

Comment on: “The first 30 years of the American Academy of Dermatology skin cancer screening program: 1985-2014”



To the Editor: Okhovat et al¹ have conducted an impressive study assessing the American Academy of Dermatology’s (AAD) national skin cancer screening program, now known as SPOTme program, from 1986 to 2014. In this study, they analyzed the risk factor profile, access to dermatologic services, and examination results from an estimated 1.79 million individuals who underwent screening. They showed that over time the proportion of men attending screenings has decreased and that access to care has worsened for screenees with a clinical diagnosis of melanoma. They also reported that 72% of screenees met the U.S. Preventive Services Task Force criteria for high risk of melanoma and that 47% of individuals with a clinically diagnosed melanoma would not have otherwise seen a doctor for a skin examination. The study suggests that the SPOTme program has detected thousands of skin cancers that may have otherwise been undetected or detected in an untimely manner. In addition, the study suggests that there are high-risk Americans who have yet to be screened for skin cancers and that the AAD should promote educational campaigns and increase publicity to encourage this group to seek screening.

We would like to highlight another aspect of the AAD’s SPOTme program that would support Okhovat et al’s recommendations for the AAD to increase publicity for these screenings. We conducted a survey-based study on patients’ knowledge of the components of a complete skin examination, specifically nail examinations, at the AAD SPOTme program at Weill Cornell Medicine on May 11, 2018.² One hundred twenty-three subjects participated in the screening with 118 total survey respondents (a 95.9% response rate). There were 87 females and 31 males. More than half of female respondents (47/87, 54%) reported wearing nail polish on their fingernails, toenails, or both at the time of screening. Many respondents reported problems with their nails (70/118, 59.3%), with 5.1% (6/118) reporting a brown or black line on ≥ 1 nails. Yet most participants (82/118, 69.5%) were not aware that examination of the nails was a part of a complete skin examination. Almost all respondents (112/118, 94.9%) stated that

the advertisements did not mention that their nails would be examined during the skin cancer screening.

A previous survey-based study found a paucity of patient knowledge on longitudinal melanonychia and the warning signs for subungual melanomas.³ Only 31% of patients assessed their nails for color changes, and only 13% of patients responded that their doctors asked about nail changes. Another study found that only 8% of physicians asked their patients to remove nail polish at every visit, yet 44% of physicians responded that they encounter melanonychia at least once a month and 23% once a week.⁴ Therefore, along with Okhovat et al’s conclusion for the AAD to increase publicity for the SPOTme program, there is also a need for the AAD to advertise, record, and include nails in these skin cancer screenings. Public awareness that nails are an integral part of skin cancer screening may lead to the early detection and treatment of nail malignancies.

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Funding sources: None.

Conflicts of interest: None disclosed.

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<https://doi.org/10.1016/j.jaad.2018.08.056>