

# Skin cancer detection and diagnosis

Early detection of skin cancer is the key to successful treatment and reducing the impact of scars from surgery. The Cancer Society advises people, particularly those over 50 years of age,

to be aware of changes in their skin and watch

for new or changing freckles or moles. Consult a doctor immediately if a freckle or mole is growing larger or changing in shape or colour.

## Who does skin checks?

### General Practitioners (GPs)

General Practitioners (GPs), though not specialists in skin cancer, are appropriately trained and qualified to check skin lesions, and are able to recommend the best approach for managing any suspicious skin lesion.

A Cancer Society study concluded that there was a high level of expertise in diagnosis of skin lesions and of the need to biopsy suspicious lesions.<sup>1</sup> GPs had somewhat less diagnostic skill than dermatologists, particularly for non-melanoma skin cancer, but nevertheless had a “high level of expertise”.

### Dermatologists

Dermatologists are medical doctors especially trained in diseases of the skin. They have a minimum of 13 years of training. Patients are generally only seen by appointment. Most dermatologists prefer patients to be referred by their general practitioner, but can be contacted

directly by people wanting to find out their referral requirements.

The website of the New Zealand Dermatologists Society has information on a range of skin diseases, including skin cancer (address: [www.dermnetnz.org](http://www.dermnetnz.org)).

### Pharmacists

Pharmacists are not trained to diagnose skin cancers.

### Public spot checks

The practice of skin/spot checks in public places is not endorsed by the Cancer Society of New Zealand as these have not been evaluated.

### Screening

Screening is the checking of people who are unaware of signs or symptoms. For skin cancer this involves a total body examination by a health professional.

Recently various technologies have been introduced, including digital photography and processes where suspicious lesions are mapped on a whole body image (mole mapping). These methods identify lesions which could be melanoma or other forms of skin cancer and that require further assessment by a doctor.

### How effective is screening?

To date the Cancer Society is not aware of any trials establishing the effectiveness of routine screening by any methods in diagnosing skin

cancer. The Society is also unaware of any studies that show that routine screening reduces deaths from skin cancer. For these reasons the Cancer Society does not recommend routine screening for skin cancer, including melanoma. The Society recommends that those considering or requesting screening should ask for information about the potential benefits and risks to enable them to make an informed choice.

## Those at high risk of melanoma

Those at high risk of developing melanoma should discuss with their doctor what methods of checking would be appropriate for them. High risk groups include those with:

- a personal or family history of melanoma
- classical atypical mole syndrome (CAMS)
- presence of atypical moles
- large number of moles
- a history of sunburn and fair skin, and
- any combination of these risk factors.

Those who have had organ transplants and other people who are immunosuppressed are also at high risk.

## Reference

1. McGee R, Elwood M et al. *The recognition and management of melanoma and other skin lesions by general practitioners in New Zealand*. NZMJ. 1996; 107:287-290.