Nonmelanoma Skin Cancer: Disease-Specific Quality-of-Life Concerns and Distress

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Purpose/Objectives: To provide a better understanding of the disease-specific quality-of-life (QOL) concerns of patients with nonmelanoma skin cancer (NMSC).

Design: Cross-sectional.

Setting: Skin cancer clinic of Jewish General Hospital in Montreal, Quebec, Canada.

Sample: 56 patients with basal cell carcinoma and/or squamous cell carcinoma.

Methods: Descriptive and inferential statistics applied to quantitative self-report data.

Main Research Variables: Importance of appearance, psychological distress, and QOL.

Findings: The most prevalent concerns included worries about tumor recurrence, as well as the potential size and conspicuousness of the scar. Skin cancer-specific QOL concerns significantly predicted distress manifested through anxious and depressive symptomology. In addition, the social concerns related to the disease were the most significant predictor of distress.

Conclusions: The findings of this study provide healthcare professionals with a broad picture of the most prevalent NMSC-specific concerns, as well as the concerns that are of particular importance for different subgroups of patients.

Implications for Nursing: Nurses are in a position to provide pivotal psychosocial and informational support to patients, so they need to be aware of the often-overlooked psychosocial effects of NMSC to address these issues and provide optimal care.

Key Words: nonmelanoma skin cancer, basal cell carcinoma, squamous cell carcinoma, psychosocial concerns, quality of life, distress, importance of appearance

Nonmelanoma skin cancer (NMSC) is the most prevalent form of cancer among Caucasian populations worldwide (Kim & Armstrong, 2012; Madan, Lear, & Szeimies, 2010). The exact number of NMSC diagnoses worldwide is likely to be underestimated because few national and federal cancer registries record NMSCs (Lucas, McMichael, Smith, & Armstrong, 2006). As such, incidence estimates are based on regional registration practices and epidemiologic research (Czajkowska, Radiotis, Roberts, & Körner, 2013). Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) account for 95% of all NMSC cases (Jung, Metelitsa, Dover, & Salopek, 2010; Trakatelli et al., 2007). NMSC often appears in highly visible areas of the body, with 60%–70% of cases occurring in the head and neck region (Jung et al., 2010; Ragi, Patel, Masud, & Rao, 2010). Notably, 80% of the NMSC cases that occur in this region are located on the face (Caddick, Green, Stephenson, & Spyrou, 2012).

Studies have shown that the diagnosis and treatment of many cancer types have a variety of negative psychological effects (Bultz & Berman, 2010; Ernst, Götze, Brähler, Körner, & Hinz, 2012; Katz, Irish, Devins, Rodin, & Gullane, 2003; Meyer et al., 2012; Singer, Das-Munshi, & Brähler, 2010), which can impact overall patient health (Dausch et al., 2004). An estimated 16%–25% of newly diagnosed patients with cancer experience symptoms of depression (Sellick & Crooks, 1999). Depression has been linked to functional limitations such as loss of independence in instrumental tasks of daily living in cancer survivors, as well as increased costs and use of resources, reduced quality of life (QOL), and decline in patient adherence to medical advice (Adler & Page, 2007; DiMatteo, Lepper, & Croghan, 2000; Körner et al., 2013).

Despite the high incidence rates of NMSC and the negative psychological effects of being diagnosed with cancer, few studies have directly investigated the psychosocial effects of NMSC and its treatment (Chren, Sahay, Bertenthal, Sen, & Landefeld, 2007; Czajkowska, Radiotis, Roberts, & Körner, 2013; Essers et al., 2006; Rhee et al., 2004; Roberts, Czajkowska, Radiotis, & Körner, 2013). Such research is important because treatment of NMSC often results in scars or physical disfigurement, which are experienced as particularly disturbing when occurring in the head and neck region. Patients with tumors on conspicuous areas of the body have reported higher levels of distress (Söllner, Zingg-Schir, Rumpold,