AWARENESS OF AND ATTITUDES TOWARDS PERIOCULAR SKIN CANCER IN THE OCULOPLASTIC CLINIC

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Introduction

20% of cases of basal cell carcinoma occur in the periocular region. Whilst sunscreen is increasingly the method of choice for sun protection[1], the periocular area is consistently missed[2]

The NICE guideline "Sun exposure: risks and benefits (NG34)", states that consistent messages about the risks and benefits of sunlight exposure should be communicated to patients whenever the opportunity arises.

We investigated the patient specific variables placing patients at greater risk of developing peri-ocular skin cancer, to see if there is a role for the ophthalmologist to incorporate sun protection advice into the consultation.

Methods

Patients presenting to the Adnexal clinic at Moorfields Eye Hospital completed an electronic survey on the following domains:

1) **Patient demographics**
2) **Risk factors for skin cancer**
3) **Subjective awareness of skin cancer**
4) **Objective awareness of skin cancer**
5) **Level of advice received.**

1. Koch S, Pettigrew S, Strickland M, Slevin T, Minto C. Sunscreen Increasingly Overshadows Alternative Sun-Protection Strategies. J Cancer Educ Off J Am Assoc Cancer Educ. 2017 Sep;32(3):528–31.
2. Pratt H, Hassanin K, Troughton LD, Czanner G, Zheng Y, McCormick AG, et al. UV imaging reveals facial areas that are prone to skin cancer are disproportionately missed during sunscreen application. PloS One. 2017;12(10):e0185297.

Results

106 patients participated.

1. A lack of awareness of periocular skin cancer



36% of patients were aware of periocular skin cancer.

Only 10.4% (n=11) received sun protection advice from the ophthalmologist

2. Inadequate periocular skin cancer measures

24.5% of respondents (n=26) applied sunscreen to the periocular area, compared to 70.8% (n=75) who applied it to the cheeks. **Younger age** and **higher education level** correlated with increased periocular sunscreen application.



24.5% of patients



70.8% of patients

3. Sun protection advice given by the ophthalmologist significantly correlated with periocular sunscreen application

Those who had been given sun protection advice from the ophthalmologist were more likely to apply sunscreen to the periocular region (54.5% vs 21.1%, **p <0.05**)

Those aware of periocular skin cancer were more likely to apply periocular sunscreen (42.1% vs 14.7%, **p <0.05**)

Conclusion

Patients attending the oculoplastic clinic at Moorfields Eye Hospital are insufficiently aware of the risk of eyelid skin cancer. Significant correlations between awareness of periocular skin cancer and information given by the ophthalmologist with improved sun protection behaviours suggest a simple informative intervention is likely to be effective.

Patients must be informed about regular use of and re-application of sunscreen, physical barriers such as sunglasses, hats and caps, and general avoidance of sun during peak hours.