

## Thorough Exams a Must for Those at High Risk of Skin Cancer

Two studies highlight the importance of annual skin screens, even if patients are reluctant

MONDAY, Jan. 17 (HealthDay News) -- Patients at high risk for melanoma benefit from a follow-up program that can detect the deadly skin cancer at an early stage, new research finds, while a second study notes that embarrassment prevents some people from having a doctor examine their skin for suspicious lesions.

Both studies appear in the journal *Archives of Dermatology*.

People at high risk for melanoma, the most deadly form of skin cancer, include those with fair skin, blond or red hair, blue eyes, freckles and/or a family history of the disease, as well as those who have been exposed to artificial UV-A radiation or who have suffered severe sunburns, especially during childhood.

"Patients who are at high risk, who fit this profile, should be routinely screened [for skin cancer] annually along with other surveillance measures for colon cancer, mammograms, etc.," advised one dermatologist, Dr. Michele Green of Lenox Hill Hospital in New York City. She was not involved in the new research.

The first study, conducted in Spain, included 40 melanoma patients who were in a special follow-up program designed for high-risk individuals, as well as 161 melanoma patients who were simply referred to another clinician in the same hospital. All the melanoma diagnoses were made using dermoscopy, a noninvasive microscopic evaluation of a skin lesion.

The researchers found that only 12 percent of melanomas diagnosed in the follow-up program fulfilled all four criteria for melanoma detection: asymmetry, uneven borders, colors, and differential dermoscopic structures, compared with almost 64 percent of melanomas diagnosed in the doctor-referred group.

In addition, 70 percent of melanomas diagnosed in the follow-up group had not spread beyond the initial site, compared with about 28 percent of those in the referred group. Tumors also tended to be thinner in the follow-up group.

In the follow-up group, melanomas were diagnosed at the earliest stages: 70 percent at stage zero and 30 percent at stage IA. In the referral group, about 28 percent of melanomas were diagnosed at stage zero, 37.6 percent at stage IA, nearly 13 percent at stage IB, about 11 percent at stage II, 8.5 percent at stage III, and 2.4 percent at stage IV.

The study was published online Monday but will appear in the journal's May print edition.

The second study, appearing in the January issue of the journal, found that patient embarrassment, time constraints and other health conditions may prevent doctors from conducting regular full-body skin examinations of their patients.

It also found that dermatologists are much more likely than internists and family doctors to conduct these screenings for skin cancer.

Researchers analyzed survey responses from 679 dermatologists, 559 family practitioners (doctors specializing in family medicine), and 431 internists from across the United States. The results showed that regular full-body skin examinations of patients were conducted by 81.3 percent of dermatologists, compared to only 59.6 percent of family practitioners and 56.4 percent of internists.

The most common reasons for not performing this type of examination were patient embarrassment/reluctance, time constraints, and other patient illnesses.

Time constraints were cited by 54.5 percent of internists and 54.4 percent of family practitioners, as compared to only about 31 percent of dermatologists. Patient embarrassment/reluctance was cited by about 44 percent of dermatologists, nearly 33 percent of internists and just over 31 percent of family practitioners.

Identifying these barriers can help health providers overcome them, said a team led by Susan A. Oliveria of Memorial Sloan-Kettering Cancer Center, New York City.

Green agreed that the full-body skin exam should be a must for anyone at risk of skin cancer.

"I have one rule in my office. All new patients need to get undressed and have a full skin examination. It says it on the paper work that patients read and sign at the time of the initial consultation," she said.

"These screenings will be incredibly productive and save lives if these subset of patients are screened on a regular basis," Green added.

### More information

The U.S. National Cancer Institute has more about [skin cancer](#).

-- Robert Preidt

SOURCES: Michele Green, MD, dermatologist, Lenox Hill Hospital, New York City; JAMA/Archives journals, news releases, Jan. 17, 2011

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