



November 6, 2017

USPSTF Coordinator
c/o USPSTF
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

**RE: USPSTF Draft Recommendation Statement: Skin Cancer Prevention:
Behavioral Counseling**

Dear USPSTF Coordinator,

Men's Health Network (MHN) is a national non-profit organization whose mission is to reach men, boys, and their families where they live, work, play, and pray with health awareness and disease prevention messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation.

MHN appreciates the opportunity to provide comments on the USPSTF Draft Recommendation Statement for Skin Cancer Prevention. The recommendation reached by the USPSTF will have significant implications for men and their families at risk of skin cancer. We would like to emphasize the Task Force's consideration for special and separate populations in regards to the preventive behavioral counseling for skin cancer. We believe that the current recommendation does not include all populations at risk¹. We appreciate your consideration of the following comments.

On considering people with higher risk of skin cancer:

If eventual outcomes and "harms" are to be considered in this research review, then not only should the adverse effects resulting from an ill-advised treatment decision be considered, but the "harms" associated with not screening should also be considered, for not to screen is to condemn too many people to late diagnosis, metastatic skin cancer and a long and painful path to death.

On the importance of consulting experts in skin cancer treatment and behavioral counseling:

While the USPSTF is composed of national experts in the field of preventive medicine and primary care, we believe it is critical to consult with those medical practitioners who have the most direct experience with patients being screened or treated for the health condition in question. In this case, we would urge you to consult regularly and in a comprehensive manner with dermatologists and oncologists to incorporate their expertise in your research review as well as your recommendation process.

On specific populations:

We are encouraged that the Task force recognizes that there need to be different grades for special populations, as we move toward a more personalized form of medical care and prevention that works best for individuals.

Counseling should include background on a person's work, recreational activities, and living arrangements. Patients that live with a partner are more likely to detect skin abnormalities than patients that live alone. Certain populations must be protected by more proactive healthcare providers. At risk populations include geographic regions, patients with a family history of skin cancer, specific occupations that receive high amounts of UV exposure, and patients who involve themselves with leisure activities that are exposed to high rates of UV exposure.

These should receive a B grade.

MHN is pleased to see the high grade for children and young adults aged 24 or younger and encourage the USPSTF to include a recommendation for individuals with fairer skin, a family history of skin cancer, and those that have lifestyles that expose them to high amounts of UV radiationⁱⁱ.

Thank you again for the opportunity to comment on this important topic for men and their families.

Sincerely,

Men's Health Network

ⁱ Diao DY, Lee TK. Sun-protective behaviors in populations at high risk for skin cancer. *Psychology Research and Behavior Management*. 2014;7:9-18. doi:10.2147/PRBM.S40457.

ⁱⁱ Berlin NL, Cartmel B, Leffell DJ, Bale AE, Mayne ST, Ferrucci LM. Family History of Skin Cancer is Associated with Early-Onset Basal Cell Carcinoma Independent of MC1R Genotype. *Cancer epidemiology*. 2015;39(6):1078-1083. doi:10.1016/j.canep.2015.09.005.

=====

Online Comments Follow

Online Comments

1) How Could the USPSTF make this draft recommendation statement clearer?

We are impressed by the USPSTF's draft recommendation and are thankful to see the high grades. We would like to see the USPSTF identify the factors that determined the age ranges for the screening recommendation. The draft recommendation mentions "a window of biological vulnerability in childhood and adolescence" but does not describe the process as to how they selected the age 24. The reader is unaware if the age is determined because of the effectiveness of behavioral counseling at age 24 or if it is dependent on the biological vulnerability. In addition, we would like to better understand the distinction between the two identified populations: Fair-skinned adults older than age 24 years and Adults.

2) What information, if any, did you expect to find in this draft recommendation statement that was not included?

We believe that the USPSTF draft recommendation was thorough, however, we think the recommendation would benefit by including a recommendation for certain populations along with the fairer-skin population. Certain geographical regions have higher and longer sun exposure. In addition to geographical populations, health care professionals should be advised to engage in behavioral counseling with persons from occupations or leisure-time activities that experience high levels of sun exposure.

We believe the recommendation should read "[t]he USPSTF recommends that clinicians selectively offer counseling to adults who have fair skin" and/or adults with occupations or leisure-time activities that experience high exposure to UV radiation.

These should receive a B grade.

We would also like to see what current research, if any, is being done to examine the link between self-examination and skin cancer.

3) 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 respect the Task Force's recommendation and believe that they have come to the correct conclusion for adults under the age of 24. We would like to see a B-rating for the population over the age of 24 for specific and special populations. Counseling should be encouraged for special populations that are at higher risk because of occupation or leisure-time activities, or may be at special risk due to family history.

4) What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

We believe that resources (literature, pamphlets, fliers, brochures, etc.) used in the behavior counseling should be provided along with the recommendation to better understand the counseling protocol.

5) 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.

N/A

6) Do you have other comments on this draft Recommendation Statement?

We applaud the Task Force's B-rating for children and young adults aged 24 or younger and encourage the USPSTF to include a B grade recommendation for individuals with fairer skin, a family history of skin cancer, and those that have lifestyles that expose them to high amounts of UV radiation. We would also like USPSTF to identify the factors that determined the age ranges selected for screening. We believe that providing this information as well as any additional resources used will allow patients and physicians to obtain the best results from behavioral counseling.

Submitted by:
Men's Health Network
November 6, 2017

###