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Patient satisfaction with patient—provider interactions at time of diagnosis among early stage melanoma survivors: A cross-sectional survey

To the Editor: Melanoma is the fifth most common cancer in the United States.[1] A melanoma diagnosis can cause stress and anxiety as patients learn about treatment options and prognosis. We assessed if patient characteristics and physician specialty were associated with satisfaction with care and information needs among individuals with early stage melanoma.

Participants from the Skin Health Study (1167 individuals aged 25-59 years with melanoma diagnoses during 2004-2007), a population-based case—control study,[2] completed a survey in 2015 regarding their quality of life, health behaviors, and health care experience.[3] The study was approved by the University of Minnesota Institutional Review Board. Of 724 (62%) melanoma survivors who completed the survey, we analyzed 572 with stage I disease to reduce confounding by stage.

The following 6 outcomes, adapted from the National Survey of Households Affected by Cancer,[4] were analyzed: patient satisfaction with provider knowledge/expertise; level of compassion; attention to outside factors, including support network for dealing with cancer; receipt of conflicting information; failure to get important questions answered; and experience of stress and anxiety waiting for test results.

Multivariable logistic regression models yielded adjusted odds ratios and 95% confidence intervals for the associations between outcomes and patient characteristics or physician specialty.

Very few rated their provider's knowledge/expertise as fair or poor (Table I). Participants whose cancer registry—recorded physician was in family medicine, rather than dermatology, were more likely to report fair/poor satisfaction. About 6% rated their providers as having fair/poor levels of compassion; this was higher among those whose physician was not a dermatologist. Approximately 27% noted dissatisfaction with their provider's attention to outside factors and support; women were more likely than men to give this rating.

Few reported receiving conflicting information at diagnosis; the youngest participants reported this significantly more often than the older participants (Table II). Overall, and by age, results were similar for leaving appointments without getting important questions answered. Those whose physicians were nondermatologists were less likely to get questions answered. Most participants reported stress waiting for results, with younger age, being female, and having a dermatologist physician being associated with more stress.

Early stage melanoma patients reported high satisfaction with their providers' knowledge and compassion level. Patients were most dissatisfied with their providers' attention to outside factors and support. Although receipt of conflicting information or difficulty getting questions answered was uncommon, many experienced stress and anxiety waiting for test results.

Patients with nonmetastatic melanoma have previously indicated they want more physician involvement when discussing therapy options, clearer information regarding melanoma, and sincerity from medical staff.[5] Patients seen by nondermatologists reported their health care team had poorer knowledge of melanoma and less compassion. We speculate that having cared for larger numbers of melanoma patients, dermatologists are more accurately able to anticipate and address patient concerns.

Table I. Multivariate-adjusted associations between patient characteristics at the time of melanoma diagnosis and patient satisfaction with physician and other health professionals during diagnosis and treatment

			Ratings of doctors and other health professionals seen during course of treatment					
			Knowledge/expertise		Level of compassion		Attention to outside factors and support network	
Characteristics	N	%	% Fair/poor	OR (95% CI)*	% Fair/poor	OR (95% CI)*	% Fair/poor	OR (95% CI)*
Age at diagnosis, y								
≤39	126	22.0	6.7	2.23 (0.74-6.70)	9.2	1.98 (0.80-4.91)	28.3	0.93 (0.56-1.56)
40-49	200	35.0	2.6	0.86 (0.26-2.85)	6.2	1.29 (0.55-3.07)	26.4	0.87 (0.56-1.37)
50-59	246	43.0	2.9	1.00	4.6	1.00	26.5	1.00
Sex								
Female	350	61.2	4.7	2.10 (0.67-6.62)	7.1	1.45 (0.65-3.21)	30.3	1.65 (1.08-2.53)[†]
Male	222	38.8	1.8	1.00	4.6	1.00	21.6	1.00
Education								
High school graduate	73	13.3	4.2	1.38 (0.31-6.03)	5.6	0.97 (0.29-3.22)	19.7	0.66 (0.33-1.31)
Some college	190	34.7	5.3	1.61 (0.56-4.60)	6.9	1.11 (0.50-2.46)	31.2	1.20 (0.78-1.85)
College or university graduate	285	52.0	2.5	1.00	6.0	1.00	26.4	1.00
Annual household income, $								
≤60,000	151	26.7	6.2	1.74 (0.66-4.63)	6.9	1.03 (0.45-2.35)	29.5	1.15 (0.73-1.81)
>60,000	415	73.3	2.7	1.00	5.9	1.00	26.1	1.00
Provider specialty								
Dermatology	237	41.4	0.9	1.00	3.1	1.00	24.6	1.00
Family medicine	205	35.8	6.5	7.15 (1.57-32.62)[†]	7.0	2.32 (0.91-5.95)	26.4	1.11 (0.71-1.74)
Other	74	12.9	4.1	5.02 (0.80-31.44)	8.2	3.08 (0.99-9.65)	30.6	1.47 (0.81-2.70)
Unknown	56	9.8	3.7	4.51 (0.61-33.45)	13.0	4.91 (1.62-14.89)[†]	33.3	1.73 (0.90-3.34)

CI, Confidence interval; *OR*, odds ratio.
*Adjusted for all variables presented in table: patient age, sex, education, income, and provider specialty.
[†]*P* value <.05.

Findings suggest dermatologists are the most prepared to assist melanoma patients with their needs. Opportunities for improvement exist, however. Though participants only required surgical treatment with likely excellent prognosis, they still needed resources, information, and care focused on emotional/mental health concerns, particularly women and those <40 years old.

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Table II. Multivariate-adjusted associations between patient characteristics and informational needs at the time of melanoma diagnosis

Characteristics	Received conflicting information		Left without getting important questions answered		Experienced stress and anxiety waiting for test results	
	% Yes	OR (95% CI)*	% Yes	OR (95% CI)*	% Yes	OR (95% CI)*
Age, y						
≤39	16.5	2.43 (1.16-5.11)[†]	9.1	2.97 (1.10-8.04)[†]	82.6	1.97 (1.11-3.49)[†]
40-49	8.7	1.08 (0.51-2.27)	5.3	1.51 (0.56-4.03)	73.6	1.35 (0.87-2.10)
50-59	7.6	1.00	3.9	1.00	66.4	1.00
Sex						
Female	11.6	1.60 (0.80-3.18)	6.4	1.51 (0.63-3.66)	78.3	2.10 (1.40-3.15)[†]
Male	7.1	1.00	4.2	1.00	63.3	1.00
Education						
High school graduate	10.1	1.24 (0.47-3.26)	7.7	2.24 (0.68-7.39)	64.8	0.67 (0.36-1.24)
Some college	12.1	1.37 (0.70-2.71)	7.0	1.71 (0.69-4.22)	71.6	0.80 (0.51-1.25)
College or university graduate	8.0	1.00	3.9	1.00	75.0	1.00
Annual household income, $						
≤60,000	15.1	1.72 (0.89-3.30)	7.3	1.15 (0.48-2.71)	75.3	1.24 (0.77-2.00)
>60,000	8.1	1.00	5.0	1.00	72.0	1.00
Provider specialty						
Dermatology	9.1	1.00	1.3	1.00	76.5	1.00
Family medicine	9.6	1.05 (0.52-2.11)	7.7	8.56 (1.91-38.34)[†]	67.8	0.61 (0.39-0.96)[†]
Other	14.5	1.67 (0.69-4.00)	6.9	8.86 (1.65-47.59)[†]	72.2	0.84 (0.45-1.59)
Unknown	7.6	0.84 (0.27-2.65)	13.7	19.91 (3.92-101.19)[†]	72.6	0.80 (0.39-1.66)

CI, Confidence interval; *OR*, odds ratio.
*Adjusted for patient age, sex, education, income, and provider specialty.
[†]*P* value <.05.

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Comparison of patient-reported disease severity and sweat measurements in primary focal hyperhidrosis

To the Editor: Primary focal hyperhidrosis affects 15.3 million people in the United States and is associated with lower quality of life.[1,2] Although hyperhidrosis remains a clinical diagnosis, many have sought an objective test to aid in diagnosis and disease management.[3] One method is gravimetric sweat measurements (GSMs). Gravimetry is done by collecting sweat on absorbent material and taking the difference between pre- and postcollection weights. Little is known about how patient characteristics affect GSM or how subjective measurements of disease severity correlate with GSM.

Untreated patients with axillary, palmar, or plantar hyperhidrosis diagnoses were identified. Demographics, Hyperhidrosis Disease Severity Scale (HDSS) score, and GSM were recorded. The HDSS asks patients how severe and bothersome sweating has been over the past week on a 1-4 scale. Mild, moderate, and severe disease was defined as an HDSS score of 1 or 2, 3, and 4, respectively. We completed a statistical analysis for right and left site