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Developing a Patient Decision Aid for Atypical Nevi Excision

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Abstract

Shared decision-making integrates patient values with clinical evidence and is paramount in patient-doctor collaboration.[1] Dermatology is especially appropriate for such collaborative approaches, as the severity of a condition may be determined by the patient's experience of symptoms, making patient input particularly important.[2] Patient Decision Aids (PDAs) offer a promising avenue aiming to empower patients with current evidence for informed choices aligning with their values.[3] Within dermatology, PDAs exist for psoriasis, basal cell carcinoma, acne, actinic keratoses, and oral isotretinoin, however, there is a lack of such aids for patients with biopsy-proven atypical nevi (AN). Additionally, existing PDAs lack standardized development processes.[2]

Organizations such as the National Quality Forum (NQF) and the International Patient Decision Aids Standards Collaboration (IPDAS) recognized this lack of standardization. Subsequently, they developed defined criteria for PDA development in the form of a published checklist.[4] In response to the specific gap regarding re-excision for atypical nevi, we developed a Patient Decision Aid (PDA) specifically tailored for individuals with AN where re-excision may be appropriate following biopsy. Our initiative was guided by the checklists created by NQF and IPDAS.[4] Through iterative refinement, informed by insights from patients and expert dermatologists garnered through focus groups, we aimed to create a robust tool that meets the highest standards of PDA development.

The decision to re-excise ANs, particularly those with microscopically positive margins and no evident clinical residual lesions, poses a clinical dilemma. Current literature suggests a nuanced approach, often recommending observation for mild to moderate cases, while recommending re-excision in cases of severe atypia due to the potential risk of melanoma diagnosis later. Our PDA seeks to clarify these complexities, providing patients and providers with comprehensive information to facilitate shared decision-making.

Our PDA holds promise for broader applications, including integration into clinical trials. Future research endeavors could evaluate the impact of the PDA on patient decision-making processes and post-decision satisfaction. Such endeavors aim to validate the

efficacy and utility of our tool in enhancing patient engagement and decisional quality in the management of AN.

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