

A supportive care intervention for people with melanoma being treated with immunotherapy: a pilot study assessing feasibility, perceived benefit, and acceptability

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Background:

Immune checkpoint inhibitors, anti PD-1 and anti-CTLA-4 agents have changed metastatic melanoma (MM) treatment. MM patients receiving Pembrolizumab are a growing population. Its impact on their physical and psychosocial wellbeing is underexplored. Supportive care interventions for people living long-term on immunotherapy are required.

Objective:

was to assess the feasibility of providing a multimodal supportive care program to people with MM being treated with Pembrolizumab.

Methods:

- Pre-post-test feasibility study was conducted over 9 weeks at one site in Sydney, Australia (See Figure 1).
- Intervention comprised comprehensive medical assessment by supportive care physician (SCP), exercise physiologist (EP), & dietitian, after which a tailored supportive care program was devised.
- Programs included: exercise intervention, dietary advice, mindfulness meditation, massage, reflexology, acupuncture, qi gong, and psycho-oncologist consultation.
- Outcome measures included: adherence to individualised plan; patient reported outcomes (symptoms, anxiety and depression, toxicity) were collected at 3-weekly intervals.
- Participants completed qualitative interviews (reported in abstract eP548).
- Descriptive data are reported.

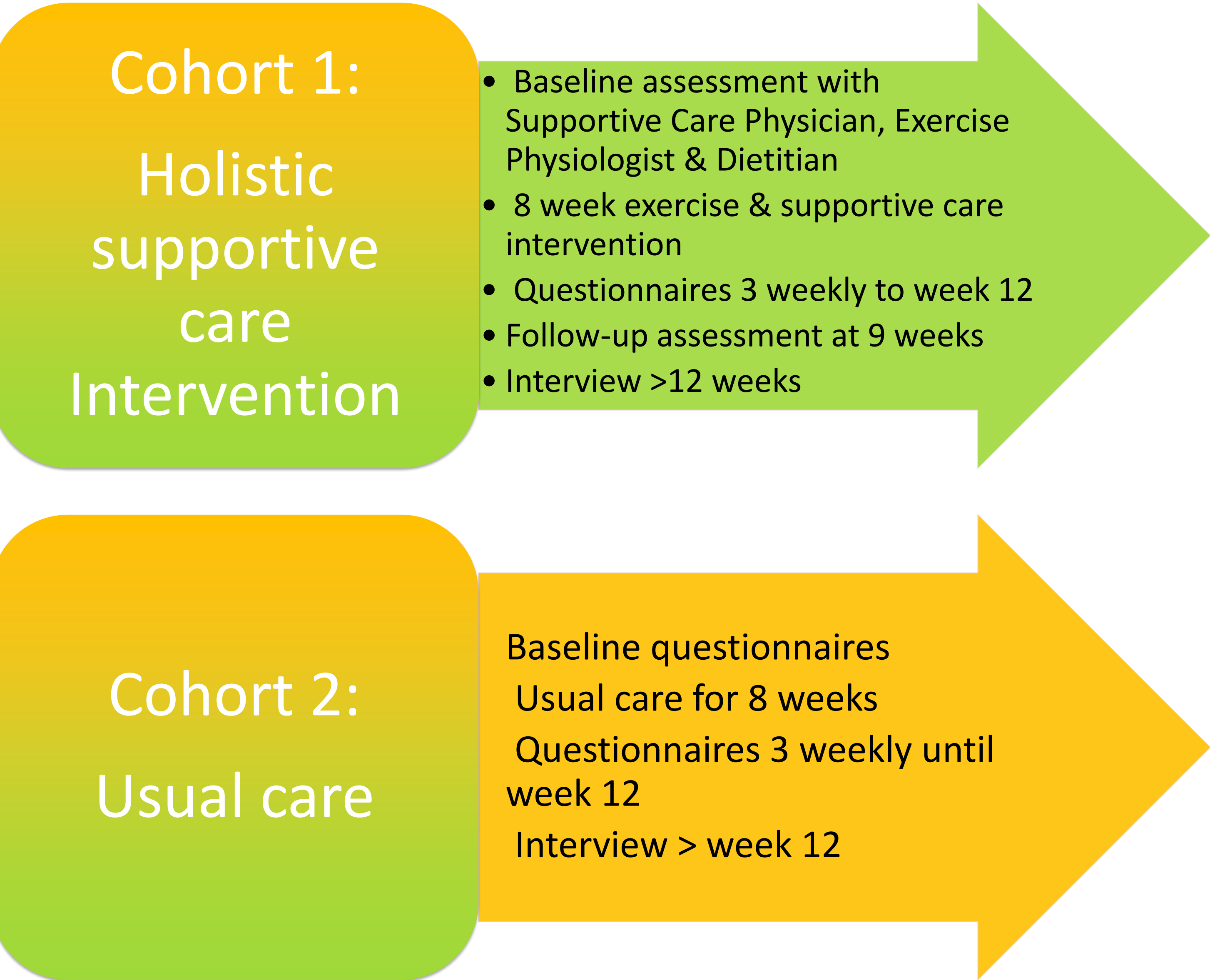


Figure 1. Study Schema

Results:

- Sample: 28 participants, 13 intervention, 15 control; 26 completed interviews.
- 3 did not complete due to complications or death.
- Median age was 66 yrs (range 42-85), 16 males; Table 1 depicts demographic details.
- Across both cohorts at baseline, symptoms most troubling were: fatigue, pain, and dry mouth, but these were not interfering with daily activities.

Table 1. Participant demographics

| Characteristic | Cohort 1 N = 13 | Cohort 2 N = 15 | Total (n=41) |
|--|--------------------|--------------------|-----------------|
| Median age (SD) yr | 61.0 (10.4) | 72 (13.7) | 66 (13.0) |
| Median ys since 1 st diagnosis (SD) | 12.8 (6.1) | 7 (7.9) | 8 (7.1) |
| Median yrs metastatic disease (SD) | 3.3 (4.4) | 2.3 (1.3) | 2.8 (3.6) |
| Median mths since pembro start (SD) | 5.0 (7.4) | 2.0 (9.5) | 4.0 (8.5) |
| | No. (%) | No. (%) | No. (%) |
| Sex – Male | 6 (21) | 10 (36) | 16 (57) |
| Female | 7 (25) | 5 (18) | 12 (43) |
| English language | 13 | 15 | 28 (100) |
| Marital status | | | |
| Work status* | | | |
| Currently working | 8 (29) | 3 (11) | 11 (39) |
| Retired | 4 (14) | 11 (39) | 15 (54) |
| Prior Surgery - Yes | 12 (43) | 14 (50) | 26 (93) |
| Prior Radiation Therapy - Y | 6 (21) | 5 (18) | 11 (39) |
| Prior Immunotherapy - Y | 12 (43) | 11 (39) | 23 (82) |
| BRAF mutation* | | | |
| positive | 4 (14) | 7 (25) | 11 (39) |
| negative | 8 (29) | 8 (29) | 16 (57) |
| Prior Complementary therapy use - Y | 5 (18) | 1 (4) | 6 (21) |

* Data unknown for 1 participant

Cohort 2 symptoms:

- Median 3.5 (range 1-7) symptoms detected during supportive care assessment, see Table for symptoms
- No new symptoms detected at 9 week follow-up

Table 2. Symptoms detected during supportive care assessment

| Symptom | No. | Symptom | No. |
|---|-----|----------------------|-----|
| Pain (incl. general aches & pain, joint/bone, muscle) | 8 | Abdominal distention | 3 |
| | | Appetite changes | 3 |
| | | Bowel changes | 1 |
| Fatigue | 6 | Chest pain | 1 |
| Sleeping difficulties | 6 | Depression | 1 |
| Anxiety | 4 | Mouth, sore & dry | 1 |
| Cognitive issues | 4 | Weight loss | 1 |
| | | Fitness | 1 |

Supportive care intervention adherence:

- All intervention participants completed baseline assessments with SCP, EP, and Dietitian.
- All completed end of intervention assessments with SCP, 1 participant did not complete this assessment with EP, and 1 with the Dietitian.
- Use of supportive care therapies varied across the cohort, with 2 patients not accessing any, while others ranged between 2 and 18 sessions.
- Massage was used by 9 patients ranging from 1 to 6 occasions of service.
- Reflexology and exercise classes were accessed by 5 patients, range 1 to 5 and 2 to 6 respectively.
- Two patients access psychological services, one each after completing massage or reflexology services.
- 6 patients missed scheduled appointments, 1 was an inpatient, 2 were work related, 1 holiday, 2 scheduling problems.

Conclusions:

A holistic supportive care intervention tailoring a program to an individual’s needs is feasible and warrants further investigation to determine impacts on outcomes.

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