

Physicians promote screening strategies for those at high-risk for melanoma

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Melanoma, the most deadly type of skin cancer, was to blame for approximately 9,700 deaths in 2014. And with the number of melanoma cases increasing each year, it is believed that the disease could become one of the most common types of cancer in the United States by 2030. Promoting and developing national screening strategies may help to reduce deaths due to melanoma. According to Vernon K. Sondak, M.D., chair of the Department of Cutaneous Oncology at Moffitt Cancer Center, "it is time to embrace the opportunity to decrease melanoma mortality through risk-stratified education and screening."

The U.S. Surgeon General recently issued a call to action to prevent [skin cancer](#). However, screening for [melanoma](#) currently is not supported by U.S. Preventive Services Task Force skin [cancer screening](#) guidelines. The U.S. Preventive Services Task Force has expressed several concerns regarding population-wide screening for skin cancer, including uncertainty whether screening would reduce deaths, having patients undergo unnecessary tissue biopsies and the cost associated with screening individuals who have a low-risk for developing skin cancer.

In a [clinical review](#) published in the Feb. 10 issue of *The Journal of the American Medical Association*, Moffitt physicians, Sondak and L. Frank Glass, M.D., described data from an Australian melanoma screening study that supports more extensive high-risk population-based screening programs. The Australian researchers gave extensive skin screenings every six months to 311 people who had an increased risk of developing melanoma. They detected 75 melanomas over an average follow-up period of three and a half years, but this was not associated with an excessive number of unnecessary biopsies.

The review article cites a second study in which a German state that initiated a comprehensive skin

screening program experienced a 48 percent reduction in melanoma-related deaths after its initiation, whereas the melanoma mortality rate remained unchanged in neighboring states and Denmark. These results prompted a national skin cancer screening program throughout Germany for all people 35 years of age and older.

Moffitt physicians suggest that melanoma screening strategies may be more feasible by focusing on high-risk populations, such as middle-aged and older patients, and using newer diagnostic tools. Screening programs should include efforts to educate the general population about the importance of skin cancer screening. Physicians must also be trained to perform skin examinations and be able to recognize the early stages of melanoma. Special emphasis should be placed on ensuring that patients who are at a high-risk of developing the disease understand the importance of cancer [screening](#), and that they are being examined by experienced dermatologists before developing invasive disease.

Provided by H. Lee Moffitt Cancer Center & Research Institute

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