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Level of knowledge about non-melanoma skin cancer prevention in medical students

Nivel de conocimiento sobre prevención del cáncer de piel no melanoma en estudiantes de medicina

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RESUMEN

Introducción: el cáncer de piel no melanoma (CPNM) es la neoplasia más frecuente a nivel mundial. El papel de los estudiantes de medicina es crucial en la prevención primaria y detección temprana durante sus rotaciones clínicas. **Objetivo:** caracterizar el conocimiento sobre la prevención para el cáncer cutáneo no melanoma. **Métodos:** estudio observacional, descriptivo y transversal realizado en la Universidad de Ciencias Médicas de Matanzas. La muestra consistió en 40 estudiantes del Hospital "Faustino Pérez". Se aplicó un cuestionario validado que exploró variables sociodemográficas, conocimientos de riesgo y autopercepción de competencia. **Resultados:** predominó el sexo femenino (70 %) y edades entre 20-21 años (82,50 %). El 97,50 % identificó la radiación ultravioleta como principal factor de riesgo y el 80 % reconoció las medidas de fotoprotección. Sin embargo, solo el 35 % identificó correctamente los signos de alarma de una lesión sospechosa. El 65 % se percibió capacitado para realizar acciones de promoción de salud, mientras que el 35 % mostró inseguridad. **Conclusiones:** los estudiantes poseen una sólida base teórica preventiva, pero carecen de habilidades semiológicas suficientes para el diagnóstico presuntivo, evidenciando la necesidad de integrar la clínica dermatológica más tempranamente en el currículo.

ABSTRACT

Introduction: non-melanoma skin cancer (NMSC) is the most common neoplasm worldwide. Medical students play a crucial role in primary prevention and early detection during clinical rotations. **Objective:** to characterize knowledge about prevention for non-melanoma skin cancer. **Methods:** an observational, descriptive, and cross-sectional study was conducted at the University of Medical Sciences of Matanzas. The sample included 40 students from "Faustino Pérez" Hospital. A validated questionnaire explored sociodemographic variables, risk knowledge, and self-perceived competence. **Results:** there was a predominance of females (70 %) and ages 20-21 (82,5 %). While 97,5 % identified ultraviolet radiation as the main risk factor and 80 % recognized photoprotection measures, only 35 % correctly identified warning signs of suspicious lesions. 65 % felt capable of performing health promotion activities, while 35 % expressed uncertainty. **Conclusions:** students have a solid theoretical preventive foundation but lack sufficient semiological skills for presumptive diagnosis, highlighting the need to integrate clinical dermatology earlier into the curriculum.

INTRODUCTION

Skin cancer is the most common neoplasm worldwide. It is characterized by the uncontrolled growth of abnormal cells, caused by irreparable damage to their DNA, which triggers mutations and genomic defects that promote accelerated cell multiplication. This entity is divided into two large groups: melanoma skin cancer and non-melanoma skin cancer (NMSC), the latter comprising basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). ^(1,2)

The main risk factor for developing skin cancer is prolonged and cumulative exposure to ultraviolet radiation, although other determining factors exist, such as immunosuppression and genetic susceptibility. ⁽¹⁻³⁾

NMSC is the most frequent globally. Approximately 10 million cases of BCC are diagnosed each year, positioning it as the most identified malignant tumor in humans; meanwhile, squamous cell carcinoma reports 2.75 million new cases per year. ^(2,3)

The World Health Organization (WHO) places Australia in first place in incidence, followed by New Zealand and the United States. In Latin America, the countries of the Southern Cone, such as Uruguay, Argentina, and Brazil, record the highest incidence rates on the continent. ⁽¹⁻⁵⁾

Cuba is not exempt from this problem; during the last few years, the incidence of NMSC has increased considerably. The latest statistical yearbook of the Ministry of Public Health (MINSAP), published in 2025, reported more than five thousand new cases of these tumors, with a greater predilection for males. ^(3,6)

Prevention actions in primary health care are indispensable. Therefore, adequate photoeducation from the earliest stages of life is essential. However, there are few studies that evaluate the knowledge and perception of health personnel, both specialized and in training, on this topic. Since they are responsible for educating and raising awareness among at-risk populations, it is imperative that they have the tools and adequate understanding of the importance of photoprotection as a preventive pillar. ^(3,7)

Particularly, third-year medical students are at the stage of entering clinical areas. It is at this point that direct interaction with patients and their companions begins. Therefore, it is essential that they acquire the skills and knowledge to, as part of treatment, deliver a message that implicitly includes promotion and prevention measures inherent or not to the underlying disease. Given the increase in skin tumors and the

number of conditions of solar etiology that are a cause for referral to the Dermatology specialty, and the scarce reports on the level of knowledge about the prevention of non-melanoma skin cancer, the foundations for the present investigation were laid.

For this reason, the authors pose the following questions as a scientific problem: What will be the level of knowledge about the prevention of non-melanoma skin cancer in third-year medical students? What will be the self-perception of these students regarding their ability to undertake photoprotection prevention actions?

The objective set for this study was to characterize the knowledge about prevention for non-melanoma skin cancer.

METHODS

An observational, descriptive, cross-sectional study was conducted during the month of March 2026 to measure knowledge about the prevention of non-melanoma skin cancer. The universe consisted of the 40 third-year medical students who were completing their teaching rotation in the Internal Medicine service of the "Faustino Pérez" Hospital during the study period. A non-probabilistic convenience sampling was used, including all students who met the following criteria:

Inclusion criteria:

- Be enrolled in the third year of the Medicine degree at the University of Medical Sciences of Matanzas.
- Be completing the Internal Medicine rotation at the "Faustino Pérez" Hospital in March 2026.
- Provide written informed consent to participate in the research.

Exclusion criteria:

- Incomplete or unanswered questionnaires.
- Absence on the day of the survey administration without the possibility of make-up.

No sample size calculation was performed because the entire accessible universe was included.

To obtain the information, the main author of the research designed a questionnaire (see annex 1), administered once, which explored knowledge about certain elements that favor the appearance of NMSC, as well as its prevention. It was submitted to expert judgment to evaluate content and construct validity. The content validity index (CVI) was calculated, obtaining a value of 0.92, considered adequate.

Prior to its administration, a pilot test was conducted with 10 students with characteristics similar to the sample (not included in the final study), from which reliability was estimated using the Kuder-Richardson coefficient (KR-20) for the dichotomous knowledge items, reaching a value of 0.78, which indicates acceptable internal consistency.

It consisted of three parts, each with the selected variables: Sociodemographic, Level of Knowledge, and Self-perception of the capacity to carry out prevention and promotion actions. In the first part, the student's age and sex were recorded. The second part was composed of three sections, each with four statements, from which only one had to be selected. The first section explored risk factors, the second warning signs, and the third protective measures.

In the third part, a statement was presented and the student had to select, according to their self-perception, whether they agreed, disagreed, or were not sure.

Data collection procedure

The survey was administered in person in a hospital classroom, at a single scheduled time and under the supervision of the researchers, ensuring that students did not share answers. The estimated response time was 10 minutes. The questionnaires were collected immediately after completion and reviewed to verify compliance with the inclusion criteria.

Statistical analysis

The data were entered into a Microsoft Excel 2019 digital database and subsequently processed with the SPSS statistical package version 25.0. Descriptive statistics were used: for qualitative variables, absolute (n) and relative frequencies (percentages) were calculated; for the quantitative variable (age), the mean and standard deviation were obtained (although the final results presented only the distribution by ranges). No statistical inference tests were applied due to the purely descriptive nature of the study.

The study was conducted in accordance with the principles of the Declaration of Helsinki (Fortaleza, 2013) and Cuban ethical standards for research in human beings. The protocol was approved by the Research Ethics Committee of the University of Medical Sciences of Matanzas and by the Scientific Council of the "Faustino Pérez" Provincial Hospital.

All participants signed a written informed consent form, in which the objectives of the study, the voluntariness of their participation, the confidentiality of the data, and the exclusive use of the information for scientific purposes were explained. The questionnaires were coded to preserve anonymity and the data were stored on a secure server with access restricted to the principal investigators.

RESULTS

A predominance of the female sex was observed, with 28 students, representing 70 %. However, the male sex was the minority, with 12 students, accounting for 30 %. Regarding age group distribution, the largest proportion of respondents was concentrated in the 20-to-21-year range, constituting 82,50 % (n=33) of the total, followed by the 22-to-23-year group with 15 % (n=6).

Table 1. Distribution of students according to age and sex

Age groups	Sex		Total, n (%)
	Male (n=12) (%)	Female (n=28) (%)	
20 to 21 years	8 (20)	25 (62,50)	33 (82,50)
22 to 23 years	4 (10)	2 (5)	6 (15)
24 years or older	0	1 (2,50)	1 (2,50)
Total	12 (30)	28 (70)	40 (100)

Source: Survey data.

Regarding knowledge about non-melanoma skin cancer, explored in the second part of the survey, it was evident that the section with the highest number of correct answers was the one that inquired about risk factors for developing NMSC. 97,50 % identified prolonged exposure to ultraviolet radiation as the main factor. Likewise, 80 % recognized the most effective photoprotection measures (avoiding sun exposure between 10:00 a.m. and 4:00 p.m., combined with the use of physical protection means). However, only 35 % of the students correctly selected the warning signs.

Table 2. Identification of risk factors and warning signs of NMSC by students

Knowledge Variable	Correct answers n (%)
Main risk factor	39 (97,50)
Warning signs	14 (35)
Effective photoprotection measures	32 (80)

Source: Survey data.

In relation to the self-perception of competence to carry out health promotion actions, the third section of the survey, 65 % of the students selected "Agree" with the statement that they possess the necessary training to provide educational talks on the prevention of non-melanoma skin cancer. These results were followed by 25 % who answered "Not sure" and 10 % who answered "Disagree".

Table 3. Self-perception of the capacity to carry out health promotion and prevention actions on NMSC

Self-perception	n (%)
Agree	26 (65)
Not sure	10 (25)
Disagree	4 (10)
Total	40 (100)

Source: Survey data.

DISCUSSION

The present investigation exposes an important dichotomy in the initial training of medical students regarding non-melanoma skin cancer (NMSC). There is a high theoretical mastery of the etiology and general preventive measures, which contrasts with a significant deficiency in the clinical recognition of warning signs. ⁽⁸⁾ These findings are of particular interest in characterizing the perception of NMSC at a formative transition stage, where the student prepares to integrate basic knowledge with the primary health care approach. ⁽⁹⁾

Regarding the sociodemographic profile, the predominance of the female sex (70 %) and the concentration of the sample in the 20-to-21-year range (82,50 %) reflect the current composition of the student body in the degree program. The authors consider that this distribution is representative of the student population in medical sciences in the current context. This behavior corresponds to enrollment trends in medical sciences universities at the national and regional level. ⁽¹⁰⁾

Regarding theoretical mastery, it is notable that almost all respondents (97,50 %) identify ultraviolet radiation (UVR) as the primary risk factor. This result suggests that curricular content on physical agents and carcinogenesis is well consolidated in the basic cycle. This observation is congruent with recent research, such as that by Yera Sánchez et al., which demonstrates that public health campaigns and preclinical curricula succeed in establishing a solid foundation on the dangers of overexposure to UVR. ⁽¹¹⁾ Similarly, the fact that 80% recognize effective photoprotection measures indicates an adequate reception of preventive messages. This data agrees with that reported by Alfaro

Martínez and collaborators, who document favorable theoretical retention on barrier methods in undergraduate students. ⁽¹²⁾

However, the most critical finding of the study lies in the clinical identification ability, where barely 35 % of the sample correctly recognized the warning signs. The authors point out that this deficit evidences a fragmentation between epidemiological knowledge and practical clinical application: the student knows why the disease occurs, but does not know how to identify it in the patient. ⁽¹³⁾ Several authors warn that the assimilation of concepts about photoprotection does not guarantee the development of inspection skills. In fact, studies in university populations indicate that more than 70 % of health sciences students are unaware of the alert guidelines for self-examinations or screening. ^(14,15) The inability to notice morphological changes or lesions with torpid progression reduces the student's impact as a future promoter of early detection. ⁽¹⁶⁾

Regarding self-perception of competence, it is paradoxical that 65 % of students consider themselves trained to give educational talks, despite the low knowledge of warning signs detected in the previous section. This discrepancy suggests the existence of a self-confidence bias or an insufficiently critical judgment regarding their own preparation. The lack of confidence in the remaining 35 % could be linked to the deficiencies identified in the clinical component. ⁽¹⁷⁾

Given that Primary Health Care constitutes the fundamental setting for skin cancer prevention, it is essential that the student acquire communicative and diagnostic confidence from the basic-clinical cycle. ⁽¹⁸⁾ It has been shown that the use of active methodologies, such as project-based learning or early simulation, facilitates the transition from passive theoretical knowledge to effective health promotion competence. ^(19,20)

Finally, this study has limitations, such as the sample size and its delimitation to a single center in the municipality of Matanzas, factors that restrict the generalization of the results. Furthermore, the self-reported nature of the survey could introduce biases in the area of self-perception of abilities. ⁽²¹⁾

These observations underscore the need to redesign teaching strategies to prevent education on NMSC from remaining an abstract concept. It is imperative that future curricular interventions link photoprotection with dermatological semiology from early stages, so that the student carries out true active screening in the community.

CONCLUSIONS

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Third-year medical students demonstrate a theoretical knowledge level regarding risk factors and general preventive measures for non-melanoma skin cancer, as well as a mostly positive self-perception of their health promotion capabilities. However, they present significant deficiencies in the recognition of clinical warning signs. Therefore, it can be asserted that the dissociation between epidemiological knowledge and basic semiological skill evidences that the theoretical understanding of photoprotection does not automatically translate into preliminary diagnostic competence, which underscores the need to integrate prevention with dermatological clinical practice earlier in the curricula.

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CDD: Conceptualization. Formal analysis. Research. Methodology. Supervision. Drafting of the original version and revision and editing.

PAPP: Research. Methodology. Drafting of the original version and revision and editing.

EGB: Research. Methodology. Drafting of the original version and revision and editing.

MPC: Research. Methodology. Drafting of the original version and revision and editing.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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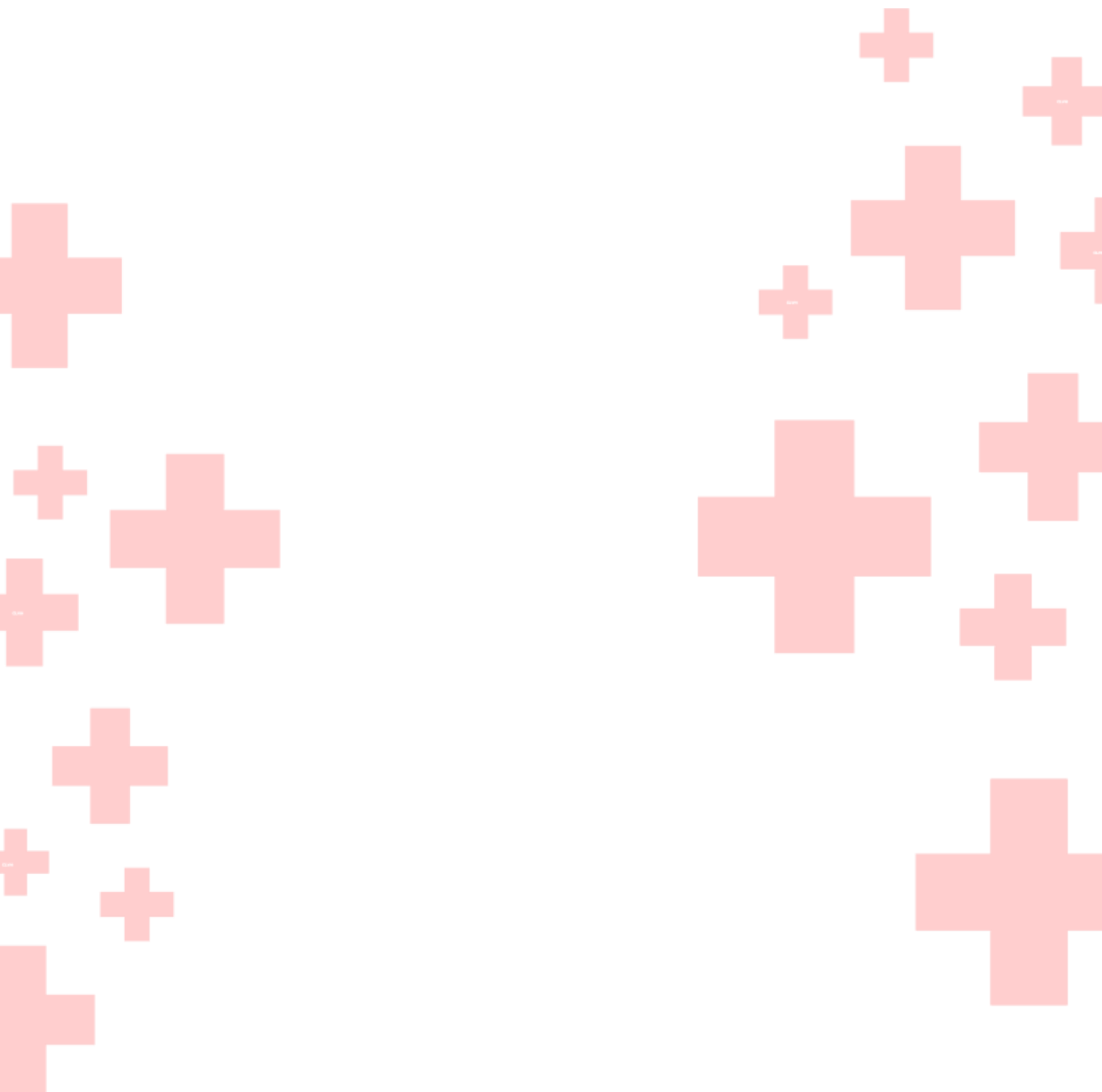
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ANNEX 1

QUESTIONNAIRE ON PERCEPTION OF NON-MELANOMA SKIN CANCER (NMSC)

Dear student: This questionnaire is anonymous. Its objective is to evaluate knowledge about the prevention of non-melanoma skin cancer. Mark with an X the answer you consider correct.

I- General data

Age _____ Sex **Female** _____ Male

II- Knowledge (mark only one option)

1- Of the following, which do you consider to be the main risk factor for developing NMSC?

- ☐ History of trauma.
- ☐ Prolonged exposure to ultraviolet radiation (sun).
- ☐ Contact with allergenic substances.
- ☐ Recurrent bacterial infections.

2- Which of the following signs do you consider a warning sign when looking at a skin lesion?

- ☐ A wound that does not heal after two weeks.
- ☐ A lesion that bleeds spontaneously or forms a scab and bleeds again.
- ☐ A spot that changes shape, color, or size.
- ☐ All of the above.

3- In your opinion, what is the most effective protection measure?

- ☐ Use of sunscreen only at the beach.
- ☐ Avoid sun exposure between 10 a.m. and 4 p.m. and use physical protection means (hats, sleeves).
- ☐ Skin hydration with cosmetic creams.
- ☐ Use of physical means only.

III- Self-perception of competence

Choose the option that best suits your case:

"As a third-year medical student, I feel capable of giving an educational talk on skin cancer prevention to the community."

- ☐ Agree
- ☐ Not sure
- ☐ Disagree