Skin Cancer Screening

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

Note: Screening is only intended for asymptomatic individuals. Patient must be a candidate for and is willing to undergo curative treatment.

PRESENTATION

Any lesion concerning for skin cancer?

Yes

No

No

Proceed to diagnostic evaluation

Yes

Increased Risk:
Inherited Risks
- Red hair and freckling, albinism
- Greater than 50 nevi
- Family history of melanoma
- Genetic syndromes associated with increased sun sensitivity

Environmental exposures
- Excessive UV light exposure
- Tanning equipment use
- History of blistering sunburn(s)

Personal skin pre-cancer and cancer history
- Basal cell and squamous cell cancer
- Actinic Keratosis
- Dysplastic Nevi

Treatment exposures
- Prior radiation therapy
- Immunosuppressive therapy
- Other therapies that increase risk

SCREENING

Low Risk: Those patients that do not meet the criteria for increased risk.

Screening not recommended

Annual screening with comprehensive skin evaluation

1Patients should monitor their skin for any changes and seek prompt medical evaluation of any lesions concerning for Skin Cancer.
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SUGGESTED READINGS


This practice consensus algorithm is based on majority expert opinion of the Skin Screening group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following clinical staff:

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