Skin Cancer Re-Excisions: A Patient-Centered Perspective

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Background

Skin cancer rates are on the rise, with 14,509 cases of malignant melanoma diagnosed in 2013, an increase of 360% since 1970[1]. Cutaneous malignancy forms a large burden of the dermatologist's workload.

SCC and malignant melanoma carry the highest potential for metastatic spread and the BAD guidelines currently advise excisional biopsy for initial management of the lesion. For melanoma, a margin measuring at least 2mm of surrounding normal skin should be excised, and 4mm for SCC[2].

After MDT discussion, re-excision with a wider and deeper margin is often performed in order to remove any micrometastases that may be present. The most important factors for predicting the potential for local spread of the lesion, and thus necessity for re-excision, are thought to be Breslow's thickness and ulceration[3].

At present, there are no guidelines as to when the re-excision should be performed. There is no evidence to suggest that a delay in re-excision has an impact on survival or recurrence, and there is no difference in outcome between patients that comply with re-excision guidelines and those that do not[4,5].

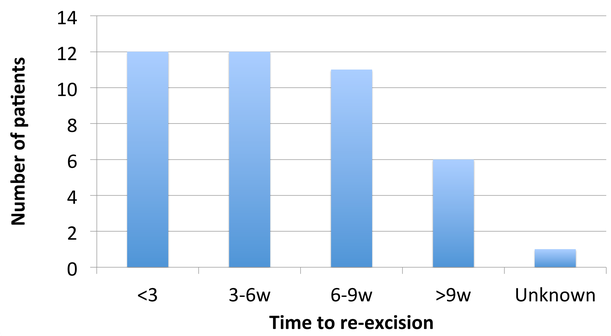
Methods

We reviewed the outcomes of all MDT discussions between September and December 2015 to find when the decision for a re-excision was made. We then calculated time between decision and the re-excision taking place.

We also surveyed all patients that attended the dermatology outpatient department between March and April 2016 that had a current or previous diagnosis of melanoma or SCC and asked them when they would expect their re-excision to take place.

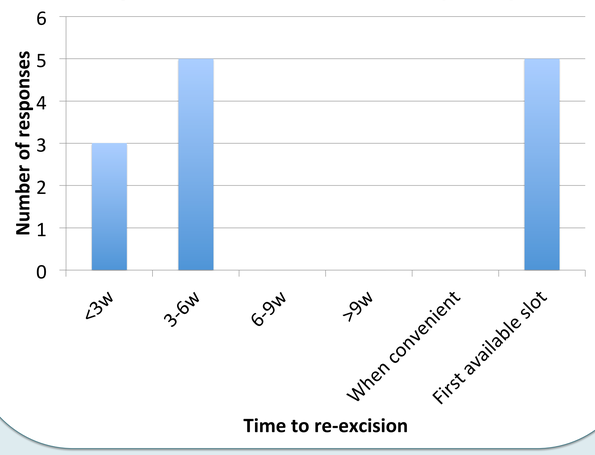
Results

Graph 1: Re-Excisions performed (n = 42)



Results

Graph 2: Patient Preferences (n=13)



Discussion

Despite limited medical evidence for the timing of re-excision, the psychological impact of a skin cancer diagnosis on the patient cannot be underestimated. Melanoma, in particular, is often perceived as life threatening and patients often report both anxiety and fear of recurrence[6]. Special attention should be paid to younger patients and those with advanced disease in order to detent psychological stress early and optimize psychosocial support[7].

Even in non-melanoma skin cancer (NMSC), patients report experiencing heightened levels of distress with their needs often remaining unmet by healthcare professionals[8].

Our results show that a significant number of skin cancer re-excisions are performed in our department, yet there are no specific lists to accommodate these. There is much discrepancy in the timing of the excisions, ranging from 0 days to greater than 9 weeks.

Our patient survey appears to show that patients have realistic expectations regarding their management but feel that re-excisions should be performed within 6 weeks. They are also flexible to work around the departments in order to have their procedure performed in a timely fashion.

Conclusions & Recommendations

Diagnosis with skin cancer is a stressful time for patients and has the potential to cause them significant distress. Uncertainty around when their cancer will be removed is likely to exacerbate pre-excising anxiety, thus patients should be involved in decision-making and scheduling.

Management of re-excisions may have a significant impact on the surgical capacity of the dermatology department and it should be appropriately planned for. Specific time should be set-aside on surgical lists in order to maintain a level of continuity in the timing of re-excisions being performed. 6 weeks appears to be an interval acceptable for both clinicians and patients.

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