



2022 Program Guidelines



spot skin cancer

AAD SPOT Skin Cancer™ Screening Program

Through this public service program, Academy volunteers have provided more than **2.8 million** free skin cancer screenings and detected more than **286,000** suspicious lesions, and more than **32,700** suspected melanomas, since 1985.

Liability

The Academy does not provide medical malpractice liability insurance coverage for its members, including those who volunteer for free screening programs. Each participating doctor should be aware of the need to obtain advance confirmation, from his/her malpractice carrier or other appropriate sources, that his/her activities in connection with the programs will be covered by adequate liability insurance.

With respect to screening programs operated under the auspices of hospitals, medical schools, or other similar health care institutions, the Academy is not aware of any sponsoring institution that has refused to cover the professional activities of participating dermatologists under its regular medical malpractice liability insurance. However, the dermatologists planning to be involved in those programs should request specific confirmation of such coverage from the sponsoring institution.

Since 1985 the Academy sponsored its skin cancer screening program, not one of the more than 2.8 million people screened has threatened to bring suit. However, **it would be advisable for any dermatologist who is planning to participate in a free-standing screening program to consult his/her liability insurance agent or carrier in advance to determine what action, if any, is needed to establish coverage.**

In the event of a positive presumptive diagnosis, for his/her own protection, the screener ought to have a written record of reasonable attempts to notify the screenee of this fact, either by a contemporary record of oral advice given or a copy of a subsequent written communication to the screenee.

The Academy, with the assistance of legal counsel, has written the release form section of the SPOT Skin Cancer™ Screening Program Registration and Report Form in language that can be understood by persons of average education and intelligence, and that will not mislead any screenee. Legal counsel emphasizes, however, that no release form can give absolute protection.

The form states that the responsibility for follow-up examinations lies with the individual and not with the screening physician or other sponsoring organizations. The form also states that “this is a rapid screening and is not a complete skin cancer examination.” Nonetheless, in cases where there is a positive presumptive diagnosis, be sure to explain to the participant that a follow-up examination is imperative and is his/her responsibility. There is a section on the SPOT Skin Cancer™ Screening Program Registration and Report Form that states, “I understand that I have a possible cancerous or pre-cancerous condition that requires a follow-up examination. I also understand that it is my responsibility to arrange for a follow-up examination with a dermatologist of my choice, and that any follow-up examination or treatment that I may receive is not sponsored, endorsed or guaranteed by the American Academy of Dermatology.” After explaining the importance of the follow-up exam, have the participant initial this section and give him/her the yellow (patient’s copy) sheet to take to his/her own dermatologist.

Thank you for contributing your expertise and time to this successful Academy program that has been in existence since 1985.

The American Academy of Dermatology’s longstanding skin cancer screening program has been branded as SPOT Skin Cancer™. It is important that all skin cancer screenings performed by Academy members showcase the SPOT Skin Cancer™ brand as that is the public’s way of knowing that these screenings are brought to them by a dermatologist and a member of the American Academy of Dermatology. For that reason, it is imperative that any and all materials provided in your toolkit be used and displayed at the screening event. Thank you.

What are the Guidelines for Conducting a Screening?

- All screenings are to be free of charge. This is the primary function of the program and cannot be altered.
- As this is an Academy-sponsored program and a member benefit, Academy member dermatologists must order all materials, serve as the Program Director and be present at the screening. Residents and well-trained, non-dermatologists such as other physicians and non-physician clinicians can conduct skin cancer screenings under the on-site supervision of a dermatologist. Academy members are prohibited from ordering the materials and giving them to other physicians who are not dermatologists or members of the Academy.
- Order your skin cancer screening materials from the Academy early. (See page 4, "What forms do I need to use and how do I use them?"). If your screening is a public screening, the screening date, time and location, in addition to the screening coordinator's name and contact information, will be posted on the Academy's website and available through the Academy's toll-free number to help publicize the screening.
- See page 6, "Helpful Tools," for other helpful suggestions to assist you with your screening.
- The Academy's name and logo cannot be used in advertising purposes without prior written consent.
- The Academy places no restrictions on who is eligible for free screenings.
- The Academy stresses the importance of teaching skin self-examinations at each screening.
- The Academy will not sanction the endorsement of a product or service, or the use of brand names in any materials or giveaways used in conducting or publicizing skin cancer screenings.
- **AAD is not responsible for any actions of the screening physician and/or medical practice in conducting screenings (before, during or after). The screening physician and/or medical practice may not provide any care at the time of treatment (i.e. during the same visit).**
- Most states require a physician to hold a medical license in the state in which they are providing a skin cancer screening. Check with the state's medical board or your medical insurance carrier if providing a screening in another state or recruiting physicians from another state for the screening.
- Offer a full-body examination whenever possible. Because screenings are rapid, undergarments should be kept on.
- All state laws must be followed regarding requirements to report suspected abuse.
- **At the screenings, distribute a list of all dermatologists in the area or provide the Academy's toll-free number (888-462-DERM [3376]) or website (aad.org/skin-cancer-awareness) for purposes of referral for follow-up care.**
Note: this information is provided on the screening form and the patient keeps a copy, so you can point that out to the patient. The names of those who volunteer may be included in the referral list, but not highlighted in any way; screeners should not distribute their business cards or suggest themselves as the physician of choice to treat any problems discovered at the screenings.
- Conduct an exit interview with all screened individuals with suspected cancers, especially those with suspected melanomas, to encourage a follow-up examination. If someone does not have insurance, please make every effort to assist the participant in finding a physician.
- The physician should keep the screening records. If a non-physician clinician performs the screening, the forms should be maintained by the institution that employs the screener, the attending physician or resident.
- All physicians, PAs and NPs participating in the screenings are required to sign the Attestation Form. The Attestation Form can be found at aad.org/volunteerform website.

What Forms do I Need to Use and How do I Use Them?

The screening package includes the following documents:

1. SPOT Skin Cancer™ Screening Registration and Report Form (50 sets)

- **Enter the city, state, and zipcode of the screening site on all forms. Data is reported by zipcode of screening site and will not be statistically valid if it is omitted.**
- The participant should sign the form under the "General Release Form" section before he or she is screened.
- Check off all presumptive diagnoses in the boxes to the left of the figures, as indicated, not just on the human figure.
- **The participant should initial at the bottom where indicated if it is believed he or she has a precancerous or cancerous lesion. Make sure the participant understands that follow-up is necessary and is his/her responsibility.** The screener should sign and print his or her name and provide his or her professional address and telephone number at the bottom where indicated. Part 1 (white copy) is retained by the screener; Part 2 (pink copy) is returned to the Academy and Part 3 (yellow copy) is provided to the participant.
- This form should be maintained by the screening physician for the appropriate amount of time per the screening physician's state regulations. **The screening forms include a HIPAA-compliant authorization to permit you to share the participant's information with the Academy.** While the HIPAA rules do not apply to the Academy, if the screenings are being conducting in the screening physician's office, he/she should follow all applicable HIPAA procedures, including keeping this authorization on file for a minimum of six (6) years.

California Residents Only: Due to California guidelines, the form is in 14 inch font.

- Skin Cancer Screening Form (See page 5).

2. Statement of Privacy Poster (1 poster)

- This is to be displayed at each screening site. It is suggested to place this poster near the sign-in table.
- The screener's information should appear in the location as indicated on the poster. If more than one screener is present, the screening director's information should appear on the poster.
- The participant can receive a copy of the Statement of Privacy Poster at SpotSkinCancer.org/Privacy. Please note, **the screening forms include a HIPAA-compliant authorization to permit the screening physician to share the participant's information with the Academy. While the HIPAA rules do not apply to the Academy, the Academy takes steps to protect the privacy of individual's information as outlined in the Statement of Privacy Poster.** If the screening physician is conducting the screenings in his/her office, the screening physician should follow all of the applicable HIPAA procedures in interacting with the participants, including providing the participants with the screening physician's own Notice of Privacy Practices.

3. Program Volunteers Form

- It is very important that this form be completed and returned to the Academy office for proper data collection and recognition of volunteers, and should include name(s) of screening director, coordinator, participating doctors and all other volunteers.

4. Pre-addressed Envelope

- To be used for returning completed forms (signed Attestation form, pink screening form copies, and goldenrod Program Volunteers Form) to the Academy. Information from these forms is compiled and the aggregate data are reported at the end of the year.

Skin Cancer Screening Form

THIS FORM CANNOT BE REPLICATED



SPOT Skin Cancer™ SCREENING REGISTRATION AND REPORT FORM.

PLEASE COMPLETE THIS SECTION

Screening State _____ Screening Zip Code _____ Screening Date _____

American Academy of Dermatology
9500 W. Bryn Mawr Avenue, Suite 500
Rosemont, IL 60018

Use of these forms does not imply
product or service endorsement by the
American Academy of Dermatology.

Location of Skin Cancer Screening? ☐ Mail ☐ Private Office ☐ Clinic/Hospital ☐ Health Fair ☐ Outdoor Event (i.e., beach, state fair, etc.) ☐ Other: _____

PATIENT TO COMPLETE

THE AMERICAN ACADEMY OF DERMATOLOGY WILL NEVER SHARE OR SELL YOUR INFORMATION. THE DATA IS USED FOR CUMULATIVE TRACKING PURPOSES ONLY.

Name: _____ Date of Birth: _____ M _____ D _____ Y _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: Home or Cell: () _____ Sex: ☐ Male ☐ Female
Are you? ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Mixed race ☐ Other _____
Education completed: ☐ Elementary ☐ College ☐ High school ☐ Graduate school/more
Have you ever had skin cancer? ☐ Yes ☐ No
If yes, was it? ☐ Melanoma ☐ Squamous Cell Carcinoma ☐ Basal Cell Carcinoma ☐ Unsure
Do you have any new moles or moles that have changed recently in size, color, or shape? ☐ Yes ☐ No
Have you even been to a skin cancer screening before? ☐ Yes ☐ No
Do you have a regular dermatologist? ☐ Yes ☐ No
I came to the screening today because (check all that apply):
☐ No Insurance ☐ No dermatologist ☐ Family history of skin cancer
☐ Cannot afford ☐ I have a spot I am concerned about
Do you use sunscreen? ☐ Always ☐ Sometimes ☐ Rarely ☐ Never
Do you wear sun-protective clothing? ☐ Always ☐ Sometimes ☐ Rarely ☐ Never
How many painful and blistering (for 2 or more days) sunburns did you have prior to age 20? ☐ 0 ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10+
Approximately how many hours do you spend in the sun per week for work and recreation on average throughout the year?
☐ 0 ☐ less than 1 hour ☐ 1-3 ☐ 4-10 ☐ 11-20 ☐ 21-30 ☐ 30+
Does your skin tend to burn with sun exposure?
☐ Always/very sun sensitive ☐ Sometimes ☐ Rarely/Never
Have you ever used indoor tanning? ☐ Yes* ☐ No *If yes, answer next 2 questions:
At what age did you begin using indoor tanning?
☐ 0-18 ☐ 19-29 ☐ 30-39 ☐ 40-49 ☐ 50+
Approximately how many times over your lifetime have you used indoor tanning equipment?
☐ 1-4 ☐ 5-10 ☐ 11-20 ☐ 21-30 ☐ 30+

If you are found to have a presumptive diagnosis, by checking this box you are giving the Academy or its representatives permission to contact you and confirm diagnosis. Information contained in email messages may be privileged and confidential. There is some risk that any information that may be contained in such email may be disclosed to, or intercepted by, unauthorized third parties. Your use of email to receive communication from us indicates that you acknowledge and accept the possible risks associated with such communication.

☐ Yes ☐ No Email: _____

GENERAL RELEASE FORM: PATIENT READ AND SIGN BELOW.

This screening is voluntary and free of charge. I understand that the examination results will be given to me with recommendations and that I am responsible for any costs involved in following these recommendations.

I understand that this is a rapid screening and is not a complete examination for skin cancer. I understand that this screening examination does not create a physician-patient relationship and is not as complete as, or a substitute for, a full skin examination by my own physician.

Signed: _____ Date: _____
(Patient, Parent/Guardian of minor patient, or patient's personal representative)

I understand that I am responsible for my own health. The responsibility for any follow-up examinations to check abnormalities found during this SPOT Skin Cancer™ screening examination lies solely with me and not with any participating organization, physician or other health care volunteer.

I hereby release the screening physician, all other health care volunteers and the sponsoring agencies of the SPOT Skin Cancer™ screening program from all responsibility in connection with this screening examination.

I understand that I may cancel this authorization at any time with a written request submitted to the physician or physicians examining me today (named below), but that such a cancellation will have no effect on actions taken in reliance on this authorization prior to that time. Unless I cancel it in writing sooner, this authorization will expire in 12 months unless a different expiration period is required by state; provided that any data collected prior to such expiration will still be covered by this authorization.

I understand that my signing or refusing to sign this authorization will have no effect on my receiving an examination today. I also understand that this authorization may not protect or prevent further disclosures of my health information by the American Academy of Dermatology or its members, staff, volunteers, or other agents.

Signed: _____ Date: _____
(Patient, Parent/Guardian of minor patient, or patient's personal representative)

If you are not the patient, please describe your authority to act for the patient: _____

SCREENING EXAMINER: PLEASE COMPLETE ADDRESS AND SIGN FORM

EXAMINATION

A full body screen is recommended, if possible.

(except double-covered areas)

☐ Complete (except undergarments)
☐ Face & Arms ☐ Specific lesion ☐ Above waist

How many nevi are on the patient's arms, elbow to shoulder (both arms)? ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11+

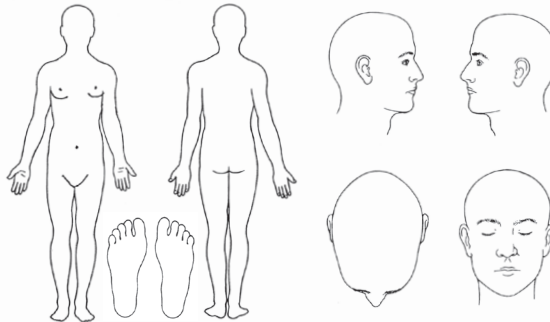
PRESUMPTIVE DIAGNOSIS

- | | |
|--|--|
| 1 <input type="checkbox"/> Seborrheic keratosis (SK) | 5 <input type="checkbox"/> Dysplastic nevus |
| 2 <input type="checkbox"/> Actinic keratosis (AK) | 6 <input type="checkbox"/> Congenital nevus |
| 3 <input type="checkbox"/> Basal cell carcinoma (BCC) | 7 <input type="checkbox"/> Melanoma |
| 4 <input type="checkbox"/> Squamous cell carcinoma (SCC) | 8 <input type="checkbox"/> Mole/nevus |
| 10 <input type="checkbox"/> Other: _____ | 9 <input type="checkbox"/> No significant findings |
| 11 <input type="checkbox"/> Other: _____ | |

RECOMMENDATIONS (Leave blank if no)

Biopsy recommended? ☐ Yes
Referred? ☐ Yes

Mark body map using numbers which correspond to diagnosis.



I understand that I may have a possible cancerous or precancerous condition that requires a follow-up examination. I also understand that it is my responsibility to arrange for a follow-up examination with a dermatologist of my choice, and that any follow-up examination or treatment that I may receive is not sponsored, endorsed, or guaranteed by the American Academy of Dermatology.

Patient's initials _____

Screening Examiner's Name: _____ M.D., D.O. _____
(Please print) (Signature)
(Address) (City) (State) (Zip) (Telephone)

IF A PATIENT REFUSES TO SIGN THE PHI AUTHORIZATION FORM, NO DATA ON THAT PATIENT SHOULD BE SUBMITTED TO THE AMERICAN ACADEMY OF DERMATOLOGY.

TRIPPLICATE FORM: WHITE COPY - TO SCREENER; PINK COPY - TO THE AAD; YELLOW COPY - TO THE PATIENT

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Web: aad.org/skin-cancer-awareness • Find A Derm: 1.888.462.DERM (3376)

22-402-MRE

1 Figure

Ensure that the participant has read and signed the General Release section before conducting the screening. If the participant refuses to sign, he/she cannot be screened.

2 Figure

Check off all presumptive diagnoses and indicate the location of your finding on the human figure.

3 Figure

When there is a positive diagnosis, explain to the participant that a follow-up examination is imperative and is his/her responsibility. After explaining the importance of the follow-up exam, have the participant initial this section.

4 Figure

The physician who performed the screening should print and sign their name. Also include current contact information such as address and telephone for any follow-up questions the participant and/or their dermatologist may have.

How do I Organize a Screening?

Skin cancer screenings can be organized and conducted in a variety of settings and in cooperation with organizations such as the American Cancer Society, local hospitals and even at state fairs. Following are components that every successful screening program should incorporate, regardless of location:

- Determine your date, time frame for screenings and location.
- Seek approval from appropriate individuals/organizations where the screening will be held.
- Invite as many local dermatologists and their staff (residents, non-physician clinicians) as possible. Assign time slots for those individuals to screen.
 - One dermatologist can usually screen between 6-10 patients an hour
 - Have assistants available if a chaperone is requested for the opposite sex
 - Recruit assistants to help with paperwork and traffic flow
- Most states require a physician to hold a medical license in the state in which he or she is providing a skin cancer screening. Check with the state's medical board or your medical insurance carrier if providing a screening in another state or recruiting physicians from another state for the screening.
- Order screening materials from the Academy as early as possible.
- Contact individual's or organization's public relations/community relations/marketing staff, if applicable, to coordinate in-house and community publicity campaigns (visit aad.org/member/career/volunteer/spot for templates).
- Identify waiting room areas and examination rooms. Make sure you have privacy, ample lighting, clipboards for screening forms, and room to display educational materials in the waiting area.
- Prepare lists of dermatologists in the area for referral purposes, or provide the Academy's website aad.org/skin-cancer-awareness or toll-free number (888-462-DERM [3376]) for participants. (The skin cancer handout has this information).
- It can be helpful to work with the local American Cancer Society or dermatological society to join in staffing, screening, promoting, and scheduling patients.
- If you are able, it can be helpful to schedule patient screening times in advance.
- Consider having a volunteer demonstrate how to conduct skin self-examinations in the waiting area.
- Send thank you letters to all volunteers after the screening event.
- Return registration and report forms and program volunteer form to the Academy in the pre-addressed envelope.

Helpful Tools for our Members

Exclusive for Academy members - helpful tools and downloadable templates can be found at aad.org/member/career/volunteer/spot. Here you will find the following information:

- If you are looking for other helpful suggestions to assist you with your screening, download the following sample templates on the "Helpful Tools" page.
 - Sample Calendar Announcement
 - Fact Sheets
 - Sample Pitch Letters for the Media
 - Mayoral Proclamation
 - Sample News Releases
 - Sample Radio PSA Scripts
 - Sample Social Media Posts

Suggested Timeline

This timeline is designed as a checklist to help plan overall activities for a skin cancer screening.

- 8 weeks prior**
 - Appoint screening Program Director.
 - Appoint volunteers to assist with identifying date/time/location, recruiting volunteers, publicity, and outline duties and responsibilities of volunteers.
 - Contact local American Cancer Society and/or dermatological society for assistance with recruiting and publicity.
- 6 weeks prior**
 - Review publicity efforts and recruitment of volunteers.
 - Establish a telephone number for accepting appointments for screenings, if desired.
- 5 weeks prior**
 - Walk through screening sites to determine physical set-up, equipment needs and traffic flow.
 - Recruit telephone volunteers to schedule and accept screening appointments, if applicable.
 - Order necessary equipment (lighting, clipboards, pens, and television, if applicable).
 - In addition to the AAD materials, you'll need to provide gowns, latex gloves, mirrors, and magnifying glasses.
 - Review the Academy's guidelines (see page 3) for the screening program.
 - Order free skin cancer screening materials from the Academy website at aad.org/member/career/volunteer/spot.
- 4 weeks prior**
 - Write talking points for volunteers (i.e. details regarding your screening) who are taking appointments by telephone.
 - Display "Save the Date" and "Free Skin Cancer Screening" flyers in office and appropriate public places to promote the screening. These flyers can be downloaded at aad.org/member/career/volunteer/spot.
 - Plan a schedule for the screening event and review with all participants.
- 3 weeks prior**
 - Call volunteer screeners and confirm scheduled times for screenings.
 - Confirm that all supplies have arrived from the Academy and review materials.
 - Confirm receipt of necessary equipment (lighting, clipboards, etc., if applicable).
- 2 weeks prior**
 - Confirm all arrangements with screening site.
- 1 week prior**
 - Confirm screening details and schedule with all volunteers.
 - Complete necessary information on screening forms, including screening site city, state and zip code and screening physician's information on Registration and Report form and Statement of Privacy.
- 1-2 weeks after**
 - Send thank-you letters to all volunteers.
 - Return completed Attestation form, program Volunteers Form, and screening copies together to the Academy.
 - Maintain the screener's copy of the Registration and Report/PHI form and a copy of the Statement of Privacy.

We hope you have a successful screening!



Thank you for volunteering to perform free skin cancer screenings for the public as part of the American Academy of Dermatology's **SPOT Skin Cancer™** Screening Program, the Academy's longest-running volunteerism and public education program. By conducting free skin cancer screenings, you are bringing attention to the specialty of dermatology, helping to educate millions of people about the importance of sun protection and early skin cancer detection, and most important, helping to directly save lives by finding melanomas in their earliest, most treatable stage.

May is Skin Cancer Awareness Month and the first Monday in May is designated as Melanoma Monday®. **However, skin cancer screenings can be performed at any time throughout the year.**



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