

**Reply to: “Comment on
‘Re-evaluating the ABCD criteria
using a consecutive series of
melanomas’”**



To the Editor: We thank Dr Goldsmith¹ for his letter in response to our research² on the ABCDs of melanoma. The intent of our study was to evaluate a consecutive series of melanomas and identify the true prevalence of the ABCD characteristics. We sought to include clinically subtle melanomas that were biopsied with little to no suspicion for malignancy on the part of the dermatologist and/or the patient. When studying the color criterion, the colors dark brown and black were options for the 3 evaluating dermatologists. We found that for all lesions for which color could be evaluated and met our consensus criteria, 69.1% of lesions had dark brown or black pigmentation. For melanomas of than 6 mm, 67.8% were either dark brown or black. Therefore, dark color was common among melanomas and seemed to be an equally common feature among both smaller and larger melanomas.

We did not include dark color in our findings initially because the images we used were obtained from the electronic health record and focused on the lesion to be biopsied, without a representative view of the whole patient to determine if the melanoma was darker than other nevi on the patient. Additionally, Carrera et al³ found that melanomas were twice as likely to have black pigmentation compared to nevi, whereas for dark brown, the odds ratio was 0.8. This suggests that many benign lesions may be dark brown, but fewer are black. Although we did not assess the impact of dark color on patient and physician recognition, we did compare patient-detected and physician-detected melanomas. Patient-detected melanomas were not significantly more likely to meet more ABCD criteria or be black in color. We found that compared to prior studies, more melanomas in our population were, in fact, less than 6 mm in diameter. Thus, we supported the conclusion that Abbasi et al⁴ put forth that the diameter criterion should not be used in isolation but, rather, in conjunction with other criteria. Most melanomas in our sample displayed at least 2 ABCD criteria, and more than 40% met all 4. We hypothesize that the increasing frequency of small-diameter melanomas may be attributed to dermoscopy use.⁵ It is interesting to note that even in this postdermoscopy era, this consecutive series of melanomas still largely followed the ABCD rules.

It seems that “D” could be used to represent both diameter and dark. Each was present in more than half of melanomas. Not all patients undergo regular full-body skin examinations, nor is this feasible. Thus, patient education is critical to improving early detection. We agree that when it comes to patient education, we should emphasize sensitivity over specificity, the latter of which is the focus of the dermatologist. No criteria are perfect, and either “D” has the potential to falsely reassure a patient about a small or lighter-colored melanoma. Perhaps visual educational aids would be even more helpful.⁶ We welcome further research into how to best characterize melanomas for early detection.

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