VIEWPOINT

A Cautionary Note on Melanoma Screening in the Hispanic/Latino Population

The Hispanic/Latino population is considered the fastest-growing minority group in the United States, accounting for 16% of the US population (48 901 000 persons), with a projected increase to 25% by 2050.[1] Cutaneous melanoma continues to be a public health problem worldwide, affecting not only white populations but also other ethnic groups, including the Hispanic/Latino population. In fact, an increase in the incidence of melanoma has been observed in this population, prompting advocates to suggest better public health awareness, implementation of primary and secondary prevention strategies, and increased skin cancer screening efforts.[2-4]

The main goal of a screening program is to identify unrecognized disease by means of a rapid procedure, test, or examination, which should be cost-beneficial, appropriate, and acceptable to the population recommended for screening.[5] Diseases appropriate for screening include those with (1) accepted management and facilities for diagnosis and treatment, (2) a recognizable latent or early symptomatic stage and a natural history that is well understood, and (3) important associated health problems; the third category includes diseases that are highly prevalent or can have serious consequences for the individual or the community. Screening strategies can be categorized into mass, opportunistic, and selective population screening, according to the target population.[5] Mass population screening targets the general population, regardless of risk factors; opportunistic screening targets patients presenting to a physician for other reasons; and selective population screening targets high-risk patients only.[5]

Before recommending for or against a melanoma screening program in the Hispanic/Latino population, it is important to clearly understand the disease in this population and apply caution when interpreting the available data.

MELANOMA IN THE HISPANIC/LATINO POPULATION

Studies in the past decade using population-based cancer registries demonstrated a melanoma incidence of 3% in the US Hispanic population.[3,4] According to the Surveillance Epidemiology and End Results review, the annual incidence rates for melanoma in US Hispanic men and women are 4.7 and 4.6 per 100 000, respectively.[6] Similarly, data from 11 population-based registries in 8 countries from Central and South America (covering <5% of the population) showed annual melanoma incidence rates in men and women of 4.6 and 4.3 per 100 000, respectively.[7]

Studies have shown that Hispanic patients in the United States, compared with white patients, present with thicker tumors (>1 mm; 34.5% vs 24.9%) and more advanced disease; they also present with more regional involvement (12.4% vs 8.3%) and distant disease (6.6% vs 3.6%).[4] From a behavioral and prevention standpoint, Hispanic persons in the United States are less conscious of risk factors for skin cancer, have a lower perception of their own melanoma risk, and are less likely to perform skin self-examinations than non-Hispanic whites (15% vs 32%).[8]

SKIN CANCER SCREENING IN DIFFERENT POPULATIONS

Screening for skin cancer has been evaluated in the white population; however, recommendations continue to be inconsistent. Indeed, organizations such as the American College of Preventive Medicine and the American Cancer Society recommend melanoma screening for high-risk individuals, including patients who are fair skinned, are older than 50 years, or who have atypical nevi, more than 50 nevi, and/or a family history of melanoma.[9,10] In contrast, the US Preventive Services Task Force does not recommend melanoma screening; it acknowledges the potential benefits of skin cancer screening in individuals at high risk but concludes that studies to date do not provide sufficient evidence to recommend physician screening or patient skin self-examination for the general adult population.[11] For populations other than the white population, skin cancer screening recommendations have not been fully evaluated, and the benefits of screening remain unclear.

SKIN CANCER SCREENING IN THE HISPANIC/LATINO POPULATION

Developing skin cancer screening recommendations in the Hispanic/Latino population can be challenging. Difficulties include the lack of consensus on how to define *Hispanic* or *Latino*, the heterogeneity of races and skin types within this population, and the limited data on risk factors for melanoma.

The lack of consensus concerning the terms *Hispanic* and *Latino* is evidenced by the multiple definitions available, which can vary depending on the search source used. For example, for the US Census Bureau, the terms *Hispanic* and *Latino* refer to persons whose origin or descent is from Mexico, Puerto Rico, Cuba, Spanish-speaking Central and South American countries, or other

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Spanish cultures.[12] However, *Latino* can also refer to persons from towns in Europe and America where languages derived from Latin are spoken, and *Hispanic* can also refer to individuals whose origin or ancestry is from the Iberian Peninsula or Spanish-speaking persons of Latin America descent living in the United States.[13] Thus, ambiguity inherent in the terms can make it difficult to determine which groups of persons should be categorized as "Hispanic/Latino" and therefore difficult to compare or combine data from different studies.

The multiracial heterogeneity of the Hispanic/Latino population undermines the utility of unstratified cohort studies. It is not uncommon for medical studies to assume that all persons within this population are similar, leading to incorrect estimates and erroneous interpretation of results.

At this time, little is known about melanoma risk factors in the Hispanic/Latino population, and it is difficult to accurately identify subgroups at high risk for melanoma that might benefit from screening strategies. Current knowledge on risk factors, epidemiology, and prevention of melanoma is based on studies in white populations. Whether this knowledge can be applied to the Hispanic/Latino population remains to be elucidated.

A PRUDENT APPROACH

Although recommending primary and secondary prevention strategies in the Hispanic/Latino population seems practical, this approach may not be warranted. We suggest that it may be premature to recommend screening for melanoma in the Hispanic/Latino population. Embarking on this effort without critical analysis and knowledge of the risk factors may have more negative than positive outcomes, including unnecessary treatments because of false-positive results, unnecessary costs, resource allocation, morbidity associated with biopsies of benign lesions, and needless patient anxiety about diagnosis and treatment. Therefore, calls for increasing detection through screening in this inconsistently defined community should be viewed with caution and evaluated based on careful interpretation of valid and robust data.

Despite general optimism about early detection as a way to reduce melanoma-associated mortality, the best way to achieve this goal in the Hispanic/Latino population has yet to be determined. While more studies are being conducted, any opportunity to detect melanoma needs to be enhanced. Therefore, it may be advisable to educate Hispanic/Latino patients on the warning signs of melanoma and recommend that physicians routinely perform total body skin examination in all their patients.

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REFERENCES

1. US Census Bureau. Hispanics in the United States, 2006. Updated March 29, 2012. http://www.census.gov/population/hispanic/. Accessed December 28, 2012.
2. Andreeva VA, Cockburn MG. Cutaneous melanoma and other skin cancer screening among Hispanics in the United States: a review of the evidence, disparities, and need for expanding the intervention and research agendas. *Arch Dermatol*. 2011;147(6):743-745.
3. Cockburn MG, Zadnick J, Deapen D. Developing epidemic of melanoma in the Hispanic population of California. *Cancer*. 2006;106(5):1162-1168.
4. Wu XC, Eide MJ, King J, et al. Racial and ethnic variations in incidence and survival of cutaneous melanoma in the United States, 1999-2006. *J Am Acad Dermatol*. 2011;65(5)(suppl 1):S26-S37.
5. Wilson JMG, Jungner G. *Principles and Practice of Screening for Disease.* Geneva, Switzerland: World Health Organization; 1968:163.
6. Howlader NNA, Krapcho M, Neyman N, et al, eds. SEER cancer statistics review, 1975-2009 (vintage 2009 populations). http://seer.cancer.gov/csr/1975_2009_pops09/. Published April 2012. Updated August 20, 2012. Accessed December 23, 2012.
7. Sortino-Rachou AM, Curado MP, Cancela MdeC. Cutaneous melanoma in Latin America: a population-based descriptive study. *Cad Saude Publica*. 2011;27(3):565-572.
8. Robinson JK, Joshi KM, Ortiz S, Kundu RV. Melanoma knowledge, perception, and awareness in ethnic minorities in Chicago: recommendations regarding education. *Psychooncology*. 2011;20(3):313-320.
9. Hill L, Ferrini RL. Skin cancer prevention and screening: summary of the American College of Preventive Medicine's practice policy statements. *CA Cancer J Clin*. 1998;48(4):232-235.
10. Smith RA, Cokkinides V, Brooks D, Saslow D, Shah M, Brawley OW. Cancer screening in the United States, 2011: a review of current American Cancer Society guidelines and issues in cancer screening. *CA Cancer J Clin*. 2011;61(1):8-30.
11. U.S. Preventive Services Task Force. Screening for skin cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2009;150(3):188-193.
12. Humes KR, Jones NA, Ramirez RR. Overview of race and Hispanic origin: 2010. http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf. Accessed December 28, 2012.
13. Jaimes N, Londono V, Halpern AC. The term *Hispanic/Latino*: a note of caution. *JAMA Dermatol*. 2013;149(3):274-275.

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