TEST

Skin cancer screening

A skin cancer screening is a visual examination of your skin for suspicious spots or changes

WHAT IT MEASURES
Visible skin changes that may suggest skin cancer

SAMPLE
None; visual examination of the skin

FASTING NEEDED?
No

HOW LONG IT TAKES
Usually 10-20 minutes for a full skin examination

RESULTS IN
Immediate findings; biopsy timing varies by laboratory

USED FOR
Screening and assessing suspicious skin changes

MAIN LIMITATION
A visual exam cannot confirm cancer; biopsy may be needed

Overview

Skin cancer screening is a visual examination of your skin. A clinician looks for spots or changes that could be skin cancer or may need closer assessment.

Screening usually means examining someone who has no particular symptom. If you have a new, changing, bleeding, or otherwise concerning spot, the examination is considered diagnostic assessment rather than routine screening.

The examination may cover your entire skin surface or focus on certain areas. A clinician may use a dermatoscope, a handheld magnifying device with a bright light, to see structures beneath the skin's surface.

Screening can look for melanoma and common non-melanoma skin cancers, including basal cell carcinoma and squamous cell carcinoma. The examination cannot confirm cancer. If a spot looks suspicious, a biopsy may be needed. A biopsy removes some or all of the spot so it can be examined under a microscope.

Why the test is ordered

The aim is to identify skin changes that might need monitoring, photography, dermoscopy, or biopsy. Finding a concerning change can lead to earlier diagnostic testing.

A clinician may suggest an examination because you have risk factors for skin cancer. These can include substantial ultraviolet exposure, repeated sunburns, many or unusual-looking moles, a previous skin cancer, a strong family history, or a condition or medicine that weakens the immune system.

An examination may also be arranged because you or someone close to you noticed a change. Examples include a spot that is growing, changing colour or shape, repeatedly crusting, or failing to heal.

Most skin spots are not cancer. Screening is meant to identify which ones may need further assessment, not to diagnose every mark by appearance alone.

Who should have the test

There is no single screening schedule that is appropriate for everyone. The US Preventive Services Task Force has found that evidence is insufficient to determine whether routine clinician screening provides more benefit than harm for adolescents and adults without symptoms in the general population. This does not mean that skin examinations are ineffective or that a concerning spot should be ignored.

You may be offered an individual skin examination if you have a higher risk, such as:

People of every skin tone can develop skin cancer. In darker skin, some cancers are more likely to appear in areas that receive little sun, including the palms, soles, or beneath nails.

Contact a clinician if you notice a new or changing spot, even if you are not due for a routine examination.

- A previous melanoma or other skin cancer
- Many moles or moles with unusual features
- A close relative who has had melanoma
- Significant long-term ultraviolet exposure or repeated sunburns
- A weakened immune system, including from certain medicines
- A genetic condition associated with skin cancer

How to prepare

You do not need to fast. You may eat, drink coffee, take your usual medicines, and exercise unless the clinic gives you different instructions for another procedure planned that day.

If possible, remove makeup, self-tanner, and nail polish. These can hide changes on the face, skin, or nails. Wear clothing and shoes that are easy to remove.

Avoid styling your hair in a way that makes the scalp difficult to examine. Bring a list of spots you are concerned about and any photographs showing how they have changed.

Tell the clinician about previous skin cancers, biopsies, severe sunburns, family history, and medicines that affect your immune system. You can also ask for a chaperone or request that a particular area not be examined.

What happens during the test

You may be asked to change into a gown. The clinician examines your skin systematically, often including the scalp, face, ears, neck, trunk, arms, hands, legs, feet, and between the toes. They may look beneath nails and in skin folds.

Examination of the breasts, buttocks, or genital area should only happen with your explanation and consent. You can ask questions, request a chaperone, or stop the examination at any time.

The clinician may measure or photograph a spot. Dermoscopy may be used to examine its colour and structure more closely.

If something looks suspicious, the clinician will explain whether it should be monitored, reviewed by a dermatologist, or biopsied. A biopsy may happen at the same visit or be scheduled separately.

Understanding your results

There is no numerical reference range for a skin examination. Findings are usually described by appearance and by the next step needed.

Possible outcomes include:

A reassuring examination does not guarantee that no skin cancer is present. Some cancers are small, hidden, or difficult to distinguish from harmless marks.

A suspicious result also does not mean you have cancer. Many non-cancerous moles, inflamed areas, and age-related growths can look concerning.

Interpretation can vary with clinician experience, your age, sex, skin tone, pregnancy status, medicines, previous skin conditions, and the clinical context. If tissue is removed, the pathology result can also depend on the sample and laboratory assessment.

- No concerning changes found
- A spot that appears benign, meaning non-cancerous
- A spot to photograph or monitor for change
- A finding that needs specialist assessment
- A spot that should be biopsied

What affects the results

Anything that hides the skin can make the examination less complete. This includes makeup, nail polish, self-tanner, thick hair, dressings, or clothing that is not removed.

Recent irritation, injury, shaving, insect bites, infection, or inflammation can temporarily change how a spot looks. Scars and previous treatments can also make an area harder to interpret.

Pregnancy and hormonal changes may alter pigmentation or the appearance of some moles. These changes should not automatically be assumed to be harmless. Medicines that suppress the immune system can change your skin cancer risk and affect how closely findings are followed.

Lighting, the clinician's experience, and whether dermoscopy is used can affect what is noticed. Some features are harder to recognise in darker skin if the examiner has limited experience across different skin tones.

A previous photograph can be especially useful because change over time may be more informative than appearance at one visit. For a biopsy, results may be misleading if the sample does not include the most important part of a varied lesion.

Food, coffee, time of day, exercise, and hydration do not meaningfully affect a visual skin examination.

Accuracy and limitations

A careful examination can identify many suspicious skin changes, but it can miss cancer. A very small lesion, an area hidden by hair or clothing, or a cancer that resembles a harmless spot may not be recognised.

Screening can also produce false alarms. This means a harmless spot looks suspicious and leads to photographs, follow-up visits, or biopsy. Dermoscopy generally improves assessment when used by someone trained in it, but it does not make the examination perfect.

A biopsy is usually the better test when cancer needs to be confirmed or ruled out. Even a biopsy can occasionally miss the key area if only part of a large or uneven lesion is sampled. A second pathology review or further biopsy may be considered when the tissue result does not fit the clinical appearance.

Research has not yet clearly established whether routine clinician screening of all symptom-free people reduces deaths from skin cancer. This uncertainty is different from assessing a specific new or changing spot, which should receive appropriate clinical attention.

Risks and complications

A visual skin examination does not involve radiation, needles, or medicine. The main concerns are temporary embarrassment, anxiety about a finding, or an unnecessary follow-up procedure.

A biopsy has separate risks. These usually include brief discomfort, bleeding, bruising, infection, and a scar. The clinician performing it should explain the specific risks before you consent.

What happens next

If no concerning changes are found, you may be advised to continue watching your skin and return according to an individual follow-up plan. Sun protection can reduce future ultraviolet exposure, but it does not replace assessment of a changing spot.

If a lesion is photographed or measured, you may be given a routine follow-up appointment to check for change. Keep the appointment even if the area has not caused symptoms.

A suspicious lesion may be biopsied or referred to a dermatologist. The laboratory report determines whether the tissue is benign, cancerous, or needs further review.

Arrange a prompt appointment for a spot that changes noticeably, repeatedly bleeds, does not heal, or looks very different from your other spots. These findings usually need timely assessment but are not generally medical emergencies.

After a biopsy, seek urgent advice for worsening redness, swelling, pus, fever, or bleeding that does not stop with firm pressure. Call emergency services for severe bleeding or signs of a

serious allergic reaction, such as difficulty breathing.

Common questions

Can I drink coffee before skin cancer screening?

Yes. Coffee and food do not affect a visual skin examination.

Does the time of day matter?

No. Choose a time when you can attend without rushing and can remove makeup or other products if needed.

Can I exercise beforehand?

Yes. Exercise does not change the screening result. Showering afterward may make sweat, dirt, or sunscreen less likely to obscure the skin.

Do I have to remove all my clothes?

Not without your consent. A full examination is more complete when the skin can be seen, but you can ask what needs to be removed, keep underwear on, request a chaperone, or decline examination of an area.

Can skin cancer screening tell me for certain whether a spot is cancer?

No. Appearance can show that a spot needs further assessment, but a biopsy is usually required to confirm cancer.

How often should I have my skin checked?

There is no universal interval for everyone. Follow-up is based on factors such as previous skin cancer, number and type of moles, family history, immune suppression, ultraviolet exposure, and earlier examination findings.

Sources

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