Society of Behavioral Medicine Comments on USPSTF Skin Cancer Prevention Behavioral Counseling Draft Recommendation

How could the USPSTF make this draft Recommendation Statement clearer?

- Recommendation - The USPSTF draft recommendation statement could add further detail regarding the types of behavioral counseling approaches used in the reported studies (e.g., motivational interviewing, patient-centered counseling, online interventions, etc.).
- Evidence Review, Intro p1. The definition of behavioral counseling used here includes various preventive services. The term counseling used in this way seems to be a misnomer. A more common definition might be something along the lines of “the provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties, especially by a professional.” Certain professionals, such as psychologists, have more formal training in provision of counseling than others. A more accurate term for the services described in the review might be “behavioral intervention” or “behavioral counseling and other interventions”.

What information, if any, did you expect to find in this draft Recommendation Statement that was not included?

- Recommendation, Summary – Regarding skin self-exams, it might be worthwhile to point out throughout that many skin cancers are first identified by patients or their partners. Presentation and detection of invasive melanoma in a high-risk population. McPherson M, Elwood M, English DR, Baade PD, Youl PH, Aitken JF. J Am Acad Dermatol. 2006 May;54(5):783-92. PMID: 16635658
- Recommendation, Rationale - Although outside the scope of the review, it might be helpful to briefly provide information on recommendations for infants younger than six months of age.
- Evidence Review, Intro p7. This section implies that there is a consensus on the definition of vitamin D deficiency, its measurement, and/or its prevalence, which may not be the case.
- Evidence Review, Methods p 14. When studies reported more than one time-point greater than three months, we suggest specifying whether data were only included from the latest time-point.
- Evidence Review, Discussion p 30. It might be useful to include some information on potentially changing norms around tanning and sun protection (e.g., increasing regulation of indoor tanning for minors) to put the results into context (e.g., studies with floor effects).

Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions? Please provide additional evidence or viewpoints that you think should have been considered.

We agree that the USPSTF came to the right conclusions based on the available literature, identified via a comprehensive and detailed review. Reasonable rationales for study exclusion based on clear review criteria have been provided.
What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

None noted.

The USPSTF is committed to understanding the needs and perspectives of the public it serves. Please share any experiences that you think could further inform the USPSTF on this draft Recommendation Statement.

Recommendation, Rationale, Importance - Consider replacing non-melanoma skin cancer with keratinocyte skin cancer when possible.


Do you have other comments on this draft Recommendation Statement?

- Recommendation, Clinical Considerations, Assessment of Risk - “Persons with a fair skin type (identified primarily by eye and hair color) are at increased risk of skin cancer and should be screened.” This does not agree with the 2016 USPSTF recommendation https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/skin-cancer-screening2?ds=1&s=skin%20cancer%20screening.

- Evidence Review, Appendix C – Ongoing Studies, Please update that the results of the Skin Savvy Study NCT00709306 have been published. The outcome paper is currently cited within the review: Process and outcomes of a skin protection intervention for young adults. However, the USPSTF has excluded the study due to ineligible outcomes (criterion E8). The study team is currently updating www.clinicaltrials.gov.