U.S. Preventive Services

USPSTF Bulletin

An independent, volunteer panel of national experts in prevention and evidence-based medicine

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

Task Force finds insufficient evidence to recommend for or against clinicians using visual exams to screen adults for skin cancer

WASHINGTON, D.C. – July 26, 2016 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on clinicians using visual exams to screen adults for skin cancer. Based on its review, the Task Force found that the current evidence is insufficient to assess the balance of benefits and harms of a full-body visual skin exam performed by a doctor to find skin cancer in adults. This is an **I statement** and not a recommendation for or against screening.

Skin cancer is the most common type of cancer among men and women in the United States. While the vast majority of skin cancers are types that can be treated and rarely lead to death, melanoma is different. It has a much higher death rate, but it is not as common as other types of skin cancer. The Task Force reviewed the current

Grades in this recommendation:

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

Learn more here

evidence on the effectiveness of screening for skin cancer, especially melanoma, with a full-body skin exam by a clinician.

"We found there is not enough evidence to know whether screening with a full-body skin exam reduces deaths from skin cancer," said Task Force member Michael P. Pignone, M.D., M.P.H. "Rather than recommending for or against this screening, the Task Force is calling for more research to better understand the balance of benefits and harms."

There are potential harms to screening, including being diagnosed and treated for skin cancer when it would never have become a problem in the person's lifetime. Additional harms include unnecessary biopsies and treatment that could lead to poor cosmetic results. In the face of unclear evidence, clinicians should use their judgment when deciding whom to screen.

"It is important to note that the Task Force's statement does not apply to people who have potential signs of skin cancer or a history of pre-cancerous or cancerous skin lesions, nor does it apply to those at very high risk of skin cancer, such as those with a family history of skin cancer syndromes," said Task Force Vice-Chairperson Dr. David Grossman, M.D., M.P.H. "People who are concerned about getting skin cancer or about any changes to their skin should talk to their doctor."

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

Dr. Pignone is a professor of medicine and inaugural chair of the Department of Internal Medicine at the

www.uspreventiveservicestaskforce.org

Dell Medical School at The University of Texas at Austin. His research expertise is in quality improvement, chronic disease prevention and treatment, physician-patient communication, and decisionmaking in primary care settings.

Dr. Grossman is a pediatrician recognized for his research on clinical preventive services, injury prevention, and Native American health. He is a senior investigator at the Group Health Research Institute in Seattle, WA, where he is also medical director for population health. He is also professor of health services and adjunct professor of pediatrics at the University of Washington.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (202) 572 -2044