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U.S. Preventive Services Task Force Issues Final Recommendation on Screening for Skin Cancer

More research is needed to recommend for or against screening adolescents and adults without symptoms

WASHINGTON, D.C. – April 18, 2023 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for skin cancer in adolescents and adults. The Task Force determined that there is not enough evidence to recommend for or against screening people without symptoms. **This is an I statement.**

Grade in this recommendation:

I: The balance of benefits and harms cannot be determined.

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For this recommendation, screening is defined as a visual skin exam by a primary care professional. The recommendation does not apply to people with a family history of skin cancer or those with signs or symptoms, such as irregular moles or any changes in the size, shape, or color of skin growths.

Skin cancer is an abnormal growth of skin cells. It is the most common type of cancer in the United States, but it usually does not cause serious complications or death. There are two main types of skin cancer: melanoma and keratinocyte carcinoma, which consists of basal and squamous cell carcinomas. Melanoma, while not as common, is the deadliest type.

"The Task Force wanted to see if visual skin exams by primary care professionals reduce complications or deaths from skin cancer in people without symptoms," says Task Force member Katrina Donahue, M.D., M.P.H. "Unfortunately, there is not enough evidence to recommend for or against screening, and healthcare professionals should use their judgment when deciding whether or not to screen."

Repeated exposure to sunlight is the main cause of skin cancer. People who have had many sunburns, males, and older people are at increased risk for developing skin cancer. Use of indoor tanning beds is also an important risk factor, particularly for adolescents and young adults. For melanoma specifically, people at increased risk include those with fair skin, light-colored eyes, red or blond hair, a large number of moles, or a family or personal history of skin cancer. However, it is important to note that this recommendation does not apply to people with a personal or family history of skin cancer or with symptoms, such as irregular moles or any changes in the size, shape, or color of skin growths.

"We need more research on whether or not screening for skin cancer in people without symptoms is beneficial," says Task Force member John Ruiz, Ph.D. "To help prevent skin cancer, people should minimize sun exposure, protect their skin when in the sun, and avoid tanning beds."

While evidence on screening is limited in all people, the Task Force is using this recommendation to draw attention to the need for future research to be reflective of the United States, both in terms of including study populations with a diversity of skin tones and settings where access to healthcare varies.

People who have noticed changes to their skin or have concerns about skin cancer should talk to their healthcare professional so that they can get the care they need. It is also important that people take actions to protect their



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skin. The Task Force has a separate, related recommendation on <u>counseling to prevent skin cancer</u> that provides additional guidance to primary care professionals and patients.

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: https://www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement and evidence review were available for public comment from October 25, 2022, to November 21, 2022.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Donahue is a professor and vice chair of research at the University of North Carolina at Chapel Hill Department of Family Medicine. She is a family physician and senior research fellow at the Cecil G. Sheps Center for Health Services Research and the co-director of the North Carolina Network Consortium, a meta-network of six practice-based research networks and four academic institutions in North Carolina.

Dr. Ruiz is a professor of clinical psychology in the Department of Psychology at the University of Arizona, where he is also director of diversity, equity, and inclusivity.

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