



Results of annual skin cancer screening

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IN 1989 AND 1990, Cleveland Clinic employees participated in a free skin cancer screening program during two designated days in May. We report the results of this program, and compare them with the results of other skin cancer screening programs in Northeast Ohio.

Staff and residents of the Cleveland Clinic Department of Dermatology examined employees and their dependents on a voluntary basis. Physicians used a body diagram form provided by the American Academy of Dermatology (AAD) to indicate the presence of suspicious lesions. Participants received a copy of the form, which also emphasized the participant's responsibility to make a follow-up appointment with a dermatologist if suspicious lesions were present.

The relatively small size of the employee sample (197 participants in 2 years), compared to the size of the regional sample (4,778), limits epidemiologic comparisons (Table 1). The lower incidence of basal cell carcinomas and actinic keratoses in the employee sample probably reflects the younger ages of those examined; most were under age 50. The incidence of dysplastic nevi was significantly higher in the employee population; we cannot explain this observation.

Skin cancer accounts for 30% to 40% of all cancers reported and develops in approximately 500,000 Americans annually. One in seven Americans will acquire a skin cancer during his or her lifetime.¹

Public awareness of the importance of early detection by a physician has been reinforced in the last few years by local dermatologic societies and individual dermatologists who have organized skin cancer screen-

TABLE 1
RESULTS OF LOCAL AND REGIONAL SKIN CANCER SCREENING PROGRAMS IN 1989 AND 1990

| | Cleveland Clinic employees | | Northeast Ohio residents | |
|-------------------------|----------------------------|------------|--------------------------|-------------|
| | 1989 | 1990 | 1989 | 1990 |
| Number of participants | 117 | 80 | 2324 | 2454 |
| Clinical diagnoses | | | | |
| Actinic keratoses | 5 (4.3%) | 4 (5%) | 543 (23.4%) | 501 (20.4%) |
| Basal cell carcinoma | 4 (3.4%) | 4 (5%) | 240 (10.3%) | 238 (9.6%) |
| Squamous cell carcinoma | 1(0.9%) | 0 | 14 (0.6%) | 31 (1.2%) |
| Malignant melanoma | 1(0.9%) | 0 | 23 (1.0%) | 21 (0.9%) |
| Dysplastic nevi | 33 (28.2%) | 11 (13.8%) | 103 (4.4%) | 133 (5.4%) |

ing programs for their communities.¹⁻⁴ In addition, the AAD has developed several educational programs for the public about skin malignancy.

The screening program will continue on an annual basis for Cleveland Clinic employees.

REFERENCES

1. Hazen PG. Skin cancer awareness programs: success of a statewide program of education and screening in Ohio. *Ohio Med* 1989; 85:449-451.
2. Koh HK, Lew RA, Prout MN. Screening for melanoma/skin cancer: theoretical and practical considerations. *J Am Acad Dermatol* 1989; 20:159-172.
3. Field SI. Melanoma/skin cancer screening in Michigan. *J Am Acad Dermatol* 1987; 16:578-583.
4. Olsen TG, Feesser T, Cont ET, Schroeter AL. Skin cancer screening—a local experience. *J Am Acad Dermatol* 1987; 16:637-641.

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