

All-cause mortality lower for melanomas identified in routine skin checks

3 November 2021



melanomas was associated with lower melanoma-specific mortality (subhazard ratio, 0.41; 95 percent confidence interval, 0.28 to 0.60; P mortality (hazard ratio, 0.64; 95 percent confidence interval, 0.54 to 0.76; P confidence interval, 0.63 to 0.90; P = 0.006), respectively, after adjustment for prognostic factors, including ulceration and mitotic rate.

"As we continue to promote melanoma awareness and employ more sophisticated technologies for early detection, it is critical that the melanoma and dermatology communities also promote strategies that increase the likelihood of saving lives while mitigating harms and costs," write the authors of an accompanying editorial.

Several authors disclosed financial ties to the pharmaceutical and biotechnology industries; one author from the editorial disclosed ties to industry.

(HealthDay)—Melanomas diagnosed through routine skin checks are associated with significantly lower all-cause mortality, but not with lower melanoma-specific mortality after adjustment for prognostic factors, according to a study published online Nov. 3 in *JAMA Dermatology*.

Caroline G. Watts, Ph.D., from the University of Sydney, and colleagues examined [melanoma](#)-specific and all-cause mortality associated with different methods of melanoma detection in a study of 2,452 patients with recorded melanomas from the Melanoma Patterns of Care Study.

The researchers found that 35 percent of the patients had their melanomas detected during a routine skin check, and 47, 12, and 6 percent self-detected their melanoma, had their melanoma discovered incidentally when checking another skin lesion, and reported "other" presentation, respectively. After adjustment for age and sex, compared with patient-detected melanomas, routine skin-check detection of invasive

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APA citation: All-cause mortality lower for melanomas identified in routine skin checks (2021, November 3) retrieved 28 January 2022 from <https://medicalxpress.com/news/2021-11-all-cause-mortality-melanomas-routine-skin.html>

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