



Skin Cancer Screenings: What Is Our Role as Dermatology Residents?

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As residents, we frequently are asked to volunteer at skin cancer screenings. Of course we are glad to help, but few of us have had formal training in skin cancer screening, and when the time comes, we find ourselves somewhat confused about our role at these events. We cannot biopsy suspicious lesions at a screening event or hack off the giant basal cell carcinoma we discover that has been growing on a 79-year-old man's back. We do not want to alarm patients by telling them they have a basal cell carcinoma at a screening event because all they may hear is "carcinoma," and then they will go home and mull over the fact that some young doctor just told them they have a carcinoma, which may cause them terrible stress that is not necessary.

So then, what is our role? Education, prevention, and detection.

First and foremost, our role at skin cancer screenings is to educate patients on the signs and symptoms of skin cancer, most importantly melanoma. Skin cancer screenings often take place at outdoor venues and the examination often is limited to exposed skin only. I am always conscientious of this fact and document the level or areas of skin that are examined. I relay to the patient that it is only a screening and that an annual, full-body examination with his/her dermatologist is encouraged. At every screening, I review the ABCDEs (asymmetry, border, color, diameter, and evolution) of melanoma with patients and, when possible, send them home with patient brochures that illustrate the 5 signs. It is a great way to encourage

patients, especially younger ones, to start looking at their own moles and to bring it to their doctor's attention or seek a dermatologist's opinion if they see anything of concern. Wolf et al¹ recently reported that recommending self-screening examinations to patients and providing a visual aid with melanoma photographs is a simple way to improve the early detection of skin cancer.

Parents often will bring their young children who do not have any moles to be screened, and you may wonder, "What am I supposed to do? There's not a spot on them to examine!" I use it as an opportunity to teach kids about sun safety, a useful prevention measure (Table). With younger patients, I try to impart the importance of wearing sunscreen. I may ask patients or guardians what brand of sunscreen they use and how often they apply it, engaging them to think about their sun habits; then we can have a discussion about sun safety. I encourage all patients to wear hats and consider sun-protective clothing if they cannot avoid the sun. I always have a list of my favorite sunscreens and sun-protective clothing handy as well as information on where they can be purchased. As a tip, fishing shops have some of the best sun-protective clothing at the lowest prices. Most major sporting goods stores also carry sun-protective clothing at reasonable prices.

Although I generally use skin cancer screenings as an opportunity to educate the public about skin cancer and safe sun habits, there are many times when we detect skin cancer. If I find an obvious basal or squamous cell carcinoma, I feel confident that I can educate the patient without alarming him/her or causing undue distress. I discuss the likely diagnosis and the need for prompt follow-up with a dermatologist. I give patient handouts so they can read more at home and relay the likely diagnosis to their family

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Sun-Protective Measures for Patients¹⁻⁴

Apply a broad-spectrum (UVA/UVB) sunscreen daily, even on cloudy days

Use an SPF of 15 or greater and make sure it is water resistant

Apply sunscreen liberally and at least 30 minutes prior to sun exposure

Use 1 oz or 2 tablespoons of sunscreen for the entire body

Reapply sunscreen often (at least every 2 hours)

Wear sun-protective clothing including a broad-rimmed hat

Seek shade and avoid midday sun, especially between the hours of 10 AM and 4 PM

Exercise caution with reflective surfaces such as sand, water, and snow; these surfaces will increase the amount of UV damage

Avoid tanning beds; UV radiation is a known carcinogen

Perform monthly skin self-examinations

Get an annual examination with your dermatologist

Abbreviation: SPF, sun protection factor.

members and significant others. I also advise patients about the most likely course of action the dermatologist will take, including a biopsy for definite diagnosis and treatment options. I reassure patients that these types of cancers are most likely not going to cause immediate or life-threatening situations but that

they do need to address the cancer promptly, as it will continue to grow. When I suspect a more deadly skin cancer such as a melanoma, I am more cautious with my approach toward patients. I stress the importance of immediate follow-up and at times have even called and scheduled appointments. I often work with Moffitt Cancer Center, Tampa, Florida, at the skin cancer screenings and they help facilitate follow-up appointments. Having this partner at the skin cancer screenings is key to facilitating timely follow-up for the patient. I never tell the patient he/she has melanoma but that I am suspicious the lesion may need to be treated immediately. I explain what makes a mole atypical and what is melanoma, but I always reiterate that a pathologic diagnosis is necessary to confirm my suspicion.

Skin cancer screenings are an important and effective way to reach out to patients as well as to provide education about skin cancer and skin cancer prevention. The dermatology resident plays a pivotal role at skin cancer screenings. Many patients seen at screenings have never visited a dermatologist or had their skin examined. Residents should seize the opportunity to educate and provide patients with a positive experience so they will not feel intimidated having their skin examined in the future. It also is important to provide patients with the tools to help identify suspicious lesions to prevent and protect themselves from the harmful effects of the sun.

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