Skinn Disorders

‘Ugly Duckling’ Could Be Useful Melanoma Flag

BY BRUCE JANCIN
Denver Bureau

PHILADELPHIA — The “ugly duckling” sign showed impressive sensitivity for melanoma when applied by physicians as well as nonmedically trained individuals for rating melanocytic lesions, according to Dr. Ashfaq A. Marghoob.

The results of this study suggest the ugly duckling sign may be a valuable melanoma screening tool readily teachable to primary care physicians, nurse practitioners, and patients performing periodic skin self-examination, Dr. Marghoob reported at the annual Hawaii Dermatology Seminar sponsored by Skin Disease Education Foundation.

The ugly duckling sign was first described in 1998 by Dr. Jean-Jacques Grob of the Hôpital Sainte Marguerite, Marseille, France. It holds that nevi on a given individual tend to resemble each other. The ugly duckling—the outlier, the exceptional nevus, the one that looks different from the others—is more likely to be a melanoma, even if it does not exhibit the classic features ascribed to melanoma. Treatment using the ABCD (asymmetry, border, color, and diameter) rule.

The ABCD rule, launched in 1985, is a form of gross clinical analysis that “has served us well” in the early recognition of melanoma, said Dr. Marghoob, a dermatologist at Memorial Sloan-Kettering Cancer Center, New York. But it has shortcomings: There is morphologic overlap with benign lesions. The ugly duckling sign has “served us well” in the early recognition of melanoma, said Dr. Marghoob, a dermatologist at Memorial Sloan-Kettering Cancer Center, New York. But it has shortcomings: There is morphologic overlap with benign lesions. Dr. Marghoob’s portfolio of digital phenotypes included 145 melammas that were compared with 100 nonmelanoma lesions. The authors identified 100% of the experts, 89% for the general dermatologists, 88% for the nurses, and 85% for the nonclinicians. For the overall group, the sensitivity of the ugly duckling sign was 90%.

The results of this study suggest the ugly duckling sign—when applied by a diverse group of people, Dr. Marghoob and his coinvestigators assembled a portfolio of digital photographs of the back of 12 patients at high risk for melanoma, whose nevi were identified as “different” by at least two-thirds of the raters. The sensitivity of the ugly duckling sign—that is, the percentage of melanomas identified as “different”—was 100% for the experts, 89% for the general dermatologists, 88% for the nurses, and 85% for the nonclinicians. For the overall group, the sensitivity of the ugly duckling sign was 90%.

Dr. Marghoob noted that the overall melanoma survival rate in the United States has soared from less than 60% in 1970 to greater than 90% in 2008, mainly as a result of improved detection of early disease, since there has been still no effective systemic therapy for advanced melanoma.

In 1965, only about 60% of melanomas were diagnosed when localized to the skin, compared with more than 80% today. Although only about 35% of melanomas were less than 1 mm thick at diagnosis in 1976-1980, by 2000 that figure had improved to 60%.

Widespread adoption of the ugly duckling sign could help improve early diagnosis of melanoma. Total body photography, dermoscopy, confocal microscopy, and melanoma screening clinics are now common, and surveillance schedules of office visits in selected patients are additional tools likely to lead to further improvements, he said.

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Omalizumab Shows Efficacy for Urticaria

BY MITCHEL L. ZOLER
Philadelphia Bureau

PHILADELPHIA — Treatment with an antibody to IgE led to improved symptoms in patients with urticaria in two pilot studies and a case series reported at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

The antibody, omalizumab, probably is effective for urticaria because of the role that IgE-mediated activation of basophils and mast cells has in causing the disorder. Omalizumab is a recombinant, humanized antibody that binds to human IgE, and therefore has the potential to block the pathophysiology of the disorder. Urticaria is a wheal and flare reaction in the skin, which is mediated by IgE, which is found in high levels in patients with chronic spontaneous urticaria.

In a single practice treated with omalizumab for treating asthma or placebo, reported Dr. Watson every 2 or 4 weeks for 16 weeks, and then patients were followed for an additional 8 weeks. The average urticaria severity scores were identical at baseline in both treatment arms. Both the physician-rated and patient-rated scores among the patients treated with omalizumab were significantly reduced, compared with the placebo group as quickly as 2 weeks after the initial dose, and stayed significantly lower throughout the balance of the study.

After 16 weeks of treatment, following the final dose, the patients in the omalizumab group showed “marked improvement” in their scores for quality of life, emotions, and functioning, compared with the placebo group. The results were associated with a significant increase in number of symptom-free days. After 16 weeks of treatment, an average of 30 days of symptoms were photo spread included whole back.

The patients were allergic to fish, shellfish, tree nuts, egg, soy, dairy, avocado, and wheat. Allergic reactions that were reduced in the patients included asthma, angioedema, anaphylaxis, atopic dermatitis, rhinosinusitis, and urticaria.

Becaplermin Tied to Cancer Death Risk

T he risk of death from cancer may be increased in patients prescribed becaplermin (Regranex) more than three times, according to a study by the Food and Drug Administration published last month.

Becaplermin is made by Johnson & Johnson’s Ethicon division and is used to treat diabetic leg and foot ulcers. It was approved in 1997.

In a post on its Web site, the agency said recently it was informed of a study—an analysis of a health insurance database—that found an increase in the number of cancer deaths in patients taking becaplermin. The database contained information on adults with diabetes who had no history of cancer. The authors compared patients taking becaplermin with those who did not. There were more cancer deaths in those prescribed the drug three or more times. It is not clear whether there was an increase in new cancer cases, said the FDA.

Johnson & Johnson had already been monitoring a potential cancer link, as becaplermin, a recombinant form of human platelet-derived growth factor, inherently had the potential to accelerate disease. Growth factors cause cells to divide more rapidly, said the FDA.

A long-term safety study completed by Johnson & Johnson in 2001 found more cancer cases in patients prescribed becaplermin than in those who were not.

The agency said patients should not stop taking the drug. Instead, “the risk of using Regranex should be weighed against the benefits for each individual patient,” the agency said. The new data will lead to any labeling changes.

—Alicia Ault