Primary Care Physicians Often Mistake Lesions

BY MARY ELLEN SCHNEIDER
Senior Writer

NEW ORLEANS — Dermatologists diagnosed nearly twice the number of neoplastic and cystic skin lesions, compared with nondermatologist physicians, who were right about 40% of the time. The research was conducted by Klaus Sellheyer, M.D., and Wilma Bergfeld, M.D., of the Cleveland Clinic Foundation.

The researchers reviewed 4,451 skin specimens submitted to their dermatopathology clinic between Jan. 1, 2004, and March 31, 2004. The specimens were submitted by 37 dermatologists and 162 nondermatologists, including plastic surgeons, family physicians, internists, pediatricians, surgeons, and others.

The clinical diagnosis by family physicians for neoplastic and cystic skin lesions matched the histopathologic diagnosis in 26% of cases, the researchers found.

Plastic surgeons, who performed the largest number of cutaneous surgical procedures among the nondermatologists, did better in recognizing skin tumors but still had a diagnostic accuracy rate of 45%.

For inflammatory skin diseases, dermatologists were correct in their diagnoses about 71% of cases, compared with nondermatologists, who were right in about 34% of cases, the researchers found.

The researchers recommended that nondermatologists continue to perform skin biopsies, but only if they have acquired enough knowledge of basic dermatology and dermatopathology. This type of knowledge is important not only in correctly performing skin biopsies, they said, but in avoiding unnecessary invasive biopsy procedures.

Mary Byers, M.D., president of the American Academy of Family Physicians, said it’s key for family physicians to be able to recognize whether a skin lesion is suspicious and should be biopsied. Having that level of suspicion is key to ensuring the right diagnosis and treatment, she said. But she said it’s less important that family doctors pinpoint the right diagnosis before sending the results off to the lab.

Physicians should be able to recognize suspicious lesions that could be skin cancer or those that may point to another health problem, such as the skin changes associated with lupus, she said.

Dr. Frank agreed it is important for family physicians and other nondermatologists to be appropriately trained in dermatology and skin biopsy. But she said dermatology and these techniques are already part of family medicine residency training.

In addition, if a family physician isn’t comfortable performing a biopsy on a lesion of concern, he or she should refer the patient to another physician—such as a family physician consultant, a dermatologist, or another subspecialist.

Dark-Skinned Patients Are Still At Risk for Skin Cancers

BY MICHIE G. SULLIVAN
Mid-Atlantic Bureau

NEW ORLEANS — Melanoma and other skin cancers in blacks and Hispanics are likely to be discovered at a more advanced stage and are associated with significantly poorer survival rates, researchers said at the annual meeting of the American Academy of Dermatology.

Blacks and Hispanics—and their primary care physicians—may believe that darker skin protects against these cancers, said Susan Taylor, M.D. As a result, these patients don’t perform frequent skin self-exams, aren’t taught the warning signs of skin cancers, and don’t see pigmented lesions as a concern.

These problems, coupled with the fact that skin cancers often occur in atypical or sun-protected areas, contribute to their poorer prognosis.

"Develop a high index of suspicion for melanoma in the black population and fully evaluate any suspected lesion," advised Dr. Taylor, director of the Skin of Color Center at St. Luke’s-Roosevelt Hospital Center, New York. "The standard of care must include the performance of a complete cutaneous examination emphasizing the palms, soles, fingers, all web spaces, subungual regions, and mucosal surfaces."

Additionally, she said, physicians should tell dark-skinned patients that they are at risk for melanoma, must wear sunscreen, and should perform monthly skin exams.

Malignant melanoma is about 10 times more common in whites than in blacks. Dark skin transmits only about 7.4% of ultraviolet B and 17.5% of ultraviolet A, while white skin transmits more than 55% of UVB and 29% of UVA, said Rebat Halder, M.D., and 29% of UVA, said Rebat Halder, M.D., of the Cleveland Clinic Foundation.

The researchers reviewed 4,451 skin specimens submitted to their dermatopathology clinic between Jan. 1, 2004, and March 31, 2004. The specimens were submitted by 37 dermatologists and 162 nondermatologists, including plastic surgeons, family physicians, internists, pediat-

ricians, surgeons, and others.

The clinical diagnosis by family physicians for neoplastic and cystic skin lesions matched the histopathologic diagnosis in 26% of cases, the researchers found.

Plastic surgeons, who performed the largest number of cutaneous surgical pro-
cedures among the nondermatologists, did better in recognizing skin tumors but still had a diagnostic accuracy rate of 45%.

For inflammatory skin diseases, dermatologists were correct in their diagnoses about 71% of cases, compared with non-
dermatologists, who were right in about 34% of cases, the researchers found.

The researchers recommended that nondermatologists continue to perform skin biopsies, but only if they have acquired enough knowledge of basic der-
matology and dermatopathology. This type of knowledge is important not only in correctly performing skin biopsies, they said, but in avoiding unnecessary invasive biopsy procedures.

Mary Byers, M.D., president of the American Academy of Family Physicians, said it’s key for family physicians to be able to recognize whether a skin lesion is sus-
picious and should be biopsied. Having that level of suspicion is key to ensuring the right diagnosis and treatment, she said. But she said it’s less important that family
doctors pinpoint the right diagnosis before sending the results off to the lab.

Physicians should be able to recognize suspicious lesions that could be skin cancer or those that may point to another health problem, such as the skin changes associated with lupus, she said.

Dr. Frank agreed it is important for family physicians and other nondermatologists to be appropriately trained in dermatology and skin biopsy. But she said dermatology and these techniques are already part of family medicine residency training.

In addition, if a family physician isn’t comfortable performing a biopsy on a lesion of concern, he or she should refer the patient to another physician—such as a family physician consultant, a dermatologist, or another subspecialist.

5-FU Cream Well Tolerated for Superficial Basal Cell Carcinoma

BY NANCY A. MELVILLE
Contributing Writer

Scottdale, Ariz. — Although 5% 5-fluorouracil cream received Food and Drug Administration approval for treatment of superficial basal cell car-
icoma nearly 4 decades ago, the cream is underused for that indication today, even though it is very well toler-
ed and is particularly beneficial as an alternative to surgery for many pa-
tients, Leon H. Kircik, M.D., said, at a meeting sponsored by the Skin Disease Education Foundation.

The cream was first approved by the FDA based on a study showing a 93% cure rate among 54 patients with 113 superficial basal cell carcinoma lesions after an average treatment period of about 6 weeks.

To take a fresh look at the treat-
ment, Dr. Kircik, a dermatologist in Louisville, Ky., conducted a study treating 25 patients with 27 lesions with the 5-FU brand Efudex and found remarkably similar results.

The study showed a cure rate that was just the same—93%, with the aver-
age cure time in Dr. Kircik’s study of about 10 weeks. Four lesions were cured by week 6, 5 lesions were cured by week 9, and 16 were cured by week 12.

Just as remarkable, however, were findings on patient-reported tolerabil-
ity, pain, and satisfaction. On a tolera-
bility scale of 1-4, with 1 being “very painful” and 4 being “not painful” at all, the ratings were consistently between 3.3 and 3.8 over the 15-week course.

"Most patients did not complain of the therapy,” Dr. Kircik said.

"With 5-FU cream use on actinic keratosis pa-
tients, there are often many more com-
plaints of pain and discomfort.”

Inclusion criteria in Dr. Kircik’s study included lesion diameter greater than 0.5 cm and less than 2.0 cm. Cri-
teria for exclusion included treatment for skin cancer within the last month,