



Bruce H. Thiers, MD, FAAD President
Kenneth J. Tomecki, MD, FAAD President-elect
Susan C. Taylor, MD, FAAD Vice President
Neal Bhatia, MD, FAAD Vice President-elect
Marta J. Van Beek, MD, MPH, FAAD Secretary-Treasurer
Daniel D. Bennett, MD, FAAD Assistant Secretary-Treasurer
Elizabeth K. Usher, MBA Executive Director & CEO

Skin Cancer Screening During COVID-19 Pandemic

Skin cancer is the most common cancer in the United States^{1,2}. At least one in five Americans will develop skin cancer during their lifetime¹. According to the Epic Health Research Network (EHRN) publication, ([EHR Network Publication 'Delayed cancer screening'](#)), the declaration of the pandemic emergency caused an abrupt drop – (e.g. 86% (Colon) and 94% (breast and cervical)) – in preventive cancer screenings performed across the United States. Between March 15 and June 16, 2020, 285,000 breast, 95,000 colon, and 40,000 cervical exams were missed, which represent deficits of 63%, 64%, and 67% relative to the number of screenings that would be expected based on the historical average, respectively. Further, skin cancer diagnoses in the United States dropped by an average of 46% compared to the same time in 2019³. Because of delayed or missed screening, some cancer cases could present at a later stage with a poorer prognosis.⁴

The American Academy of Dermatology, therefore, encourages dermatologists to conduct individual patient skin cancer screenings in their offices, by following proper precautions such as wearing masks, practicing physical distancing, frequent hand washing, etc., irrespective of the vaccination status of staff or patients. The Academy also recommends following CDC, OSHA, and local/state public health department guidance in mitigating the spread of COVID-19. ([CDC Guidance](#)), ([OSHA Guidance](#)).

The Academy defers to the practicing dermatologists to assess the safety associated with holding a mass skin cancer screening events. If a mass skin cancer screening event is to be held, the Academy encourages dermatologists and their staff to follow CDC guidance in planning and holding a mass screening event ([CDC guidance to hold mass gatherings](#)). As there is an increased circulation of the delta variant (B.1.617.2) in the United States, the Academy encourages masks to be worn by both vaccinated and unvaccinated individuals. Please refer to [CDC interim guidance on mask mandate](#).

When deciding to hold a mass skin cancer screening event, the following factors, among others should be considered:

- a. The incidence and prevalence of COVID-19 cases in your community;
- b. The proportion of the local population that has been fully vaccinated against COVID-19;

CORRESPONDENCE
PO Box 1968
Des Plaines, IL 60017-1968
EMAIL: mrc@aad.org
WEB: aad.org

ROSEMONT, IL OFFICE
9500 W Bryn Mawr Avenue, Suite 500
Rosemont, IL 60018-5216
MAIN: (847) 330-0230
FAX: (847) 240-1859

WASHINGTON, DC OFFICE
1201 Pennsylvania Avenue, NW, Suite 540
Washington, DC 20004-2401
MAIN: (202) 842-3555
FAX: (202) 842-4355

c. The facility for the event: does it allow for social distancing, where will individuals wait before being screened (ideally outside and distanced from one another), the ventilation of the space where exams will be taking place, proper PPE provision to volunteers staffing the event, etc.

d. Local and regional public health guidance on events/crowds.

The Academy also advises using the [tool kit to plan a mass event](#) prepared by the CDC before planning a mass screening program.

References:

1. Guy GP, Jr., Machlin SR, Ekwueme DU, Yabroff KR. Prevalence and costs of skin cancer treatment in the U.S., 2002-2006 and 2007-2011. *Am J Prev Med.* 2015;48(2):183-187.
2. Guy GP, Jr., Thomas CC, Thompson T, et al. Vital signs: melanoma incidence and mortality trends and projections - United States, 1982-2030. *MMWR Morb Mortal Wkly Rep.* 2015;64(21):591-596.
3. Marson JW, Maner BS, Harding TP, et al. The magnitude of COVID-19's effect on the timely management of melanoma and nonmelanoma skin cancers. *J Am Acad Dermatol.* 2021;84(4):1100-1103.
4. Sharpless NE. COVID-19 and cancer. *Science.* 2020;368(6497):1290.