

Melanoma screening by physicians associated with finding more cancers than patient self-detection

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Physician-based screening for melanoma is associated with higher rates of physician-detected melanoma and detection of thinner melanoma, according to a report published Online First today by *Archives of Dermatology*, one of the JAMA/Archives journals.

The disease-specific survival rate for advanced-stage [melanoma](#) is poor, so detecting the cancer in an earlier stage is the best means to ensure a favorable prognosis, according to background information in the article. Previous research has demonstrated that [patients](#) find most melanomas, and that those lesions tend to be thicker than physician-detected lesions. "Working on the premise that physician-based screening and patient self-screening are vital in the detection of early melanoma," explain the authors, "we compared melanoma characteristics in patients new to our practice vs. established patients in the pigmented lesions clinic (PLC) at Memorial Sloan-Kettering Cancer Center" (MSKCC) in New York City.

Ivanka Kovalyshyn, D.O., from MSKCC, and colleagues conducted a retrospective review of [patient records](#) and [biopsy](#) logs from two MSKCC pigmented lesion specialists from January 1998 through December 2008. The institution's PLC serves patients at high risk for developing melanoma, so each patient visit involves a total body skin examination, and patients are given brochures instructing them how to perform skin self-examination (SSE). Researchers divided the group into "established" patients, who had been treated at MSKCC's PLC for three months or more, and "new" patients who were new to the practice.

A total of 527 melanomas were identified in 394 patients. Among the established group, lesions tended to be thinner, more often detected in the in

situ phase and less likely to exhibit negative prognostic attributes. Physicians detected 82 percent of melanomas in established patients and 63 percent in new patients. The overall patient-detection rate was 18 percent, and most [lesions](#) found by patients were detected because of change in appearance.

"Although we recognized that [high-risk](#) patients may have more frequent physician skin examinations and may be more vigilant in performing SSE, we strongly believe that the PLC setting contributes to earlier detection of melanoma in our cohort," the authors write. They do note that the patient's role in melanoma recognition is important as well. "Therefore," they conclude, "it is crucial to emphasize that a combined strategy of physician detection and patient participation must continue to be implemented to ensure early melanoma diagnosis."

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