

## Comment on “Re-evaluating the ABCD criteria using a consecutive series of melanomas”



*To the Editor:* There are a number of questions both about what is stated and what is omitted from the impressive data in the Research Letter by Liu et al.<sup>1</sup> I am concerned that it will be perceived as another study supporting the current ABCDE criteria (Asymmetry, Border irregularity, Color variation, Diameter 6 mm, Evolving), as well as the diameter criterion specifically, when the actual data can be interpreted totally differently, and the question about the effect of darkness on melanoma recognition is not addressed. The AAD task force that re-evaluated the ABCDE criteria published in 2015 established that there was no evidence the criteria were even useful for layperson education.<sup>2</sup> Furthermore, in a response to the subsequent letter to the *Journal of the American Academy of Dermatology* that I co-authored with Armand Cognetta, the task force commented on the need for more research about the effect of darkness on the recognition of early melanoma.<sup>3</sup> It is relevant that educational material from the Skin Cancer Foundation now includes the *D*, standing for “diameter or dark.”<sup>4</sup>

For example, in the data about the presence of the ABCD features (Asymmetry, Border irregularity, Color variation, Diameter 6 mm), black color is noted to be present in 25.5% of melanomas, but information about how many melanomas are perceived as being dark but not black is not included. When only 4.5% of melanomas are amelanotic, and 25.5% are, at least focally, black, then a large number of melanomas must be dark but not black. Relevant, and not addressed, is not just the sensitivity of a criterion but its nonredundancy and its effect on the recognition by patient and physician about evaluation of the lesion. This question is not addressed at all. When darkness is perceived, it usually has an influence on both recognition of a lesion and further evaluation of that lesion.

It is also unclear how the data support any use of the diameter criterion. Why do the authors agree with Abbasi et al, who was quoted in the study the authors referenced that small-diameter melanomas “likely compose 3 to 14% of all cutaneous melanomas” and, in addition, acknowledged that their justification for the diameter criterion was primarily to enhance specificity, knowing sensitivity of early melanoma diagnosis would decrease?<sup>5</sup> Are not all melanomas, at the beginning, microscopic? And should any criterion’s intent be to discourage

evaluation of the earliest lesions when the stated and, most important, understood purpose of the ABCDE criteria is to enhance the diagnosis of early melanoma? Is not the fact that 40% of melanomas in this study were diagnosed when less than 6 mm, even though patients and physicians have been educated for more than 30 years that most melanomas are greater than 6 mm, enough to refute any appropriateness of the diameter criterion?

It would also be helpful to know about the presence of darkness in melanomas less than 6 mm particularly. For, to whatever extent darkness is noted, the “*D* for dark” change removes a criterion never present in the earliest melanomas and adds a criterion that may be the most important in recognizing early melanomas. The logic in that criterion change seems overwhelming.

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## REFERENCES

1. Liu R, Pugliano-Mauro M, Patton T, Wang L, Siripong N, Ferris LK. Re-evaluating the ABCD criteria using a consecutive series of melanomas. *J Am Acad Dermatol.* 2020;83(4):e299.
2. American Academy of Dermatology Ad Hoc Task Force for the ABCDEs of Melanoma, Tsao H, Olazagasti JM, et al. Early detection of melanoma: reviewing the ABCDEs. *J Am Acad Dermatol.* 2015;72(4):717-723.
3. Tsao H, Begolka WS. American Academy of Dermatology Ad Hoc Task Force for the ABCDEs of Melanoma. Reply to: “Time to move forward after the report of the AAD Task Force for the ABCDEs of Melanoma.” *J Am Acad Dermatol.* 2015;73(4):e151.
4. Halpern AC, Marghoob AA, Reiter O. Melanoma warning signs: what you need to know about early detection. Available at: <https://www.skincancer.org/skin-cancer-information/melanoma/melanoma-warning-signs-and-images/>. Accessed April 30, 2020.
5. Abbasi NR, Yancovitz M, Gutkowitz-Krusin D, et al. Utility of lesion diameter in the clinical diagnosis of cutaneous melanoma. *Arch Dermatol.* 2008;144(4):469-474.

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