



PATIENT EXPERIENCE SURVEY KEY FINDINGS

The Nonmelanoma Skin Cancer (NMSC) Patient Experience: A Comparison of Side Effects, Informed Consent, and Patient Satisfaction Across Treatment Options

BACKGROUND

Fully informed consent and shared-decision-making are key elements of patient-centered care that occur when patients are given fair and balanced information about all clinically appropriate treatment options—including the potential side effects—and treatment decisions are made in alignment with the individual needs, values, and preferences of each patient.^{1,2}

While these patient-centric approaches to care are recommended by leading health organizations and widely practiced in oncology, the extent to which they are occurring in the treatment of NMSC remains unclear.

The Dermatology Association of Radiation Therapy (DART) surveyed patients who had been treated for NMSC on one or more occasions to learn more about their treatment choices and satisfaction with the treatment they received.³

OBJECTIVES

- To examine the extent to which fully informed consent and shared-decision-making are occurring in the treatment of NMSC
- To assess the impact of fully informed consent and shared-decision-making on the patient experience
- To evaluate the prevalence of patient-reported side effects across NMSC treatment modalities

METHODOLOGY

The survey was administered through Survey Monkey and promoted via email lists, social media, and GentleCure.com—a treatment education website for patients seeking a noninvasive treatment option for NMSC. At the time of this report, **3915 patients** had completed the survey. Of those, **85%** were diagnosed with, and treated for, NMSC more than once, and **40%** had experience with more than one type of treatment modality, including surgery, radiation therapy (RT), and/or other treatment type.

3915 PATIENTS SURVEYED WITH 5306 TREATMENT EXPERIENCES

(n=3728)	(n=339)	(n=1239)
Surgery	RT	Other
Simple excision only (n=540)	SRT only (n=121)	Topical chemo only (n=394)
MMS only (n=1515)	IGSRT only (n=153)	PDT (n=82)
>1 type of surgery (n=1673)	Other type of RT (n=52)*	Other type of therapy (n=167) [†]
	>1 type of RT (n=13)	>1 type of therapy (n=596)

RESULTS

A Majority of Patients Were Not Fully Informed and Were Dissatisfied With Their Treatment Experience

FULLY INFORMED CONSENT



24%

were fully informed of their treatment options



37%

were fully informed of treatment-related side effects

PATIENT SATISFACTION



23%

were fully happy with their treatment results



17%

would definitely recommend their treatment to others

*Other types of RT therapies included brachytherapy (n=11) and electron brachytherapy (n=41).

[†]Other types of therapies included chemical peels (n=55), laser therapy (n=41), and unspecified (n=71).

IGSRT=Image-Guided Superficial Radiation Therapy; MMS=Mohs Micrographic Surgery; PDT=Photodynamic Therapy; RT=Radiation Therapy; SRT=Superficial Radiation Therapy.

A Higher Percentage of Patients Treated With IGSRT vs MMS Reported Being Fully Informed and Satisfied With Treatment[‡]

■ MMS ■ IGSRT

More than 4X as likely to be fully informed of their treatment options



More than 2X as likely to be fully informed of treatment-related side effects



Patients treated with MMS were:

- **2X more likely** to experience one or more medical side effects[†]
- **65% more likely** to experience one or more cosmetic side effects[#]

Nearly 4X as likely to be fully happy with their treatment results



More than 6X as likely to recommend their treatment to others



“Survey findings show the benefits of IGSRT in improving the patient experience and increasing satisfaction with treatment—underscoring the importance of fully informing patients of all their NMSC treatment options and increasing access to non-invasive IGSRT.”

[‡]When comparing survey results by treatment type, the data set was limited to those who only received that one type of treatment in the therapeutic category.

[†]Medical side effects included organ damage, nerve damage, infection, issues with wound healing, and/or bleeding.

[#]Cosmetic side effects included scarring, hair loss, and/or changes in skin color.

More Needs to Be Done to Fully Inform Patients of Their Options and Improve the NMSC Treatment Experience

Treating NMSC Is Not a One-Size-Fits All Approach

Every patient deserves to be provided with fair and balanced information about all clinically appropriate treatment options and actively included in the treatment decision. While MMS is considered the “gold standard” surgical treatment for NMSC, it is not the only option, and it is not the right option for all. When given a choice, many patients are opting for noninvasive treatments, such as IGSRT.⁴

Fully Informed Consent and Shared-Decision-Making Are:^{1,2}



Key elements of patient-centered care



Recommended by major health organizations



Standard of care in oncology



Valued by patients and caregivers

Implementing a Patient-Centric Approach Can Benefit Patients and Practices

NMSC is the most commonly diagnosed cancer in the United States and is associated with substantial morbidity and costs.⁵ Offering surgical and nonsurgical options, and working with patients to make informed treatment decisions, can improve the treatment experience and increase satisfaction with the practice—potentially helping to retain existing patients and attract new ones.

References: 1. American Medical Association. Code of Medical Ethics. Consent, Communication, & Decision Making. <https://code-medical-ethics.ama-assn.org/chapters/consent-communication-decision-making>. Accessed February 13, 2024. 2. American Cancer Society. What Is Informed Consent? <https://www.cancer.org/cancer/managing-cancer/making-treatment-decisions/informed-consent/what-is-informed-consent.html>. Accessed February 13, 2024. 3. Data on File. Dermatology Association of Radiation Therapy 2023. 4. Data on File. SkinCure Oncology LLC. 2024. 5. Rogers HW, Weinstock MA, Feldman SR, et al. Incidence Estimate of Nonmelanoma Skin Cancer (Keratinocyte Carcinomas) in the US Population, 2012. *JAMA Dermatol.* 2015;151(10):1081-1086.

Learn more about the Dermatology Association of Radiation Therapy at dermassociationrt.org.

