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Melanoma



IMAGES COURTESY OF RICHARD P. USATINE, MD

THE COMPARISON

- A** Acral lentiginous melanoma on the sole of the foot of a 30-year-old Black woman. The depth of the lesion was 2 mm with a positive sentinel lymph node biopsy.
- B** Nodular melanoma on the shoulder of a 63-year-old Hispanic woman. The depth of the lesion was 5.5 mm with a positive sentinel lymph node biopsy.

Melanoma occurs less frequently in individuals with darker skin types than in those with lighter skin types but is associated with higher rates of morbidity and mortality in this patient population.¹⁻⁷ In the cases shown here (**A** and **B**), both patients had advanced melanomas with large primary lesions and lymph node metastases.

Epidemiology

A systematic review by Higgins et al⁶ reported the following on the epidemiology of melanomas in patients with skin of color:

- African Americans have deeper tumors at the time of diagnosis, in addition to increased rates of regionally advanced and distant disease. Lesions generally are located on the lower extremities and have an increased propensity for ulceration. Acral lentiginous melanoma is the most common melanoma subtype found in African American patients.⁶
- In Hispanic individuals, superficial spreading melanoma is the most common melanoma

subtype. Lower extremity lesions are more common relative to White individuals. Hispanic individuals have the highest rate of oral cavity melanomas across all ethnic groups.⁶

- In Asian individuals, acral and subungual sites are most common. Specifically, Pacific Islanders have the highest proportion of mucosal melanomas across all ethnic groups.⁶

Key clinical features in people with darker skin tones

Melanomas are found more often on the palms, soles, nail units, oral cavity, and mucosae.⁶ The melanomas have the same clinical and dermoscopic features found in individuals with lighter skin tones.

Worth noting

Factors that may contribute to the diagnosis of more advanced melanomas in racial/ethnic minorities in the United States include:

- decreased access to health care based on lack of health insurance and low socioeconomic status,

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- less awareness of the risk of melanoma among patients and health care providers because melanoma is less common in persons of color, and
- lesions found in areas less likely to be seen in screening examinations, such as the soles of the feet and the oral and genital mucosae.

Health disparity highlight

- In a large US study of 96,953 patients with a diagnosis of cutaneous melanoma from 1992 to 2009, the proportion of later-stage melanoma—stages II to IV—was greater in Black patients compared to White patients.⁷
- Based on this same data set, White patients had the longest survival time ($P < .05$), followed by Hispanic ($P < .05$), Asian American/Native American/Pacific Islander ($P < .05$), and Black ($P < .05$) patients, respectively.⁷
- In Miami-Dade County, one study of 1690 melanoma cases found that 48% of Black patients had regional or distant disease at presentation compared to 22% of White patients ($P = .015$).⁵ Analysis of multiple factors found that only race was a significant predictor for late-stage melanoma ($P < .001$). Black patients in this study were 3 times more likely than others to be diagnosed with melanoma at a late stage ($P = .07$).⁵
- Black patients in the United States are more likely to have a delayed time from diagnosis to definitive surgery even when researchers controlled for

type of health insurance and stage of diagnosis.⁸

Final thoughts

Efforts are needed to overcome these disparities by:

- educating patients with skin of color and their health care providers about the risks of advanced melanoma with the goal of prevention and earlier diagnosis;
- breaking down barriers to care caused by poverty, lack of health insurance, and systemic racism; and
- eliminating factors that lead to delays from diagnosis to definitive surgery. **JFP**

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