

**Letter to the Editor – *JAMA Dermatology*  
Sept. 13, 2019**

To the Editor,

We respectfully disagree with the [conclusions of Adamson and Pignone](#) regarding the health impact of skin cancer screening, including the elimination of copays.

The authors lament that dermatology societies discount the USPSTF's determination of insufficient evidence for skin cancer screening. They fail to mention that there are no dermatologists or practicing clinicians among the "national experts" of the USPSTF. Labelling USPSTF "independent and nongovernmental" is misleading since it is funded, staffed, and its members appointed by an agency of the U.S. Department of Health and Human Services, which is eager to reduce government health care spending. Although evidence-based medicine is a useful tool, much can be asserted to be true in the absence of controlled trials. Skin cancer screening is already the well-established standard of care, and investigations that withhold it are unethical. The naïve, literature-bounded opinions of evidence-based medicine aficionados cannot substitute for the expertise of 14,000 U.S. dermatologists.

The authors evince concern about melanoma over diagnosis, or "diagnosis of disease that would otherwise never have produced any symptoms or shortened ... life." We are unsure if they would like dermatologists to stop detecting and removing melanomas? We lack the ability to identify those melanomas that will advance quickly and so cannot wait for a catastrophic outcome before initiating treatment. Clinicians cannot be asked by policymakers to play Russian roulette with our patients' lives.

Regarding keratinocyte carcinomas, the authors note, "they are rarely fatal, but can be expensive to treat." There is no mention that delayed diagnosis can result in advanced disease, metastasis or death. Nor is there discussion of the grave burden of disfigurement and functional and sensory loss, or the accompanying anxiety and psychosocial distress. Costs to the health care system are important, but the personal costs and suffering of our patients are more important.

Public campaigns to encourage skin cancer screening are a laudable contribution of board certified dermatologists to the health of Americans. Since our success at reducing cancer-associated mortality and morbidity requires constant work, now is not the time to relax our vigilance.

We emphatically agree with the authors' penultimate sentence, "Entrusting non-physician policymakers to evaluate medical evidence, provide recommendations and decide on benefit design is problematic." Expert dermatologists and *not* the USPSTF should guide clinical care. Indeed, in improving access to screening for Illinoisans, dermatologists are meeting this charge. Removal of the copay obstacle may help financially struggling Americans get the lifesaving skin cancer screenings they need.

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