

Screening for Meaning: Do Skin Cancer Screening Events Accomplish Anything?

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When Skin Cancer Awareness Month rolls around every May, my social media feed is inundated with posts extolling the benefits of total body skin examinations and the life-saving potential of skin cancer screenings; however, time and again the US Preventive Services Task Force (USPSTF)—the leading authority on evidence-based public health recommendations in the United States—has found the evidence supporting skin cancer screenings to be insufficient. The USPSTF has cited a lack of high-quality studies and inadequate data to recommend screening for the general population, excluding those at elevated risk due to personal, family, or occupational history.¹ A 2019 Cochrane review went further, concluding that current evidence refutes the utility of population-based screening for melanoma.²

Despite these findings, skin cancer screenings and total body skin examinations remain popular among patients both with and without a personal or family history of cutaneous malignancy. Indeed, the anecdotal experience of dermatologists worldwide suggests an intangible benefit to screening that persists, even if robust data to support it remain elusive.

Putting aside studies that suggest these screenings help identify melanomas at earlier stages and with reduced Breslow thicknesses,³ there is a crucial benefit from face-to-face interaction between medical professionals and the public during skin cancer screening events or health fairs. This interaction has become especially important in an era when misinformation thrives online and so-called skin care “experts” with no formal training can

amass tens of thousands—or even millions—of followers on social media.

So, what are the intangible benefits of the face-to-face interactions that occur naturally during skin cancer screenings? The most obvious is education. While the USPSTF may not recommend routine screening for skin cancer in the general population, it does endorse education for children, adolescents, and adults on the importance of minimizing exposure to UV radiation, particularly those with lighter skin tones.⁴ Publicly advertised skin cancer screenings at health fairs or other community events may offer an opportunity to raise awareness about sun safety and protection, including the value of peak UV avoidance, sun-protective clothing, and proper sunscreen use; these settings also serve as platforms for health care providers to counter misinformation, including concerns about sunscreen safety both for the patient and the environment, overhyped risks for vitamin D deficiency from sun avoidance, and myths about low skin cancer risk in patients with skin of color.

While the benefits of skin self-examination (SSE) remain uncertain, especially in low-risk populations, screening events provide an opportunity to educate patients on who is most likely to benefit from SSE and in whom the practice may cause more harm than good.⁵ For higher-risk individuals such as melanoma survivors or those with a strong family history, screening fairs can serve as meaningful touchpoints that reinforce the importance of sun protection and regular examinations with a health care provider. For those eager to perform SSEs,

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these events offer the chance to teach best practices—how to conduct SSEs effectively, what features to look for (eg, the ABCDE method or the ugly duckling sign), and when to seek professional care.

Finally (and importantly), skin cancer screening events provide peace of mind for patients. Reassurance from a professional about a benign skin lesion can alleviate anxiety that might otherwise lead to emergency or urgent care visits. While cellulitis and other skin infections are the most common dermatologic conditions seen in emergency settings, benign neoplasms and similar nonurgent conditions still contribute a substantial burden to urgent care systems in the United States.⁶ Outside emergency care, systems-level data support what many of us observe in practice: two of the most common reasons for referral to dermatology are benign neoplasms and epidermoid cysts, accounting for millions of visits annually.⁷ In fact, recent claims data suggest that the most common diagnosis made in US dermatology clinics in 2023 was (you guessed it!) seborrheic keratosis.⁸

What if instead of requiring a patient to wait weeks for a primary care appointment and months for a dermatology referral—all while worrying about a rapidly growing pigmented lesion and incurring costs in copays, travel, lost wages, and time away from work—we offered a fast, trustworthy, and free evaluation that meets the patient where they live, work, or socialize? An evaluation that not only eases their fears but also provides meaningful education about skin cancer prevention and screening guidelines? While precautions must of course be taken to ensure that

the quality and completeness of such an examination equals that of an in-clinic evaluation, if services of this quality can be provided, public screening events may offer a simple, accessible, and valuable solution that delivers peace of mind and helps reduce unnecessary strain on emergency, primary, and specialty care networks.

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