

Early detection, smaller cancer among benefits of skin cancer screening at PCP visits

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Skin cancer screenings performed by primary care physicians (PCPs) during routine office visits improve the detection of potentially deadly melanomas and find them in earlier stages, according to new research from the University of Pittsburgh School of Medicine.

The results will be presented today at the 52nd annual American Society of Clinical Oncology (ASCO) annual meeting in Chicago.

"Our findings suggest that PCP screening is an effective way to improve early detection of melanoma, which could potentially save lives," said lead author Laura Ferris, M.D., Ph.D., associate professor, Department of Dermatology, Pitt School of Medicine and member of the Melanoma Program, University of Pittsburgh Cancer Institute.

Rates of melanoma, the most dangerous form of skin cancer, are on the rise, and skin cancer screenings are one of the most important steps for [early detection](#) and treatment, said Dr. Ferris. Typically, patients receive skin checks by setting up an appointment with a dermatologist.

The goal of the new UPMC screening initiative, which was modeled after a promising German program, was to improve the detection of [melanomas](#) by making it easier for patients to get screened during routine office visits with their PCPs, explained Dr. Ferris.

PCPs completed training on how to recognize melanomas and were asked to offer annual screening during office visits to all patients aged 35 and older. In 2014, during the first year of the program, 15 percent of the 333,788 eligible UPMC patients were screened in this fashion.

On average, the melanomas detected in the group

who received a screening at a primary care visit were nearly twice as thin as those detected in the group that was not screened by a PCP. Thinner melanomas have a better prognosis than thicker ones that are more advanced, so the new findings suggest PCP screening is able to find melanomas at an earlier, more treatable stage, said Dr. Ferris.

In addition, only 5 percent of people in the screening group had especially worrisome melanomas that were thicker than 1 millimeter—which are more likely to metastasize and require a biopsy of a nearby lymph node—while 20 percent of the unscreened group did.

"The PCP screenings prevented a lot of people from needing more aggressive therapy. Additionally, we did not see a high rate of false positive biopsies, in which no skin cancer was present, nor did we see a high rate of unnecessary dermatology referrals or skin surgeries, all of which suggest that the program did not simply drive up health care costs needlessly," Dr. Ferris said.

Another important finding was that nearly half of the screened patients were men, who are more likely to get and die from melanoma than women but have been underrepresented in other [skin cancer](#) screenings published to date. "It's exciting that our approach improves detection in this especially vulnerable population," said Dr. Ferris.

Provided by University of Pittsburgh Schools of the Health Sciences

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