

Not Enough Evidence to Recommend General Skin Cancer Screenings

The U.S. Preventive Services Task Force found “insufficient” evidence to recommend skin cancer exams for folks without symptoms.

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The U.S. Preventive Services Task Force (USPSTF) updated its [skin cancer screening](#) recommendations and [concluded](#) 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 adolescents and adults.”

The task force gave skin cancer screenings an I grade (for “insufficient”), the lowest of five grades (A, B, C, D and I). In contrast, an A grade means that the USPSTF recommends the service because “there is high certainty that the net benefit is substantial.”

This marks the fourth task force report on skin cancer [screenings](#). The others—released in 2001, 2009 and 2016—yielded similar findings.

It’s important to note that the recommendations pertain to general skin cancer screenings from a primary care doctor when the patient is asymptomatic. This does not include diagnostic screenings for people who might seek a skin cancer screening because they have noticed, for example, a concerning mole or express a risk for cancer; such screenings were not the subject of the USPSTF report.

[USPSTF consists of 16 volunteer experts](#) in the fields of preventive medicine and primary care. Together, they assess the latest available scientific evidence and make recommendations about preventive services, such as screenings, medications and behavior counseling.

Although they are not a government organization, their reports carry weight regarding health care. For example, the Affordable Care Act (ACA, or Obamacare) mandates that services with an A or B grade from the task force must be covered by health insurance. (This may change in the upcoming year, as a [conservative Texas lawsuit](#) winding its way up the court system attempts to negate the mandate, which could mean that many preventive services will no longer be covered by insurance—including some cancer and diabetes screenings and pre-exposure prophylaxis, or PrEP, to prevent HIV.)

The task force's I grade is "not a disappointment but an opportunity," wrote Adewole S. Adamson, MD, MPP, in an editorial about the report published in JAMA Dermatology. Specifically, Adamson noted, it's an opportunity to address the gaps in research that could inform future USPSTF recommendations.

"It is important for the public to understand that the USPSTF is not recommending against skin cancer screenings or commenting on the value of general population screening by dermatologists, who are the leading experts in diagnosis and treatment of skin cancer," said Terrence Cronin Jr., MD, FAAD, president of the American Academy of Dermatology in a [statement from the group](#) regarding the I grade.

"The AAD encourages everyone to serve as their own health advocate by regularly conducting skin self-exams," Cronin continued. "Individuals who notice any new spots on their skin, any spots that look different from the others, or anything changing, itching or bleeding, should see a board-certified dermatologist. While everyone is at risk of developing skin cancer, some individuals have a higher risk and should be particularly vigilant. Consult with your dermatologist, who knows what your individual skin cancer risk is."

Skin cancer is among the most commonly diagnosed cancers in the United States. Some skin cancers, such as basal and squamous cell carcinomas, are more common but do not often lead to death. Melanoma, however, represents about 1% of skin cancer and causes the most skin cancer deaths, according to [the USPSTF](#).

This updated recommendation comes after the USPSTF [analyzed various studies](#) on the benefits and harms of skin cancer screening as well as the association between stage at skin cancer detection and melanoma or all-cause mortality. The USPSTF defines screening as a visual skin exam by a primary care clinician.

In its research, the task force found inconsistent evidence of early melanoma detection or reduced morbidity in skin cancer screenings, which led members to conclude they can neither recommend nor not recommend screenings, according to the [Dermatology Times](#).

To learn more about skin cancer screening and prevention, click [Cancer Health's Basics on Skin Cancer](#). It reads in part:

How is skin cancer diagnosed?

Early detection and treatment of skin cancer—especially melanoma—leads to the best outcomes. Regular self-examination of the skin can find abnormalities that may be cancer. Be sure to include your scalp, ears and back. Report new or unusual spots or sores to your health care provider—a doctor or nurse can often distinguish between those that are benign, or harmless, and those that are malignant, or cancerous.

The process of diagnosis starts with a physical exam and medical history, including family history and how long symptoms have been present. Your doctor will examine suspicious areas of the skin and may feel for enlarged lymph nodes. You may be referred to a dermatologist, or skin specialist, for further examination. A sample of abnormal tissue (a biopsy) may be collected to examine in a laboratory; small abnormalities may be removed completely.

Who gets skin cancer?

Estimates suggest that more than 3 million people are diagnosed with skin cancer each year in the United States, according to the American Cancer Society. About 80% of these cases are basal cell cancer. Basal and squamous cell skin cancers can usually be successfully treated and account for only around 2,000 deaths annually.

Melanoma is less common but more likely to be fatal. Around 100,000 people are diagnosed with melanoma and around 7,500 people die from it annually. Merkel cell carcinoma and lymphomas of the skin are rare in the United States. Kaposi sarcoma is also rare and more likely to occur in people with a compromised immune system, such as those with advanced HIV.

What are the risk factors for skin cancer?

The primary risk factor for skin cancer is exposure to ultraviolet (UV) radiation from the sun or from tanning beds. People who spend a lot of time outdoors and individuals with pale skin who sunburn easily are at greatest risk. But people with dark skin can also develop skin cancer. Avoiding the sun, wearing a hat and clothes that cover the skin, and using sunscreen can reduce the risk of developing skin cancer.

Smoking is a risk factor for squamous cell skin cancer, especially on the lips. Individuals with a weakened immune system, such as people with HIV and organ transplant recipients, have a higher risk for skin cancer. Certain types of human papillomavirus (HPV) appear to trigger some skin cancers.