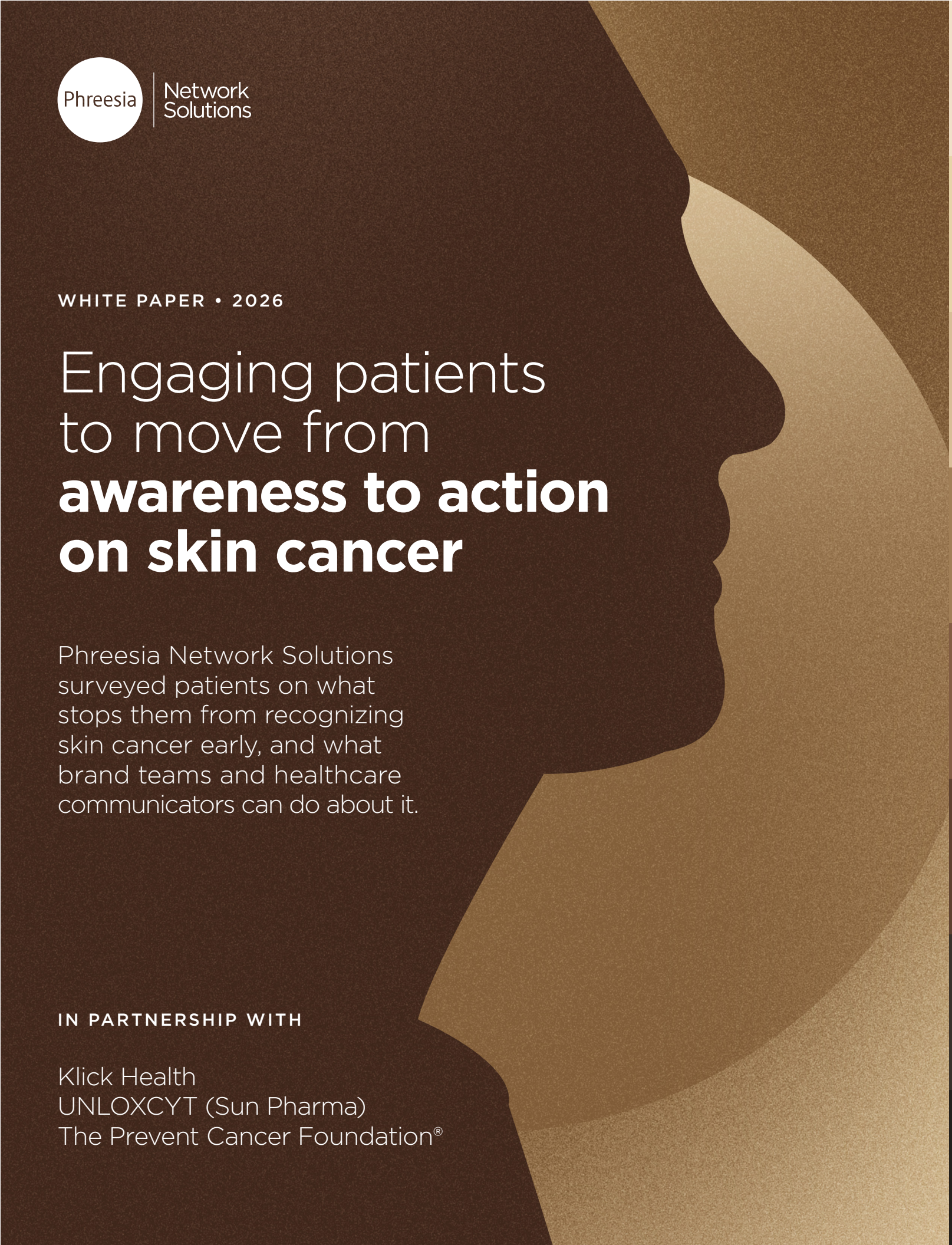
Phreesia | Network Solutions

WHITE PAPER • 2026

Engaging patients to move from **awareness to action on skin cancer**

Phreesia Network Solutions surveyed patients on what stops them from recognizing skin cancer early, and what brand teams and healthcare communicators can do about it.



IN PARTNERSHIP WITH

Klick Health
UNLOXCYT (Sun Pharma)
The Prevent Cancer Foundation®

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A MESSAGE FROM PHREESIA'S LEADERSHIP

Cancer impacts every person in one way or another, and raising awareness about cancer screening and prevention is key to what we do at Phreesia Network Solutions.

We run several educational campaigns on our platform, including breast, cervical, prostate and skin cancer awareness campaigns. Last year, we received a message from a patient that changed how we think about our resources on skin cancer. The patient wanted to know how skin cancer and melanoma appear on a wider range of skin tones. They told us that as a Black American, they could not tell from the resources in our campaign what a melanoma would look like on their skin.

We set out to learn more about resources for patients with darker skin, consulting the Prevent Cancer Foundation, our long-standing partner in our work on cancer awareness. We realized that there are still big gaps in patient materials available to support self-detection, and that the first step to supporting this is hearing directly from patients themselves on what they know—or don't—about skin cancer.

We surveyed over 3,300 patients to learn more, including about how awareness around skin cancer varies with skin tone. What we found confirmed what the patient who wrote to us already knew. Eighty-eight to 90% of patients who described themselves as having tan and darker skin tones thought they were at low or no risk of skin cancer. Only 22% of darker skin-toned patients who were eventually diagnosed had been familiar with skin cancer signs beforehand. One in four have never seen skin cancer information at all.

As you engage with the findings, I hope you will consider how your organization can help move patients from general awareness to tangible, actionable information. This will make diagnosis easier and improve outcomes, because ultimately, the recognition gap is a healthcare equity gap.

Closing it means making it easier for patients to understand what skin cancer looks like on their skin. This research is fundamental to what we do at Phreesia Network Solutions—making care easier for patients by giving them the tools they need to make the best decisions for their own health.

David Linetsky

President, Phreesia Network Solutions

When a person notices something on their skin—a spot that wasn't there before, a patch that won't heal, a streak under a nail—their first instinct is to try and understand what it is.

They watch it. They might show a friend or family member. They might search online. Eventually, if the change persists or worsens, they may call a doctor. By then, what could have been caught early was not.

Skin cancer is the most commonly diagnosed cancer in the United States. About 1 in 5 adults will develop it by age 70. Unlike breast, colorectal or prostate cancer, skin cancer does not have a routine screening pathway built into adult care. Diagnosis depends heavily on patients noticing a change on their own skin and acting in time. This makes patient education the central lever to early diagnosis and good outcomes. But when educational materials are incomplete, recognition fails. When recognition fails, diagnosis is delayed. When diagnosis is delayed, outcomes could worsen.

Disparities in outcomes are well documented: Patients with darker skin tones are more often diagnosed at later stages and experience worse outcomes than patients with lighter skin tones. What has been less clear, until now, is where in the patient journey that gap actually is. What do patients know about skin cancer? Do they recognize it when they see it on themselves? Do they act when they notice a change?

To answer these questions, Phreesia Network Solutions fielded two parallel surveys on its point-of-care platform between February 26 and April 5, 2026. The general awareness stream included 1,743 adults in a healthcare setting. The diagnosed stream included 1,600 adults with a confirmed diagnosis of basal cell carcinoma (BCC), cutaneous squamous cell carcinoma (CSCC) or melanoma. Read together, the two streams describe a healthcare environment in which awareness is broad, recognition is shallow, and the populations at highest risk are the least equipped to act. They also point to where brand teams and healthcare communicators have the largest opportunity to close the gap.

1 in 5

Americans will develop skin cancer **by age 70**

METHODOLOGY: ABOUT THIS RESEARCH

Two parallel quantitative surveys ran on the Phreesia platform

FROM:

Feb. 26–April 5

2026

±2%

MARGIN OF ERROR

95% confidence interval in each stream

GENERAL AWARENESS STREAM

1,743 adults aged 18+

Regardless of skin cancer history

DIAGNOSED STREAM

1,600 adults aged 18+

Confirmed diagnosis or treatment for BCC, CSCC or melanoma

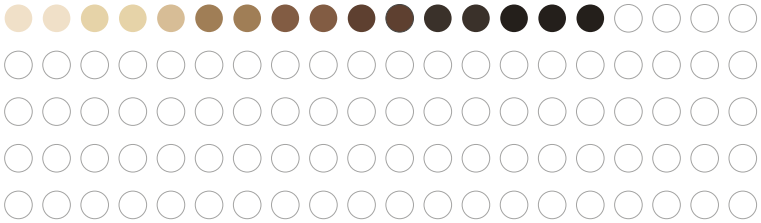
Patients completed the surveys on a Phreesia tablet or their personal mobile device immediately after the check-in process for a medical appointment. Individuals were presented with a Health Insurance Portability and Accountability Act (HIPAA) authorization, and signing an additional consent form thereafter constituted full consent. Decline-to-answer responses were excluded from results. Skin tone was self-reported on the Monk Skin Tone Scale. This survey used a combination of convenience and random sampling of care-seeking patients and may not be nationally representative. The sample population skews female, White and non-Hispanic. For the diagnosed stream, the sample skews older. Full demographic composition is in the Appendix.

WHERE AWARENESS BREAKS DOWN: THE GENERAL POPULATION

Patients know skin cancer exists—they do not know what it looks like

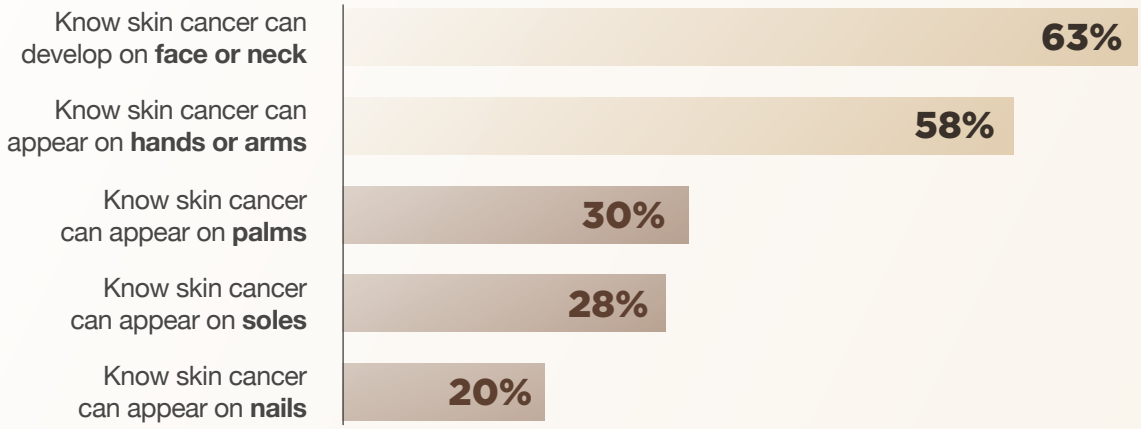
16%

are *extremely* or *very* familiar with skin cancer symptoms



Knowledge of skin cancer is broad but incomplete. Eighty-nine percent of the general population knows skin cancer can affect all skin tones, and 79% understand it can develop without regular sun exposure. But only 16% are extremely or very familiar with skin cancer symptoms. The same proportion (16%) are extremely or very familiar with the ABCDE rule—Asymmetry, Border, Color, Diameter, Evolving—the most widely used recognition tool taught by dermatologists and patient advocacy groups. Around half of the general population are not familiar with either (54% are not familiar with the ABCDE rule, and 44% are not familiar with skin cancer symptoms).

Recognition concentrates on the places people see most often



Nearly

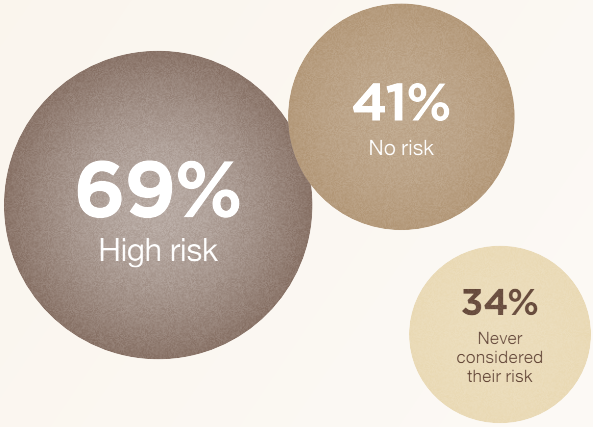
1 in 4

patients are **not sure where skin cancer can develop at all**

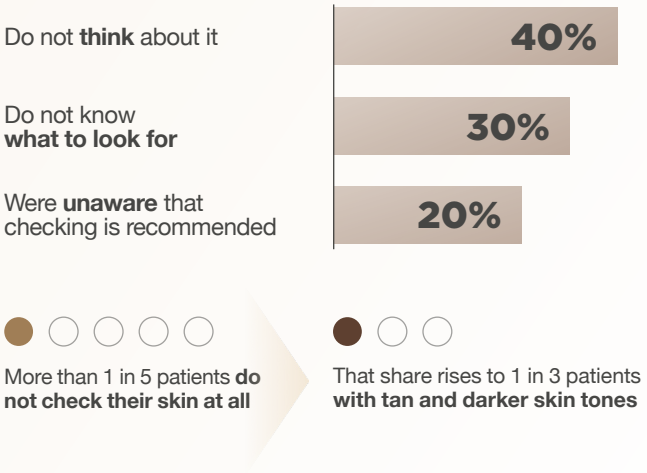
Risk perception sets behavior, and most people see no risk

More than half (52%) of the general population see themselves at low or no risk of developing skin cancer. Nineteen percent say they have never even considered their risk. The gap by skin tone is wider still: 60% of patients with tan skin tones and darker skin tones report low or no risk, and more than 1 in 4 have never considered their risk (28% with tan skin tones, and 30% with darker skin tones). This low-risk perception persists even though outcomes are often worse for those with darker skin.

PATIENTS WHO CHECK THEIR SKIN THROUGHOUT THE YEAR:



OF THOSE WHO DON'T CHECK:



More than 1 in 5 patients **do not check their skin at all**

That share rises to 1 in 3 patients **with tan and darker skin tones**

Familiarity drives detection and the action that follows

47%
of the general population noticed a change in their skin

~2x
more likely for patients to notice a change when familiar with symptoms

50%
of patients who notice a change schedule a dermatologist appointment immediately

Patients not familiar with symptoms more often monitor on their own (21%), talk to a primary care provider (23%), or search online (14%) before reaching a specialist. The same familiarity gap that limits detection also shapes how patients respond once they detect something.

WHERE RECOGNITION BREAKS DOWN: DIAGNOSED PATIENTS

Half of patients found the change themselves; Half said it did not look the way they expected

The diagnosed stream tells the second half of the story. Among patients who ultimately received a diagnosis, 50% first noticed a change themselves. That share rises to 66% among patients who were familiar with skin cancer symptoms before diagnosis, suggesting that current education is helping support self-detection rates.

But even though self-detection is higher among patients who know what to look for, there are gaps and issues that current materials about skin cancer screening do not cover. Forty-nine percent of diagnosed patients said the change in their skin was not at all or only slightly similar to what they had imagined.

Even among patients who were extremely or very familiar with symptoms before diagnosis, 28% still reported a mismatch between what they saw and what they expected.

This suggests that more and better visuals and descriptions of how skin cancer presents are needed.

50%

DIAGNOSED PATIENTS

first noticed a change themselves

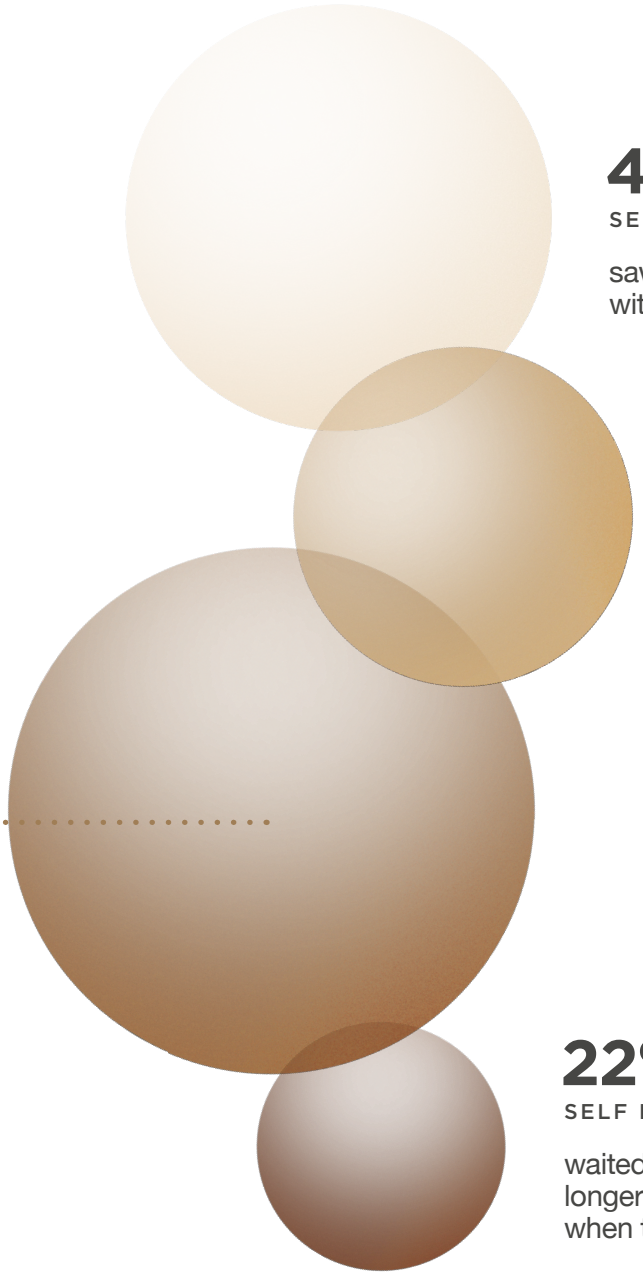
49%

DIAGNOSED PATIENTS

said the change did not look like what they expected

Most patients waited; the wait is how skin cancer reaches advanced stages

Care-seeking after detection was uneven, in part due to wait times or other barriers to scheduling an appointment with a dermatologist.



47%
SELF DETECTED

saw a provider within a few weeks

31%
SELF DETECTED

saw a provider within one to three months

22%
SELF DETECTED

waited four months or longer, or could not recall when they sought care

62%
TOOK A WAIT-AND -SEE APPROACH

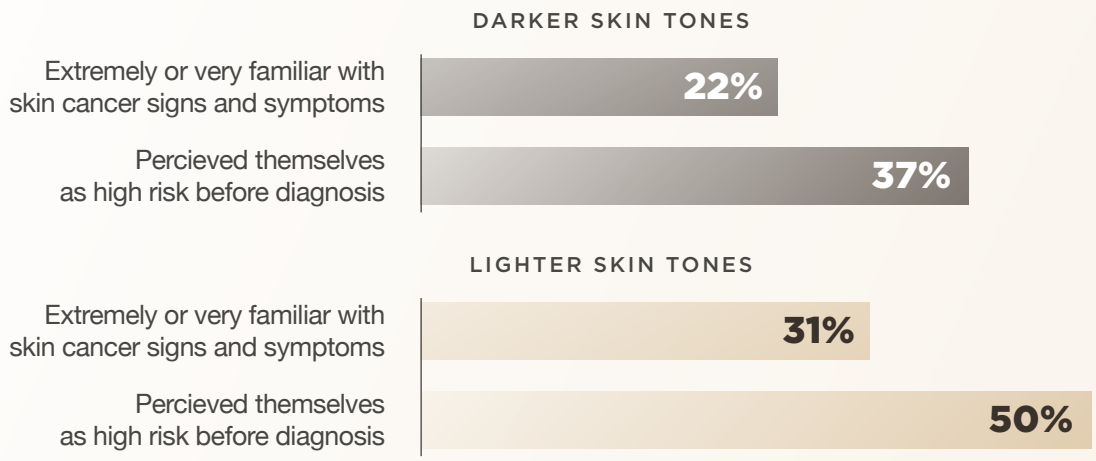
waited for the change to persist **(38%)**, worsen with bleeding or discomfort **(23%)** or grow visibly **(23%)** before acting

These delays compound risk

They are also where the recognition gap becomes a clinical one. Patients act when symptoms are unambiguous, not when they first appear. For cancers like CSCC, delays in diagnosis may increase the likelihood that some tumors progress before treatment.

Awareness is the **first diagnosis**

Awareness before diagnosis was thin across the board, but even lower for patients with darker skin tones



Familiarity with earlier detection does not just speed diagnosis, it changes what happens next

Patients who were familiar with symptoms before diagnosis were more often diagnosed within three months (83% versus 62%), reported a strong understanding of their diagnosis (93% versus 53%), and reported managing their condition very well after diagnosis (89% versus 65%). The benefits of early education compound long after the moment of recognition.

“This important research underscores the need for resources that reflect what skin cancer looks like on a range of skin tones.

When people can see skin cancer on skin like theirs, they are more likely to act sooner and take steps toward prevention that we know is key to better outcomes.

Building content that reflects the full range of patients is not a matter of good practice. It is what turns awareness into action and early detection into better outcomes and saved lives.”

Jennifer Niyangoda

VP OF MARKETING AND DEVELOPMENT
THE PREVENT CANCER FOUNDATION®

THE CLINICAL VISIT TEACHES DIAGNOSIS, NOT RECOGNITION

Where patients learn about skin cancer is uneven. For the general population, the doctor's office is the most common source (37%), followed by friends and family (around 25%). Thirteen percent of patients report having seen no information about skin cancer at all, and that rises to 25% among patients with darker skin tones. Among diagnosed patients who had low familiarity with symptoms before diagnosis, friends and family were the top sources (42%), surpassing the doctor's office.

MOST COMMON INFO SOURCE
AMONG GENERAL POPULATION

37% **Doctor's office**

25% **Friends and family**

DIAGNOSED +
LOW FAMILIARITY

42% Friends and family

NO INFORMATION
ABOUT SKIN CANCER

13% General population

25% Darker skin tones

These findings demonstrate that when it comes to skin cancer, information is less clinically anchored and more socially driven. Combined with awareness gaps, the key implication of heavier reliance on friends/family is that skin cancer operates in a more diffuse, patient-led detection model.

Patients feel heard, but they do not leave the visit with the tools to recognize the next change

The experience patients describe during the clinical visit is positive. Ninety percent of diagnosed patients say their providers heard their concerns and answered their questions. Care is appropriately focused on the change in front of the clinician: 40% of providers ordered testing or biopsies, 39% performed a full-body skin exam, and 34% examined the specific spot. Patients leave the visit with the right clinical actions taken.

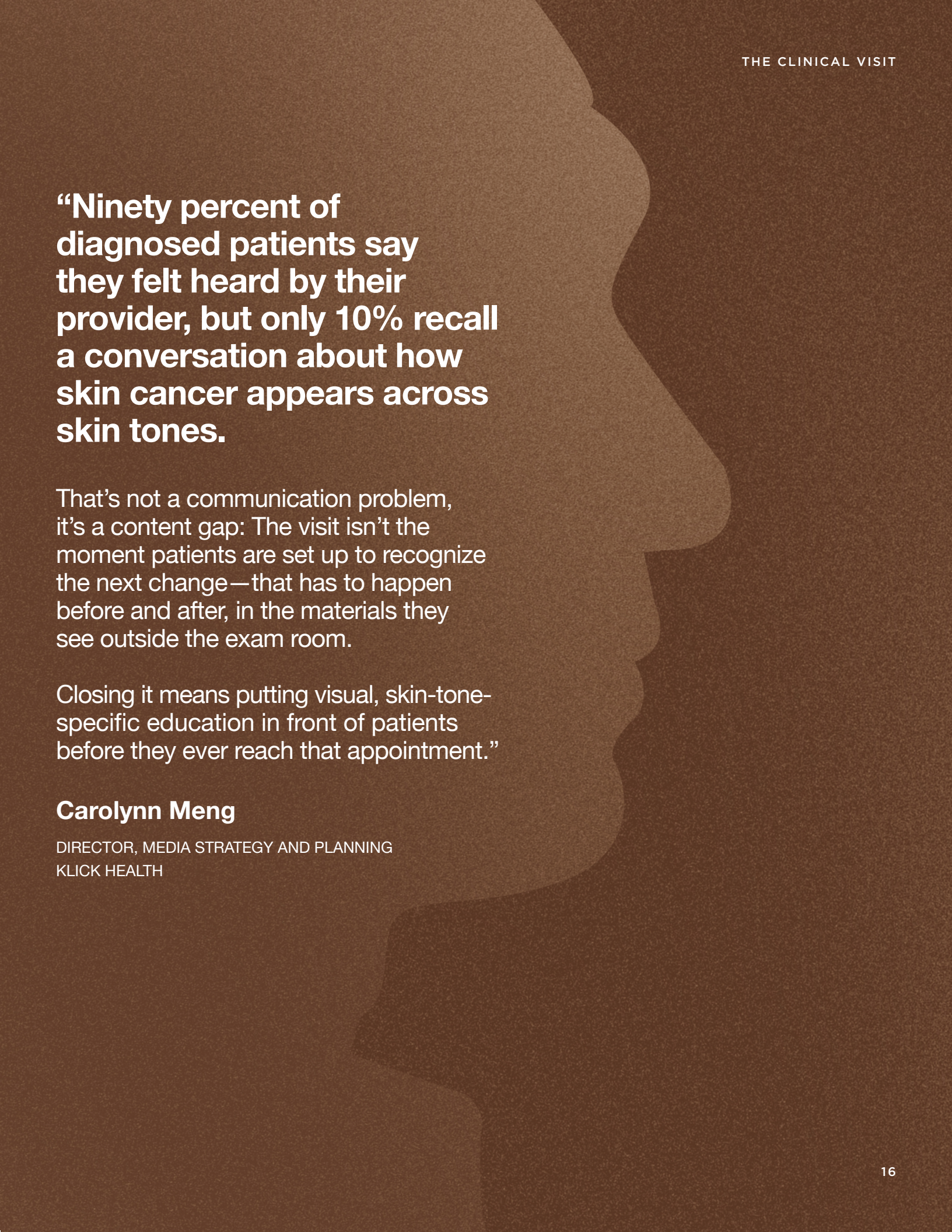
What patients do not leave with is a clearer picture of how to recognize the next change. Only 27% of diagnosed patients recall their earliest discussion of what skin cancer looks like. Twenty-five percent recall their earliest discussion of personal risk factors. Seventeen percent recall how it appears in less visible areas. Ten percent recall their earliest discussion of how it appears across different skin tones. The visit is structured around diagnosing the spot, not building the pattern recognition that helps prevent the next one from going unnoticed.

Provider pathway shapes evaluation

	FIRST SAW A PRIMARY CARE PROVIDER	FIRST SAW A DERMATOLOGIST
Patients who receive a full-body exam	**8%** OF PATIENTS	**49%** OF PATIENTS
Patients who receive testing or biopsy	**16%** OF PATIENTS	**48%** OF PATIENTS
Patients referred to a specialist	**60%** OF PATIENTS	**11%** OF PATIENTS

AFTER DIAGNOSIS, ONGOING CARE IS INCONSISTENT

More than **1 in 3** diagnosed patients receive only annual full-body skin exams.



“Ninety percent of diagnosed patients say they felt heard by their provider, but only 10% recall a conversation about how skin cancer appears across skin tones.

That’s not a communication problem, it’s a content gap: The visit isn’t the moment patients are set up to recognize the next change—that has to happen before and after, in the materials they see outside the exam room.

Closing it means putting visual, skin-tone-specific education in front of patients before they ever reach that appointment.”

Carolynn Meng

DIRECTOR, MEDIA STRATEGY AND PLANNING
KLICK HEALTH

IMPLICATIONS FOR BRAND TEAMS AND HEALTHCARE COMMUNICATORS

Awareness messaging has done its job. People know skin cancer exists. The next frontier is recognition: Showing what it looks like, on whom and in places people rarely think to check. **Four implications follow:**

01 MOVE PATIENTS FROM AWARENESS TO ACTION

40% **of the general population**

want information on how different types of skin cancer can look

40% **of the general population**

want visual examples in less visible areas

41% **of diagnosed patients**

say the same after diagnosis

Content that builds practical recognition is what closes the gap. Awareness alone cannot. The most-requested content is the content the data show is missing.

02 SHOW VISUAL EXAMPLES FOR UNDERSERVED POPULATIONS

1 in 4

patients with darker skin tones

report never having seen skin cancer information at all

Among those who have seen it,

42% with darker skin tones **find it personally relevant**

VS.

61% with lighter skin tones **find it personally relevant**

Representation in imagery and language is the mechanism that makes information relevant, not a finishing touch.

Content designed specifically for darker skin-tone audiences, not generalized to include them, is what closes the relevance gap.

03 MEET PATIENTS IN THE MOMENTS THAT MATTER

37% **of patients**

say the doctor's office is the leading source of skin cancer information

57% VS. **25%**

Patients familiar with symptoms are **twice as likely** to have seen information in a doctor's office

Care moments—before, during and after the visit—are where recognition content has the highest potential to translate into checking behavior and timely action.

04 SUPPORT PATIENTS DIAGNOSIS

Familiarity drives confidence

89% VS. **65%**

Patients familiar with symptoms before diagnosis manage their condition very well compared to those who aren't familiar

Continued investment in patient education after diagnosis is not redundant. **The most-engaged patients are still asking for deeper, more practical guidance.**

“The data here points to something specific: Patients who see a dermatologist first are six times more likely to get a full-body skin exam than those who see a PCP first.

That’s not a patient education problem, it’s a targeting problem, and it’s one worth building HCP strategy around: Reaching the providers who make that first call, before the referral clock starts.”

Sean Perkins

VP, MEDIA STRATEGY AND PLANNING
KLICK HEALTH

WHAT THIS MEANS FOR PATIENTS WITH ADVANCED CSCC

Cutaneous squamous cell carcinoma (CSCC) is the second most common form of skin cancer in the United States

And when it progresses, it becomes locally advanced or metastatic, for which immunotherapy is the standard of care.

CSCC familiarity is low across the board

Only 11%
of the general population are extremely or very familiar with CSCC

70%
have limited to no familiarity with it

88%
of patients with darker skin tones have limited to no familiarity

These findings reinforce other data, indicating that delays in diagnosis delay treatment:

- **A wait-and-see pattern is how skin cancer reaches advanced stages.** Sixty-two percent of diagnosed patients waited for symptoms to persist or worsen before seeking care. Thirty-eight percent acted only when the change did not go away. Twenty-three percent acted when it began to bleed or hurt. Twenty-two percent waited four months or longer or could not recall.
- **Patients with darker skin tones face a slower path to diagnosis.** Seventy-three percent of lighter skin-tone patients are diagnosed within three months. Only 60% of patients with medium to darker skin tones are. Before diagnosis, just 22% of darker skin-tone patients felt familiar with skin cancer signs versus 31% of lighter skin-tone patients. These patients are more likely to present at advanced stages.

- **CSCC patients enter the patient journey more aware than other skin cancer patients, but the condition still progresses.** CSCC often appears as visible, persistent lesions—scaly patches, crusted bumps or non-healing sores—which may be easier for patients to notice. Yet 41% of CSCC patients still said the way their cancer appeared did not match their expectations.

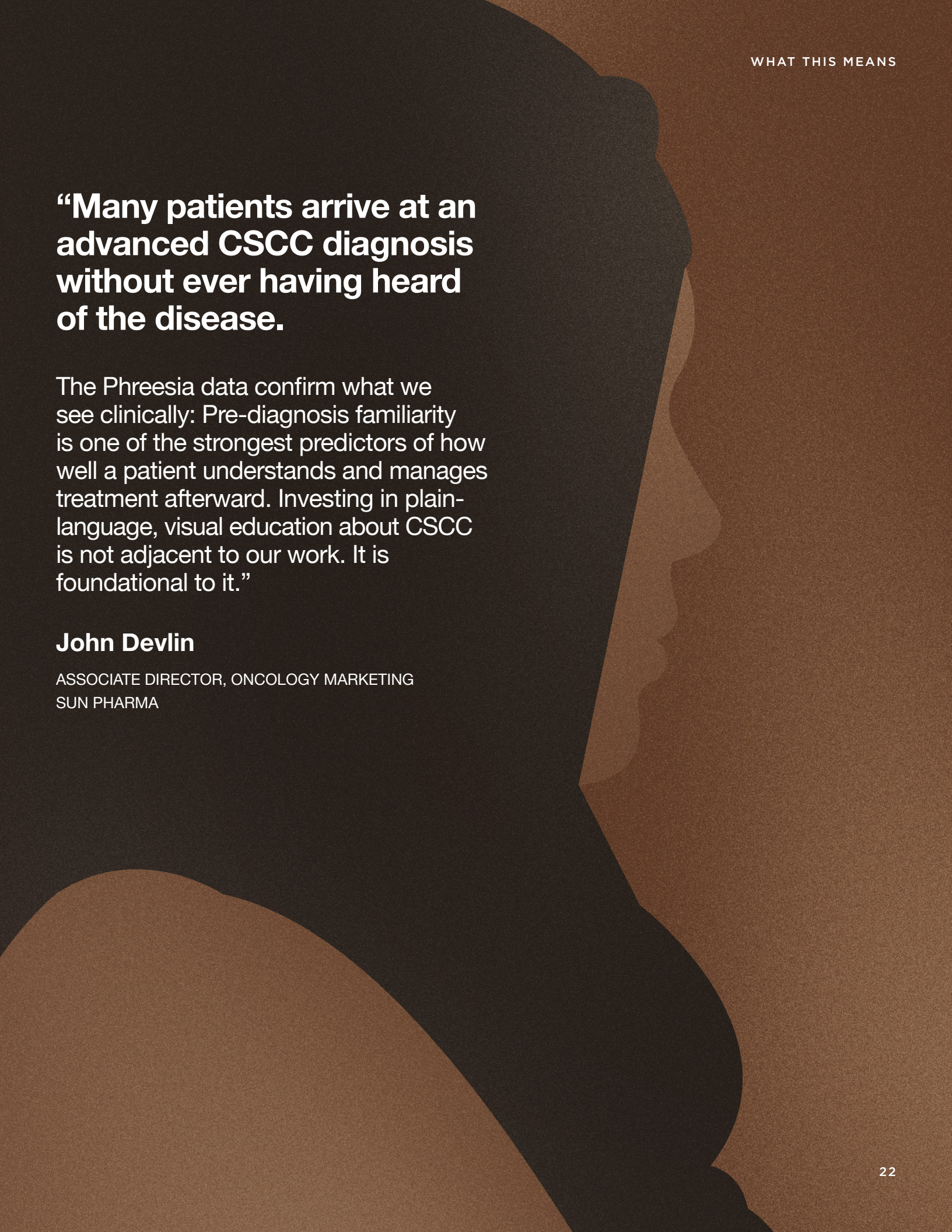
- **Pre-diagnosis familiarity predicts how well patients manage treatment.** Patients familiar with symptoms before diagnosis are far more likely to manage their condition very well (89% versus 65%) and report a strong understanding of their diagnosis (93% versus 53%).

Key implications for brand teams and healthcare communicators

Resources that help patients understand what the condition could look like on different-toned skins and where they could appear are among the most important investments brands could make to impact care and improve outcomes.

Education must do more than support initial recognition.

It must carry patients into action, escalation, and ongoing surveillance.



“Many patients arrive at an advanced CSCC diagnosis without ever having heard of the disease.

The Phreesia data confirm what we see clinically: Pre-diagnosis familiarity is one of the strongest predictors of how well a patient understands and manages treatment afterward. Investing in plain-language, visual education about CSCC is not adjacent to our work. It is foundational to it.”

John Devlin

ASSOCIATE DIRECTOR, ONCOLOGY MARKETING
SUN PHARMA

KEY TAKEAWAYS

01

Awareness is broad. Recognition is shallow.

89% of the general population know skin cancer can affect all skin tones. Only 16% are extremely or very familiar with skin cancer symptoms.

02

Risk perception appeared to be a strong predictor of action, and most patients see no risk.

71% of the general population see themselves at low or no risk or had never considered risk, rising to 88 to 90% among patients with tan and darker skin tones.

03

The recognition gap holds even among the engaged.

49% of diagnosed patients said the skin change did not look the way they expected. Even among those familiar with symptoms before diagnosis, 28% still reported a mismatch.

04

The clinical visit teaches diagnosis, not recognition.

90% of diagnosed patients felt heard, but only 27% recall their first discussion of what skin cancer looks like and 10% recall the first discussion of how it appears across skin tones.

05

Earlier familiarity changes the entire path.

Patients familiar with symptoms before diagnosis were diagnosed within three months (83% versus 62%), reported understanding their diagnosis (93% versus 53%) and reported managing their condition very well (89% versus 65%).

06

Patients are asking for the content the data shows is missing.

40% want visual examples of skin cancer in less visible areas, and 40% want to see how different types of skin cancer can appear.

CONCLUSION

When patients know how to recognize what skin cancer looks like on themselves, **they act earlier**.

Earlier action means earlier diagnosis, and earlier diagnosis is what changes outcomes.

Closing the recognition gap is the first and most important way that brands and healthcare communications can support patients. Build content that is practical, visual, representative and present at the moments people actually look for it. Show what skin cancer looks like in earlier stages, in less visible areas and across skin tones. Reach patients where current channels are not reaching them yet. Support patients after diagnosis with the same care that brought them through it.

Closing the recognition gap is how we make care easier on the days it counts the most.

ABOUT OUR PARTNERS

Klick Health

Klick Health is the world's largest independent commercialization partner for life sciences companies. Together with Oxford PharmaGenesis, the agency helps life sciences brands achieve their full potential with best-in-class marketing and advertising, media strategy and purchasing, medical affairs, medical publications and medical communications, value and market access services, real world evidence support as well as technology and analytics consulting from clinical development through Loss of Exclusivity (LOE).

Klick's expertise is rooted in deep medical and scientific understanding and is powered by over 500 post-graduate, in-house medical experts; award-winning data science and AI capabilities; unrivaled decision sciences; and innovative, results-driven creative—all built on a foundation of proprietary technology platforms that have defined Klick since its founding.

Established in 1997, Klick Health (including Oxford PharmaGenesis, Klick Katalyst, and btwelve) has offices in Toronto, Cambridge, Cardiff, London, Melbourne, New York, Oxford, Philadelphia, São Paulo, Saratoga Springs, and Singapore. It is part of the Klick Group of companies, which also includes Klick Media Group, Klick Applied Sciences (including Klick Labs), Klick Consulting, and Klick Ventures.

The Prevent Cancer Foundation®

The Prevent Cancer Foundation® is the only U.S.-based nonprofit organization solely dedicated to cancer prevention and early detection. Through research, education, advocacy and community, we have helped countless people avoid a cancer diagnosis or detect their cancer early enough to be successfully treated. We are driven by a vision of a world where cancer is preventable, detectable and beatable for all.

The Foundation is rising to meet the challenge of reducing cancer deaths by 40% by 2035. To achieve this, we are committed to investing $20 million for innovative technologies to detect cancer early and advance multi-cancer screening, $10 million to expand cancer screening and vaccination access to medically underserved communities, and $10 million to educate the public about screening and vaccination options.

For more information, please visit **www.preventcancer.org**.

ABOUT OUR PARTNERS

Sun Pharma

Sun Pharma is the world's leading specialty generics company with a presence in Innovative Medicines, Generics and Consumer Healthcare products. It is the largest pharmaceutical company in India and is a leading generic company in the U.S. as well as Global Emerging Markets. Sun's high growth Innovative Medicines portfolio spans innovative products in dermatology, ophthalmology, and onco-dermatology and accounts for about 20% of company sales.

The company's vertically integrated operations deliver high-quality medicines, trusted by physicians and consumers in over 100 countries. Its manufacturing facilities are spread across six continents. Sun Pharma is proud of its multi-cultural workforce drawn from over 50 nations.

For further information, please visit **www.sunpharma.com** and follow us on LinkedIn & X (formerly Twitter).

Phreesia Network Solutions

Phreesia is the trusted leader in patient activation, giving healthcare providers, life sciences companies and other organizations tools to help patients take a more active role in their care. Founded in 2005, Phreesia enabled more than 180 million patient visits in 2025, or 1 in 6 visits across the United States. This scale allows Phreesia to make meaningful impact across the healthcare ecosystem. Offering patient-driven digital solutions for intake, outreach, education and more, Phreesia enhances the patient experience, drives operational efficiency, and improves healthcare outcomes.

To learn more, visit **networksolutions.phreesia.com**.

APPENDIX: SAMPLE COMPOSITION

General awareness stream (N=1,743) and diagnosed stream (N=1,600). Composition reflects all completers; patients declining any question were excluded from breakdowns.

Gender

CATEGORY	GENERAL (N=1,743)	DIAGNOSED (N=1,600)
Female	**62%**	**54%**
Male	**38%**	**46%**

Age

CATEGORY	GENERAL (N=1,743)	DIAGNOSED (N=1,600)
18 to 44	**28%**	**1%**
45 to 64	**30%**	**20%**
65+	**42%**	**79%**

Race

CATEGORY	GENERAL (N=1,743)	DIAGNOSED (N=1,600)
White	**70%**	**99%**
Black	**11%**	**0%**
Asian	**2%**	**0%**
Other/Unknown	**17%**	**1%**

Ethnicity

CATEGORY	GENERAL (N=1,743)	DIAGNOSED (N=1,600)
Hispanic	**13%**	**6%**
Not Hispanic	**84%**	**92%**
Other/Unknown	**3%**	**2%**

Skin tone (Monk Skin Tone Scale)

CATEGORY	GENERAL (N)	DIAGNOSED (N)
Light (1 to 4)	**1,279**	**1,508**
Tan/Medium (5 to 6)	**263**	**56**
Dark (7 to 10)	**95**	**7**

Due to sample limits, tan/medium and darker skin tones were combined in some Diagnosed stream analyses.

Cancer type (Diagnosed stream)

TYPE	SHARE
Basal Cell Carcinoma (BCC)	**47%**
Cutaneous Squamous Cell Carcinoma (CSCC)	**17%**
Melanoma	**15%**
Unsure	**14%**


Phreesia
Network
Solutions