

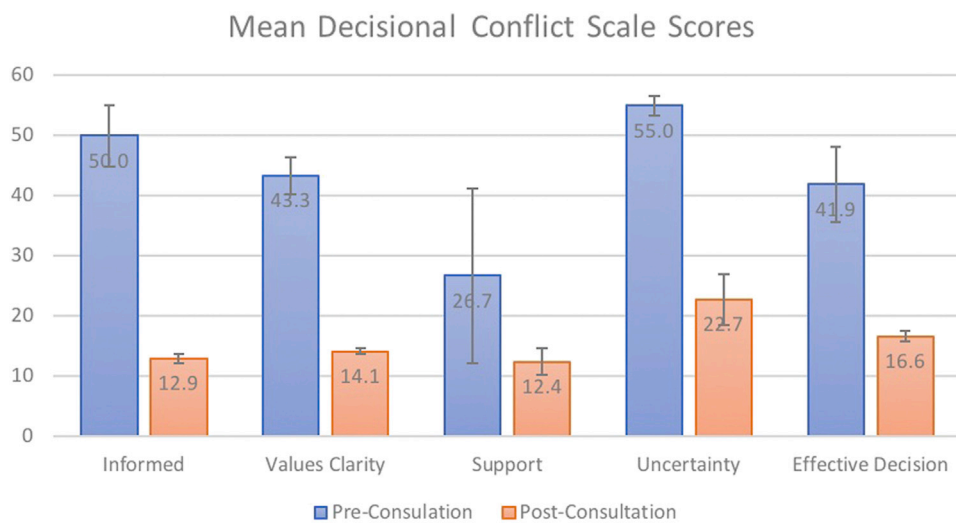
Validation of a patient decision aid for the treatment of lentigo maligna



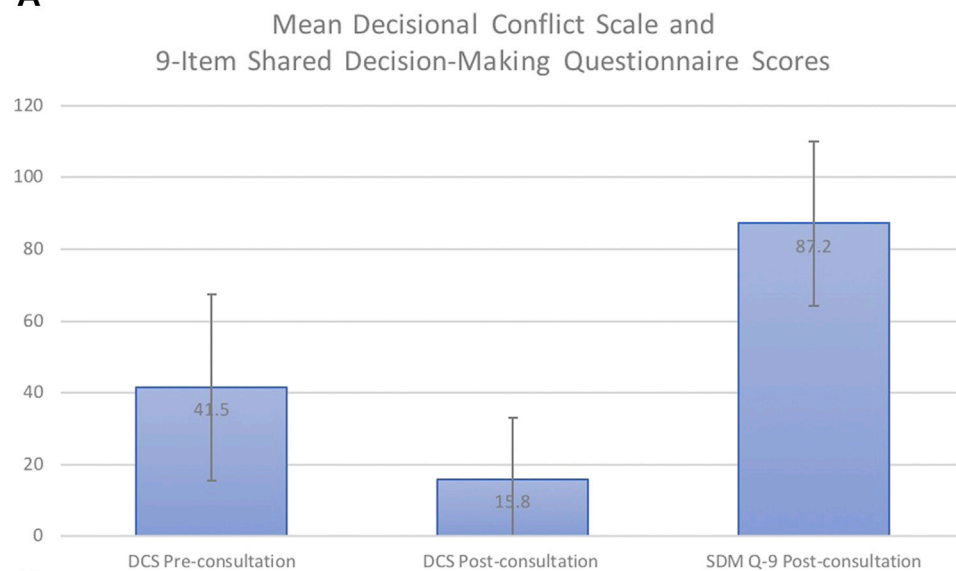
To the Editor: Lentigo maligna is a subtype of melanoma (in situ) that most commonly arises on sun-damaged skin of the head and neck. Treatment discussion for lentigo maligna is complex, and the majority of patients with melanoma wish to be actively involved in treatment decisions.¹ Use of a patient decision aid has not been studied in patients with a diagnosis of lentigo maligna. The Decision Aid for Lentigo Maligna was developed by members of the American Society for Dermatologic Surgery with iterative feedback from patients and physicians to ensure usability, clarity, and relevance (Supplemental

material available via Mendeley at <https://data.mendeley.com/datasets/x63j6trjyf/1>). We sought to evaluate the effect of this patient decision aid on decisional conflict and shared decision making (9-Item Shared Decision-Making Questionnaire) during treatment of lentigo maligna.

All patients ages 18 years or older with biopsy-proven Tis or T1a melanoma of the head and neck (AJCC 8th Edition), lentigo maligna subtype, were consecutively recruited from a dermatologic surgery clinic at a tertiary care center. The patient decision aid was provided to patients for review immediately before consultation and used to facilitate treatment discussion. Main outcome



A



B

Fig 1. Mean Decisional Conflict Scale scores by subscale (**A**) and mean overall Decisional Conflict Scale and 9-Item Shared Decision-Making Questionnaire scores (**B**). *DCS*, Decisional Conflict Scale; *SDM-Q-9*, 9-Item Shared Decision-Making Questionnaire.

Table I. Comparison of patient characteristics with Decisional Conflict Scale and 9-Item Shared Decision-Making Questionnaire scores

Characteristic	n	Preconsultation DCS score, mean (standard deviation)	P value	Postconsultation DCS score, mean (standard deviation)	P value	SDM-Q-9 score, mean (standard deviation)	P value
Sex							
Men	22	43.6 (27.7)	.83	13.2 (15.2)	.12	89.3 (15.9)	.60
Women	8	41.2 (22.2)		24.2 (19.4)		80.0 (39.5)	
Age, y							
<65	14	36.3 (22.3)	.16	12.0 (13.9)	.38	91.5 (13.0)	.80
≥65	16	49.4 (27.2)		17.5 (17.8)		90.0 (16.1)	
Marital status							
Married	22	38.1 (22.0)	.06	15.2 (15.2)	.92	90.3 (16.0)	.83
Not married	8	57.6 (30.2)		14.5 (20.0)		92.0 (7.8)	
Work status							
Working	14	40.6 (18.3)	.59	11.8 (14.4)	.31	90.8 (12.2)	.97
Retired	16	45.6 (30.9)		18.0 (17.6)		90.6 (17.4)	
History of melanoma							
Yes	12	27.0 (19.8)	.002	11.5 (12.2)	.29	95.4 (5.5)	.13
No	18	54.2 (23.3)		17.6 (18.4)		87.0 (33.5)	
Presenting with recurrence of MIS							
Yes	9	30.7 (21.5)	.04	11.6 (13.5)	.48	95.1 (5.9)	.17
No	20	50.8 (24.3)		16.5 (17.8)		88.2 (17.4)	
History of nonmelanoma skin cancer							
Yes	14	37.5 (27.5)	.25	9.49 (12.2)	.07	95.6 (6.3)	.10
No	16	48.3 (23.4)		20.2 (18.0)		85.4 (19.0)	
Lifestyle							
Active	22	43.0 (22.3)	.93	13.4 (16.2)	.42	91.6 (13.5)	.46
Sedentary	3	44.3 (23.4)		21.9 (21.1)		84.4 (26.9)	
Comorbid medical problems							
Few	21	41.2 (21.1)	.43	14.0 (16.3)	.80	91.1 (13.8)	.75
Many	4	53.5 (26.6)		16.3 (20.4)		88.3 (23.3)	
Ability to care for self							
Cares for self	24	42.0 (21.7)	—	15.0 (16.6)	—	90.2 (15.4)	—
Needs help	1	70.3 (—)		0 (—)		100 (—)	
Concern for scar							
Yes	18	43.8 (18.8)	.83	15.8 (17.0)	.50	90.6 (14.8)	.98
No	7	41.5 (30.4)		10.7 (15.9)		90.7 (17.8)	
Questions regarding surgery							
Yes	19	45.6 (18.8)	.32	17.1 (17.5)	.39	88.0 (16.8)	.31
No	6	35.2 (30.7)		5.7 (9.7)		98.2 (4.5)	
Worried about melanoma spreading							
Yes	17	43.7 (19.5)	.86	15.4 (16.9)	>.99	91.0 (14.2)	.87

DCS, Decisional Conflict Scale; SDM-Q-9, 9-Item Shared Decision-Making Questionnaire; —, not applicable.

measures were the Decisional Conflict Scale² and 9-Item Shared Decision-Making Questionnaire³ scores after patient decision aid use.

Thirty of 48 consecutive patients (63%) who met inclusion criteria participated in the study (34 to 91 years; mean age 66.4 ± 12.9 years). Most patients (73%) endorsed significant decisional conflict before consultation (Decisional Conflict Scale mean score

42.5). Patients reported highest decisional conflict in the “values” subscale, signifying uncertainty about the best choice for them and difficulty in making this decision (mean scores 55.0 and 56.7, respectively) (Fig 1). Patients without history of melanoma endorsed significantly greater preconsultation decisional conflict compared with those with such a history (mean scores 54.2 vs 26.0; $P = .002$)

(Table 1). After consultation with patient decision aid use, decisional conflict significantly improved (Decisional Conflict Scale mean score 15.8; $P = .01$), and patients reported a high level of shared decision making (9-Item Shared Decision-Making Questionnaire mean score 87.2).

Given the complexity of the treatment options, collaborative decision making is an essential component of lentigo maligna management. Patient participation in health care decision making has been shown to reduce pretreatment anxiety and promote empowerment.⁴ The patient decision aid used in this study provided information regarding treatment efficacy, advantages and adverse effects, expected follow-up, and estimated associated costs. Because the multiple treatment options for lentigo maligna have different benefits and limitations that people may value differently, patient decision aids may be particularly helpful.⁵ Patients without a history of melanoma reported significantly greater decisional conflict compared with those with such a history; this evidence-based, patient-directed, patient decision aid may be used to address questions regarding a new cancer diagnosis. In addition, our results indicate that patients may require a tailored discussion to elucidate their values before making a treatment decision. The “things I might consider” section of the patient decision aid provides starting points for discussion and encourages self-reflection.

Use of a visual patient decision aid in conjunction with physician consultation significantly reduced decisional conflict and facilitated effective shared decision making for patients with lentigo maligna. This pilot study demonstrates the importance of seeking patient input in treatment decisions and providing information through different media to facilitate comprehension.

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Conflicts of interest: Dr Rossi is a member of the board of directors of the ASDS and chairs the policy priorities work group that helped to create this instrument. He has received grant funding from The Skin Cancer Foundation and the A. Ward Ford Memorial Grant. He is on the board of directors of the ASDS. He has also served on the advisory board as a consultant and given educational presentations to Allergan Inc, Galderma Inc, Evolus Inc, Elekta, Biofrontera, Quantia, Merz Inc, Dynamed, Skinuvia, Perf-Action, and LAM Therapeutics. Drs Vaidya, Bander, Lee, and Nebal and Authors Musthaq and Lampley have no conflicts of interest to declare.

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Outcomes and predictors of survival in cutaneous melanoma of the eyelid: An analysis of the National Cancer Database



To the Editor: Eyelid melanoma (EM) is a rare condition that accounts for <1% of eyelid malignancies.¹ EM is traditionally believed to behave similarly to cutaneous melanoma (CM) elsewhere in the head and neck (HN).² However, the eyelid