was funded by the AIM at Melanoma Foundation, with support via unrestricted grants from Amgen, Array BioPharma, Bristol-Myers Squibb, Incyte Corporation, Merck and Co., and Novartis Pharmaceuticals. Writing and editorial support was provided by Lisa A. Tushia, PhD, HIAACP, at Terranova Medica. During the writing of this article, Kirkwood was supported by research funding from Prometheus and Merck and Co. and has received fees for participation in advisory or review activities from Amgen, Bristol-Myers Squibb, Checkmate Pharmaceuticals, Green Peptide, Novartis Pharmaceuticals, Roche, and Solaran RX. During the writing of this article, Ribas was supported by grants (R01 CA197633, P01 CA168585; 1U54 CA199090; R01 CA170689) from the National Cancer Institute/National Institutes of Health, the Parker Foundation, the Dr. Robert Vigen Memorial Fund, the Gimaldi Family Fund, the Samuels Family Fund, the Garcia-Corsini Family Fund, and a Stand Up To Cancer–Cancer Research Institute (SU2C-CRI) Cancer Immunology Dream Team Translational Research Grant (SU2C-AACR-DT1012). Ribas has previously received fees for participation on advisory boards from Amgen, Celldex, Merck and Co., and Novartis Pharmaceuticals. The article has been reviewed by independent peer reviewers to ensure that it is objective and free from bias.

REFERENCES


COLLABORATIVE CARE IN MELANOMA


