

18 Multidisciplinary care of melanoma*

Melanoma has a highly variable clinical course with individual patients requiring care from a range of disciplines during their cancer journey. The benefit of, and need for a multidisciplinary approach throughout the continuum of cancer care is identified in The New Zealand Cancer Control Strategy¹ and The New Zealand Cancer Control Strategy Action Plan 2005–2010.² Goal 3 mandates that the patient should have appropriate access to a multidisciplinary team approach throughout the continuum. In Australia and New Zealand, care of patients is delivered in settings ranging from large hospitals with specialist cancer services to primary care clinics. Multidisciplinary care of melanoma involves centralised, coordinated care of melanoma patients and multiple disciplines that usually attend one clinic.³ This contrasts to an alternate model of care of sequential referral to particular disciplines. Typically, multidisciplinary clinics exist in large cancer treatment facilities and involve surgeons, dermatologists, pathologists, specialist nurses. Frequently, the multidisciplinary team also includes the important role of care coordinator as well as medical oncologists, radiation oncologists, palliative care physicians and psychosocial specialists. The patient's general practitioner is also a member of the team, and may play a number of roles, including referral for diagnosis, coordination of care and follow-up. While it may not be possible or practical for the general practitioner to attend multidisciplinary team meetings, it is essential that the general practitioner is kept informed about treatment decisions in a timely way.

18.1 Review of the evidence

There is strong support from expert bodies for multidisciplinary care of melanoma patients.^{4,5} Although no data are available for assessment in melanoma, there is evidence in other cancers, notably breast cancer⁶ that multidisciplinary care is associated with improved survival.

Multidisciplinary care of melanoma patients is more cost effective when compared to community-based care in a North American health care setting.⁷ There is also evidence that the use of expertise in palliative care can improve quality of care for patients with advanced cancer including melanoma (see Chapter 17 *Palliative care in melanoma*).

Evidence summary	Level	Reference
Multidisciplinary care of melanoma patients is more cost effective than community-based care in a North American health care setting	III-2	7

Recommendation	Grade
1. Multidisciplinary care be considered throughout the management of patients with melanoma	C

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References

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- 3 Johnson TM, Chang A, Redman B, Rees R, Bradford C, Riba M et al. Management of melanoma with a multidisciplinary melanoma clinic model. *J Am Acad Dermatol* 2000; 42(5 Pt 1):820–826.
- 4 Roberts DL, Anstey AV, Barlow RJ, Cox NH, Newton Bishop JA, Corrie PG et al. U.K. guidelines for the management of cutaneous melanoma. *Br J Dermatol* 2002; 146(1):7–17.
- 5 The way forward: The future of plastic surgery. 2005. The British Association of Plastic Surgeons and the NHS Modernisation Agency.
- 6 Sainsbury R, Haward B, Rider L, Johnston C, Round C. Influence of clinician workload and patterns of treatment on survival from breast cancer. *Lancet* 1995; 345(8960):1265–1270.
- 7 Fader DJ, Wise CG, Normolle DP, Johnson TM. The multidisciplinary melanoma clinic: a cost outcomes analysis of specialty care. *J Am Acad Dermatol* 1998; 38(5 Pt 1):742–751.