Preventive Care Guidelines to Promote Awareness and Early Detection of Skin Cancer

Purpose:

The purpose of these guidelines is to:

1. Assist in educating persons served and their guardians on the importance of early detection of skin cancer.
2. Mitigate the risk of occurrence or recurrence of certain medical conditions by encouraging persons served and their guardians to remain proactive with preventive care practices.
3. Encourage providers to establish their own prevention-focused processes and build community awareness.

Definitions:

None.

Overview:

The skin is the body's largest organ. Skin cancer, which is the abnormal growth of skin cells, most often develops on skin exposed to the sun including the scalp, face, lips, ears, neck, chest, arms and hands, and on the legs of women. However, this common form of cancer can also occur on areas of your skin not ordinarily exposed to sunlight such palms, beneath your fingernails or toenails, and your genital area. According to the American Academy of Dermatology Association (AADA), current estimates are that one in five Americans will develop skin cancer in their lifetime.[1]

The skin has several layers, but the two main layers are the epidermis (upper or outer layer) and the dermis (lower or inner layer). Skin cancer begins in the epidermis.

There are three major types of skin cancer: Squamous Cell Carcinoma (cancer in the thin cells that form the top layer of the epidermis), Basal Cell Carcinoma (cancer in the round cells that produce new skin under squamous cells), and Melanoma (cancer in the cells that give skin its normal color; this type is most likely to spread).

[1] Skin cancer (aad.org)

There are other less common skin cancers types which include: Kaposi Sarcoma (a rare form of skin cancer that develops in the skin's blood vessels); Merkel Cell Carcinoma; and Sebaceous Gland Carcinoma, which originates in the oil glands in the skin.

Non-melanoma skin cancer is the most common type of cancer in the United States, according to the National Institute of Cancer,[2] and while melanoma incidences have begun to decline in adolescents and adults ages 30 and younger,[3] melanoma incidences continue to increase among older age groups, with more pronounced increases in people ages 80 and older.

The World Health Organization has declared indoor tanning devices to be cancer-causing agents. Studies have found that indoor tanning can increase users' risk of developing squamous cell carcinoma by 58% and basal cell carcinoma by 24%.[5] Due to these high rates, the AADA strongly opposes indoor tanning (especially for minors) and supports a ban on the production and sale of indoor tanning equipment for non-medical purposes.

Risk Factors:

- Fair skin (a lighter natural skin color), blue or green eyes, blonde or red hair
- Excessive sun exposure (including exposure to tanning beds and lamps)
- Skin that burns, freckles, reddens easily, or becomes painful in the sun
- A family history of skin cancer
- History of sunburns (one or more blistering sunburns as a child or young teen increases the risk)
- Older age
- A personal history of pre-cancerous skin lesions or diagnosis of skin cancer in the past
- Certain types and large amounts of moles
- People with darker skin tones are prone to skin cancer in areas that are not commonly exposed to the sun
- Other factors such as being exposed to toxic substances like arsenic, exposure to radiation, or having a condition that weakens the immune system

Screening Recommendations:

1. Individuals should perform regular skin self-exams to detect skin cancer early. Check your skin for new skin growths or changes in existing moles, freckles, bumps, and birthmarks. Check your skin thoroughly with the help of a mirror. These self-examinations are especially important for those who had a family or personal history of skin cancer given their elevated risk for recurrence.

2. Discuss any changes or concerns with a primary care provider so that an appropriate referral to a dermatologist can be provided. A dermatologist can make recommendations

[2] https://www.cancer.gov/types/skin/patient/skin-screening-pdq
[3] Skin cancer (aad.org)
[5] Skin cancer (aad.org)

as to how often a person needs a skin exam from a doctor based on individual risk factors including skin type, history of sun exposure, and family history.

Recommended Best Practices:

1. It is the recommendation of MCCMH's Chief Medical Office that all in- and out-of-network providers:

   A. Develop a process to educate their direct care staff on the most up-to-date guidelines and resources to assist persons served in taking early proactive steps in the identification of skin cancer.

   B. Develop a process that guarantees persons served and their guardians are provided education on this subject.

   C. Use the attached "MCCMH Educational Handout to Promote Awareness about Skin Cancer Prevention" as handouts to their staff, persons served, and guardians to create awareness on the subject.

      i. The use of the MCCMH educational handout disseminated along with these recommendations is purely optional; however, the expectation of the role providers must play on providing this education is not. Providers may develop their own educational materials to achieve this awareness goal as long as they abide by appropriate and current guidelines from recognized national organizations and authorities in the field.

      ii. It is the provider's responsibility to update their educational materials following the publishing of new, revised guidelines from well recognized authorities such as the United States Preventive Services Task Force, the American Cancer Society, the American Academy of Dermatology Association, and others.

2. Providers should remain aware of the importance of these guidelines and encourage persons served and their guardians to, at least yearly (following the recommended age of initiated screening) or during the person's annual physical exam appointment, consult with their health care providers about what screening options they should consider based on their age, family history, and health history.

3. Providers and direct care staff must know that only the person's medical health care provider can determine when a given screening test type is appropriate or contraindicated, based on having a full understanding of the individual's medical history and family history. It is of paramount importance that the person served and their guardians understand this and follow and abide by their health care provider's recommendations.

4. As part of being integrated care advocates, it is important that providers encourage persons served to stay up to date with their yearly physicals or follow-ups, as recommended by their primary care physician (PCP). Providers must have their staff work collaboratively with the

individual's medical provider to coordinate, at least yearly (following the recommended age of initiated screening), a discussion about this with the person/guardian.

5. Providers must develop a process for their direct care staff or supports coordinators to document in the person's record instances when education related to the issue was provided.

6. Granted all the above occur, if a person/guardian exercises his/her right to decline the recommendation/education, the provider must develop a process for their staff or supports coordinators to thoroughly date and document efforts made to educate and encourage the person served/their guardian on addressing the issue and document the stated reason for the person's/guardian's decline.

   *Some appropriate documentation parameters to consider include date, name and credentials of the staff providing the education/encouragement and, when applicable, the reason stated by the person and/or their guardian that they chose to decline the education or recommendations from their health care provider.

7. In the event a medical contraindication(s) is the reason for a person to not be a good candidate for continued screening, the provider should implement a process for their staff or supports coordinators to document this. It is the expectation that those instances be clearly documented in the record at the time the person is due to revisit each year.

8. In cases of persons served whose cause of death is related to a skin cancer diagnosis or possible complications secondary to it, the documentation of such becomes especially important and necessary when submitting Death Reports or Root Cause Analyses for the Critical Risk Management Committee's (CRMC) review.

   In the event such documentation is not initially submitted by the provider, the CRMC reserves the right to request this information from the provider while conducting the review of a case in which this is deemed to be pertinent and/or critically relevant for review.

Training:

None.

Monitoring:

The resulting actions and appropriate documentation of the delineated guidelines shall follow the standards described in MCCMH MCO Policies 2-003, 2-010, and 2-042.

References:

1. https://www.aad.org/media/stats-skin-cancer
2. https://www.cancer.gov/types/skin/patient/skin-screening-pdq
3. https://www.mayoclinic.org/diseases-conditions/skin-cancer/symptoms-causes/syc-20377605
4. https://www.aad.org/public/diseases/skin-cancer/awareness/dangers-tanning

Annual Review Attestation / Revision History:

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1	07/28/2022	Development of Guidelines	MCCMH Chief Medical Officer