

## Screening for Skin Cancer: U.S. Preventive Services Task Force Recommendation

*Summaries for Patients* are a service provided by *Annals* to help patients better understand the complicated and often mystifying language of modern medicine.

The full reports are titled “Screening for Skin Cancer: U.S. Preventive Services Task Force Recommendation Statement” and “Screening for Skin Cancer: An Update of the Evidence for the U.S. Preventive Services Task Force.” They are in the 3 February 2009 issue of *Annals of Internal Medicine* (volume 150, pages 188-193 and pages 194-198). The first report was written by the U.S. Preventive Services Task Force; the second report was written by T. Wolff, E. Tai, and T. Miller.

### Who developed these guidelines?

The U.S. Preventive Services Task Force (USPSTF) is a group of health experts that makes recommendations about preventive health care.

### What is the problem and what is known about it so far?

Skin cancer is the most common cancer in the United States. There are several different types: basal cell carcinoma, squamous cell carcinoma, and melanoma. Basal cell cancer is the most common and, with treatment, it usually does not lead to major problems for patients. Melanoma is less common but is more difficult to treat and can be deadly.

Often, skin cancers are first recognized when patients themselves notice skin changes, which they bring to their doctor’s attention. Skin cancer screening involves doctors doing a whole-body skin examination on all patients regardless of whether the patient has noticed a skin change. The potential benefits of screening are that doctors might find early skin cancer that patients had not noticed. The potential harm of screening is that it could identify unimportant skin changes that could lead to unnecessary procedures and treatments. In 2001, the USPSTF concluded that there was not enough evidence to recommend for or against routine total-body skin examination to screen for skin cancer. The USPSTF came to this conclusion because of studies about doctors’ inability to accurately identify skin cancers during total-body skin examination and others showing that proof was lacking that screening improved skin cancer outcomes.

### How did the USPSTF develop these recommendations?

The USPSTF reviewed published studies about the accuracy of whole-body skin examinations by primary care doctors and about the benefits of screening by doctors or self-examination by patients.

### What did the authors find?

The USPSTF found that primary care physicians are moderately accurate in diagnosing melanoma when presented with images of skin abnormalities, but studies of accuracy that involved real-life whole-body skin examinations by doctors or patients are still lacking. The authors found no direct evidence that screening for skin cancer improves patient outcomes.

### What does the USPSTF suggest that doctors and patients do?

The USPSTF concludes that there is not enough information to assess the balance of benefits and harms of using routine whole-body skin examination by a primary care physician or patient self-examination for the early detection of skin cancer in adults. Doctors and patients should consider the individual patient’s risk and preferences when deciding whether to make total-body skin examination a regular part of preventive care.

### What are the cautions related to these recommendations?

These recommendations apply to the general adult population at average risk for skin cancer. The balance of benefits and harms may be different in patients with a history of skin cancer or very high risk for the disease.

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