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Skin cancer re-excision: A patient-centered perspective

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Skin cancer is on the rise and accounts for a large burden of the dermatologist's workload. Wide local excision (WLE) may be necessary after incisional biopsy in order to ensure complete removal of the primary lesion and minimize local recurrence of tumors with metastatic potential, most commonly melanoma and squamous cell carcinoma (SCC). At present there are no guidelines on when this re-excision should take place. Although there is no evidence to suggest that delayed excision has an impact on survival, the psychological impact of a skin cancer diagnosis on the patient cannot be underestimated. Many patients report being distressed by anxiety after diagnosis and 70% of these patients do not feel that doctors adequately addressed their concerns. At our institution we performed 42 WLEs between September and December 2015. Only 21 of these were performed within 6 weeks of the histology from excisional biopsy being available. We surveyed 14 patients who had been diagnosed with skin cancer and 8 felt that WLE should be done within 6 weeks. 5 wanted the procedure done at the first available slot. Patients appeared to trust the decisions made by their dermatologists. Diagnosis with skin cancer is a stressful time for patients and delays in re-excision are likely to exacerbate patient anxiety. Management may impact significantly on surgical capacity in a dermatology department and needs to be planned for. Patients should be well informed and encouraged to voice their concerns. WLE should ideally take place within 6 weeks.

Biography

Jonathan Kentley has received his Medical degree in 2014 from Barts and the London School of Medicine and Dentistry. Throughout his foundation training in London he has published several papers and worked on a number of quality improvement projects in both dermatology and medicine.

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