

A Tethered Patient–Clinician Educational Initiative Aligning Immunotherapy Education with Patient-reported Experience in Non-melanoma Skin Cancer

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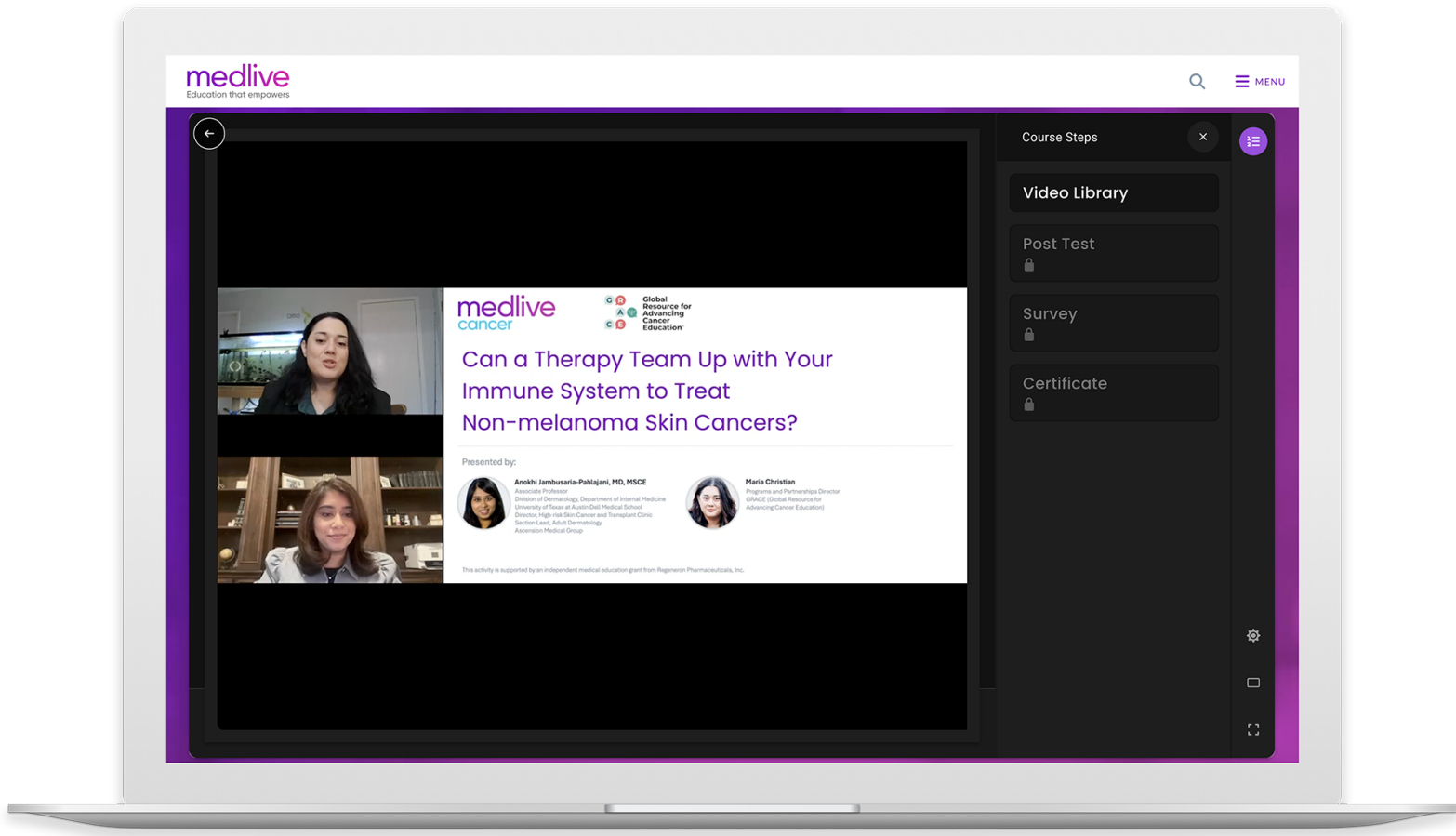


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INTRODUCTION

Immune checkpoint inhibitors (ICIs) have transformed care for advanced and high-risk basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (cSCC).^{1,2} However, uptake is limited by a misaligned clinician-patient dynamic. Clinicians report ICI knowledge/confidence gaps, while patients are seldom engaged or equipped to discuss ICIs, providing an impetus for paired patient and clinician education.



METHODOLOGY

Program Design and Evaluation

Patient survey. A survey of patients with BCC/cSCC (n=100) was fielded by FactorX from December 2025 to January 2026, evaluating care team involvement, disease burden, treatment experience and preferences, and care challenges. Respondents had previously expressed interest in participating in future non-melanoma skin cancer clinical trials. Respondents reported BCC (54%), cSCC (26%) or both (20%); disease was small but in a sensitive or high-risk site for 45%, small and treatable locally for 38%, deep or larger for 14%, and metastatic for 3%.

Patient and caregiver education. A 30-minute on-demand activity for people with non-melanoma skin cancers and their caregivers, launched December 19, 2025, augmented by educational videos via Facebook and Instagram. The activity was fielded concurrently with the survey and addressed the same care gaps.

Clinician education. Two 60-minute on-demand CME activities intended for dermatologic-oncologists, dermatologists, and other HCPs caring for patients with non-melanoma skin cancers, launched February 18 and March 27, 2026, augmented by targeted micro-learning videos via IQVIA/LinkedIn. Content was informed by the patient survey findings.

Measurements. Pre- and post-activity knowledge/competence questions aligned to stated learning objectives were developed in accordance with National Board of Medical Examiner guidelines.⁷ A post-activity evaluation captured intended practice changes and barriers to change. Statistical tests of significance were applied to comparisons of individual questions.

Participation. Clinician — 71% of CME learners completed the activity (210 learners, 150 completers), and 75% identified as current treaters. Patient and caregiver — 140 views of the 30-minute on-demand activity; 19,591 social micro-learning video completions across the 2 of 4 videos posted to date.

Learner Characteristics

Reach, participation, and intended-learner profile			
	Activity 1	Activity 2	Total
Reach and participation — all clinicians reached			
Total clinicians reached	1,557	2,220	3,777
CME enduring activity	287	225	512
Micro-learning	1,270	1,995	3,265
Intended learners — dermatology and oncology			
Intended learners, n	103	60	163
Dermatology / oncology, n	43 / 60	35 / 25	78 / 85
MD/DO/NP/PA	63%	72%	—
Community practice setting	82%	84%	—
Mean cSCC patients per month	13	14	—
Mean BCC patients per month	12	Not assessed	—

RESULTS

Patient-reported gaps and matched clinician knowledge gains

Coordination, referral:

Patient:

Communication and Care Coordination

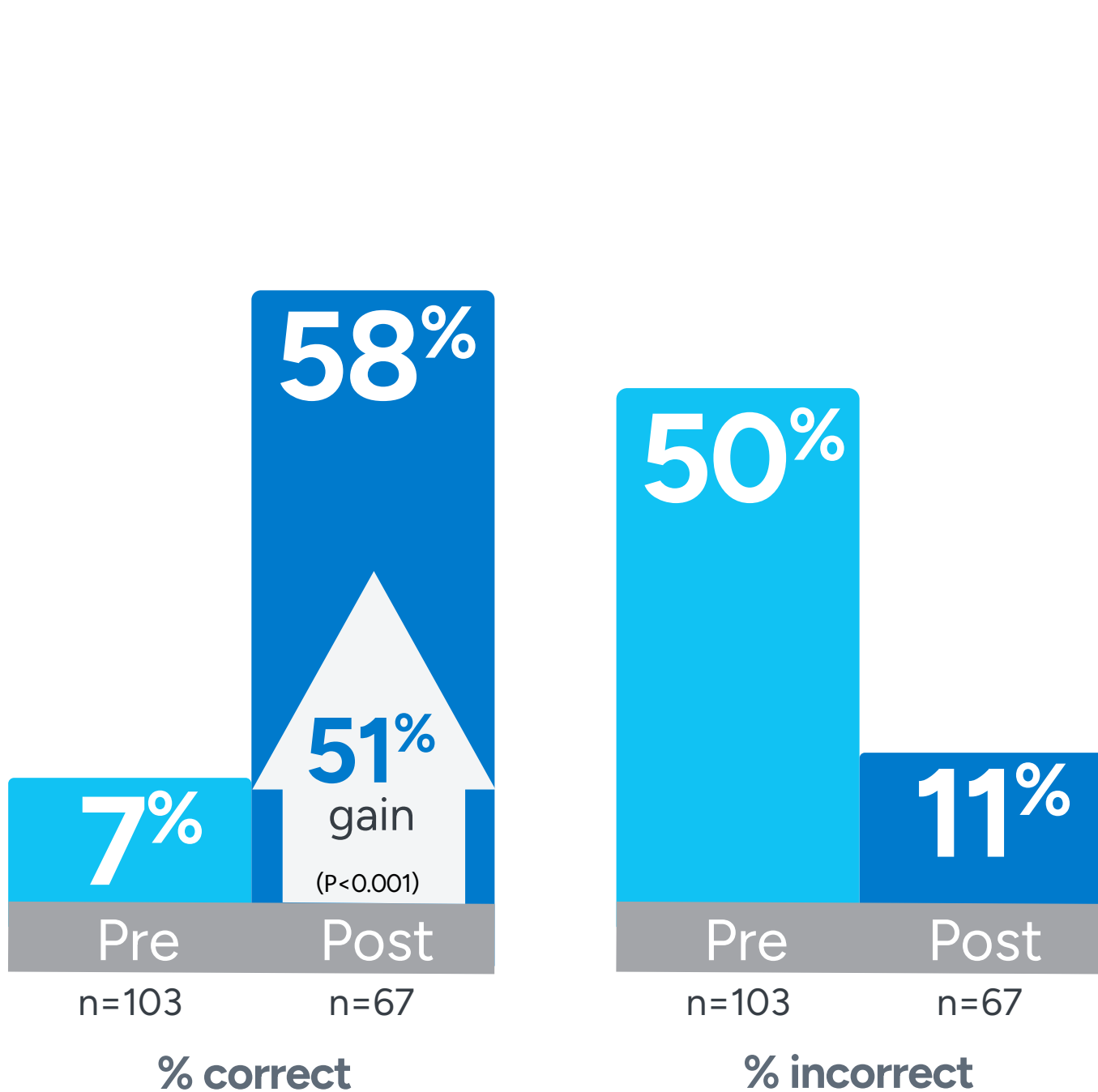


Clinician:

Identifying Extremely-High-Risk cSCC^{3,5}

Activity 1 · Learning objective 1

Which of the following best represents how extremely-high-risk cSCC is identified, prompting more complex multidisciplinary management?

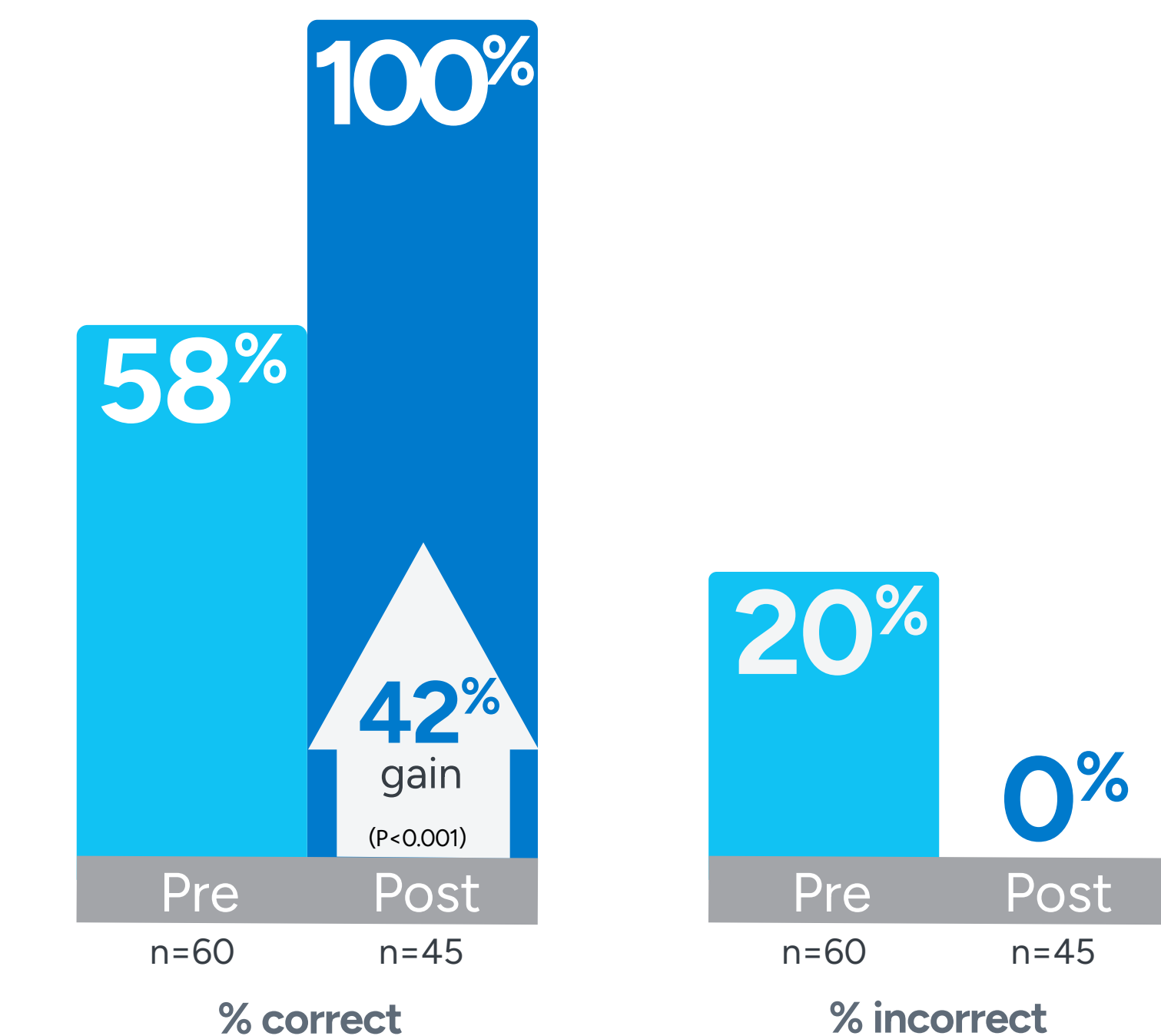


Correct: Stringent clinical-trial-specific criteria (C-POST)

Multidisciplinary Management of Recurrent cSCC⁵

Activity 2 · Learning objective 1

A 69-year-old immunosuppressed man has a recurrent 4-cm poorly differentiated cSCC on the temple with perineural invasion and extension beyond the subcutaneous fat. Which of the following strategies reflects the next best step in the management of this patient's cSCC?



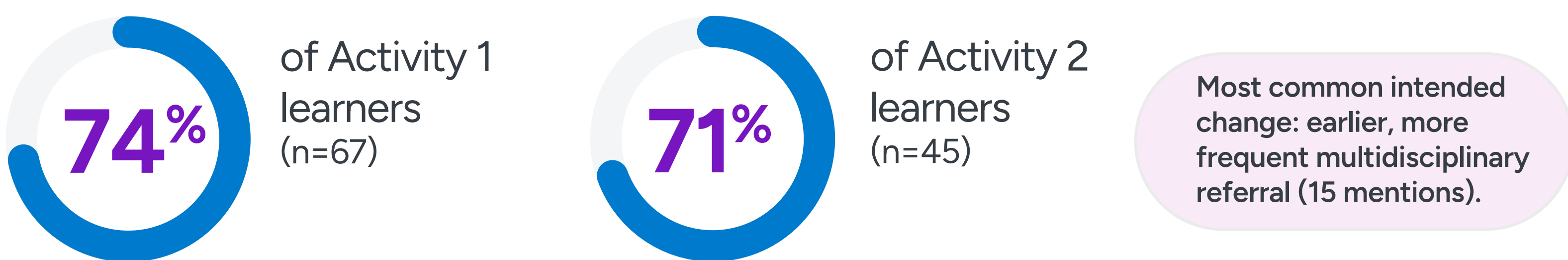
Correct: Refer for multidisciplinary evaluation at a specialized center

Overall Learning Gains (CME)

Among intended CME learners (dermatology/oncology clinicians), overall correct responses increased 26% to 80% (activity 1) and 40% to 99% (activity 2).

Intended Practice Change

Post-activity commitment to change clinical practice



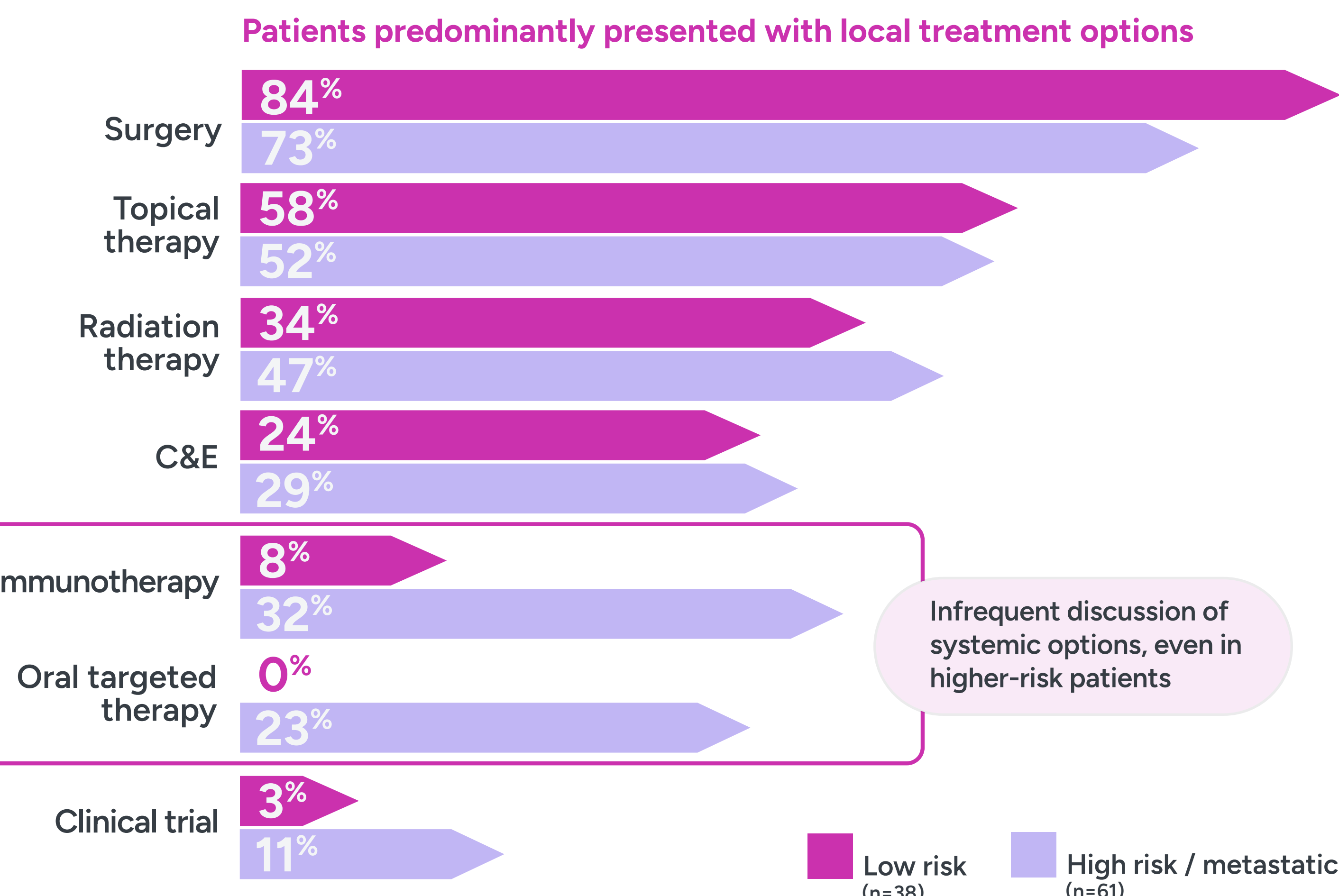
CONCLUSION

Patients and clinicians showed complementary gaps. Patients were least confident discussing immunotherapy and reported poorly coordinated care; correspondingly, clinicians' immunotherapy knowledge gaps narrowed after the education, and their most common intended change was earlier multidisciplinary referrals. A tethered, patient-informed model may align clinician practice with patient-reported needs to advance multidisciplinary, person-centered BCC/cSCC care.

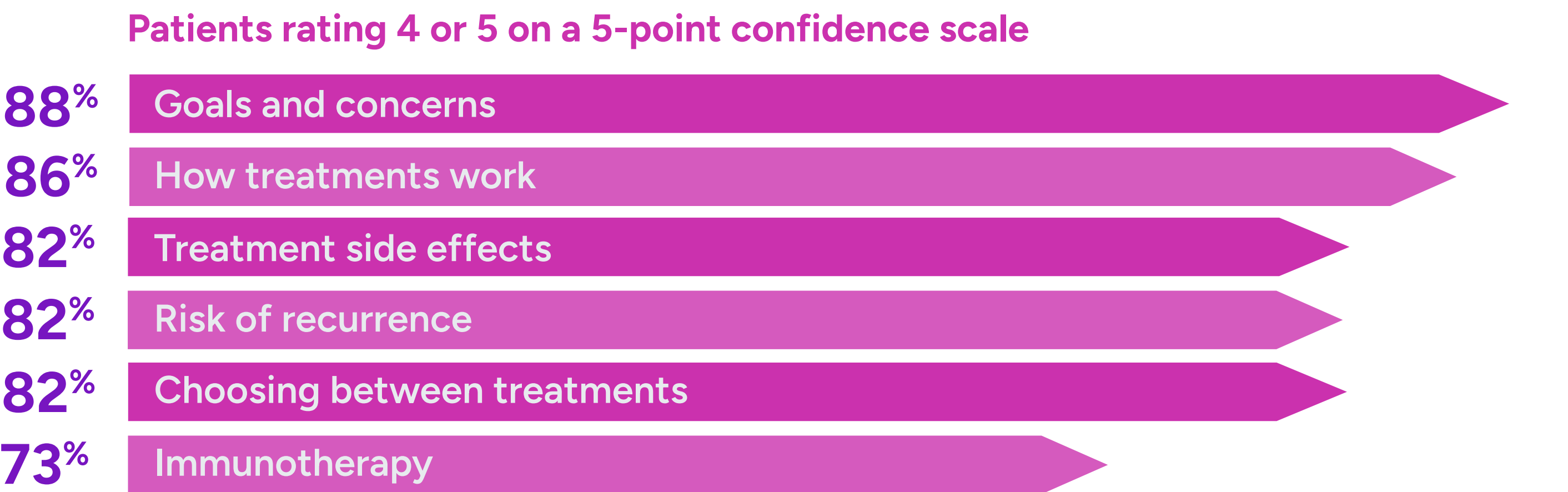
Immunotherapy:

Patient:

Treatment Options Discussed



Confidence Discussing Topics with the Care Team

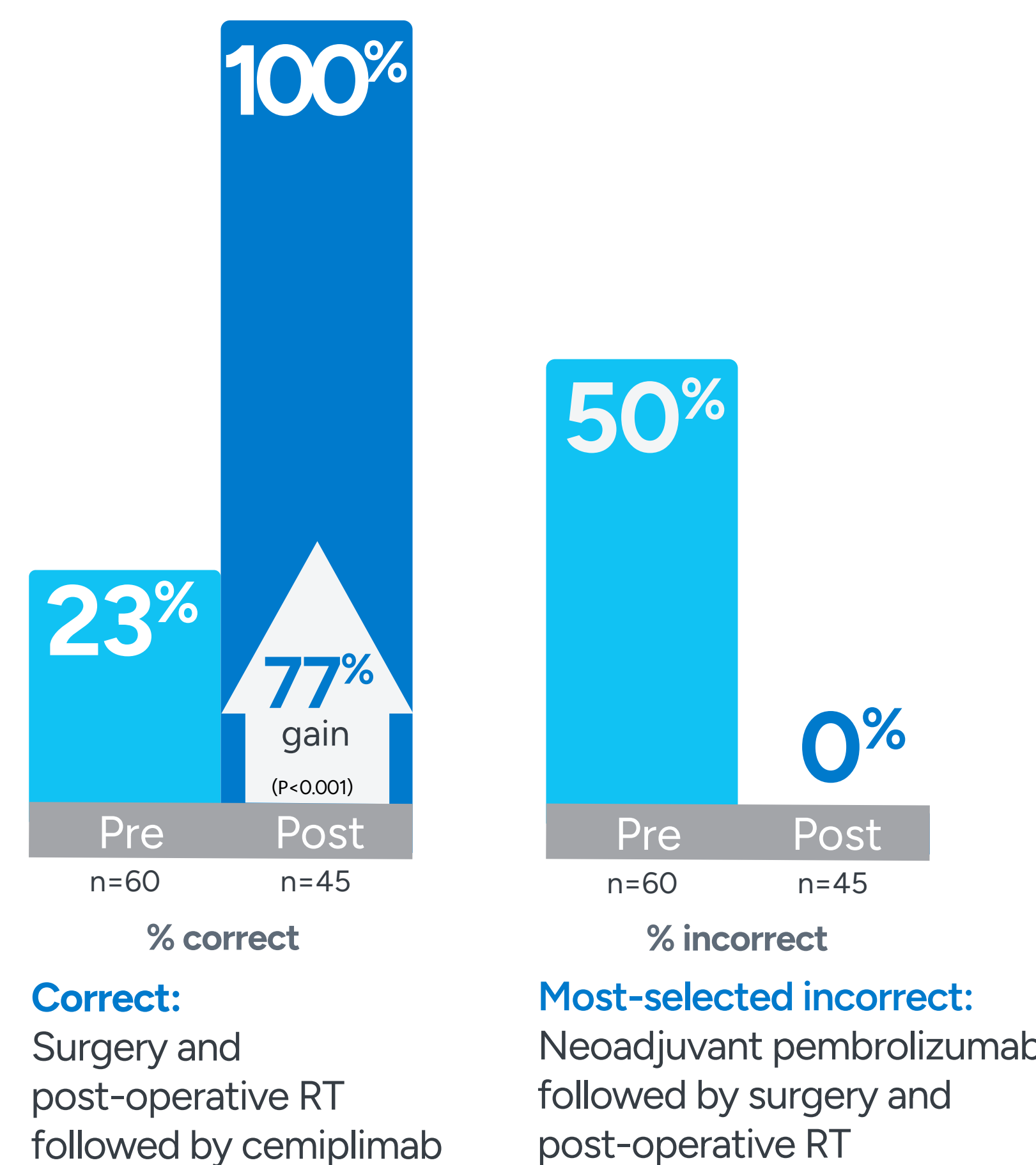


Clinician:

Perioperative ICIs in Resectable cSCC^{3,4}

Activity 2 · Learning objective 2

Your patient is a 73-year-old man who presents with a 3-cm cSCC tumor at the excision site of a previous cSCC tumor. Biopsy shows poor differentiation and perineural invasion. Imaging reveals regional nodal involvement with a 1.5-cm lymph node demonstrating extracapsular extension. Assuming he has no contraindications to systemic therapy options or surgery, which of the following would be a recommended treatment strategy for him?



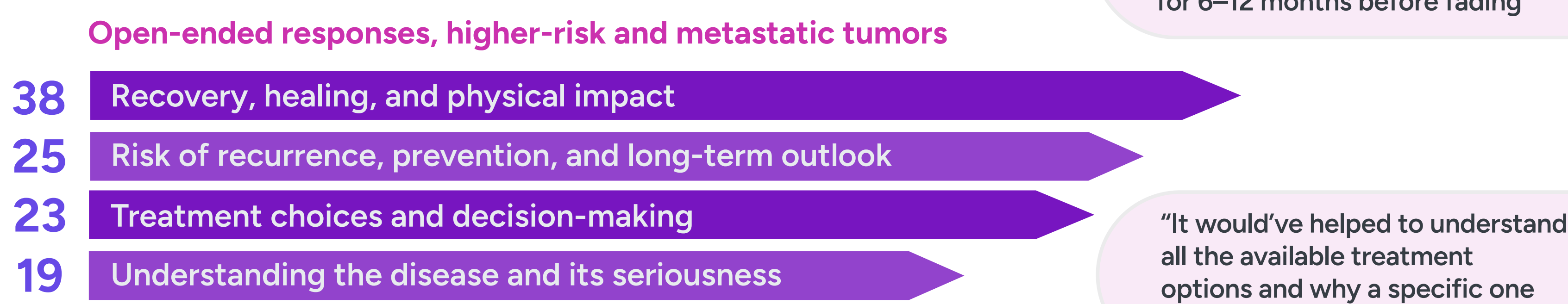
Correct: Surgery and post-operative RT followed by cemiplimab

Most-selected incorrect: Neoadjuvant pembrolizumab followed by surgery and post-operative RT

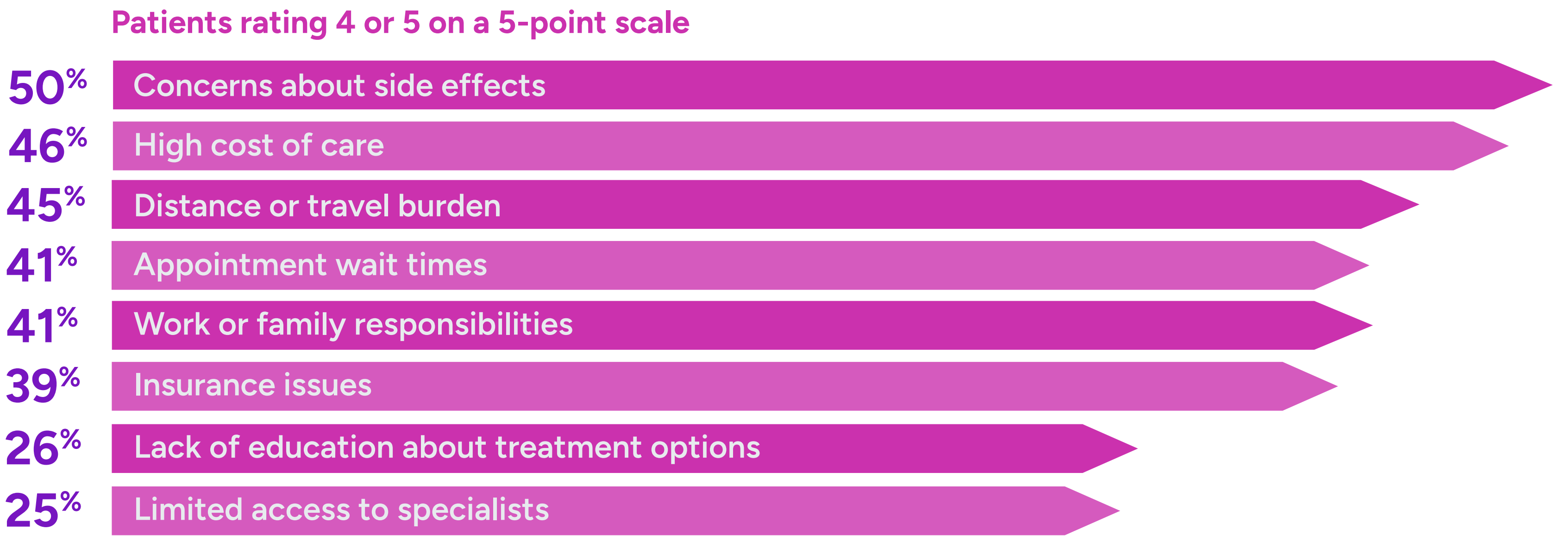
Side effects/recovery:

Patient:

What Patients Wish Had Been Explained More Clearly



Perceived Barriers to Care



Barriers to Immunotherapy Use

Top barriers reported pre-activity, pooled across both CME activities

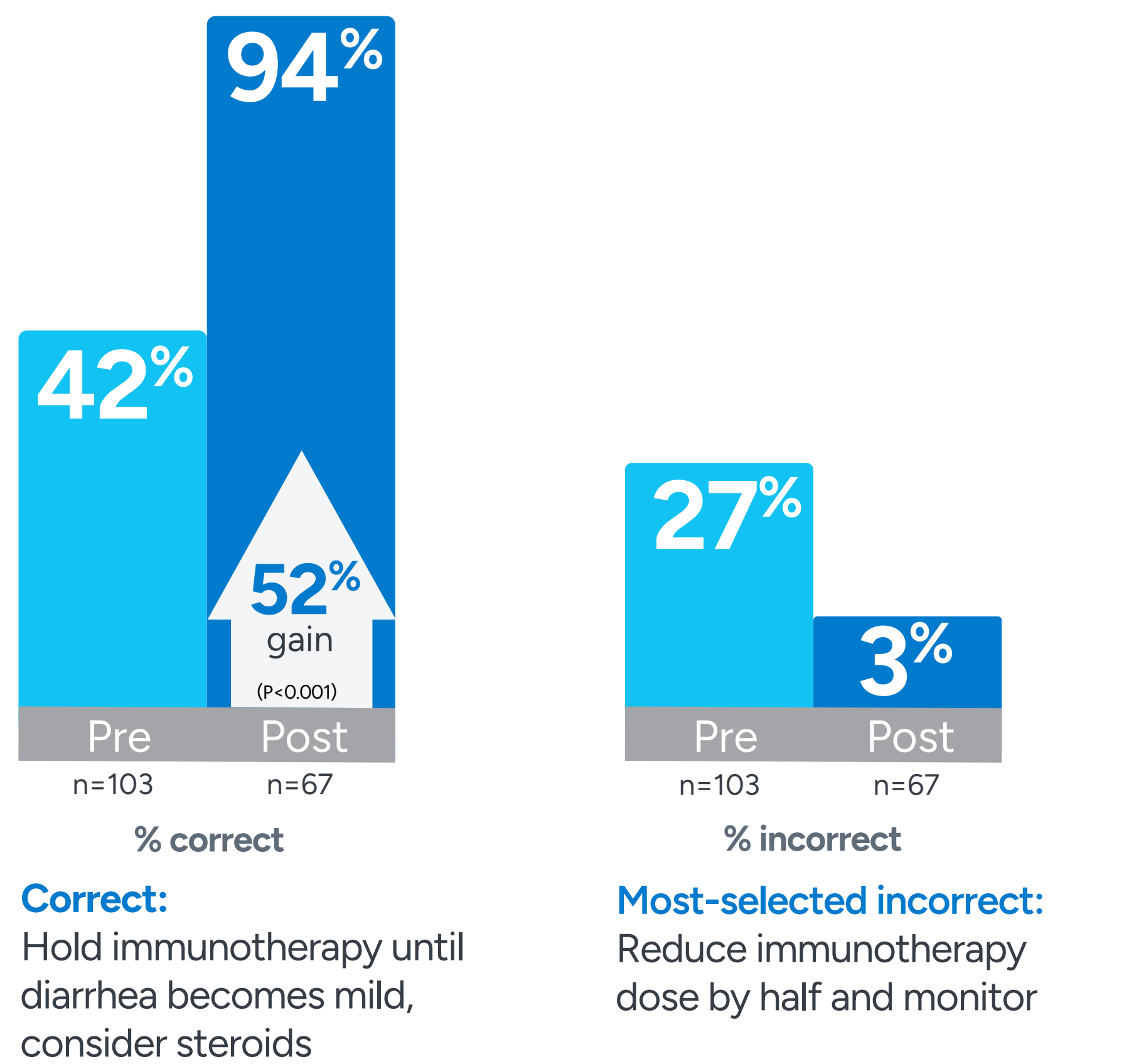


Clinician:

Managing Grade 2 irAE Diarrhea⁶

Activity 1 · Learning objective 4

A 74-year-old woman with locally advanced, unresectable BCC started anti-PD-1 immunotherapy 3 weeks ago after intolerance to Hedgehog pathway inhibitor therapy and consultation with a multidisciplinary team. She presents with abdominal pain and watery diarrhea 5 times per day for the past 3 days, consistent with grade 2 diarrhea related to her ICI therapy. What is the next best step in the management of her immune-related adverse event?



Correct: Hold immunotherapy until diarrhea becomes mild, consider steroids

Most-selected incorrect: Reduce immunotherapy dose by half and monitor