Jennifer Allyn
(847) 240-1730
jallyn@aad.org

Michelle Aukstik
(847) 240-1746
maukstik@aad.org

FOR IMMEDIATE RELEASE

NEW STUDY IDENTIFIES FIVE RISK FACTORS LINKED TO MELANOMA DETECTION

Older men with a history of melanoma, or changing moles most at risk

SCHAUMBURG, ILL. (May 7, 2007) – Since its inception in 1985, the American Academy of Dermatology's (Academy) National Melanoma/Skin Cancer Screening Program has screened more than 1.7 million people and detected more than 171,200 suspicious lesions. More than 20,000 of these lesions were suspected melanomas – the most serious form of skin cancer. Now, a new study published online today in the *Journal of the American Academy of Dermatology* suggests criteria to help gauge a person's melanoma risk and identify those that may be most in "HARMM's" way. The full text of the article can be found at www.eblue.org.

Dermatologist Darrell S. Rigel, MD, FAAD, clinical professor of dermatology at New York University Medical Center in New York, NY, and his colleagues analyzed the Academy's screening data from 2001-2005 in order to identify factors associated with melanoma detection in patients where melanoma was suspected. The study, entitled "Risk Factors for Presumptive Melanoma in Skin Cancer Screening: American Academy of Dermatology National Melanoma/Skin Cancer Screening Program Experience 2001-2005," discovered five factors that independently increased the likelihood of suspected melanomas.

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Dr. Rigel suggested the use of the acronym **HARMM** to identify the following five factors associated with increased melanoma detection: **H**istory of previous melanoma; **A**ge over 50; **R**egular dermatologist absent; **M**ole changing; and **M**ale gender.

"In examining the data collected from the Academy's skin cancer screening enrollment form and the suspected lesions identified during the skin exam, we found that individuals at highest risk for melanoma – who had four or five of our identified risk factors – comprised only 5.8 percent of the total population, yet they accounted for 13.6 percent of the program's probable melanoma findings," said Dr. Rigel. "Interestingly, these people also were 4.4 times more likely to be diagnosed with suspected melanomas than individuals at lowest risk, with zero or only one risk factor."

Data from a total of 364,804 individuals between the ages of 18 and 100 were included in Dr. Rigel's review of the Academy's skin cancer screening program over the five-year period. All individuals participating in the free screenings were required to complete a one-page form with basic demographic and melanoma risk-related questions before being examined by a dermatologist. Of those screened, melanomas were suspected upon initial clinical diagnosis in 0.9 percent of patients.

Although women made up the majority (61.8 percent) of people attending screenings, they only accounted for 53.9 percent of the total suspected melanomas identified. However, men over 50 comprised only 23.4 percent of the screening population, yet accounted for 31.6 percent of the total suspected melanomas identified.

The data for the suspected melanoma diagnoses were categorized into sub-groups based on the number of risk factors identified – from zero to one, two, three, or four to five. When the data was re-analyzed to evaluate the association between the number of risk factors present and suspected melanoma, 98 percent of the study population had at least one risk factor, 75.4 percent had two or more risk factors, 32.7 percent had three or more risk factors, and 5.8 percent had four or five risk factors. The data demonstrated that having additional risk factors corresponded to a significantly increased likelihood of suspected melanoma.

In addition, individuals who received a total skin examination during the screening were more likely to be diagnosed with suspected melanoma than those who received a specific lesion examination or a face and arms examination. However, there was a decrease in the

proportion of total skin examinations given to each group of subsequently higher risk patients, as only 53.7 percent of those with four or five risk factors received total skin examinations – compared with 62.5 percent of those with zero or only one risk factor.

"The inverse relationship observed between the rate of total skin examinations and the level of individual melanoma risk is troubling, and indicates an area that should be addressed in improving melanoma detection in future skin cancer screenings," added Dr. Rigel. "The total skin examination is an integral part of this equation and should be strongly encouraged for those individuals who have multiple melanoma risk factors."

Early detection of melanoma is critical to effectively treat this potentially fatal disease that accounts for nearly 75 percent of all skin cancer deaths. In 2007, there will be about 108,230 *new* cases of melanoma – 48,290 in situ (noninvasive) and 59,940 invasive (33,910 men and 26,030 women). At current rates, a person has a one in 33 chance of developing melanoma (both in situ and invasive).

The Academy urges everyone to examine their skin regularly. This means looking over your entire body including your back, your scalp, the soles of your feet, between your toes and the palms of your hands. If there are any changes in the size, color, shape or texture of a mole, the development of a new mole, or any other unusual changes in the skin, see your dermatologist immediately.

"One of the key findings of our study demonstrates that not having a regular dermatologist independently increases the likelihood of suspected melanoma," said Dr. Rigel. "While studies have shown that physicians diagnose thinner lesions better than their patients alone can, it also has been demonstrated that dermatologists can more accurately diagnosis pigmented lesions than primary care physicians and that involving dermatologists in melanoma patient management led to significantly improved survival rates."

In addition to performing self-examinations, the Academy encourages people to be screened for skin cancer. Through the Academy's National Melanoma/Skin Cancer Screening Program, volunteer dermatologists provide free skin cancer screenings in their communities. The public can visit www.aad.org to find a free skin cancer screening in their area.

"This study reaffirms that men over 50 are at an increased risk of melanoma," stated Dr. Rigel. "If they have a changing mole, it's important that they see a dermatologist."

May is Melanoma Monday® and the official launch of Melanoma/Skin Cancer Detection and Prevention Month®. For more information about skin cancer, please visit www.skincarephysicians.com and click on "SkinCancerNet."

The American Academy of Dermatology (Academy), founded in 1938, is the largest, most influential, and most representative of all dermatologic associations. With a membership of more than 15,000 physicians worldwide, the Academy is committed to: advancing the diagnosis and medical, surgical and cosmetic treatment of the skin, hair and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair and nails. For more information, contact the Academy at 1-888-462-DERM (3376) or www.aad.org.

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