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

George Radiotis, MA, Nicole Roberts, MEd, Zofia Czajkowska, MA, Manish Khanna, MD, FRCP(C), and Annett Körner, PhD

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, DiMatteo, Lepper, & Croghan, 2000; Körner et al., 2013).