Background

Metastatic uveal melanoma (MUM) is a rare malignancy that originates to the melanoma of the uveal tract without known risk factors (American Cancer Society [ACS], 2014). In the United States, the incidence of uveal melanoma is about 2,000 adults per year. The 5-year relative survival rate of MUM is only 15% (ACS, 2014).

Psychosocial needs of patients with MUM have not been routinely assessed and addressed in our institution's clinical practice. Yet, awareness of patients’ anxiety, depression, and perceived quality of life in those with MUM can influence care that meets patients’ bio-psycho-social-spiritual needs.

Objectives

Measure the level of anxiety, depression, and quality of life in patients with metastatic uveal melanoma.

Identify patients with MUM who have at least borderline anxiety (scores ≥8), at least borderline depression (scores ≥11), and at least moderate QOL (scores ≤21).

Explore differences in anxiety, depression, and quality of life scores by gender, age range, time elapsed between the initial diagnosis and the diagnosis of metastasis, and duration of illness since metastasis.

Theoretical Foundation

The framework for psychosocial oncology care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Raise attentiveness of psychosocial care.</td>
</tr>
<tr>
<td>B</td>
<td>Provide standard of care for screening and management of psychosocial health needs.</td>
</tr>
<tr>
<td>C</td>
<td>Delinate expectation of health care providers in terms of education, training, and communication of psychosocial issues.</td>
</tr>
<tr>
<td>D</td>
<td>Deﬁne patient and family education.</td>
</tr>
<tr>
<td>E</td>
<td>Explain quality oversight and monitor progress of psychosocial care and services.</td>
</tr>
<tr>
<td>F</td>
<td>Enlighten workforce skills for cancer services.</td>
</tr>
<tr>
<td>G</td>
<td>Standardize transdisciplinary taxonomy and nomenclature for psychosocial services.</td>
</tr>
<tr>
<td>H</td>
<td>Promote psychosocial research.</td>
</tr>
</tbody>
</table>

Methods

Research Design: A descriptive-comparative design.

Sample: A convenience sample of MUM patients aged 18 and older, English speakers residing in the United States, and being treated at a large teaching hospital from September 1, 2014, to December 1, 2017 were included.

Setting: A large teaching hospital in the Mid-Atlantic which is a referral practice of uveal melanoma.

Instruments and Measurement:

Scores of anxiety, depression, and QOL were measured using the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) and the World Health Organization Quality of Life-BREF questionnaire (WHO, 2004). These instruments were used with permission from GL Education Group Limited and World Health Organization, respectively.

Anxiety and depression scores range from 0-21. The level of anxiety or depression score is estimated to be normal (score 0-7), borderline abnormal (score 8-10), and abnormal (score 11-21). There is no total score of WHOQOL-BREF. Scores are reported by 4 domains and the two global questions are reported separately. Lower scores denote lower QOL while higher scores denote higher QOL.

Table 1. Mean Anxiety, Depression, and Quality of Life Scores for Total Group

Table 2. Patients with Anxiety, Depression, and Decreased Quality of Life

Table 3. Differences in Anxiety, Depression, and Quality of Life Scores by Gender, Age Range, Time Elapsed Between the Initial Diagnosis and Metastasis, and Duration of Illness since Metastasis

Results

Figure 1. Sample Demographic and Clinical Characteristic

Up to 30% of participants had at least borderline anxiety and a decreased global QOL while up to 10% had at least borderline depression.

Participants 18 to 60 years had higher anxiety scores and lower QOL domain 4 scores of environmental health. Participants with ≤1 year since the diagnosis of metastasis had higher anxiety scores and higher QOL domain 1 scores for physical health. Gender and time elapsed between the initial diagnosis of uveal melanoma and metastasis were not differentiating factors for anxiety scores, depression scores, global QOL scores, or the four QOL domain scores.

Conclusions

The findings of our study guide stakeholders involved in the care of MUM patients to integrate a translational strategic plan addressing bio-psycho-social-spiritual needs to improve the quality of life of these patients in daily clinical practice.

The psychosocial oncology framework by Turnbull et al. (2012) provided a useful model for this study.

References


Acknowledgments

The authors would like to thank participants of this research and their healthcare team.

Also, thanks to the Manuho family and Nshimiyimana family for their relentless support throughout the years.