Clinicians' Role in Reducing the Risk of Skin Cancer: Barriers and Solutions to Implementing the United States Preventive Services Task Force Recommendations

Pediatrics/Pediatric Dermatology

U.S. Preventative Services Task Force Recommendation Statement: Behavioral Counseling to Prevent Skin Cancer (2012)

Evaluated:

- evidence that counseling patients about sun protection reduces intermediate outcomes (sunburn) or skin cancer
- link between counseling and behavior change and incidence of skin cancer
- potential adverse effects of counseling or sun-protective behavior changes
- Does not consider costs of providing this service in assessment
- Recommends counseling children, adolescents, young adults aged <u>10-24 years</u> who have <u>fair skin</u> about minimizing their exposure to UV radiation to reduce risk of skin cancer (B recommendation)
- B= high certainty that <u>net benefit is moderate</u> or <u>moderate</u>
 <u>certainty that net benefit is moderate to substantial</u>

U.S. Preventative Services Task Force Recommendation Statement:

Behavioral Counseling to Prevent Skin Cancer (2012)

Limitations

- "as most trials of skin cancer counseling include only people with fair skin type, the recommendation for counseling of children, adolescents, and young adults aged 10-24 years is limited to this population"



U.S. Preventative Services Task Force Recommendation Statement:

Behavioral Counseling to Prevent Skin Cancer (2012)

Limitations

 "few trials were available to determine the effectiveness of counseling parents to provide UV exposure protection for children under 10 years"

Counseling Adolescents: Sun Protection

- Target audience from USPTF:
 - Fair skin, ages 10-24 years
- Goal behavioral changes
 - Reducing UV exposure
 - Use of broad spectrum SPF15 or > sunscreen
 - Use of protective clothing
 - Avoiding midday sun (10 AM- 3 PM)
 - Avoiding tanning booth use
- USPSTF successful counseling interventions
 - Cancer prevention messages
 - Appearance focused messages (stressing potential aging effect)
 - Effective for late-adolescent females to reduce UV indoor tanning



Pediatric Well Child Visits: Opportunity to change behavior to reduce skin cancer

Parents, early visits

- cultural change



- counsel on sun protection
- counsel against tanning and tanning bed use



Counseling Parents and Children on Sun Protection: A National Survey of Pediatricians



OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Sophie J. Balk, MD*, Karen G. O'Connor, BS‡, Mona Saraiya, MD, MPH§

- Survey randomly sent to 1616 US Pediatricians, members of AAP (2001)
- Response rate = 55%; n = 775 pediatricians providing direct patient care
- >90% reported that skin cancer is a significant public health problem and that preventing episodic high exposures to the sun during childhood will reduce the risk of adult melanoma
- Only **38%** of pediatricians rated skin cancer prevention as **very important** to their patients' health **compared with other topics** such as:
 - use of car seats (86%), nutrition (79%), immunization issues (76%), and smoking/avoidance of environmental tobacco smoke (74%)
- most frequently named barrier to sun protection counseling was lack of time

Providing effective sun protection counseling: Challenges for Pediatricians

Time

Tools

Training

Providing effective sun protection counseling: Challenges for Pediatricians

Time

- 33% of well child visits are < 10 min
- 47% of well child visits are 11-20 min
- 20% of well child visits are > 20 min
 - Longer visits associated with more anticipatory guidance and psychosocial risk assessment
 - N. Halfon et al, Pediatrics, 2011





become necessary if circumstances suggest variations from normal.

frequent counseling and treatment visits separate from preventive care visits.

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants. Children and Adolescents, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or

standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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| | INFANCY | | | | | | | | EARLY CHILDHOOD | | | | | | | MIDDLE CHILDHOOD | | | | | | ADOLESCENCE | | | | | | | | | | |
|--|-----------|----------|-------|---------|------|------|------|------|----------------------|-------|--------|----------|----------|-----|-----|------------------|-----|-----|-----|----------|------|---------------|------|------|------|------|------|------|------|------|------|------|
| AGE* | Prenatal* | Newborn* | 3-6 d | By 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 y | 4 y | 5 y | 6 y | 7 y | 8 y | 9 y | 10 y | 11 y | 12 y | 13 y | 14 y | 15 y | 16 y | 17 y | 18 y | 19 y | 20 y | 21 y |
| HISTORY | | ĺ | | İ | | l | | İ | | | ĺ | | ĺ | | | | ĺ | ĺ | | | | 1 | | | | | | | ĺ | | | ĺ |
| Initial/Interval | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| MEASUREMENTS | | ! | | ! | ! | ! | | | | | | | | | | | ! | ! | ! | ! | | | | | | | | | | | | |
| Length/Height and Weight | | | | | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Head Circumference | | • | • | | • | • | • | • | • | • | • | • | | | | | ! | ļ . | ! | ! | | | | | | | | | | | | |
| Weight for Length | | | | | | • | • | • | • | • | • | | | | | | ! | ! | ! | ! | | | | | | | | | | | | |
| Body Mass Index ⁶ | | | | | | | | | | | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Blood Pressure* | | * | * | * | * | * | * | * | * | * | * | * | * | • | • | • | ļ • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| SENSORY SCREENING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision | | * | * | * | * | * | * | * | * | * | * | * | * | •7 | • | • | • | * | • | * | • | * | ٠ | * | * | • | * | * | • | * | * | * |
| Hearing | | •1 | * | * | * | * | * | * | * | * | * | * | * | * | • | • | • | * | • | * | • | * | * | * | * | * | * | * | * | * | * | * |
| DEVELOPMENTAL/BEHAVIORAL ASSESSMENT | | ! | | | | | ļ | | | | | | | | | | ! | ļ | ļ . | ! | | | | | | | | | | | | |
| Developmental Screening | | | | | | | | • | | | • | | • | | | | | l | | | | | | | | | | | | | | |
| Autism Screening ¹⁰ | | ! | | | | | l | | | | • | • | | | | | | ļ | ļ | ! | | | | | | | | | | | | |
| Developmental Surveillance | | • | • | • | • | • | • | | • | • | | • | | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Psychosocial/Behavioral Assessment | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Alcohol and Drug Use Assessment ⁽¹⁾ | | | | | | | | | | | | | | | | | | l | ļ | | | * | * | * | * | * | * | * | * | * | * | * |
| Depression Screening ¹³ | | | | | 1 | 1 | l | | | l | l | | | l | | | J | l | 1 | | | • | • | • | • | • | • | • | | | • | |
| PHYSICAL EXAMINATION® | | | | | • | • | • | • | • | • | | • | | | • | • | | | • | • | • | • | • | • | • | • | • | • | | • | • | • |
| PROCEDURES** | | | | 1 | | | | | | | l | | l | | | |] | l | | | | | | | | | | | 1 | | |] |
| Newborn Blood Screening ¹⁸ | | - | • | | - | | | | | | | | | | | | | l | | | | | | | | | | | | | | |
| Critical Congenital Heart Defect Screening** | | • | | | | | | | | | l | | l | 1 | | | | l | | | | | | | | | | | | | | |
| Immunization [®] | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Hematocrit or Hemoglobin ¹⁸ | | 1 | 1 | 1 | 1 | * | l | | • | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Lead Screening ¹⁶ | | İ | | İ | İ | İ | * | * | • or ★ ²⁰ | ĺ | * | • or ★** | ĺ | * | * | * | * | ĺ | ĺ | İ | | | | | ı | İ | | | ĺ | İ l | | l |
| Tuberculosis Testing ²¹ | | | | * | | | * | | * | | | * | | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Dyelpidemia Screening ²³ | | İ | | İ | İ | İ | İ | | | İ | İ | * | İ | İ | * | | * | İ | * | → | - • | \rightarrow | * | * | * | * | * | * | - | | | - |
| STIPHIV Screening ²⁸ | | İ | | İ | İ | İ | İ | İ | | İ | İ | | İ | İ | İ | | İ | İ | İ | İ | | * | * | * | * | * | - | | - | * | * | * |
| Cervical Dyspissis Screening ²⁴ | | İ | | i | İ | İ | i | i | | i | i | | i | İ | i | | i | i | İ | i | | | | | i | i | | | i | i | | • |
| ORAL HEALTH ³⁸ | | | | Ī | | | * | * | • or * | | • or ★ | • or * | • or ★ | • | | | • | i | | | | | | | | | | | i | | | |
| Fluoride Vernish ²⁶ | | İ | | İ | | | 4 | | | | - • | | <u> </u> | - | | - | ĺ | İ | | | | | | | | | | | ĺ | | | ĺ |
| ANTICIPATORY GUIDANCE | • | • | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |

If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

Each child and family is unique therefore these Recommendations for Preventive Pediatric Health Care are

designed for the care of children who are receiving competent parenting, have no manifestations of any

important health-problems, and are growing and developing in satisfactory fashion. Additional visits may

Developmental, psychosocial, and chronic disease issues for children and adolescents may require

- 2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement The Phenatal Visit (http://www
- Every infant should have a newborn evaluation after birth, and breakfleeding should be encouraged (and instruction and support should be offered). Every intent should have an evaluation within 3 to 5 days of birth and within 46 to 77 hours after discharge from the hospital to include evaluation for feeding and joundlos. Dreamfeeding infants should receive formal breamfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Dreamfeeding and the Libe of Human Milk"
- tib. (bedatics association) or stories (1000-bit) full. Neeborn interts discharged less than 40 hours after delivery must be examined within 8 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborra"
- Screen, per the 2007 AAP statement Tupert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Addisoned Overweight and Obestly Summary Report (http://bod/sicious.org/bod/si
- If the patient is uncooperative, rescreen within 5 months, per the 2007 AAP statement Taye Examination in Infants, Children, and Young Adults by
- Pediatricisms' (http://bedatrics.ascrub/lications.coulomised/11/ASCC statract).

 8. All newborns should be acreered, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and
- Intervention Programs" (http://bedistrics.apop.phications.org/content/120/4/898.full). See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental
- Surveillance and Sovering" (http://jedehto.suppublications.org/content/118/1/405.html).

 10. Sovering should occur per the 2007 AAP statement "Identification and Divaluation of Children with Autom Spectrum Disorders".

- 11. A recommended agreening tool is available at http://www.cease-boxto
- 12. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC bookt and at
- All each visit, age-appropriate physical examination is exsented, with infant totally undoffeed and otder children understand and suitably draped. See 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient"
- These may be modified, depending on entry point into schedule and individual need.
- The Recommended Uniform Newborn Screening Panel
- (http://www.hma.gov/advisory.com/ithesaln-dribed-iscov/her risbled across scommended panel uniform acroening panel pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening level/regulations (http://ownewion of , establish the criteria for and coverage of newborn acreening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.
- 16. Screening for critical congenital heart disease using pulse colmetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement 'Endomement of Health and Human Services Recommendation for Pulse Oximetry Screening for Ortical
- Congenital Heart Disease" (http://pediatrics.aspp.blications.org/content/126/V190 htt). 17 Schadules per the AAP Committee on Infectious Dissesses are mail@is at Mitches
- Every staff should be an opportunity to update and complete a child's immunizations 18. See 2010 AAP statement 'Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Ameria in Infants and Young Children (5-3 Years of Age)
- For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Polisoning Prevention statement "Low Level Lead Exposure Harms Children A Renewed Call for Primary Prevention" (http://www.cdc.gou/nosh/lead/ACCL/PVFinal_Document_000
- 20. Perform risk assessments or screenings as appropriate based on universal acception requirements for patients with Medicald or in high prevalence

- 21. Tubercularis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red South Regard of the Committee on Infactions Diseases. Testing should be performed on recognition of high-risk factors.
- 22. See AAP-endomed 2011 guidelines from the National Heart (Bood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents' Initia New with init couloutdelinestood peofinder html.
 Adolescents should be screened for sexually terramited infections (STIs) per recommendations in the current edition of the AAP Redillock.
- Alpartol for Committee on Michigan Diseases. Additionally, all adolescents should be screened for HM according to the AAP statement Info-Section approblications protocoles (1205/102) full once between the spec of 15 and 15, making every effort to preserve confidentially of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and respected annually.
- 24. See USPSIT recommendations Into News approve beam ideal policy or protocoff account Info. Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aspositications.org/content/126/3583 full)
- 25. Assess if the child has a dental home. If no dental home is identified, perform a risk assessment
 - (http://www/_apo.org/org/he/h/seassamerif_col.pdf) and refer to a dental home. If primary writer source is deficient in fluoride, consider and fluoride supplementation. Recommend brushing with fluoride loofspaste in the proper dosage for age. See 2009 AAP statement *One Health Risk Assessment Timing and Establishment of the Dental Home" (http://bediatrics.aspositios.forus.org/content/E115/E112.full). 2014 clinical report "Fluoride Lite in Caries Prevention in the Primary Care Setting"
 - Offic (bediatric, aspositications orologicity/10,15 C/beds 2014-1999), and 2014 AAP statement "Maintaining and Improving the Oral Health of Young Children (http://pediatrics.aspositications.org/content/1346/1024 b.ll)."
- See USFSTF recommendations (http://www.uscressrobeam/loants/situm.org/upraffurpation.htm). Once teeth are present, fluoride samish may be applied to all children every 35 months in the primary care or denial office. Indications for fluoride use are noted in the 2014. AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting"

Providing effective sun protection counseling: Challenges for Pediatricians

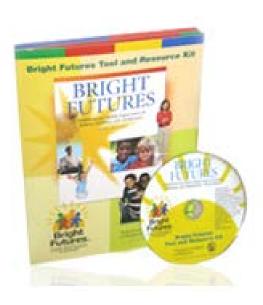
Tools



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN*



ANTICIPATORY GUIDANCE FOR THE ADOLESCENT

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Try to get 8 hours of sleep a night.

Engage in moderately strenuous to vigorous physical activity (e.g., walking, biking, aerobics) for 30 to 60 minutes at least three times a week. Encourage friends and family members to be physically active.

Check with the health professional before increasing physical activity. Ask the health professional or coach about athletic conditioning, weight training, drinking fluids, and weight gain or loss.

Limit TV viewing and computer and video games.

Practice time management skills.

Injury and Violence Prevention

Always wear a safety belt when driving or riding in the car. If you are driving, insist that your passengers wear safety belts.

Follow the speed limit and drive responsibly.

Concentrate when driving and avoid distractions (e.g., playing loud music, eating, talking on the phone when driving).

Do not drink alcohol, especially while driving, swimming, boating, or operating farm equipment or other machinery.

Plan to ride with a designated driver or to call for a ride if drinking.

Write and sign a "no drinking and driving" contract with your parents.

Learn how to swim (if you haven't already learned).

Learn first aid and CPR.

Reduce your risk of developing skin cancer by limiting time in the sun and applying sunscreen before going outside. Avoid tanning salons.

Help your parents test smoke alarms in your home to be sure they work properly, and help change the batteries yearly.

Know what to do in case of a fire or other emergency. Review fire safety plans at home.

Always wear a helmet when riding on a motorcycle, bike, or all-terrain vehicle. However, ATVs and motorcycles are dangerous, even with a helmet.

Wear protective gear (e.g., eye protection, mouth guard, helmet, knee and elbow pads) for sports and other physical activities such as in-line skating.

Wear appropriate protective gear at work and follow job safety procedures.

Avoid high noise levels, especially when using earphones.

Do not carry or use a weapon of any kind.

Develop skills in conflict resolution, negotiation, and dealing with anger constructively.

Learn techniques to protect yourself from physical, emotional, and sexual abuse or rape.

Seek help if you are physically or sexually abused or fear that you are in danger.

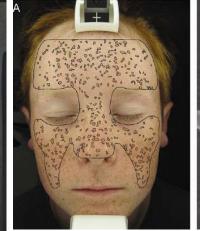
- Tools
 - Streamlined
 - Customized
 - Targeted: especially for teens

Effect of appearance-based education compared with health-based education on sunscreen use and knowledge: A randomized controlled trial

William Tuong, BA,^a and April W. Armstrong, MD, MPH^b Sacramento, California, and Aurora, Colorado

- appearance-based group demonstrated a statistically significant increase in sunscreen use (p<0.001)
- No difference in knowledge scores between groups











Gamble, R et al, J Am Acad Dermatol. 2012 Oct; 67(4): 587–597.

Photo credit: New England Journal of Medicine

Providing effective sun protection counseling: Challenges for Pediatricians

- Training
 - Emphasize importance of sun safety and dangers of tanning/tanning bed use
 - Residency programs
 - CME programs

Providing effective sun protection counseling: Challenges for Pediatricians

- Time
- Tools
- Training

