Case study 1: Guy's & St Thomas' NHS Foundation Trust

MELANOMA PATHWAY REDESIGN:

LEARNINGS FROM INTRODUCING ADJUVANT THERAPY TO THE MELANOMA TREATMENT PATHWAY

KEYTRUDA (pembrolizumab) as monotherapy is indicated for the adjuvant treatment of adults and adolescents aged 12 years and older with Stage IIB, IIC or III melanoma and who have undergone complete resection

Please refer to the Summary of Product Characteristics and risk minimisation materials before making prescribing decisions

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This case study was developed alongside healthcare professionals involved in melanoma services in the Guy's & St Thomas' NHS Foundation Trust. It has been organised and funded by MSD. The healthcare professionals involved received honoraria. The contents of the case studies reflect these healthcare professionals' opinion and are not necessarily reflective of those of their NHS Trust.

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Information presented in this document is reflective of the time of interview (May 2023) and may be subject to change.

MSD

KEYTRUDA® (pembrolizumab)

THE GUY'S & ST THOMAS' MELANOMA TREATMENT PATHWAY

Guy's & St Thomas' has a well-established Melanoma clinic

The clinic is based at the St John's Institute of dermatology (founded in 1868) at Guy's & St Thomas' NHS Foundation Trust. Patients are referred into the melanoma service from local hospitals across southeast London

Joint and collaborative approach has been taken to develop the service further

The service has been set up involving the following Specialities: Dermatology Oncology & Plastic Surgery

Education across the Multidisciplinary Team (MDT) has been paramount in implementing service changes

Oncologists disseminated their knowledge about immunotherapies to MDT colleagues of all levels of experience

THE NEED FOR PATHWAY OPTIMISATION

- With the approval of immunotherapies for adjuvant treatment of melanoma a **greater number of patients** have become eligibile for adjuvant treatment following complete resection
- Previously, the clinic was very much lead by the oncology department. When a patient was deemed suitable for adjuvant treatment it would fall within the remit of the oncologist
- There was a **need to be dynamic** and adapt how the workforce was deployed accordingly
- The **approval of medications** in the adjuvant setting for stage IIB-C melanoma meaning an increase in eligible patients for adjuvant treatment

> ***"I would say that the key thing that triggered it (the change in treatment pathway) probably was the NICE approval of Pembrolizumab in the adjuvant setting for stage IIB-C, because that was the green light to thinking about how we actually get this treatment to the patients who need it, or who could benefit from it.***
>
> ***And before that, yes, as I said, we were working jointly, but the sort of lines were drawn between different specialties. But that signalled the need for change, really"***
>
> *Consultant Dermatologist, Guys and St. Thomas's*

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WHO IS INVOLVED IN DELIVERING THE MELANOMA TREATMENT PATHWAY?

The melanoma service is a clinic which is jointly run by dermatologists, plastic surgeons and oncologists

Reflective of the time of interview and may be subject to change

- Medical oncologists *(x 4)*
- Dermatology consultants *(x 4)*
- Plastic surgery consultants *(x 4)*

All have associated registrar's, clinical fellows and trainee doctors

- Clinical nurse specialists (melanoma) *(x 4)*
- Clinical nurse specialist (plastics) *(x 1)*
- Melanoma research nurses *(x 2)*

- Skin cancer service manager *(x 1)*
- Patient pathway coordinators *(x 2)*
- Cancer data team administrators *(x 2)*

- Pharmacist *(x 1)*
- Radiologist *(x 1)*

Team also includes dedicated laboratory, research and secretarial staff

KEY CONSIDERATIONS BEFORE THE MELANOMA PATHWAY REDESIGN

There are **pragmatic considerations**, i.e., space required, having all the consultants working in the same space physically, if all the clinics working at the same time

- Do you have the right administrative support?

- Do you have the educational resources to make sure that everyone is kept up to date?

- Do you have a pharmacist on hand to answer any prescription related questions?

"There are obstacles, practical obstacles and cultural things that need to be in place for it to happen. And it may not be something that you can switch on straightaway.

But it's something that needs to just be embedded. And then slowly, slowly as the patients build, the numbers build, experience builds, it all falls into place"

Consultant Dermatologist, Guys and St.Thomas's

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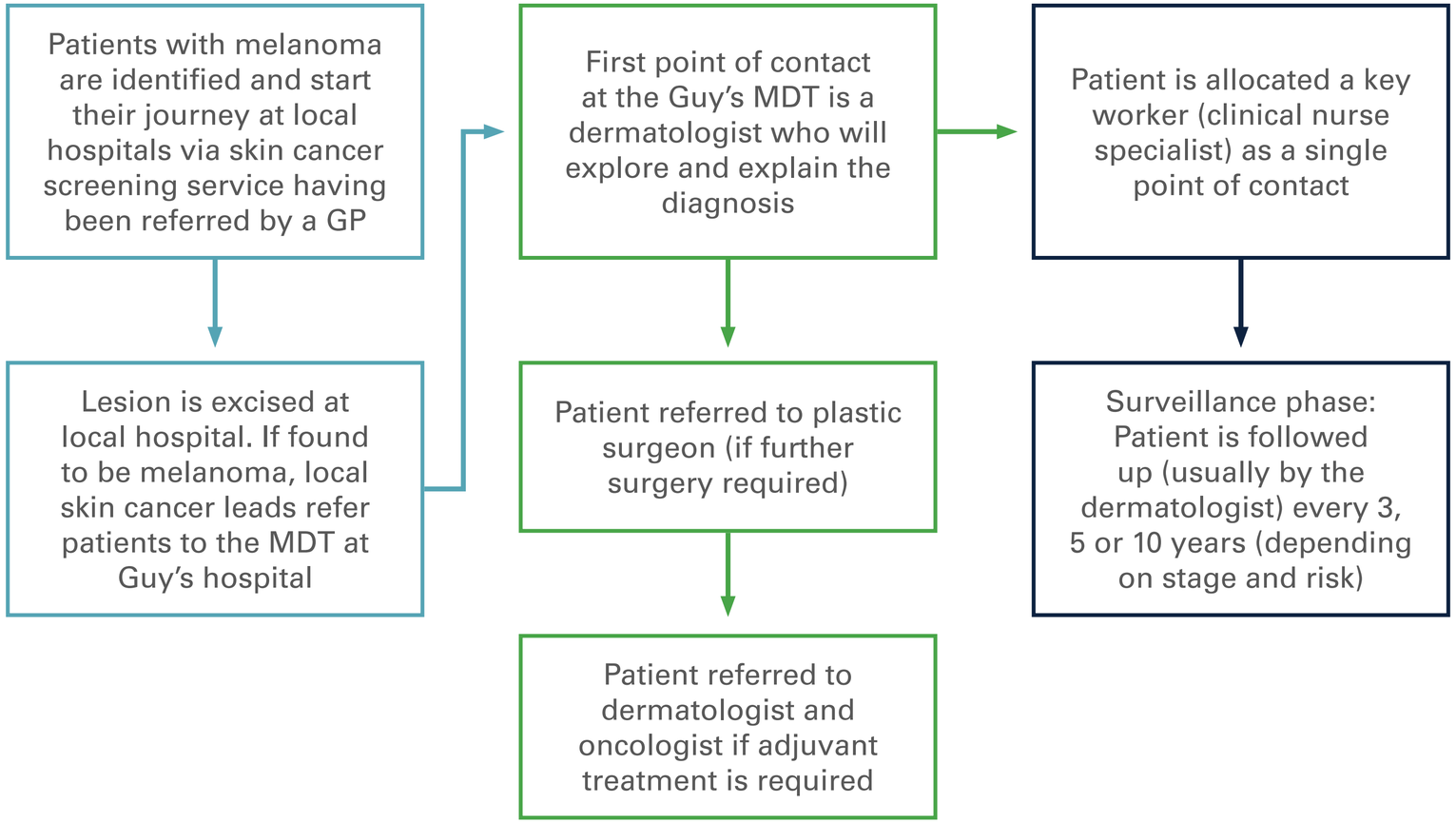
THE GUY'S & ST THOMAS' MELANOMA TREATMENT PATHWAY

A joint and collaborative model of care whereby there is a joint responsibility to **educate, consult and care** for patients who are on complex melanoma treatments



WHAT HAS CHANGED?

- The landscape of delivery of adjuvant treatment for melanoma has changed
- The patients being considered for adjuvant treatment are often younger, otherwise well and do not have complex medical needs
- Patients that are suitable for adjuvant treatment are identified by the whole team much earlier in their pathway

"The current model of service delivery is much more of a joint and collaborative approach whereby patients that are suitable for adjuvant treatment are identified by the whole team much earlier in their treatment pathway"

Consultant Dermatologist, Guys and St. Thomas's

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WHAT EDUCATION AND TRAINING WERE IMPLEMENTED TO FACILITATE THE NEW PATHWAY?

A cultural shift was required to facilitate change

- For example, the oncologists needed to feel happy to educate the dermatologists on how to counsel patients about immunotherapies and about the pros and cons of adjuvant treatments

Joint training sessions were implemented

- It was important for oncology trainees and plastics trainees to sit in the clinic with dermatologists, not only to educate, but to understand the roles and responsibilities that are common, and also the differences. The same is true for the nurses (CNSs* and research nurses)

WHAT CHANGES TO THE SERVICE ARE NEEDED OR EXPECTED IN THE FUTURE?

- Work is ongoing to develop a pathway map, in the form of a **protocol**
- Creation of an **adjuvant patient clinic code** to track the number of adjuvant patients in the service
- Further **study of this cohort of patients**, those that take up treatment and those that don't as well as their service experience

> ***"We all had to attend a teaching session with an oncologist who was teaching us about the statistics and complication rates and how to deliver that information to patients in an easy-to-understand manner.***
>
> ***There needs to be a willingness to adapt and share responsibility from all angles"***
>
> *Consultant Dermatologist, Guys and St. Thomas's*

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*Clinical Nurse Specialists

WHAT WOULD YOU RECOMMEND TO ANOTHER CENTRE ESTABLISHING A NEW MELANOMA TREATMENT PATHWAY IN PLACE?

Planning

- Undertake a **process mapping exercise** for the service
- Try to **predict service numbers** by doing a retrospective audit of adjuvant patients
- Ringfence **time** to meet as a team to discuss how to overcome obstacles – this is fundamental even if it is difficult to organise
- Foster an **open-door policy** to ensure collaboration across the specialities

Staffing

- **Communication** with, and education of, all staff concerned
- Ensure junior staff coming through are **aware** of the service changes
- **Include** staff at smaller sites in the educational and development process

Service

- Thinking about how the MDT needs to change their **ways of working** (the holistic aspects of the patients is important, to get the right HCPs involved early)
- A patient who comes to the clinic should almost be regarding the healthcare professional that they're seeing as a **melanoma expert** rather than a dermatologist or a plastic surgeon

> ***"The most important thing is working out how the current individual clinic works. For example, drawing out a process map for patients coming into the service, working out what resources there are, and doing some work around how to anticipate how these changes are going to impact on the particular clinic, and then thinking about individual solutions that are based on your clinic setup"***
>
> *Consultant Dermatologist, Guys and St. Thomas's*

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