Mapping the treatment pathway for metastatic uveal melanoma (mUM) patients in England: A qualitative pilot study

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Uveal melanoma (UM) is a rare disease

- Although UM is the most common form of intraocular melanoma, and the second most frequent melanoma after cutaneous melanoma (CM), it is nevertheless a rare disease.

- In Europe, primary UM is reported to annually affect 2 to 8 Caucasians/million population, with a trend of increasing incidence from south to northern latitudes [1, 2].

- The annual rate of new UM admissions in England is estimated as 1 per 100,000 persons and has remained stable, relative to population growth, over recent decades [3, 4].

Metastatic uveal melanoma (mUM)

- Despite radical intra-cular intervention(s) to the primary tumour, <3% of patients develop metastatic disease - predominantly in the liver [5].

- Once metastatic disease occurs, patient have limited therapeutic options with poor outcomes [4, 5].

- The annual rate of new mUM admissions in England is estimated as 1 per 100,000 persons and has remained stable, relative to population growth, over recent decades [3, 4].


- The development of national / international registries, and other observational datasets of uveal melanoma patients that can post a collective insight into the clinical, economic and humanistic understanding of the disease pathway, alongside treatment-correlated outcomes, could enable greater power to inform decision-making and optimise treatment selection.

- With the emergence of longer-term patient outcomes data, a more evidence-based approach to informing the guidelines and protocols for managing the mUM pathway will continue to emerge.

Methods

- The pilot study aimed to map the real-world pathway for recently diagnosed mUM patients, through qualitatively evaluating their clinical management and treatments received within SoC.

- The interview data were analysed to populate centre-level decision-trees, and then consolidated to inform a consensus SoC pathway.

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Results

- A consensus summary of the treatment hierarchy for mUM patients is depicted in Figure 3a.

- There was considerable variation in treatments offered at specialist centres (Figure 3b & c).

- The treatment centres’ experience of the disease and their familiarity in using different therapeutic option(s) for mUM treatments will be informed by:

- The latest emergent literature;

- The treatment centres’ experience of the disease and their familiarity in using different

- Immunotherapies: some specialist centres initiated and maintained the treatment in the same

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- In a recently published qualitative analyses of mUM patients within NHS England medical records [5], a clear trend to earlier and more rapid identification of liver metastases has been observed over the last 5 years. These data highlight the value of introducing national guidelines, implementing surveillance protocols and continued pathway development, so that patients may be treated as an earlier, less advanced stage of their disease.

References and Acknowledgments


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