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The Utility of Complete Skin Examinations

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Introduction

- Complete skin exams (CSE's) are frequently performed by dermatologists
- U.S. Preventive Forces Task Force does not currently recommend routine CSE's
- Many primary care physicians do not regularly perform CSE's

Introduction

(continued)

- Current literature focuses on benefits of early detection of cutaneous neoplasms
- Multiple barriers to universal use
 - Time constraints
 - Lack of emphasis on CSE's during training

Goal of CSE's

- Decrease morbidity, mortality, and costs
- Early detection of malignant melanoma, squamous cell and basal cell carcinomas, and pre-malignancies
- Melanomas are most worrisome and the 5-year survival rate for those with a thickness of < 0.76 mm is 98%

Malignant Melanoma



Squamous Cell Carcinoma



Basal Cell Carcinoma



Actinic keratosis



Dysplastic nevus



Objectives

- Perform CSE's on all new patients
- Determine number of patients with dermatologist-detected lesions
- Determine number of dermatologist-detected consequential lesions defined as pre-malignant or malignant lesions

Methods

- New patients presenting to UMass Medical Center dermatology clinic from 10/2009 – 3/2010
- Varying ages, ethnicities, and sex
- Patients noted lesions of concern on a survey

Methods

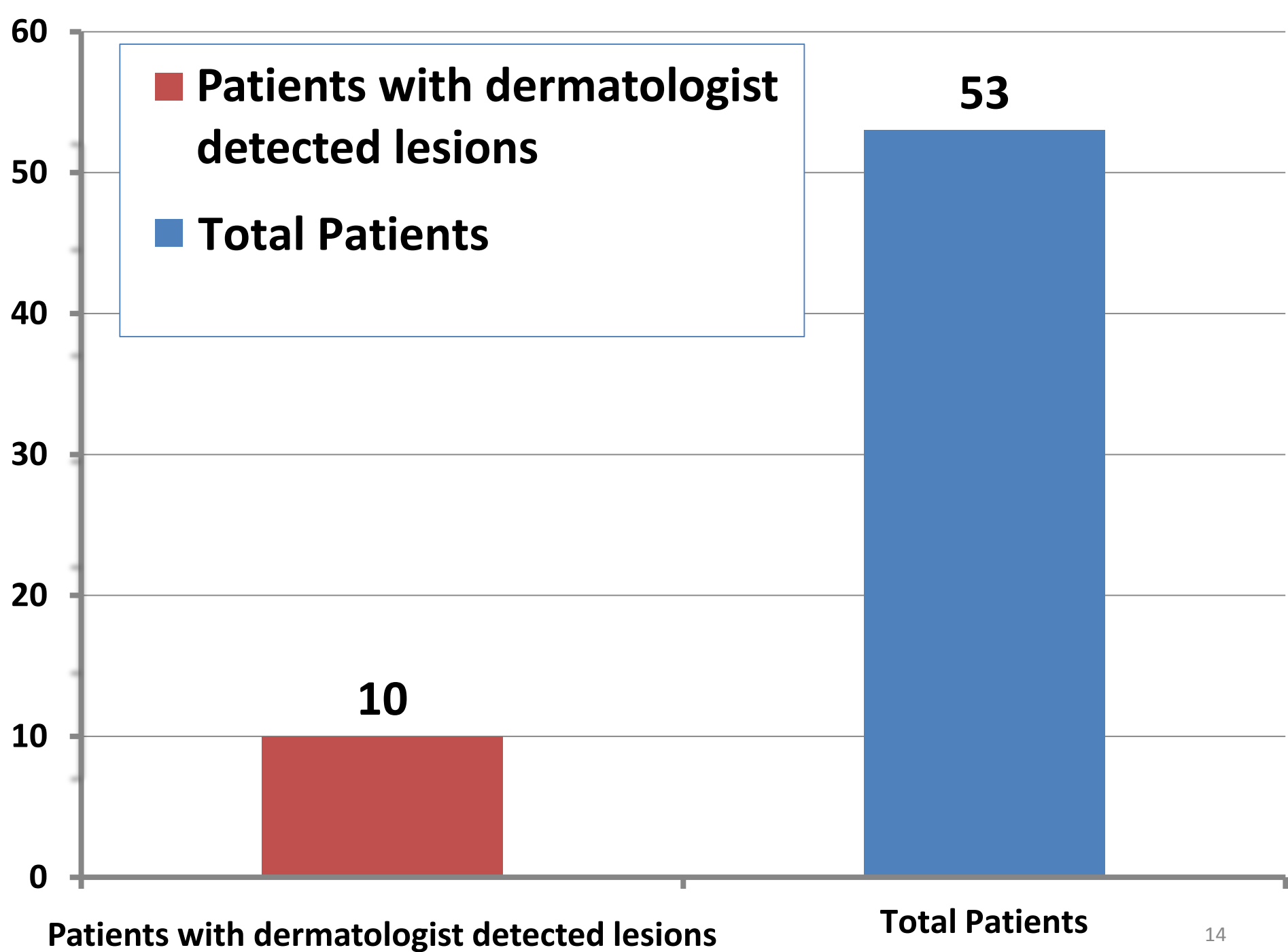
(continued)

- CSE performed on every patient
- Lesions noted by patient documented and treated appropriately
- Dermatologist-detected lesions documented and treated appropriately

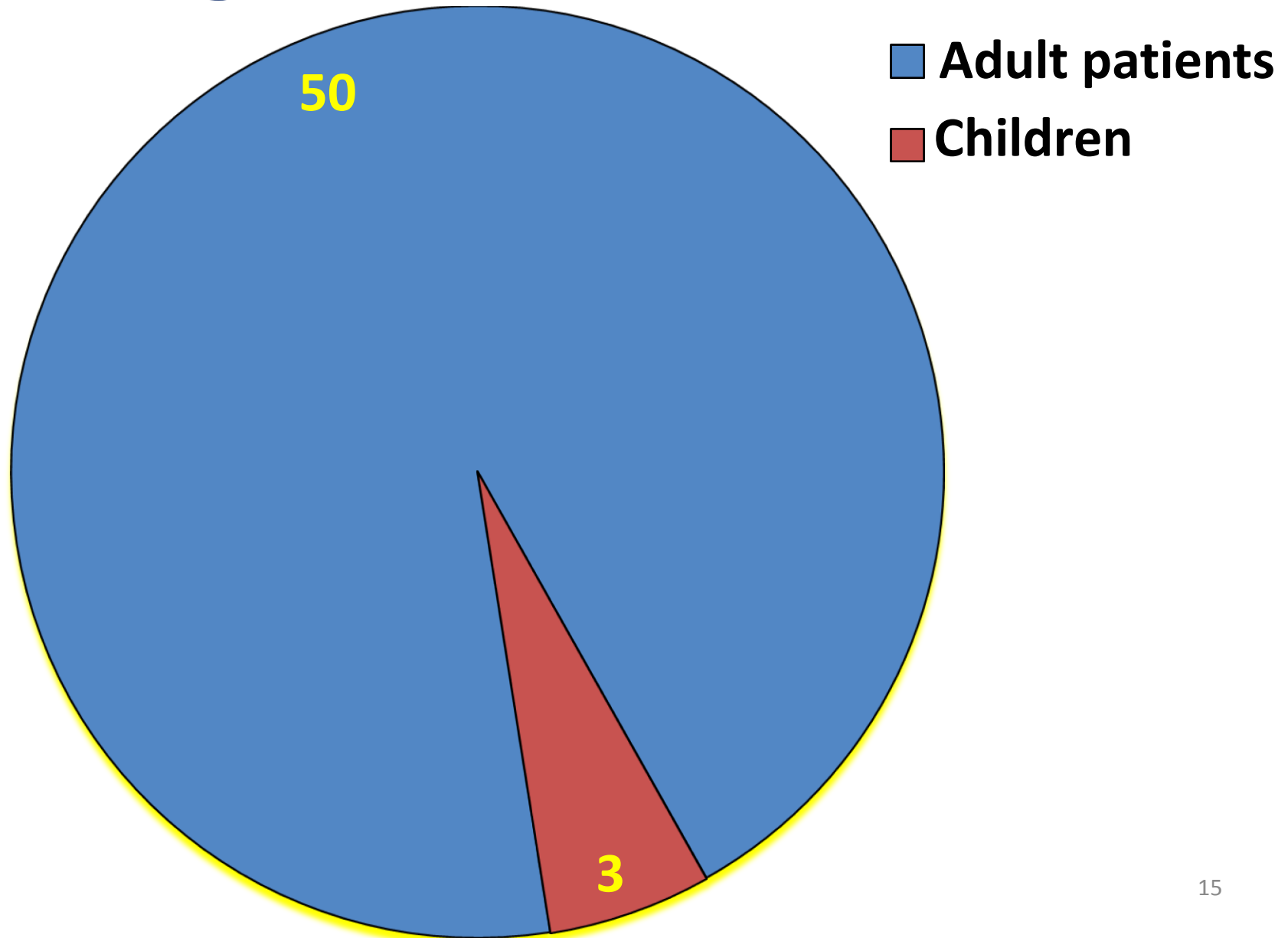
Results

Patients with dermatologist-detected lesions

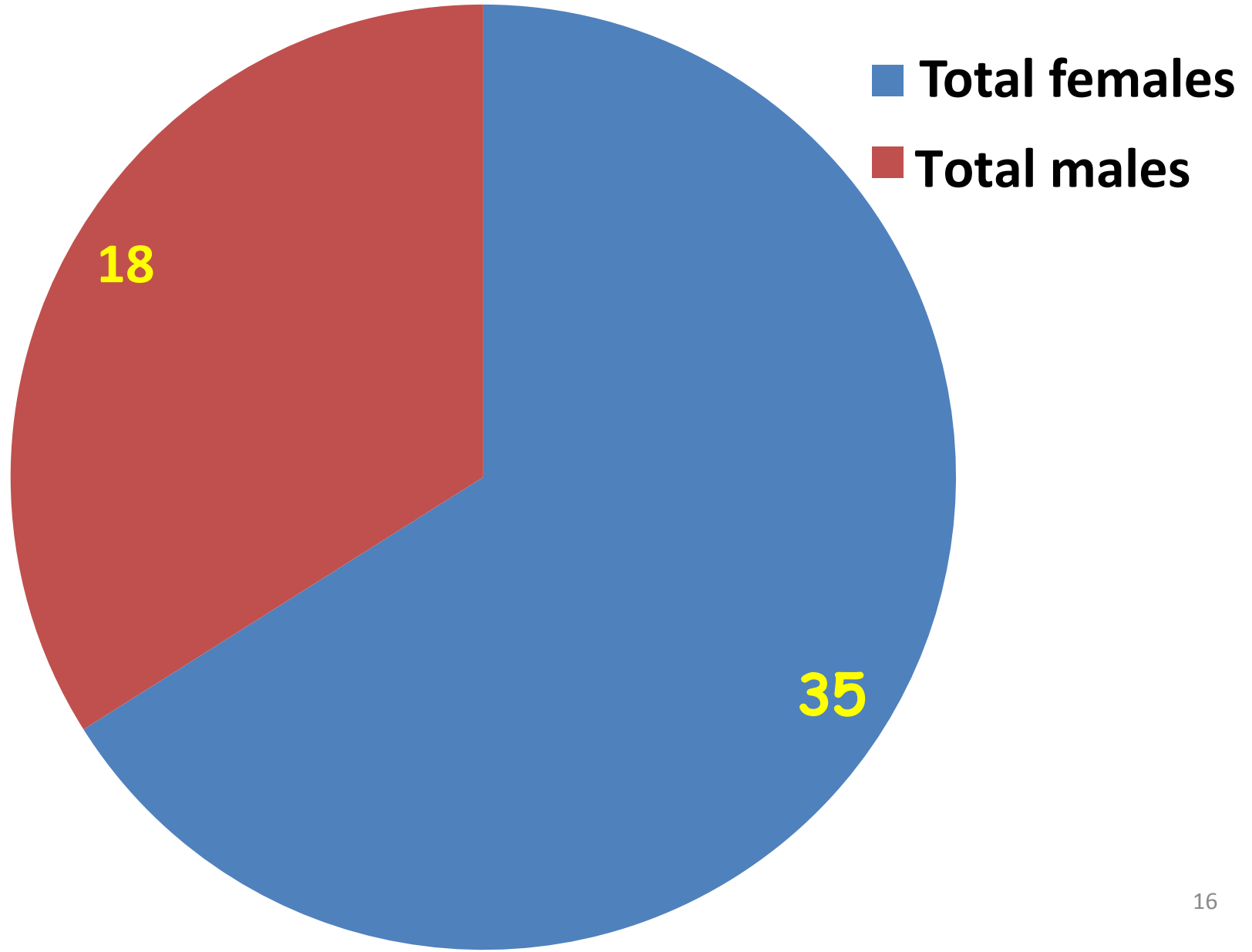
Patients with lesions	10
Total Pts enrolled	53
Percent detected	18.87 %



Age Breakdown



Gender Breakdown



Lesion Detection by Gender

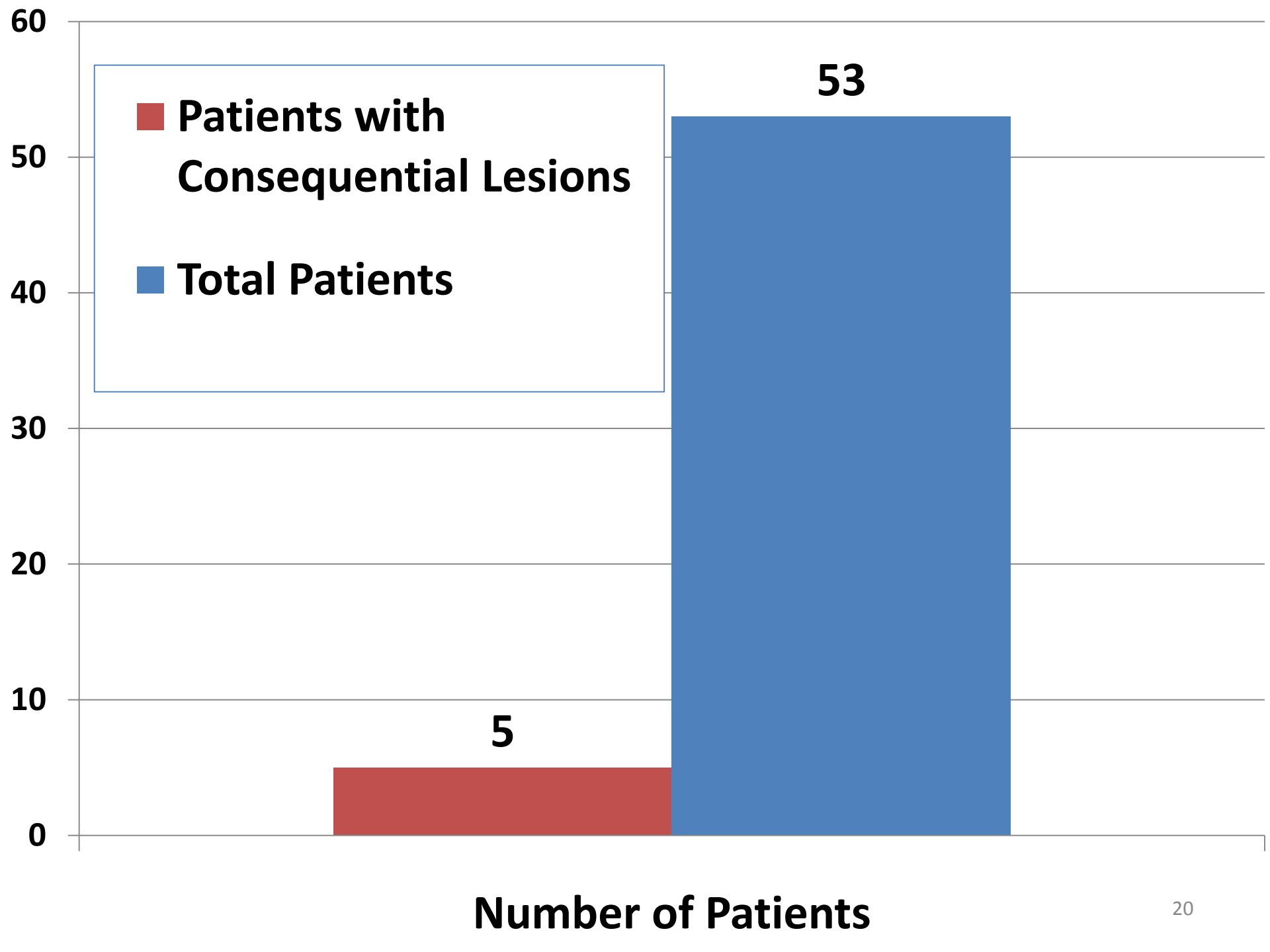
Females with Detected Lesions	5
% of Total Females	14.29%
Males with Detected Lesions	5
% of Total Males	27.78%

Dermatologist-detected Consequential Lesions

Patients with Consequential Lesions	5
Total Patients	53
Percent of Total	9.43%

Consequential Lesions

Pre-malignant/malignant Lesions	8
Total Lesions Detected	14
% Consequential of those Detected	57.14%



■ Patients with Consequential Lesions

■ Total Patients

Number of Patients

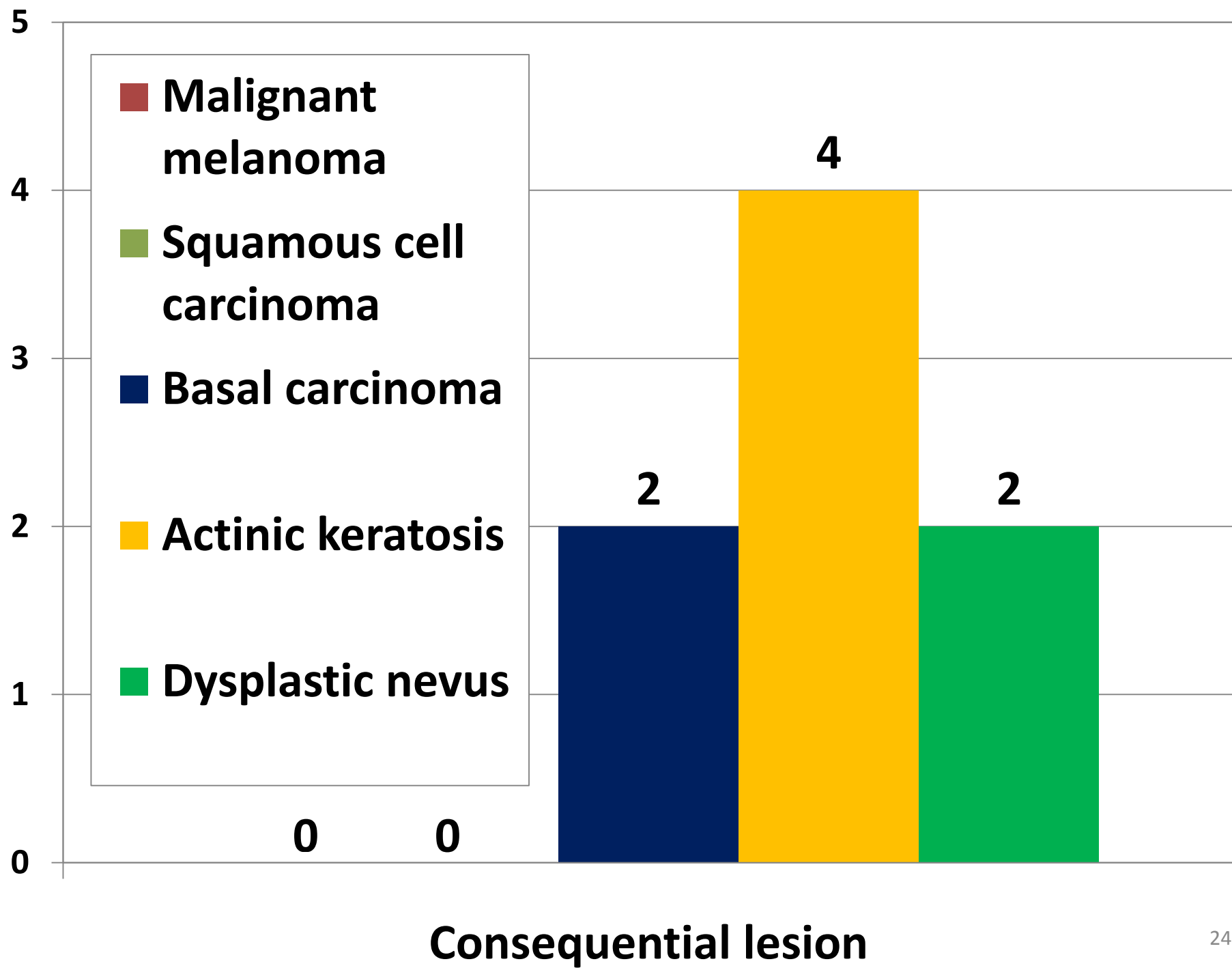
Premalignant Lesions

Premalignant Lesions	6
% of Total Detected	42.86%
Clinical Diagnosis	3 (50%)
Pathologic Diagnosis	3 (50%)

Malignant Lesions

Malignant Lesions	2
% of Total Detected	14.29%
Clinical Diagnosis	0 (0%)
Pathologic Diagnosis	2 (100%)

Malignant Melanoma	0
Squamous Cell Carcinoma	0
Basal Cell Carcinoma	2
Actinic Keratosis	4
Dysplastic Nevus	2



Discussion

- Focus on consequential premalignant & malignant lesions
- Goal to decrease morbidity & mortality
- One patient worked up for possible neurofibromatosis
- No statistical significance with detection of lesions based on gender
- Presence of limitations

Limitations

- Small patient population surveyed
- Surveys not used in all clinics
- Small number of children included
- Twice as many females as males
- No breakdown based on Fitzpatrick skin type

Conclusion

- Pilot study
- CSE detected consequential lesions in 9.4% of population surveyed
- Clinically significant results
- No statistical significance secondary to small population size
- Future large-scale study will include more children and adults of all ages, ethnicities, and gender

References

1. Kantor J, Kantor DE. Routine dermatologist-performed full body skin examination and early melanoma detection. *Arch Dermatol* 2009;145(8):873-876.
2. Aitken, Joanne F, Youl, Philippa H, Janda, Monika, Lowe, John B, Ring, Ian T, Elwood, Mark. Increase in skin cancer screening during a community-based randomized intervention trial. *Int J Cancer* 2006;118:1010-1016.
3. Federman, Daniel G, Kravetz, Jeffrey D, Kirsner, Robert S. Skin cancer screening by dermatologists: prevalence and barriers. *J Am Acad Dermatol* 2002;46:710-4.
4. Hubert, Jason N, Callen, Jeffrey P, Kasteler, Scott J. Prevalence of Cutaneous Findings in Hospitalized Pediatric Patients. *Pediatr Dermatol* 1997;14(6):426-429.

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