

Screening won't solve racial disparities in melanoma outcomes, study suggests

July 26 2023



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Increased skin cancer screening in individuals with skin of color is not sufficient to address racial disparities in melanoma survival rates, according to a new *JAMA Dermatology* study by UPMC and University

of Pittsburgh researchers.

Melanoma causes the most deaths of any skin cancer, but is usually treatable if caught early. Although the disease is most common in [white individuals](#), survival odds are worse in people with darker skin tones.

"In this study, we asked whether screening could address this disparity by helping detect [melanoma](#) early," said senior author Laura Ferris, M.D., Ph.D., dermatologist at UPMC and professor of dermatology at the Pitt School of Medicine. "Our findings suggest that regular skin checks are not the answer, but that doesn't mean that we should be offering less care or that our work is done. We need to investigate other approaches to improve outcomes for melanoma in patients with skin of color."

Ferris and her team analyzed data from 60,680 patients who self-reported as Hispanic, Alaska Native, American Indian, Asian, Black or Pacific Islander. Of these, 12,738 were screened for [skin cancer](#), and 47,942 were not screened.

During the 5-year study period, only eight melanomas were detected in this population, and just one of these was identified during a screening visit. Four were identified by [health care professionals](#) during other types of visits and three were detected by the patient or a family member.

The results suggest that to detect one melanoma case in racial and ethnic minority populations, more than 12,000 screenings need to be done. For comparison, the number needed to screen in white patients is 373, the researchers found in an [earlier study](#).

"This is an almost unfathomable number of doctor's visits to find one melanoma," said Ferris. "Rather than screening everyone, educating

physicians about presentation of melanoma in skin of color, educating the public about their risk of melanoma and making sure that people have access to a dermatologist when they have a suspicious lesion could be more effective in improving early detection."

While people often think of melanomas as being sun-induced, not all forms of the disease are caused by sun exposure. Certain types of melanomas can arise on the palms of the hand, soles of the feet and places that are always covered by clothes, and these tend to be more common in people with darker [skin](#).

"UV exposure is the biggest modifiable risk factor for melanoma, so sun protection is incredibly important, but it's not the only factor," said Ferris. "If you have a suspicious lesion somewhere that is always covered by a shirt, it could still be melanoma. We encourage patients to seek care regardless of their perceived risk."

Beyond early detection, better treatments for melanoma could also help address disparities in [survival rates](#), Ferris said. Most of the current therapies for the disease were tested in non-diverse, mostly white populations, so it's important that future clinical trials include diverse participants.

Additional authors of the study were Brandon Smith, B.A., of Drexel University; and Martha Matsumoto, M.D., Hong Wang, Ph.D., Monica Baskin, Ph.D., and John Kirkwood, M.D., all of UPMC or Pitt.

More information: Brandon Smith et al, Melanoma Detection in Alaska Native, American Indian, Asian, Black, Hispanic, and Pacific Islander Patients in a Large Skin Cancer Screening Initiative, *JAMA Dermatology* (2023). [DOI: 10.1001/jamadermatol.2023.2067](https://doi.org/10.1001/jamadermatol.2023.2067)

Provided by University of Pittsburgh

Citation: Screening won't solve racial disparities in melanoma outcomes, study suggests (2023, July 26) retrieved 12 May 2024 from <https://medicalxpress.com/news/2023-07-screening-wont-racial-disparities-melanoma.html>

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