The role of the multi-disciplinary team
DISCLOSURE

- No conflicts of interest
Case: 40s female, metastatic melanoma

- Nasal mucosa, BRAF wt. PS-0
- 5/10 Admitted with right sided facial pain from new patient clinic.
- Lives with partner and 2 young children
- Already taking MST and oramorph.
- Started ipilimumab and nivolumab as inpatient.
MDT working

- Difficult to control pain – referred to inpatient palliative care team

- Palliative care review:
  - Opiates switched to oxycodone, started on pregabalin.
  - Discharged home

- Elective admission for debulking surgery by ENT surgeon
  - Symptomatic improvement and discharged home
25/10 – 29/11 readmitted with worsening pain
- Radiotherapy to head and neck 20Gy/5#
- Opiates switched to alfentanil syringe driver

2nd cycle ipilimumab and nivolumab as inpatient

Ongoing palliative care review with escalating alfentanil doses, issues with constipation, nausea, anxiety.

Discharged home and then admitted to hospice after few days.
MDT working

- 7/11 readmitted with back pain ?cord compression. MRI confirmed spinal metastases, no compression.
  - Treated with radiotherapy 8Gy/1#
- 3rd cycle ipi/nivo as inpatient.
- Discharged home with hospice support
- No further hospital admissions or attendances.
- Died late Dec 2018.
Conclusions

- Concurrent role of supportive care with anti-cancer treatment.
- Role of MDT to support patient with symptoms and psychological support.
- Highlights range of specialists – palliative care specialist nurses/consultants/ ENT surgeons/ radiation oncologists