EUROSKIN 6th International Conference:
Workshop on Skin Cancer Screening - Implementation, Burden & Benefits (lessons from other cancer screenings) 4 – 6 November 2012
Hotel Novotel am Tiergarten, Berlin, Germany

At the end of the workshop the audience and the invited speakers came together to formulate a couple of recommendations, based on the discussions, about lessons to be learned from existing screenings. These recommendations are listed below:

Recommendations:

Basics

1) A screening initiative should be sustained by an evaluation program and evidence-based knowledge. It should ascertain benefits and harms.

2) All effort should be undertaken to enable the target population to make an informed *decision about participating in screening. The screening program should also consider the* specific needs of participants.

3) The justification of the generalisation of a population-based cancer screening should come from a converging body of the highest achievable evidences, preferably from randomised control trials when such studies are available.

4) The evaluation process of a screening program should be performed on a continuous/regular basis to improve its efficacy and effectiveness while minimising harms and costs as much as possible. A progressive evaluation of different screening modalities, such as change in screening intervals, change in the age range of the target population, etc. should be performed to reach an optimal efficacy and effectiveness of screening. Continuous/regular evaluations should take into account potential interactions between screening participation and uptake of treatments.
It should also evaluate changes in medical practices such as introduction of new drugs or new technological devices.

5) For any screening program a monitoring quality assurance process should be performed on a continuous/regular basis.

6) When implementing a screening, a substantial fund, out of the current costs of screening, or any budget out of resources from those institutions which are responsible for implementation, should be dedicated to screening evaluation and quality assurance.

7) Overdiagnosis is a frequent drawback of cancer screening.

It should be evaluated and minimised as much as possible. Future studies from clinical and/or laboratory research might provide biomarker tools to reduce the number of "overdiagnosed" cases.

8) The evaluation of cancer screening should be supported by good population-based data from cancer registries.

Communication

Target group-specific combinations of mass-media communication channels and interpersonal communication are important to raise awareness and improve participation in screening. The interaction between the health care provider and the potential participant is an important communication tool to improve informed decision-making. In order to change behaviour and improve participation in screening, this interaction has to take into account. This interaction has to include the patients' needs regarding the level of information to communicate to them.

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9) To avoid potential conflict of interest and to have a fair presentation of screening activities, the information delivered to the public should be prepared by a group of experts, and not only by those groups or institutions enforcing the screening. The information provided to enable an informed decision of participants should be built up within a multidisciplinary approach. The group of experts developing the information would benefit from the participation of clinicians, communication scientists, sociologists, psychologists, patients' organisations, and statisticians

10) Informed decision-making should include the development of new curricula, dealing with potential benefits and harms of screening activities, for the education of physicians/medical staff, to facilitate and improve communication with the target population.

11) The communication strategy should be as fair as possible and should not hide potential harms of screening. It should also not overestimate potential gain from screening. When appropriate, providers of information should disclose the level of uncertainty of the information to the participants.

The following recommendations are specifically directed to skin cancer initiative in Germany:

The SCREEN-project in Germany presented, in an ecological study, a decreased risk of cutaneous melanoma mortality in Schleswig-Holstein following the implementation of a screening program. This is the best current evidence. To improve evidence, the time-series analysis should be replicated for the whole of Germany in comparison with other European countries. Further evidence could be

obtained from observational studies, such as case-control studies in the context of the German Skin Cancer Screening.

G1) The German Skin Cancer Screening needs further studies and evaluations to comply with the general recommendations mentioned previously, i.e. improving level of evidence.

G2) The screening of skin cancer will probably lead to a certain degree of overdiagnosis. Modelling studies should be performed to anticipate such an overdiagnosis.

G3) Skin cancer screening tests done by general practitioners could be embedded with other early detection activities and other health issues. The interaction between different screening activities should be investigated in specific studies.

Specific point for communication within skin cancer screening:

G4.) Because there is still lack of strong evidence supporting skin cancer screening, the information delivered should take into account the degrees of uncertainties in all aspects of skin cancer screening (uncertainties on efficacy, overdiagnosis, overtreatments,…).