Management of Metastatic Melanoma:
Nursing Challenges Today and Tomorrow

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Advanced and metastatic melanoma is a devastating and deadly disease. No standard of care has been established to date. As the understanding of the natural history of this disease advances, agents directed at interrupting single and multiple steps in the proliferation, growth, and metastatic processes involved in melanoma are being developed and evaluated. Several agents (particularly anticytotoxic T lymphocyte–associated antigen 4 antibodies) are in development. The role of the oncology nurse in the care of patients with melanoma includes understanding and communicating to patients the disease process and goals for care, knowing the various agents and their associated efficacy and toxicities, and learning how to guide patients through the decision-making process.

Oncology nurses face a number of challenges in the management of metastatic melanoma. The incidence of melanoma has been increasing at a higher rate than any other cancer. An estimated 62,000 men and women were diagnosed with melanoma in 2008, with more than 8,400 deaths (Ries et al., 2007). The estimated lifetime risk is predicted to be 1 in 55 (Ries et al.). Although deadly in its later stages, melanoma has an excellent prognosis if diagnosed early. Fortunately, most melanoma cases (80%) are diagnosed at a localized stage; the five-year survival rate for this group of patients is 98.5%. Unfortunately, 3% of patients have metastatic disease at diagnosis, and the five-year survival rate is a dismal 15.3% (Ries et al.). Treatment options for melanoma are based on the stage of disease at presentation. The prognosis for patients with metastatic melanoma is poor, with one-year survival rates ranging from 41%–57% (Balch, Buzaid, et al., 2001) (see Table 1 and Figure 1). Melanoma disseminates widely and frequently involves sites that are uncommonly affected in other cancers, such as the gastrointestinal tract and the skin. Brain metastases are very common and are associated with a median survival of four months. Central nervous system involvement contributes to the death of about 50% of all patients with metastatic melanoma. Despite these grim statistics, long-term survival occasionally occurs, including up to 15% of patients with skin or subcutaneous metastases (Balch, Buzaid, et al.; Balch, Soong, et al., 2001).

Randomized trials have failed to demonstrate a significant overall survival advantage with any drug or combination regimen, including the U.S. Food and Drug Administration (FDA)–approved agents interleukin-2 (IL-2) and dacarbazine (Tsao, Atkins, & Sober, 2004). Better therapy is needed, and several novel approaches are under investigation. Treatment decisions often are challenging for patients. Options may include supportive care, palliative chemotherapy, aggressive cytokine-based treatments, and participation in clinical trials.

At a Glance

- No real standard of care exists for patients with metastatic melanoma because monotherapy and combination treatments have failed to show an overall survival benefit.
- An increased understanding of the biology of melanoma and the immune system has led to several promising new approaches to the treatment of metastatic melanoma.
- Nurses play a key role in helping patients with melanoma understand their disease and treatment options, including supportive care, palliative chemotherapy, aggressive cytokine-based treatments, and participation in clinical trials.

Oncology nurses can play a critical role in the care of patients with melanoma. They can help patients and their families understand the disease process and prognosis, provide guidance in weighing treatment options, provide psychosocial support and recognition when intervention by a social worker or other professional may be beneficial, and manage disease- and treatment-related symptoms.

The lack of effective systemic treatment and the specialized expertise required for administration of cytokine therapies have resulted in the treatment of melanoma at academic referral

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