

Screening for Skin Cancer Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	Adult General Population ¹
"I" Statement: Insufficient Evidence	No recommendation due to insufficient evidence

Risk Assessment	Skin cancer risks: family history of skin cancer, considerable history of sun exposure and sunburn Groups at increased risk for melanoma: • fair-skinned men and women over the age of 65 years • patients with atypical moles • patients with more than 50 moles
Screening Tests	There is insufficient evidence to assess the balance of benefits and harms of whole body skin examination by a clinician or patient skin self-examination for the early detection of skin cancer.
Screening Intervals	Not applicable.
Suggestions for Practice	Clinicians should remain alert for skin lesions with malignant features that are noted while performing physical examinations for other purposes. Features associated with increased risk for malignancy include: asymmetry, border irregularity, color variability, diameter >6mm ("A," "B," "C," "D"), or rapidly changing lesions. Suspicious lesions should be biopsied.
Other Relevant Recommendations from the USPSTF and the U.S. Task Force on Community Preventive Services	The USPSTF has reviewed the evidence for counseling to prevent skin cancer. The recommendation statement and supporting documents can be accessed at <u>http://www.preventiveservices.ahrq.gov</u> . The U.S. Task Force on Community Preventive Services has reviewed the evidence on interventions to reduce skin cancer. The recommendations can be accessed at <u>http://www.thecommunityguide.org</u> .

For a summary of the <u>evidence</u> systematically reviewed in making these recommendations, the full <u>recommendation statement</u>, and <u>supporting documents</u> please go to <u>http://www.preventiveservices.ahrq.gov</u>.

¹ Note: The USPSTF does not examine outcomes related to surveillance of patients with familial syndromes, such as familial atypical mole and melanoma (FAM-M) syndrome.