

# Why Recent Negative Findings About Skin Cancer Screening are Good for Dermatologists

A recent data analysis doesn't support screenings by PCPs, but they still can be a vital component of bringing skin cancer education and care to a large population of patients.

Earlier this year, the US Preventive Services Task Force once again failed to advocate skin cancer screenings by primary care physicians.<sup>1</sup> In the wake of publication of the recommendation statement, dermatologists have an opportunity to promote the importance of dermatologic assessment of suspicious lesions and the potential benefits of regular skin cancer screenings by a dermatologist.

## Inside the Recommendations

The US Preventive Service Task Force (USPSTF) undertook a review of evidence published since 2001 in hopes of establishing screening effectiveness, stage of detection, and accuracy of whole-body examinations by primary care physicians and self-exams by patients. The Task Force had previously reviewed the benefits of skin exams in 2001. The current recommendation (Level I) regarding exams by PCPs states: current evidence is insufficient to assess the balance of benefits and harms...Evidence is lacking, of poor quality, or conflicting... Therefore, the USPSTF generally does not endorse such screenings. The recommendation applies to adults without a history of malignant or premalignant lesions.

While the Task Force report notes that there is "fair evidence that screening by clinicians is moderately accurate in detecting melanoma," the USPSTF was less positive regarding patient self-exams. The report concludes that "evidence is insufficient to determine the extent to which screening by patient

self-examination accurately detects skin cancer."

A few key points related to the Task Force recommendation that require emphasis. First of all, the recommendation applies to skin exams in the general adult population by a primary care physician. The Task Force did not examine nor did it present a recommendation related to the conduct of skin cancer screenings by a dermatologist. Furthermore, the Task Force did not assess any potential change in benefit of PCP-screening when stratifying populations for risk, i.e. screening in high risk populations (history of melanoma, increased number of moles, etc.) may be of value.

Perhaps more importantly, the recommendation encourages PCPs to be vigilant for suspicious lesions within the context of physical exams conducted for other medical purposes. This is a point I suggested in a publication earlier this decade.<sup>2</sup> Primary care physicians should be familiar with the ABCDE criteria for the evaluation of suspicious lesions and prepared to refer high-risk patients or those with suspicious lesions to a dermatologist.

The task force assessed "the extent to which screening by patient self-examination accurately detects skin cancer," but we as dermatologists recognize that self-exams are intended to do more than "detect skin cancer." In fact, the goal of patient self-exams is for patients to identify new, changing, or otherwise suspicious lesions that warrant further assessment by a dermatolo-

gist. These identified lesions of concern may be cancerous or they may be harmless. That's a determination the dermatologist will make when the patient presents to the office. We don't want patients to practice self-diagnosis.

Furthermore, we would intuitively expect that patients who get into the habit of conducting self-exams stay engaged with the issue of skin cancer detection and prevention. Though not scientifically proven, it seems reasonable to assume that many of these individuals will be more vigilant to skin changes and may even be more inclined to practice UV avoidance strategies.

Regular self-exams are an important, though perhaps imperfect, element of skin cancer detection. Recent findings that "A history of melanoma does not increase the ability of patients to detect new or thinner primary melanomas themselves,"<sup>3</sup> confirms the potential unreliability of patient self-exams. Yet studies suggest that patient education about risks and regular self-exams in combination with routine dermatologic evaluations is associated with detection of thinner second primary melanomas.<sup>4,5</sup>

Patients educated by a dermatologist about the ABCDEs of lesion assessment and taught the proper methods for self-assessment—especially those at increased risk for melanoma and non-melanoma skin cancers—should be encouraged to continue conducting self-exams.

## Opportunities for Dermatologists

Dermatologists are expert in the diagnosis of skin cancer, including

melanoma. Melanomas identified by dermatologists through routine skin exams tend to be thinner than those found otherwise. Among high-risk patients with a familial history of melanoma and a personal history of dysplastic nevi, melanomas identified during dermatologic surveillance averaged 0.52mm in thickness while those found before surveillance averaged 1.44mm in thickness. A retrospective cohort analysis of 218 patients diagnosed with melanoma in the mid-1990s found that initial melanomas detected by dermatologists were more likely to be 0.75mm or less in depth than those found by other physicians.<sup>6</sup>

Schwartz, et al. found that melanomas detected by physicians tended to be thinner than those detected by the patient or a spouse.<sup>7</sup> The study was based on a prospective review of patients in a melanoma database—therefore the physicians were likely dermatologists—but the study does not specify.

Given their expertise in diagnosis and the documented benefits of regular skin examinations, dermatologists must continue to provide this important preventive service to patients. Particularly in the aftermath of the USPSTF report, dermatologists may need to take time to explain to patients that the report deals with skin exams by PCPs. Discuss with patients the body of evidence supporting the benefit of exams by dermatologists and the better prognosis associated with identification of earlier and particularly thinner lesions.

In order to enhance the potential benefits of skin self-exams, patients require education on skin cancer risks

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and the signs of melanoma, particularly the ABCDE criteria for lesion evaluation. Stress to patients that they should be vigilant for lesions that may need to be evaluated by the dermatologist. If in doubt, the patient should come to the office for an evaluation. Patients should not try to use the ABCDE criteria to self-diagnose lesions.

The USPSTF report may provide an opportunity for dermatologists to collaborate with PCPs in their communities. As noted in the report, PCPs can play an important role in detection of suspicious lesions because they may see a patient's skin during the course of physical exams for various concerns. PCPs may benefit from education about the ABCDE criteria and the dermatologist's approach to assessment and diagnosis of suspicious lesions.

Primary care doctors should be able to identify high-risk patients for referral to dermatologists, as data suggest that such identification and referral is beneficial. High risk patients, dermatologists well know, include those with fair skin, increased number of moles, dysplastic moles, family history, etc. Dermatologists must educate PCPs on risk factors and skin cancer. It behooves us to do this, as early detection depends greatly on the "gatekeeper" recognizing risk and managing it appropriately.

Importantly, primary care physicians have ample opportunities to be patient educators.<sup>2</sup> They can efficiently disseminate information about both skin protection and skin cancer awareness through brochures, posters and direct communication with patients. If during the physical examination the physician identified atypical moles or large numbers of nevi or patients have susceptible skin types, the physician can choose to discuss sun safety and skin cancer risks with the individual. A patient who presents with a sunburn or tan is ripe for education about the dangers of UV exposure.

### **Collaboration is Key**

Dermatologists are all too familiar with the reality that skin cancer is the most commonly diagnosed cancer in the US.<sup>1</sup> About 75 percent of mortality from skin cancer is due to melanoma. Melanoma thickness is directly proportional to prognosis. Early diagnosis of tumors, when they are expected to be thinner, is essential to reducing morbidity and mortality. Dermatologists play a key role in the diagnosis and management of melanoma, but it is essential that patients are empowered to play a role in their own cutaneous health. In addition to important UV protection strategies, patients must be vigilant self-examiners and seek the expertise of dermatologists to assess any suspicious lesions.

Primary care physicians can be an important part of the patient care team. While they need not provide full skin exams/screens, they should be vigilant for suspicious lesions that require dermatologic referral and must educate patients about skin cancer risks and strategies to minimize them. ■

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