**Skin Cancer Screening**

**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**
    - **Increased Risk:**
      - **Patient phenotype**
        - Greater than 50 nevi (moles)
        - Tendency to sunburn
        - Red hair or blonde hair, blue eyes, freckling, albinism
      - **Personal history**
        - Personal history of non-melanoma skin cancer (basal cell carcinoma, squamous cell carcinoma)
        - Personal history of actinic keratoses
        - Personal history of leukemia, lymphoma, childhood cancer or HIV
        - Personal history of exposure to predisposing drug
        - Personal history of immunosuppression
          - History of solid organ transplantation
          - History of stem cell transplantation
      - **Genetic predisposition**
        - Rare genetic disorders, including xeroderma pigmentosum
        - Personal or family history of TP53 mutation or a family history suspicious for TP53 mutation (brain cancer, early-onset breast cancer, sarcoma, pancreatic cancer, skin cancer)
        - Personal or family history of, or suspicious for germline mutations or polymorphisms related to increased risk of melanoma (including, but not limited to CDKN2a, CDK4, MC1R, BAP)
      - **Environmental exposures**
        - Sun/UV exposure: occupational sun exposure, history of multiple sunburns, tanning bed exposure, episodic intense sun exposure
        - Prior radiation therapy
  - **No**
    - **Low Risk:** Those patients that do not meet the criteria for increased risk
      - Proceed to diagnostic evaluation

**SCREENING**

- **Screening not recommended**
  - Annual screening with comprehensive skin evaluation

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1 Patients should monitor their skin for any changes and seek prompt medical evaluation of any lesions concerning for skin cancer

**Disclaimer:** This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.
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SUGGESTED READINGS


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DEVELOPMENT CREDITS

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

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