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Objectives

- Learn how you can manage a melanoma diagnosis
- Review melanoma treatment options
- Discuss what to expect with melanoma treatment
- Learn about clinical trials
- Review common adverse events of melanoma and treatment options
- Learn about patient resources and how you can get involved in the fight against melanoma
- Hear from other melanoma patients
You have been given a diagnosis, not a death sentence.

Melanoma statistics describe a group of similar patients, not necessarily you as an individual.

Often for metastatic melanoma, there is no single answer as to what constitutes the best course of treatment. Every case is different.

It is important to be an active participant in your treatment – be your own advocate.

It’s helpful to have someone with you during your appointments with and to write everything down.
Importance of Early Detection

- Oftentimes, symptoms only become present once melanoma has already metastasized (spread) – making it nearly impossible to determine the original type.
- This makes planning the right treatment extremely difficult.
- Less likely to be surgically resectable.
**Possible Tests**

- **Staging:**
  - bone scan
  - CT/PET scan
  - MRI scan
  - blood work

- **Prior to & During Treatment:**
  - blood work
  - EKG, ECHO, MUGA
  - CT scan – restaging
Melanoma Treatment Options

- Adjuvant Therapies
- Clinical Trials
- Surgery
- Targeted Therapies
- Immunotherapy
- Chemotherapy
- Radiation
• **Simple excision** (excisional biopsy) – entire melanoma lesion removed along with small amount of non-cancerous skin at the edges (margin).

• **Mohs Surgery** – small section of normal skin removed and view under a microscope, if abnormal cells are identified, another small section is removed until no abnormal cells are identified.

• **Wide excision** – will cure most thin melanomas, tumor is cut out along with a small margin – will leave a scar.
Surgery

- **Sentinel lymph node biopsy** – radioactive tracer and dye are injected into the primary melanoma to drain into the lymph node basin. Lymph nodes that the dye drains into are biopsied to determine if melanoma has spread to the nodes.

- **Lymph Node Dissection** – surgeon removes all of the lymph nodes in the region near the primary melanoma usually following a sentinel lymph node biopsy.
  - If a skin melanoma is found on a leg, the surgeon would remove the nodes in the groin region on that side of the body, which is where melanoma cells would most likely travel to first.

Sentinel Lymph Node Biopsy

http://clincancerres.aacrjournals.org/content/19/19/5300/F1.expansion.html
Adjuvant Options

Interferon-alfa

• Thicker melanomas at higher risk for recurrence. Prevents tumor cells from spreading and growing; may delay the recurrence of melanoma – very small effect on improving survival.
  • Fever, chills, aches, depression, severe tiredness, and effects on the heart and liver
  • Need to be closely watched by a doctor who is experienced with this treatment
  • Given as intravenous infusion for the first month, then subcutaneous (self-administered) injections three times a week for up to a year

When might radiation therapy be used?

• May be given after surgery in the area where lymph nodes were removed (multiple positive nodes or extension of tumor outside the node capsule)

• Often used to relieve symptoms (palliative radiation) caused by the spread of the melanoma (brain, bones)

• Not expected to cure the cancer, but it might help shrink it for a time to control some of the symptoms
 Radiation Therapy

Stereotactic Radiosurgery (SRS)

- No actual surgery involved
- Painless
- Tumors that have spread to the brain
- Gamma Knife – focuses about 200 beams of radiation on the tumor from different angles over a few minutes to hours
Possible side effects of radiation therapy

*Depend greatly on area radiated and often go away after treatment, side effects are worse when given with chemotherapy*

- Skin tenderness, redness, scarring (similar to sunburn)
- Hair loss where the radiation enters the body
- Fatigue
- Nausea
- Loss of appetite and weight loss
- Memory loss, headaches, trouble thinking, or reduced sexual desire (brain)

Chemotherapy drugs attack cells that are dividing quickly

Dacarbazine (DTIC) – IV infusion

Temozolomide (Temozol) – oral form of dacarbazine, not approved for the treatment of melanoma, but often used in that setting

Other chemotherapy agents – taxanes (i.e., docetaxel, paclitaxel) and platinum agents (i.e., cisplatin, carboplatin)
Side Effects of Chemotherapy

- Hair loss (alopecia)
- Mouth sores (mucositis)
- Loss of appetite, nausea, and vomiting
- Numbness/burning/tingling/pain in fingers or toes (neuropathy)
- Diarrhea or constipation (anti-nausea/pain medications)
- Increased risk of infection (from having too few white blood cells)
- Easy bruising or bleeding (from having too few blood platelets)
- Fatigue (from having too few red blood cells)

Immunotherapy

Activate a person’s immune system to destroy any melanoma cells in the body

Ipilimumab (Yervoy) – (FDA 2011)

- Removes the “brakes” on the body’s immune system
- IV infusion, usually once every 3 weeks for 4 treatments
- Side effects: fatigue, diarrhea, skin rash, and itching
- Less common: hepatitis, uveitis, endocrine disruption
- Delayed side effects (and response!)
**Immunotherapy**

Interferon alpha 2-b – standard treatment for metastatic melanoma, significant adverse reactions

Interleukin-2 (IL-2) – many acute toxicities, close monitoring essential, sometimes given with chemotherapy drugs *(biochemotherapy)*

Targeted Therapies

• Cancer “fingerprint”

• Obtain a molecular profile

• More personalized diagnostics
Targeted Therapies

Abnormal Cellular Proliferation

http://www.jointcancerreport.org/trial-delivery/kit-and-melanoma
Targeted Therapies

Target cancer cells while leaving normal cells intact, designed to specifically interfere with the spreading and growth of tumor cells

Vemurafenib (Zelboraf) – (FDA 2011) BRAF V600E mutant melanoma

- Pill taken orally twice a day
- Joint pain, fatigue, hair loss, rash, itching, sensitivity to the sun, nausea, squamous cell growths
- Less common/serious side effects: heart rhythm problems, liver problems, eye problems
**Targeted Therapies**

**Dabrafenib (Tafinlar)** – (FDA 2013) BRAF mutated metastatic melanoma

- Capsule taken orally twice a day

- Common side effects: thickening of the skin (hyperkeratosis), headache, fever, joint pain, non-cancerous skin tumors, hair loss, and hand-foot syndrome (redness, pain, and irritation of the hands and feet)

- More serious: severe fevers, dehydration, kidney failure, eye problems, and increased blood sugar levels

The MEK gene is in the same signaling pathway inside cells as the BRAF gene, so drugs that block MEK proteins can also help treat melanomas with BRAF gene changes.

Trametinib (Mekinist) – (FDA 2013) BRAF V600E or V600K mutant metastatic melanoma, more effective in combination

- Indicated for patients who have received a prior BRAF inhibitor
- Pill taken orally once a day
- Rash, diarrhea, and swelling
- Rare/serious side effects: heart damage, loss of vision, lung problems, and skin infections

Potentiate the antitumor T-cell response by impairing the interaction of the inhibitory receptor PD-1 on T cells with PD-L1 expressed on tumor cells

What is a cancer clinical trial?

Research study involving human volunteers, in which a new drug, device, vaccine, or other therapy is investigated to determine its safety and effectiveness.

Why participate in a clinical trial?

Clinical trials help doctors learn which approaches are the safest and most effective. All the drugs we have today were once in clinical trials.
Clinical Trials

• Endurance
  • May require frequent and/or long days at treatment center

• Biopsies
  • May require archival tissues or fresh tumor biopsy

• Insurance
  • Standard of care vs. research specific procedures

• Referrals
  • May require outside referrals for side effect management

• Seeing a different physician
  • Trial may not be available at primary oncologists’ office
Safety is a primary focus in clinical trials, but virtually all have a therapeutic intent

Common mis-beliefs:

- If you’re not having side effects the treatment isn’t working.
- You must suffer through side effects without reporting or treating them.
- If you report a side effect, you will be taken off the trial.
- If the tumors get bigger, your disease is progressing.
- I might get a placebo instead of the study drug.
Side effects vary widely depending on treatment and extent of disease.

- Pain
- Fatigue
- Weight loss/Loss of appetite
- Bowel problems
- Lympedema
- Psychosocial issues
Pain

Depends more on location of tumor rather than size, can affect you physically and emotionally

- Pain after treatment doesn't necessarily mean that your cancer has come back
- May be due to nervous system rewiring, nerves then send pain signals
- Nerve pain often does not respond to ordinary pain medication
- Fear of developing dependency/addiction to pain medications

Non-Pharmaceutical Pain Interventions

- Change your position at least every two hours
- Hot or cold packs
- Watching TV
- Relaxation – tapes, music, yoga
- Breathing – breathe slowly and deeply
- Massage
- Aromatherapy, hypnotherapy, acupuncture
- Talking to someone – counselor, friend

Fatigue

Not a normal tiredness, but a bone-weary exhaustion that often doesn’t get better with rest, can affect you mentally, physically, emotionally and spiritually

• Not having enough energy for normal activities of daily living (e.g., cooking, eating, cleaning, bathing, shopping, spending time with friends/family)

• Exercise can actually help reduce fatigue by improving energy stores

• Build up strength and endurance slowly

Weight Loss and Loss of Appetite

- Try to eat small amounts of high protein/high calorie food every 2-3 hours vs. 3 large meals a day
- Eat a balanced diet with a focus on protein and a variety of fruits and vegetables
- Add extra calories and protein to foods
- Prepare and store small servings of your favorite foods ahead of time, so there is something to eat when you do feel hungry
- Avoid filling your stomach with a large amount of liquid before eating
- Avoid getting overly tired as you will find everything more difficult to cope with if you are exhausted

Bowel Problems

- Diarrhea, constipation, obstruction
- Common in advanced cancer
- Disease vs. side effects
- Dehydration
- Diet modifications (BRAT)
- Bowel regimens

Swelling due to lymphatic obstruction; can be disfiguring; may interfere with limb function; and can cause a chronic feeling of heaviness and discomfort.

- Risk factors: radiation, surgery, tumor growth
- Chronic lymphedema can cause recurrent infections
- Compression stockings/lymph massage

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1356494/
Psychosocial Issues

- Effects of cancer on your family, friends, and career
- Financial concerns resulting from your treatment
- Cosmetic concerns related to treatment
- Anxiety, depression, excessive worry, insomnia, social withdrawal
- Support network (family, friends, cancer support groups, church or spiritual groups, online groups, counseling)
- Dating, family planning, egg/sperm banking, survivorship, returning to work
- Important to address psychosocial issues so that the focus can be on healing

Questions to Ask Your Doctor

- Has the cancer spread to my lymph nodes? What is my stage?
- How much experience do you have treating this type of cancer?
- Have you tested my melanoma for genetic mutations such as BRAF?
- What are my treatment options? What is the goal of the treatment?
- Will I be able to continue my normal daily life during treatment?
- How long will treatment last? Where will it be done?
- What are the side effects of the treatment you recommend?
- What are the chances of my cancer growing or recurring with the treatment options we have discussed? What would we do if this happens?
How to be Proactive

• Understand your stage and treatment options
• Compare/contrast how the large melanoma centers treat your stage of disease
• Look for consensus in their treatment options
• Make a list of all the various treatment options for your stage of melanoma
• Determine how the various treatment options could affect your life (i.e., side effects of treatment, effects on family, lifestyle changes, etc.)
• Take this information along with your list of questions to your doctor’s appointments and take a buddy
QUESTIONS?
Break Time!
Who We Are

Research

Education

Advocacy
Research Grant RFP

- 17th year of accepting proposals
- Career Development
- Established Investigator
- Career Development for Mucosal Melanoma
- Specific Topic Proposals (STPs)
  - Individual awards
  - Team awards
Melanoma patients who are well-informed and well-supported, live longer, better lives.
Get Involved!

- Become a MELANOMA MESSENGER!
  - Volunteer to be (or get) a phone buddy
  - Share educational materials with your community
    - Doctor’s offices, health fairs, schools, etc.
  - Put on a fundraiser
  - Participate in the MRF’s advocacy work
    - MRF’s Day on the Hill – March 6, 2014
- Participate in or volunteer at a Miles 4 Melanoma event
Patient Panel

- Thank you for sharing your story!