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Letter from the Editor: Delays in melanoma diagnosis



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In this issue of the *JAAD*, Trepanowski et al report the results of a nationwide cohort study that demonstrated an increased proportion of advanced melanoma related to the COVID-19 pandemic, suggesting that delays in diagnosis contributed to poor outcomes. While we all hope that pandemic-related clinic closures won't have to be repeated, this was just one example of how delays in diagnosis can affect prognosis.

In a recent *JAAD* CME, Brunsgaard et al¹ addressed racial disparities, the role of ultraviolet light, and interventions for earlier detection in patients with skin of color. They note that despite the higher incidence of melanoma among white individuals, melanoma specific-survival is worse among individuals with skin of color. Racial disparities in survival may relate to a lack of skin cancer education focused on groups with lower incidence but poor outcomes, lower rates of screening, socioeconomic barriers, higher proportions of more aggressive melanoma subtypes, and underrepresentation in research. Zheng et al,² reported poor melanoma outcomes and survival in Asian American and Pacific Islander patients, suggesting additional gaps in care for minority populations, and Heymann³ discussed disparities in melanoma outcomes and opportunities to address delays in diagnosis and improve care.

Rachidi et al⁴ reported shorter survival and higher stage at diagnosis among unmarried patients with cutaneous melanoma. In their retrospective cohort of 73,558 patients from the Surveillance, Epidemiology, and End Results program and 2992 patients at Johns Hopkins University, single patients were more likely than married patients to present in stages III or IV among both men and women. The trend was consistent across all anatomic sites. Overall and cancer-specific survival times were shorter in unmarried patients, suggesting a need for heightened surveillance in those who are unmarried

as well as the value of educational efforts geared toward the spouses and partners who are likely to detect pigmented lesions on their loved one's skin.

Guhan et al⁵ addressed the question of surgical delays and mortality among patients with primary cutaneous melanoma. They identified 7 studies that address surgical delay and melanoma survival, with 5 addressing outcomes related to >1-month melanoma surgical delay. Three smaller studies failed to detect a decrease in survival, but one large retrospective study reported a significant association of mortality with surgical delay. Their analysis points to the need for a sufficiently powered prospective trial to assess harms from surgical delays and establish appropriate standards of care. Delays in diagnosis may relate to access to care, visibility of lesions, and knowledge of pigmented lesions. We have significant opportunities to address existing gaps in care and improve outcomes for our patients and the population at large.

Conflicts of interest

None disclosed.

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