about sun protection factor (SPF) and proper use of sunscreen. Most students did not know the meaning of SPF numbers, what SPF sunscreen would be most appropriate to use, how often to reapply sunscreen, and whether sunscreen was immediately effective or required time to activate. Perhaps most surprisingly, most students used a tanning bed or tanned in the sun to improve their appearance.

The most common reason for ignoring skin cancer warnings, as one student stated, was "because it is not as scary as other cancers," such as breast and lung cancer, which were described as widely publicized. Other reasons included confusion about sunscreen, lack of understanding of the risks of skin cancer, lack of realization that it could happen to them, lack of awareness of skin cancer, unwillingness to deal with the issue, and the belief that prevention efforts might not pay off. One student noted that "people have the perception that they can fix their skin later because companies sell products for age reversal, so people think they can fix the problem later and not worry about it now."

To make the risks of skin cancer seem "real," students recommended media campaigns featuring celebrity spokespersons telling real-life stories about skin cancer. As one student noted, "they put [breast cancer] in the movies, on big billboards, or in a big race; there's nothing like that for skin cancer." Another student pointed out that "celebrities have causes, but I don't think anyone's tackled skin cancer in particular." Students also recommended graphic depictions of illness, with media campaigns using pictures of the devastating physical outcomes of skin cancer to increase people's awareness. The use of both narratives and "fear" appeals may be ideas worth pursuing, given that research shows that those strategies can be persuasive.[5,6]

Students suggested that patients may be more influenced by face-to-face communication with physicians than by media campaigns. They also recommended that primary care providers discuss skin cancer risks and sun-protection behaviors as part of routine history taking with all patients; this is preferable to relying on dermatologists, who are specialists and therefore not the best source of initial screenings and/or warnings. In general, patients seek dermatology care only after discovering a skin problem rather than on a routine basis, starting in childhood, and therefore miss the opportunity for early education on sun protection and skin cancer risks. Hence, by highlighting skin cancer risks and prevention strategies in the medical curriculum and by training our students to include skin cancer discussion as part of their routine patient history taking, dermatologists, with the assistance of primary care physicians, may dramatically expand patient education.

Comment. The results of this study suggest that well-educated medical students do not understand the importance of preventive behaviors and level of skin cancer risk. Therefore, new strategies to persuasively communicate information and warnings about skin cancer are needed to diminish the rise of this highly preventable disease.

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A Comparison of Florida Skin Cancer Screening Rates With Those in the Rest of the United States

Florida has the second largest number of melanoma cases in the country, an estimated 4430 cases in 2008.[1] Fortunately, the 5-year survival rate for individuals whose melanoma is treated before it spreads to the lymph nodes is 98%.[1] Knowing the high UV index in Florida and lack of population-based data on skin cancer screening among the different US states, we designed our study to compare skin cancer screening rates among Floridians with those of residents in the rest of the United States.

Methods. The National Health Interview Survey (NHIS) is an annual, cross-sectional household survey of the US

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Table 1. Percentage Differences in Skin Cancer Screening in the Past Year in Florida vs the Rest of the United States[a]

Respondent Characteristic	Florida	Rest of US States
Total	3963 (11.0) (9.9-12.4)[b]	56 155 (7.5) (7.3-7.8)[b]
Sex		
Male	1738 (10.5) (9.1-12.1)[b]	24 379 (7.1) (6.7-7.5)[b]
Female	2225 (11.6) (9.6-13.9)[b]	31 776 (7.9) (7.6-8.3)[b]
Age, y		
18-29	694 (3.6) (2.2-5.7)	10 994 (2.9) (2.5-3.4)
30-39	818 (6.8) (5.0-9.2)[b]	11 221 (4.6) (4.2-5.1)[b]
40-49	734 (7.9) (5.5-11.1)	11 115 (7.0) (6.5-7.6)
50-59	578 (8.9) (6.9-11.4)	8926 (10.0) (9.3-10.7)
60-69	507 (18.5) (15.0-22.6)[b]	6160 (13.4) (12.4-14.5)[b]
70-79	423 (26.9) (21.8-32.6)[b]	4889 (14.9) (13.8-16.1)[b]
>80	209 (26.5) (19.3-35.2)[b]	2850 (11.8) (10.5-13.3)[b]
Race		
White	3212 (12.2) (10.8-13.8)	44 746 (8.2) (7.9-8.5)
Black	654 (5.5) (3.7-8.0)	7847 (4.5) (3.9-5.1)
Other	97 (7.0) (2.1-21.4)	3562 (3.8) (3.1-4.8)
Ethnicity		
Non-Hispanic	2867 (13.0) (11.6-14.6)[b]	46 989 (8.1) (7.8-8.4)[b]
Hispanic	1096 (3.4) (2.4-4.8)	9166 (2.9) (2.5-3.3)
Education		
<High school	751 (6.7) (4.4-10.0)[b]	11 069 (4.4) (4.0-4.8)[b]
High school	1169 (10.4) (8.5-12.7)[b]	16 142 (5.7) (5.2-6.1)[b]
>High school	2010 (12.8) (11.4-14.3)[b]	28 549 (9.6) (9.3-10.0)[b]
Health insurance status		
Insured	3074 (13.2) (11.9-14.7)[b]	46 620 (8.6) (8.3-8.9)[b]
Uninsured	879 (3.0) (1.9-4.6)	9330 (2.0) (1.7-2.4)
Employment status		
Employed	2311 (8.0) (6.6-9.7)[b]	33 204 (6.5) (6.2-6.8)[b]
Unemployed	1619 (15.4) (13.4-17.7)[b]	22 556 (9.3) (8.8-9.8)[b]

[a] Data are from the 2000 and 2005 National Health Interview Survey[2] and are reported as number (percentage) of respondents (95% CI of percentage).
[b] Prevalence comparison between Florida and the rest of the US states is significant at $P < .05$.

Table 2. Logistic Regression of Skin Cancer Screening in the Past Year in Florida vs Rest of the United States

Independent Variable	Odds Ratio (95% CI)
Sex	
Male	1 [Reference]
Female	1.14 (1.14-1.14)
Age, y	1.03 (1.03-1.03)
Ethnicity	
Non-Hispanic white	1 [Reference]
Non-Hispanic black	0.71 (0.71-0.71)
Hispanic	0.55 (0.55-0.55)
Other	0.57 (0.57-0.57)
Education	
<High school	1 [Reference]
High school	0.58 (0.58-0.58)
>High school	0.46 (0.46-0.46)
Health insurance status	
Insured	1 [Reference]
Uninsured	0.46 (0.45-0.46)
Employment status	
Employed	1 [Reference]
Unemployed	1.11 (1.11-1.11)
Body mass index[a]	0.99 (0.99-0.99)
Smoking status	
Nonsmoker	1 [Reference]
Former	1.05 (1.05-1.05)
Current	0.81 (0.81-0.81)
Drinking status	
Nondrinker	1 [Reference]
Former	1.28 (1.28-1.29)
Current	1.41 (1.40-1.41)
Regional comparison	
Rest of the US states	1 [Reference]
Florida	1.52 (1.52-1.54)

[a] Calculated as weight in kilograms divided by height in meters squared.

civilian noninstitutionalized population. We analyzed data from the 2000 and 2005 NHIS Cancer Control Modules (CCMs), which are the only sources of national population-based data on cancer screening.[2] In all CCMs, participants were asked, "Have you EVER had all of your skin from head to toe checked for cancer by a dermatologist or some other kind of doctor?" (yes/no).[2] Then they were asked "When did you have your MOST RECENT skin exam to check for cancer?"[2] Data were grouped according to whether participants reported a skin examination during the last 12 months.

Data were pooled, and analyses took into account sample weights and design effects. Logistic regression analyses were performed with self-reported skin screening as the outcome of interest. Florida data were compared with data from the rest of the US states. All analyses were conducted at the Research Data Center to ensure confidentiality. The study received an exempt approval from the University of Miami institutional review board.

Results. When compared with residents of the rest of the US states, Floridians reported significantly higher skin cancer screening rates, specifically Floridians older than 60 years (**Table 1**). White Floridians had significantly higher rates than white participants in the rest of the US states. Also, non-Hispanic Floridians had significantly higher screening rates than non-Hispanics in the rest of the US states. Among Floridians, there was a notable increase in screening rates with an increase in education. Regardless of health insurance status, Floridians had higher screening rates, although rates were not significantly different between the uninsured groups. Both unemployed and employed Floridians had significantly higher rates of screening than those groups in the rest of the US states.

After adjusting for the sociodemographic and health-related indicators listed in **Table 2**, we found that Floridians retained significantly higher odds of skin cancer screening in the past year than residents in the rest of the US states (odds ratio, 1.52; 95% CI, 1.52-1.54).

Comment. Compared with residents of the rest of the nation, Floridians reported higher rates of skin cancer screening, which were also evident across a range of sociodemographic groups. Results suggest that regional variations in screening rates exist in the United States. However, it is unclear if early detection reduces mortality or morbidity from skin cancer.[3] It is important to note that Medicare does not cover skin cancer screening[4]; however, some insurers within Florida promote skin cancer detection by providing free yearly screening.[5] Also, Florida insurers allow direct patient access to dermatologists without a prior

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referral (statute 627.6472).[6] Florida also has several cancer initiatives that may be positively influencing screening activities, such as the Governor's Task Force on Skin Cancer Prevention and the Moffitt Cancer Center's program, "Mole Patrol."[1] This center has launched educational opportunities for Florida health care providers, which could have led to a greater awareness for routine screening. In addition, many Florida dermatologists have completed their residency in Florida, and are thus more aware of the dangers of residing at Florida's latitude.[7] Finally, living in the "Sunshine State" may raise awareness of the need for skin cancer screening, especially for those with a family history of cancer.[1]

Limitations of this study include the self-report and cross-sectional nature of the NHIS. A similarly worded self-reported whole-body skin examination question has been validated previously at a sensitivity of 90.5%,[8] but this study was conducted outside of the United States. Also, it is unclear who is conducting the screening, and previous literature has shown that screening accuracy varies by practitioner type.[3] Nevertheless, the combination of stakeholder efforts for skin cancer screening is essential, especially given the high prevalence of melanoma in Florida.[1]

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No Association Between Coffee and Caffeine Intake and Risk of Psoriasis in US Women

Psoriasis is an immune-mediated disorder, but the involved genetic and environmental factors remain to be elucidated. The positive and negative effects of coffee and caffeine on psoriasis have been reported previously.[1-6] Among the positive effects, coffee has anti-oxidative properties that may help quell inflammation[1]; topical caffeine has been used for the psoriasis treatment[2]; and coffee intake may improve the efficacy of methotrexate and sulfasalazine for psoriasis treatment.[3] On the other hand, diterpenes present in unfiltered coffee and caffeine may increase serum cholesterol levels and blood pressure[1]; exceptionally high caffeine plasma levels were shown to induce an adverse effect of photochemotherapy on psoriasis[4]; and coffee and caffeine have been implicated as contributing to psoriasis and flaring psoriasis phenotypes, although this last association has not been scientifically proven.[5]

It would be of public health significance to elucidate the long-term relationship between coffee and caffeine intake and the risk of psoriasis. Currently, there is a paucity of research on this topic, and the association remains unclear.[6] Herein, we evaluated the association between consumption of coffee, decaffeinated coffee, and caffeine and the risk of incident psoriasis in women in the United States.

Methods. Participants free of psoriasis in 1991 were included from the Nurses' Health Study (NHS) II[7] and ob-

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