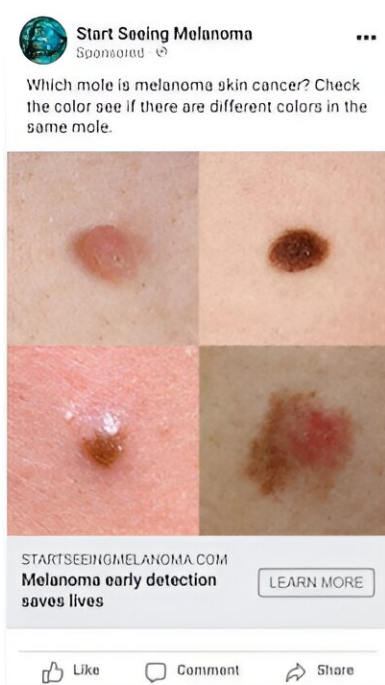
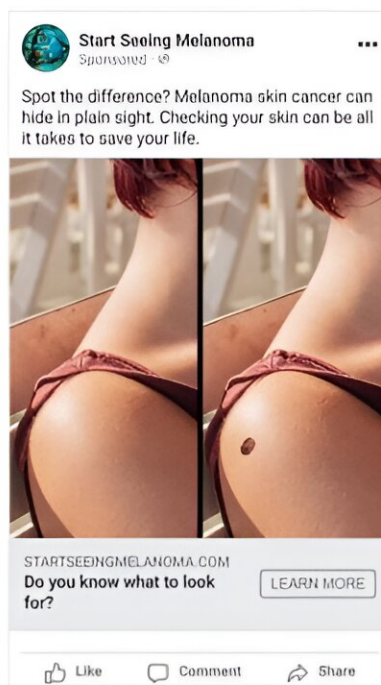


Social media can boost melanoma detection, research suggests

March 19 2024, by Leila Okahata



Knowledge example



Self-efficacy example



Control example

Examples of knowledge, self-efficacy, and control messages. Credit: *JID Innovations* (2023). DOI: 10.1016/j.xjidi.2023.100253

Early detection is key to treating melanoma, and social media can improve people's ability to identify early warning signs of the deadly skin cancer, according to a new study by University of Oregon researchers and colleagues.

Unlike other cancers that develop inside the body, [skin cancer](#) can appear as moles or blemishes on the skin's surface.

"It's the only cancer that you can look and see with your own eyes," said Autumn Shafer, an associate professor in [public relations](#) at the School of Journalism and Communication. "But people don't really know what melanoma is or how to check their skin for it."

[In a paper](#) published in the journal *JID Innovations*, researchers tested to see if digital campaigns can increase the public's knowledge of melanoma and promote the practice of self-examining one's skin for new and unusual moles.

Melanoma is the fifth most common cancer in the United States, but Oregon has some of the highest melanoma rates and deaths in the nation, Shafer said. It is the most dangerous skin cancer, but if found early it's highly curable, she said, adding that [social media](#) can potentially play a role in early detection.

To investigate, Shafer and colleagues created two different posts designed for both Instagram and Facebook for study participants to view. One graphic juxtaposed noncancerous moles with melanoma moles, highlighting that cancerous moles often are asymmetrical, misshapen, multi-colored and larger. This post aimed to increase participants' knowledge of melanoma's warning signs and symptoms.

The second graphic, as described by Shafer, was like a game of "spot the difference." Side-by-side were photos of an individual with and without a [mole](#) and participants had to find where the blemish was. This post aimed to increase participants' confidence in identifying moles and, therefore, their likelihood to do skin checks.

After showing study participants one, both or none of the posts, the

researchers conducted a follow-up test and survey. The test required participants to categorize 24 images of moles as either melanoma or noncancerous.

Participants who viewed the knowledge-focused posts correctly identified more melanoma moles than participants who didn't see the post. Moreover, participants who engaged with the "spot the difference" graphic reported greater confidence in their ability and intentions to check their skin over participants who didn't see the post.

Participants who saw both social media posts reaped the most benefits, becoming knowledgeable and confident.

According to Ellen Peters, director of UO's Center for Science Communication Research, the study is one of the first of its kind to evaluate social media campaigns on melanoma in a scientifically rigorous way. Its findings have since been incorporated into the messaging of Start Seeing Melanoma, an Oregon-based public health campaign led by co-author Sancy Leachman, chair of the Department of Dermatology at Oregon Health & Science University.

"We're really interested in helping the public and especially Oregonians be healthier and have greater welfare," Peters said. "This is just one of the attempts we've made to make complex science useful to people, and there will be more."

Checking your skin can be all it takes to save your life, Peters said, adding that six out of 10 people diagnosed with [melanoma](#) notice it themselves first before seeing a medical provider.

"So go ahead, take a deep breath and look at your skin," Shafer said. "The benefit is so great."

More information: Ariel Nadratowski et al, Evidence-Based Communication to Increase Melanoma Knowledge and Skin Checks, *JID Innovations* (2023). [DOI: 10.1016/j.xjidi.2023.100253](https://doi.org/10.1016/j.xjidi.2023.100253)

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