How Full is a Full Body Skin Exam?

*Investigation into the practice of the full body skin exam as conducted by board-certified and board-eligible dermatologists*

**Cynthia Chen, DO PGY-4**

McLaren Oakland/Botsford Hospital
Michigan State University
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Disclosures or Conflicts of Interest

• None
Objectives

- Background and motivation
- Study methods
- Highlight results from the study
- Discussion of findings
- Recommendations
Background

• Goal of a skin exam: Identify malignant or pre-malignant lesions

• Variability among practitioners

• Recommendations are divided
  – All surfaces including mucous membranes, conjunctiva, genitals \(^1,2\)
  – Only if patients have specific concerns \(^3,4\)

• A full body skin examination implies **completeness**

• How does everyone do it?

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Study Methods

• Survey study
• Approved by Botsford Hospital IRB
• Survey distributed to American Osteopathic College of Dermatology weekly email, Michigan Dermatology Society email, Michigan Dermatology Society Fall Meeting
• Overall results and graphics generated using SurveyMonkey
Survey Questions

**DEMOGRAPHICS**
- Dermatology board status
- Conduct skin exams and frequency
- Practice setting
- # of years in practice (vs resident)
- Sex

**POTENTIAL BARRIERS**
- Patient embarrassment
- Lack of time
- Lack of financial incentive
- Other (free text option available)

**EXAM PRACTICES**
- Use of visual aid
- Patient clothing set up during exam
  - Partially undressed
  - Completely undressed
  - Fully clothed
### Full Body Skin Exam

**Location of full body skin exam**

**6. How often do you inspect the following locations? (Please note that more than one answer is available per row)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Always</th>
<th>Defer to other provider</th>
<th>Do not check</th>
<th>Patient refuses</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalp</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Face</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Orbit (iris, sclera, conjunctiva)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside the mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hands</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Arms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Genitalia (penis and scrotum)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Genitalia (including mons pubis, vulva)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anus</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Results

• 119 total surveys returned
• All were board-eligible or board-certified dermatologists who conducted full body skin exams
• 20 residents
• Mean years in practice 19.2 (SD 13.66)
• 57 females, 56 males
Potential barriers to performing a full body skin exam

<table>
<thead>
<tr>
<th>POTENTIAL BARRIER</th>
<th>N</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient embarrassment*</td>
<td>73</td>
<td>61.9%</td>
</tr>
<tr>
<td>Lack of time*</td>
<td>21</td>
<td>17.8%</td>
</tr>
<tr>
<td>None</td>
<td>10</td>
<td>8.5%</td>
</tr>
<tr>
<td>Patient refusal, decline, reluctance, resistance</td>
<td>8</td>
<td>6.8%</td>
</tr>
<tr>
<td>Lack of confidence</td>
<td>2</td>
<td>1.7%</td>
</tr>
<tr>
<td>Lack of financial incentive*</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Legal restrictions</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Fearful of sexual misconduct or accusations</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Cultural resistance</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Debility or Difficulty removing clothing</td>
<td>1</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

* Survey question option. All others are free-texted by respondents.
Frequency of Locations Checked
(N=119)
Percentage breakdown of SELECT LOCATIONS

- Orbit: Always
- Mouth: Always
- Female breasts: Always
- Male genitals: Always
- Female genitals: Always
- Anus: Always

Legend:
- Always
- Defer
- Do not check
- Pt refuses
- Other
Patient clothing setup during examination

- Completely undress (including undergarments): 22.0%
- Partially undress (keep on undergarments): 77.9%
- Fully clothed: 0%
Relationship between patient’s gowning status and frequency of checking covered areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Completely undress</th>
<th>Partially undress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female breasts</td>
<td>88%</td>
<td>55%</td>
</tr>
<tr>
<td>Female genitals</td>
<td>58%</td>
<td>14%</td>
</tr>
<tr>
<td>Male genitals</td>
<td>65%</td>
<td>20%</td>
</tr>
<tr>
<td>Anus</td>
<td>62%</td>
<td>18%</td>
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P-values:
- Female breasts: P=0.011
- Female genitals: P<0.001
- Male genitals: P<0.001
- Anus: P<0.001
Discussion of Results
Which providers are we deferring to?

- **ORBIT**
  - Ophthalmology
  - Optometry

- **MOUTH**
  - Primary Care
  - Dentist
  - Otolaryngology

- **FEMALE BREASTS**
  - Gynecology
  - Primary care

- **FEMALE GENITALS**
  - Gynecology
  - Primary care

- **MALE GENITALS**
  - Primary care
  - Urology
  - Colorectal

- **ANUS**
  - Primary care
  - Urology
  - Colorectal
Skin cancer screening in primary care

• Primary care physicians’ lack of confidence was cited as the most common barrier to doing a skin cancer screening

• 31% perform screening on high-risk patients

• 29% reported that skin cancer screening was emphasized in their medical training
Potential gaps in female pelvic examination

• New guidelines from American College of Physicians do not recommend screening pelvic exams on healthy, non-pregnant, asymptomatic adult women\(^1\)

• Routine cervical cancer screening (Pap smears) in women older than age 65 is not recommended\(^2\)

• Median age of diagnosis of vulvar melanomas is 68 years\(^3\)

• There is no gynecologic equivalent specialist or regular genital exam for men

Potential pitfalls in deferring examinations to other providers

• Other providers may assume that since the patient is already under the care of a dermatologist, specific regions may not be checked
• Patients’ false sense of confidence
• Patient may potentially be referred back to us for further evaluation and management
• Patients may NOT be referred back to us due to incomplete examination
Informed Deferral

• Inform the deferred provider(s) to check
• Inform the patient to follow up with providers
• Do not assume that other providers are checking your patients’ skin
Potential barriers to performing a full body skin exam

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Addressing Barriers: PATIENT EMBARRASSMENT

- Low percentage of patients who refuse examination of “private” areas (breasts, genitals, anus)
- Previous survey showed a high rate of patient acceptance for full-body skin examination
- Educating patients on what to expect prior to the exam may decrease concern
- Many ways to protect patient’s modesty

Addressing Barriers: LACK OF TIME

• Average time for full body skin exam
  – Range 70 seconds $^1$ to 6 minutes $^2$

• The least commonly checked locations constitute <5% of body surface area

• Have patients get completely undressed which may expedite the exam

Addressing Barriers: PATIENT REFUSAL, RELUCTANCE, DECLINE, RESISTANCE

- Educating patients on what to expect prior to the exam may decrease concern
- Document patient refusal for any part of the exam after thorough education

Relationship between patient’s gowning status and frequency of checking covered areas

- Female breasts: 88% (Completely undress), 55% (Partially undress), P=0.011
- Female genitals: 58% (Completely undress), 14% (Partially undress), P<0.001
- Male genitals: 65% (Completely undress), 20% (Partially undress), P<0.001
- Anus: 62% (Completely undress), 18% (Partially undress), P<0.001
Does a patient’s gowning status affect the completeness of the exam?

- When patients were instructed to be completely undressed at the start of the exam, regions typically covered by undergarments (female breasts, genitals, anus) were more likely to be checked.

- Potential reasons:
  - Anticipation, eliminating physical barriers, eliminating mental barrier?
Genital and anorectal melanoma

• Not all melanomas are associated with sun exposure, i.e. acral lentiginous, mucosal, ocular

• Despite the low incidence of mucosal melanoma, they are often invasive and thicker when diagnosed and associated with poor prognosis

• Genital and anorectal mucosal melanoma is associated with cutaneous melanomas and can run in families

Changes in UV exposure habits

- Increase in recreational and artificial UV exposure due to artificial tanning, travel, fashion\(^1,2,3\)
- May see an increase in non-melanoma skin cancers in previously “sun-protected” regions\(^4\)

Limitations

• Recall bias
• Only reflects those who took the survey
• Sampling which may not be reflective of habits of all USA and international dermatologists
Conclusion

As experts in skin diagnosis and management, when doing a full body skin examination, patients should be completely undressed and all skin surfaces including the orbit, oral mucosa, and genitals should be inspected.
References

References


References

Thank you

• Dr. Annette LaCasse
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