Impact of Team Based Surveillance on Outcomes for Patients with Melanoma

Andrew J. Ward MSN, Lindsey Jerkins BSN, Susan Noe BSN, James M. Lewis MD, James M. McLoughlin MD,
The University of Tennessee Medical Center Cancer Institute 1926 Alcoa Hwy Knoxville, TN 37920

Introduction

- The University of Tennessee Medical Center (UTMCK) is East Tennessee's largest academic medical center, and the CoC and NAPBC accredited Cancer Institute sees 3000 new cancer patients each year (230 of which are melanoma)
- In 2013, a division for Melanoma And Soft Tissue Tumors (MASTT) was created
- Individualized nurse navigation and survivorship care based on NCCN guidelines
- Survivorship care was determined based on histologic characteristics and clinical concern
- Melanoma cases seen at UTMCK has increased by more than 300%

Methods

- Tumor registry data was retrospectively reviewed on all melanoma patients treated between 2011 and 2015 at UTMCK
- This cohort represents patients treated prior to the MASTT division and after
- Patients stratified into stage, sub-stage, recurrence status, and alive or deceased
- Descriptive statistics were also calculated to determine mean, median time to recurrence (TR) and range of recurrence
- Metrics from navigation were also followed to assess for growth and efficacy of the MASTT division

Results

- A total of 758 patients were treated for melanoma during the period of 2011 – 2015; 234 prior to MASTT and 524 after
- Only 37 patients had a documented recurrence from this cohort (4.9%). 14 incidences (38%) of recurrence were identified prior to 2013, 23 (62%) were identified once the MASTT division was established
- Mortality rate in the recurrence group was 18/37 (48.6%). 11 were pre MASTT, 7 were after MASTT was developed
- Median time to recurrence prior to 2013 was 17.5 months, following MASTT program initiation this dropped to 14 months

Conclusions

- High quality care provided to MASTT patients despite increased volume in patients seen due to support system of Nurse Navigators
- Coordinated care for survivorship is beneficial for detecting recurrence of melanoma and soft tissue tumors.
- Requires coordination between all providers (surgical, medical and radiation) and nurse navigation coupled with survivorship care ideally meets this need.
- This approach may improve early detection and decrease time to identify recurrence and referral for additional treatment