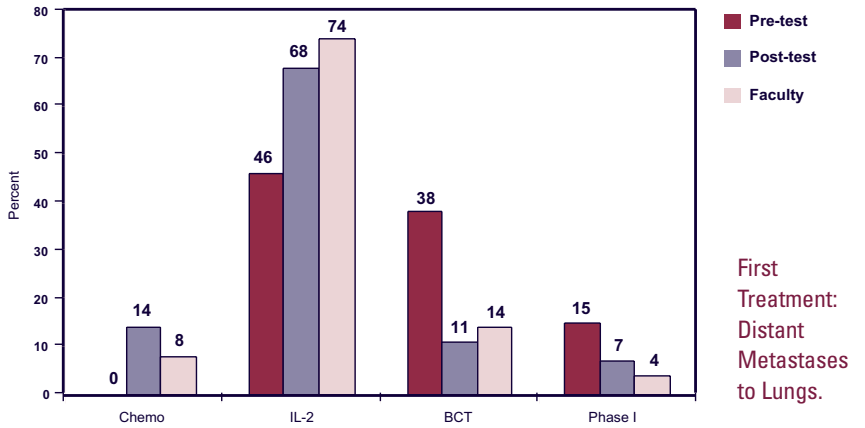
Feedback on Case 3: Metastatic Melanoma

Case 3 (March issue) concerned a patient with distant melanoma metastases (ie, bilateral pulmonary nodules). All readers (pre-case reading) and an overwhelming majority of faculty recommended a biopsy of one of the pulmonary nodules (100% vs 80%, respectively). The largest proportion of both readers and faculty chose the FDA-approved treatment high-dose interleukin-2 (IL-2) as the appropriate therapy at this stage. A far higher percentage of faculty than readers chose IL-2 (46% of readers, 74% of faculty). A larger proportion of readers than faculty opted for biochemotherapy (BCT) (38% of readers, 14% of faculty). No readers, but 8% of faculty, recommended chemotherapy (DTIC-based single-agent or multi-agent regimen).

Two-thirds of participants said that their management approach changed after reading the newsletter. Larger proportions of participants chose IL-2 or chemotherapy after reading the case (46% pre-test vs 68% post-test for IL-2; 0% pre-test vs 14% post-test for chemotherapy). Fewer opted for BCT (38% pre-test vs 11% post-test). These changes are consistent with faculty case presenters' recommendation that chemotherapy is a valid choice if IL-2 is unavailable, and that BCT is appropriate only in the context of a clinical trial. Survival and response rates for BCT have been disappointing. Post-test opinions about management after confirmation of pulmonary nodules thus reflected closer alignment with those of the faculty, as the graphic illustrates.

What led to the shift? Readers indicated they changed their view based on clinical data regarding response and durable response rates (3.7% and 14.81% of readers, respectively). Toxicity also played a role, cited by 7.4%. A sizable proportion of readers cited all 3 factors as affecting their judgment (44.44%).



First Treatment: Distant Metastases to Lungs.

Faculty and participants largely agreed about when to recommend hospice care for the patient. Faculty presenters said that hospice was a reasonable option after progression of liver disease following chemotherapy, though they did recommend enrolling the patient in a clinical trial. About 7% of faculty and 8% of participants (pre-reading) would advise hospice care upon development of brain metastases. More than three-quarters of faculty (78%) viewed hospice care as appropriate after progression following whole brain radiotherapy and stereotactic radiosurgery, at a point when the patient's Karnofsky performance status was 60% and declining. Similarly, about 85% of readers would advise hospice in the face of disease progression and declining functional score. Another 8% of readers would recommend hospice when discussing therapy after detection of distant metastatic disease.

After reading the case, nearly 40% of readers said that they would introduce the topics of hospice and palliative care with the patient after first detection of distant metastatic disease. Another third (32%) would first discuss these issues at progression of metastatic disease after therapy. About 7% would raise these matters for the first time at development of brain metastases, and 18% would use disease progression and declining functional score as the impetus for bringing up these topics. About 4% would introduce discussion of hospice and palliative care at initial suspicion of melanoma. These findings are consistent with direction to discuss hospice and palliative care well before they are needed.