

# Correspondence

## More Thoughts on Value of USPSTF Recommendations

Bravo to John C. Hagan, III, MD for his editorial in the July/August 2018 issue of *Missouri Medicine* regarding the USPSTF. They have also messed up the pap smear guidelines, all in an effort to save money, not to give excellent health care.

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## USPSTF: Skin Cancer Screening Recommendations

We read with great interest your editorial concerning the US Preventive Services Taskforce (USPSTF) skin cancer screening guidelines in the July/August 2018 issue of *Missouri Medicine*<sup>1</sup>. You emphasized the importance of visual skin cancer screening as a life-saving approach in the context of the controversial USPSTF recommendations.

We share your concerns regarding the USPSTF conclusion that current evidence on benefits of early detection and treatment of skin cancer is inadequate<sup>2</sup>. Melanoma five-year survival depends on the stage of the disease: over 98% for stage I, and only 18% for stage IV disease.<sup>4,5</sup> This strongly suggests that in early stages, melanoma is a highly treatable condition. Most melanoma deaths might be prevented by total body skin cancer examination to identify early-stage melanomas, before they develop into an advanced life-threatening stage.<sup>5</sup> Skin is one of the only organs that can be safely inspected without any invasive procedures: visual skin cancer screenings are not only safe and easy, but among the most cost-effective medical tests.<sup>5</sup>

We agree that visual skin screening by a “clinician” for the “general population” may lead to misdiagnosis and overdiagnosis, among other possible harms.<sup>2</sup> We should therefore apply the data-driven screening guidelines that suggest benefit from targeting high-risk populations (based on age, personal and family history, physical features, and UV exposure), highly vulnerable to a delay in melanoma skin screening and diagnosis.<sup>5</sup> In addition, a “clinician” with less specialty dermatologic training may likely contribute to the mis- and overdiagnosing phenomenon; however, a specialty trained clinician is in a perfect position to detect and diagnose skin malignancies by routine visual examination.<sup>5,6</sup>

There are well-documented reasons why randomized controlled trials of visual skin cancer screening in high-risk

patients may not be possible. We respect and appreciate the invaluable work done by the USPSTF regarding disease prevention and preventive services. However, we strongly encourage the USPSTF to take into consideration input from experts in the field before making final recommendations.

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1. J. Hagan III, “USPSTF: Quit Clowning Around with Our Health!,” *Missouri Medicine*, July/August 2018 2018.
2. Force US Preventive Services Task, “Screening for Cancer: US Preventive Services Task Force Recommendation Statement,” *JAMA*, vol. 316, no. 4, pp. 429-435, 2016.
3. American Academy of Dermatology, “Skin cancer,” 2018. [Online]. Available: <https://www.aad.org/media/stats/conditions/skin-cancer>. [Accessed 12 September 2018].
4. M. Johnson, S. Leachman, L. Aspinwall, L. Cranmer, C. Curiel-Lewandrowski, V. Sondak, C. Stembendel, S. Swetter, J. Vetto, T. Bowles, V. Dellavalle, L. Geskin, D. Grossman, K. Grossman, J. Hawkes, J. Jeter, C. Kim, J. Kirkwood, A. Mangold, F. Meysken, M. Ming, K. Nelson, M. Piepkorn, B. Pollack, J. Robinson, A. Sober, S. Trotter, S. Venna, S. Agarwala, R. Alani, B. Averbook, A. Bar, M. Becevic, N. Box, W. Carson, P. Cassidy, S. Chen, E. Chu, D. Ellis, L. Ferris, D. Fisher, K. Kendra, D. Lawson, P. Leming, K. Margolin, S. Markovic, M. Martini, D. Miller, D. Sahni, W. Sharfman, J. Stein, A. Stratigos, A. Tarhini, M. Taylor, O. Wisco and M. Wong, “Skin Cancer Screening: Recommendations for Data-Driven Screening Guidelines and a review of the US Preventive Services Task Force Controversy,” *Melanoma Management*, vol. 4, no. 1, pp. 13-37, 2017.
5. N. Fleming, M. Grade and E. Bendavid, “Impact of Primary Care Provider Density on Detection and Diagnosis of Cutaneous Melanoma,” *PLOS One*, vol. 13, no. 7, 2018.
6. American Cancer Society, “Survival Rates for Melanoma Skin Cancer, by Stage,” 20 May 2016.

## Clarification

The University of Missouri, The University of Missouri-Columbia School of Medicine and all of its departments did not take any position for or against the medical marijuana referenda in the Missouri November general elections. Any suggestion that the September/October 2018 *Missouri Medicine* cover implied an MU endorsement is erroneous.

## Errata

Regarding May/June 115:3 2018, Pancreatic Adenocarcinoma by Ashley A. Vareedayah, MD, Samer Alkaade, MD & Jason R. Taylor, MD, page 230; should read, “The overall one- and five-year survival rates are 24% and 6% respectively.” Page 235 first bullet, should read survival instead of mortality.

**MM**