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Melanoma Surveillance

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MELANOMA SURVEILLANCE – BERLIN VT

SAM LOGAN – FAMILY MEDICINE 2/19

MENTOR – DR. DALE STAFFORD, DR. LISE KOWALKSI, DR. SIMON BOULATTOUF, DR. BRIAN RODRIGUEZ, DR. KRIS JENSEN

PROBLEM IDENTIFICATION

- Patients are often concerned that nevi they have may be cancerous.
 - They are not aware of characteristics of melanotic nevi.
 - Evolution as a characteristic is often not concretely described (e.g. change in nevi).
 - They do not know when they should access health care regarding their nevi.
- According to CDC, in 2015 the rate of melanoma of the skin was 22.1 per 100 thousand people, the sixth most common cancer. In Vermont this rate was 35.8 per 100 thousand, higher than the national average¹.
 - However evidence is insufficient for screening of asymptomatic patients according to the USPSTF².
- The Current “ABCDE” model of melanoma surveillance awareness may use language that could be more simple. Specifically Asymmetry, Border and Evolution may represent concepts that could be more easily communicated by synonyms.

COSTS

- One 2010 study found that the annual direct medical cost of melanoma ranged from 8,930 dollars for stage 0 (in situ) diagnosis to 39,631 dollars for stage IV^{4,6}.
- Additionally 5 year mortality for those diagnosed with localized melanoma was 98%, however this falls to 64% if it has metastasized to nearby lymph nodes and 23% if it has spread to other parts of the body⁵.
- In terms of monetary cost and cost of life, diagnosis at an earlier stage is beneficial.

COMMUNITY PERSPECTIVE

- “Finding a melanoma can be very difficult, sometimes you have to look for the ‘ugly duckling’, but even then it can be hard.” “You can educate patients on the ABCDEs and let them know that change can be color change, growth, itching and bleeding. The reason that people still go to see the dermatologist after that is there are areas that you just can’t see.”
 - Medical oncologist specializing in melanoma
- “I don’t keep track of pictures or anything like that, but I just basically look at every part of my body that I can see when I’m in the shower. Every month I try to have my husband look at my back, but I’m not very good about that.” “People in the salon industry are good to check for melanomas. [Son] was getting a haircut and we got it cut shorter than normal and I could see that the two moles that he’s had there since forever had changed and we got them removed. I mentioned it to the hairdresser next time we saw her and she said she was glad we had gone in cause she had been thinking about that.”
 - Early stage melanoma survivor

INTERVENTION/METHODOLOGY

- A pamphlet that outlines what the characteristics of melanotic moles with description of these characteristics in language that is simple and easy to understand, examples, and further direction to the CDC website on skin cancer where more information can be found.
 - Despite insufficient evidence for screening of asymptomatic individuals, this may raise awareness of the characteristics of melanocytic nevi and encourage patients to ask their doctors about concerning nevi.
 - Information provided will focus on simplicity and ease of use for patients.
- This pamphlet is intended to be viewed while waiting for their doctor after being roomed. As such it will be displayed in doctor's offices so that patients can view it as they wait.
- 3 mnemonics, including the ABCDE model, will be reviewed by staff. Based upon staff recommendations, one of these will be displayed in waiting rooms for patients to view.

MELANOMA OR MOLE – HOW TO KEEP YOURSELF SAFE

- Melanoma of the skin is the sixth most common cancer in the United States.
- Melanomas can come from **new or old moles**. Just because you've had it for years, doesn't mean its not worth keeping an eye on.
- If you say yes to any of the questions on the right, consider talking to your doctor

ASK YOUR DOCTOR ABOUT THE **ABCDEs** OF MELANOMA

A**symmetry** – If you were to cut your mole in half, would both sides look the same?

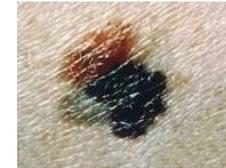


Image credit to national cancer institute

B**orders** – are the edges of your mole jagged, blurred or not the same all the way around?



Image credit to Skin Cancer Foundation

C**olor** – is your mole not all the same color? Moles can be shades of brown, red, pink, blue or even white.



Image credit to national cancer institute

D**iameter** – is your mole longer on any side than ¼ of an inch or a pencil eraser?



Image credit to Skin Cancer Foundation

E**volution** – Has your mole changed in size, shape, color or borders over time? Has it begun to bleed or itch?

For more information on melanoma and other skin cancers, visit <https://www.cdc.gov/cancer/skin/index.htm>

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KEEP AN EYE ON **CBS**, DON'T WAIT, ASK YOUR DOCTOR

Change – Has your mole changed in size, shape, color or borders over time? Has it begun to bleed or itch?

Color – is your mole not all the same color? Moles can be shades of brown, red, pink, blue or even white.

Borders – are the edges of your mole jagged, blurred or not the same all the way around?

Sides – If you were to cut your mole in half, would both sides look the same?

Size – is your mole longer on any side than $\frac{1}{4}$ of an inch or a pencil eraser?



Image credit to national cancer institute

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DON'T PLAY **CHESS** WITH YOUR HEALTH ASK A DOCTOR

Change – Has your mole changed in size, shape, color or borders over time? Has it begun to bleed or itch?

Hue – is your mole not all the same color? Moles can be shades of brown, red, pink, blue or even white.

Edges – are the edges of your mole jagged, blurred or not the same all the way around?

Sides – If you were to cut your mole in half, would both sides look the same?

Size – is your mole longer on any side than $\frac{1}{4}$ of an inch or a pencil eraser?



Image credit to national cancer institute

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RESPONSE

- Per staff, concept considered to be a helpful way to educate patients upon characteristics of melanocytic nevi. Specifically:
 - This may encourage patients to later schedule visits to discuss moles or mention moles when scheduling visits so that it will not become a “doorhandle” question.
 - Copies of pamphlet may also be useful to give to patients to take home with them after discussing moles.
- ABCDE model considered to be the superior model.
 - It is the nationwide model, and there was concern that using a different model may confuse patients.
 - It was considered that Asymmetry and Border are commonly used and understood terms by patient population. Evolution however was thought might be a challenging term at times, but this was not enough to consider alternative models superior.

LIMITATIONS

- This pamphlet does not reach populations that do not visit the CVMC family practice offices. Furthermore patient interaction pamphlet is dependent on where it is placed in the office, willingness of patient to read pamphlet, and/or if they are given a copy of pamphlet because they have a dermatologic concern.
- A teach-back or quiz component to assist with patient learning may be more effective than the passive learning involved in reading a pamphlet. However these methods may detract from the ease of use of a pamphlet.
- Chosen pamphlet did not address concern that the term “Evolution” may be replaced with the simpler “Change” to benefit of patient understanding.
- Graphics of pamphlet were chosen to be simple and easy to read, however it is possible that they could be more salient so patients are more likely to notice pamphlet.
- Does not recommend a schedule or process by which to scan body for nevi.

RECOMMENDATIONS FOR FURTHER INTERVENTION

- Perform “talk back” teaching with patients on the characteristics of melanocytic nevi or create online quiz that patients can take to help them learn the characteristics of melanocytic nevi.
- Distribute pamphlets to all local/regional practices so that a broader population is reached.
- Consider distributing pamphlets to local hair salons per recommendation of interviewed melanoma survivor so that hair stylists might be able to identify melanocytic nevi hidden under hair.

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