

Screening for Skin Cancer

The U.S. Preventive Services Task Force (Task Force) has issued a **final recommendation** statement on *Screening for Skin Cancer*. It found that there is not enough evidence on the benefits or harms of routine visual skin examinations by a clinician to make a recommendation for or against this type of skin cancer screening for adults who do not have any signs or symptoms of skin cancer.

This final recommendation does not apply to adults who have had skin cancer in the past. It also does not apply to those who are at high risk of developing skin cancer or who have changes to their skin that might be a sign of skin cancer. People who have concerns about their skin should talk with their clinician.

What is skin cancer?

Skin cancer is a cancer that occurs in different kinds of cells in the outer layer of the skin. The three main types of skin cancer are melanoma, basal cell carcinoma, and squamous cell carcinoma.

Facts About Skin Cancer

Skin cancer is the most common type of cancer in the United States. Some types are more common or deadly than others. Basal and squamous cell carcinoma are the most common types of skin cancer and they make up more than 98% of all cases of skin cancer. They can be treated and rarely result in death—less than 0.1 percent of patient deaths are caused by basal and squamous cell carcinoma skin cancers.

However, another type of skin cancer is melanoma. It is much less common than the other types of skin cancer but it is more likely to result in death. In 2016, about 76,400 adults in the United States will develop melanoma and 10,100 will die from the disease.

Like many cancers, the risk of melanoma increases with age. Skin cancer of any type occurs more commonly in men than in women, and among individuals who:

- Have blonde or red hair, light eye color, and fair skin that freckles and sunburns easily
- Use indoor tanning beds
- Have a past history of sunburns or skin cancer
- Have a family history of melanoma

Two additional factors that increase a person's risk for developing melanoma include having abnormal moles or having more than 100 moles.

Screening for Skin Cancer

The usual way that clinicians screen for any type of skin cancer is a visual examination. During this exam, they look for moles and other spots that are different in color from the rest of the skin. Clinicians follow the ABCDE rule to look for:

- **A = asymmetry** (one half of the mole does not match the other half)
- **B = border irregularity** (edges of the mole are ragged, notched, or blurred)
- **C = color** (pigmentation of the mole is not uniform, with varying degrees of tan, brown, or black)
- **D = diameter of more than ¼ inch** (about the size of a pencil eraser)
- **E = evolving** (the mole is changing over time)

Potential Benefits and Harms of Skin Cancer Screening

The Task Force found that there is not enough evidence to know for certain whether a visual skin cancer screening examination by a clinician can reduce deaths from skin cancer.

The Task Force also did not find much information about the harms of screening. Potential harms may include unnecessary procedures (such as skin biopsy or excision, which means removal of a section of skin) for lesions (abnormal areas) that do not turn out to be cancer, or for skin cancers that would never have gone on to harm the person or result in death. A biopsy involves taking a sample of tissue to examine it more closely for possible cancer. Biopsies and excisions may cause harm, such as scarring.

Because of the lack of clear information, the Task Force is calling for more research to better understand the balance of potential benefits and harms of visual skin cancer examinations. Clinicians should use their judgment when deciding whether to screen their patients for skin cancer.

The Final Recommendation on Screening for Skin Cancer: What Does It Mean?

Here is the Task Force's final recommendation on screening for skin cancer. Recommendations have letter grades. The grade is based on the quality and strength of the evidence about the potential benefits and harms of the screening. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence about a screening test to judge benefits and harms, the Task Force does not make a recommendation for or against the test—it issues an **I Statement** and calls for more research to better understand the balance of benefits and harms. The Notes explain key ideas.

Visit the Task Force Web site to read the [full recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence summary](#) provides more detail about the studies the Task Force reviewed.

The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of *visual skin examination by a clinician* to screen for skin cancer in *adults*.

Notes

current evidence is insufficient

The Task Force did not find enough information to know whether this screening test can prevent deaths from skin cancer.

visual skin examination by a clinician

An examination in which a doctor looks at a person's skin to see whether there are any growths or other changes that are not normal and might suggest skin cancer.

adults

People ages 18 and older who do not have any signs or symptoms of skin cancer and who do not have a history of skin cancer. This recommendation does not apply to adults who have already have developed abnormal skin changes or to those who are at very high risk of developing skin cancer.

Talking to Your Clinician about Screening for Skin Cancer

People who are concerned about getting skin cancer or who notice any changes to their skin should talk to their clinician. And they should be sure to tell their doctor of any risk factors for skin cancer, including any changes to the appearance of moles, past history of sunburns or skin cancer, family history of melanoma, and use of tanning beds.

During these conversations, make sure your concerns and questions are answered. Consider your health and your personal beliefs and preferences for health care. And consider scientific recommendations, like this one from the Task Force.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient’s situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Screening for Skin Cancer

-  **Take Steps to Prevent Skin Cancer** (healthfinder.gov)
-  **Skin Cancer** (National Cancer Institute)
-  **Melanoma** (Medline Plus)