

Screening, early detection, education, and trends for melanoma: Current status (2007-2013) and future directions

Part II. Screening, education, and future directions

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1. Reading of the CME Information (delineated below)
2. Reading of the Source Article
3. Achievement of a 70% or higher on the online Case-based Post Test
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Learning Objectives:

After completing this learning activity, participants should be able to describe the benefits of physician screening and counseling for melanoma and

describe the evidence for skin self-examinations based on the latest literature available.

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New evidence has accumulated over the past several years that supports improved melanoma outcomes associated with both clinician and patient screening. Population-based and workplace studies conducted in Australia and the United States, respectively, have shown decreases in the incidence of thick melanoma and overall melanoma mortality, and a year-long statewide screening program in Germany has shown a nearly 50% reduction in mortality 5 years after the screening ended. Current melanoma screening guidelines in the United States are inconsistent among various organizations, and therefore rates of both physician and patient skin examinations are low. As policymaking organizations update national screening recommendations in the United States, the latest research reviewed in part II of this continuing medical education article should be considered to establish the most effective recommendations. Patient and provider education will be necessary to ensure that appropriate patients receive recommended screening. (J Am Acad Dermatol 2014;71:611.e1-10.)

Since the most recent review of screening studies (2007)¹ and the recommendations of the US Preventive Services Task Force (2009),² there have been notable advances in the effectiveness of screening in reducing melanoma mortality and tumor thickness, the penetration of screening efforts led by dermatologists worldwide, and the development of new interventions to improve both physician and self-screening. After discussing current screening guidelines and rates of screening, we explore several interventional and observational studies that appear to support screening, many of which have led to decreased mortality and thinner melanomas (Table I).

SCREENING GUIDELINES

Key points

- **The current guidelines provide inconsistent messages regarding the pros and cons of screening for melanoma**
- **A growing pool of evidence points to the potential for screening to improve melanoma outcomes**
- **Recommendations from the US Preventive Services Task Force and other organizations are crucial to ensure that appropriate patients receive regular screening and education**

Screening guidelines for skin cancer are contradictory and confusing for the general public and practitioners alike. The American Cancer Society recommends that primary care physicians (PCPs) check for skin cancer “on the occasion of a periodic health examination” for men and women ≥ 20 years of age.³ On the other hand, the American Academy

Abbreviations used:

INFORMED:	Internet-based Program for Melanoma Early Detection
NHIS:	National Health Interview Survey
PCP:	primary care physician
PSE:	physician skin examination
RR:	relative risk
SCREEN:	Skin Cancer Research to Provide Evidence for Effectiveness of Screening in Northern Germany Surveillance Epidemiology and End Results
SEER:	skin self-examination
SSE:	United States Preventive Services Task Force
USPSTF:	

of Dermatology recommends that patients perform skin self-examinations (SSEs) but, in regard to physician skin examinations (PSEs), does not specify who should get screened or how often.⁴

The most recent skin cancer screening guidelines from the US Preventive Services Task Force (USPSTF) in 2009 recommend that clinicians “remain alert” for potentially malignant skin lesions during a physical examination for other reasons.² While numerous worldwide studies have shown that physician detection of melanoma is associated with thinner tumors at the time of diagnosis,⁵ no randomized trials have established the efficacy of clinician screening for melanoma on mortality reduction. As such, the 2009 statement from the USPSTF found insufficient evidence to recommend either for or against routine skin cancer screening of the general population by PCPs or SSEs.² However, there is mounting evidence for improved melanoma outcomes with clinician skin

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