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# CNC Role, Financial and Emotional support for Melanoma Patients

#### What role Does the CNC play in diagnosed Melanoma patients?



Triage of referrals



Point of call for patients during treatment



Education role before and during treatment.



Survivorship



Coordination of care



Toxicity management

# Cancer Care Coordinators in Metro North

Gynae/Hepatobiliary Haematology x 2 First Nations CNC Thyroid/Brachytherapy Melanoma Breast cancer McGrath Genitourinary McGrath Prostate Specialist Adolescent and Young UGI, Colorectal Nurse Nurse Adult Nurses North Lakes/ Redcliffe - General TPCH - General Caboolture - General Head & Neck/ Brain Coordinator and Coordinator x2 and Lung/ Sarcoma Coordinator and McGrath Breast Nurse McGrath Breast Nurse McGrath Breast Nurse

#### What does this mean for you?

- Referral pathways
- Wanting guidance on toxicities for your patients
- Resources for patients
- Trying to contact a consultant for advice?
- Knowing patients have a resource person

#### Referrals from CNC



Community interface services

Linking patients back in with GPs for Survivorship, Skin checks and management of IRAEs in the long-term setting

#### External Supports

- 1. Melanoma Patients Australia National free emotional and practical support line via telephone, Melanoma Nurse Telehealth service, support groups, private Facebook groups, telephone peer-to-peer support, Patient forums
- 2. Cancer council Queensland home to treatment transport (15km radius of hospital), treatment lodge, Financial advice, Counselling service (currently experiencing long wait times), support groups, financial support (currently paused, \$200 vouchers)
- 3. Melanoma Institute Australia Education material for patients across the treatment pathway, patient booklets by stage, Handouts for ALND, Scanxiety, Neoadjuvant therapy, caring for a loved one with melanoma, lymphoedema, looking after yourself on treatment
- 4. Exercise group YMCA offers free 12 week program for cancer patients and survivors, including exercise physiologist, exercise program and dietary advice



38yo Male

Diagnosed Metastatic Melanoma June 2024 with extensive hepatic mets, nodal, spinal and osseus mets, BRAF MUTANT

Previous WLE Melanoma 2020

History of Depression (2020) due to relationship breakdown

History of financial issues - Bankruptcy - owns business as a plumber

#### Case study 1

Pt commenced on Doublet immunotherapy by Medical Oncologist

Offered Psychology services, social work, Melanoma Patients Australia supports ( Telehealth nurse support, support groups, peer to peer chats), cancer council counselling. Denied needing any support at diagnosis and did not engage with these services.

Patient offered support through welfare team for Income protection, Super-annuation access but patient chose to continue working full-time.



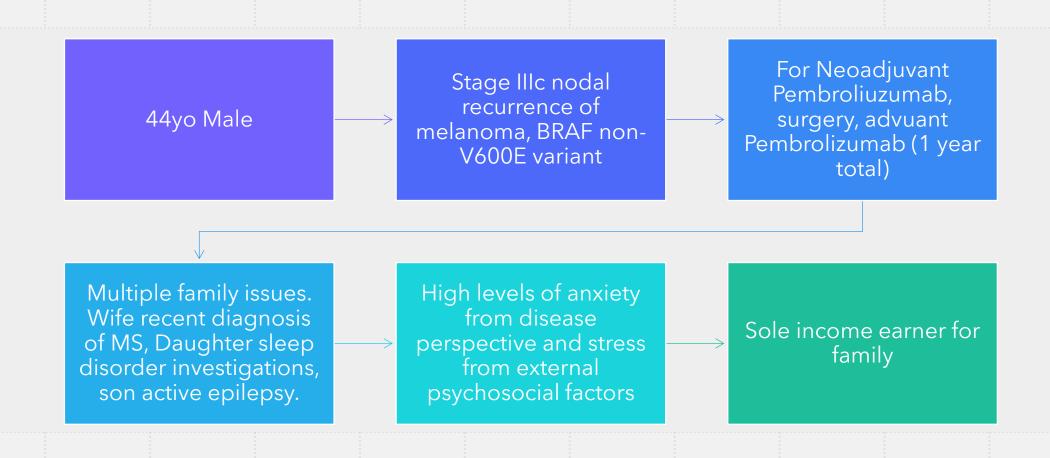
At future reviews patient is identified as having avoidant/denial personality and does not engage well with medical team.



This leaves a question of is it safe to treat someone with high chance of toxicities when they may not report symptoms.

- Link in with family/Friends
- In April, patient has progressive disease and is changed to BRAF/MEK inhibitor
- Patient states no boundaries to starting treatment
- Education and reinforcement on importance of starting treatment.
- Liaising with Pharmacy
- Form plan with family again
- CNC follow up and monitoring
- Patient at all times has access to CNC mobile phone and email.
- Adapt reviews to suit the patients' preferences

## Questions/Discussion



Early consultation with Surgical team

Referral to Psychology

Referral to welfare

Education

Toxicity and psychosocial checks throughout treatment

Pt access to my number and email

External support information

Melanoma Institute Australia leaflets/info

Phone review with patient pre- and post-surgery

Survivorship

### Questions/discussion

#### **End of Presentation**

Thank you