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ANNUAL CONVENTION & SCIENTIFIC SEMINARS



Diversity in Dermatology

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Faculty Disclosure

I have no disclosures or conflicts of interest.



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Objectives

- Identify common skin cancers
- Understand the difference in presentation of common skin cancers in skin of color
- Identify common skin conditions in skin of color.



Question 1

Which of the following is true?

- A. Skin cancers occur in all skin colors at equal rates
- B. Melanoma is the most common skin cancer in Hispanics
- C. Basal cell carcinoma is the most common skin cancer in Asian Indians
- D. Squamous cell carcinoma is the most common skin cancer in African Americans



Question 1

Which of the following is true?

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- C. Basal cell carcinoma is the most common skin cancer in Asian Indians
- D. **Squamous cell carcinoma is the most common skin cancer in African Americans**



Facts on Skin Cancer in Skin of Color

- Skin cancer is most common malignancy in the US
 - Represents 35-45% of all cancers in Caucasians
 - 4-5% in Hispanics
 - 1-4% in Asians, Asian Indians and African-Americans
- Skin cancer occurs less frequently in darker skin tones but is associated with a greater morbidity and mortality in this population
- SCC is the most common skin cancer in African-Americans and Asian Indians
- BCC is the most common skin cancer in Hispanics, Chinese Americans, Japanese Americans and Caucasians

Dermatology Education. 2021. Skin of Color Society. Retrieved February 26, 2021, from <https://skinofcolorsociety.org/dermatology-education/>

Question 2

A 62 yo African American male presents to your clinic with the following lesion. It has been present for approximately six months and appears to be growing. It is located on the lower chin and measures 5mm. His sun exposure history includes working as a lifeguard as a teenager. He does not routinely wear sunscreen. What is your next step?

- A. Shave biopsy
- B. Cryotherapy
- C. Punch biopsy
- D. Refer to dermatology for Mohs procedure



Question 2

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- A. **Shave biopsy**
- B. Cryotherapy
- C. Punch biopsy
- D. Refer to dermatology for Mohs procedure



Basal Cell Carcinoma (BCC)

- Typically described as a pearly papule often with increased telangiectasia
- Can be pigmented
 - 50% will be in people of color
 - 5% in white patients
 - Flesh colored to glossy black
- Usually with well defined sometimes rolled borders
- Usually raised
- Locally destructive
- Rarely metastasize
- Shave biopsy
- Treat with shave removal, cryotherapy, excision or Mohs procedure



Image sources:

- A. Kundu R and Patterson S. Dermatologic Conditions in Skin of Color: Part I. Special Considerations for Common Skin Disorders. Am Fam Physician. 2013 Jun 15;87(12):850-856.
- B. <https://www.skincancer.org/skin-cancer-information/basal-cell-carcinoma/bcc-warning-signs-images/>
- C. <https://skinofcolorociety.org/dermatology-education/nonmelanoma-skin-cancer-nmsc/>
- D. <https://www.asds.net/skin-experts/skin-cancer/skin-cancer-in-people-of-color/skin-cancer-photo-gallery>



Question 3

A 45 yo African American female with PMHx of DM Type I that is well controlled with insulin pump, HTN well controlled on Lisinopril, and discoid lupus that is moderately controlled with hydroxychloroquine. She has a scaled lesion on her upper thigh that will not heal and has been present for several months. She does not have any significant sun exposure history. Your shave biopsy confirms squamous cell carcinoma. Which of the following likely contributed to her skin cancer development?

- A. History of diabetes
- B. History of discoid lupus
- C. ACE inhibitor use
- D. Hydroxychloroquine use



Question 3

A 45 yo African American female with PMHx of DM Type I that is well controlled with insulin pump, HTN well controlled on Lisinopril, and discoid lupus that is moderately controlled with hydroxychloroquine. She has a 12mm slightly raised scaly plaque on her upper thigh that will not heal and has been present for several months. She does not have any significant sun exposure history. Your shave biopsy confirms squamous cell carcinoma. Which of the following likely contributed to her skin cancer development?

- A. History of diabetes
- B. History of discoid lupus**
- C. ACE inhibitor use
- D. Hydroxychloroquine use

Squamous Cell Carcinoma (SCC)

- Usually erythematous patches, plaques, or nodules
- Degree of scale can vary
- Border definition can vary
- In people of color, often appear in NON-sun-exposed skins
 - Trunk, lower extremities, anogenital and scalp
- Common in areas of chronic inflammation or scarring
 - Discoid lupus, surgical scars, ulcerations
- Can metastasize
- Shave biopsy
- Treat with topical 5-FU or imiquimod, excision or Mohs



Images Source:
<https://www.asds.net/skin-experts/skin-cancer/skin-cancer-in-people-of-color/skin-cancer-photo-gallery>



Question 4

Which of the follow is not true regarding melanoma?

- A. People of color often present with more advanced stages of melanoma at time of diagnosis.
- B. Superficial spreading melanoma is the most common subtype of melanoma in Hispanic and white patients.
- C. Acral lentiginous melanoma is the most common subtype of melanoma in black and Asian patients.
- D. Sun exposed areas are the most common location of melanoma skin cancers in patients with skin of color.



Question 4

Which of the follow is not true regarding melanoma?

- A. People of color often present with more advanced stages of melanoma at time of diagnosis.
- B. Superficial spreading melanoma is the most common subtype of melanoma in Hispanic and white patients.
- C. Acral lentiginous melanoma is the most common subtype of melanoma in black and Asian patients.
- D. **Sun exposed areas are the most common location of melanoma skin cancers in patients with skin of color.**

Melanoma

- Remember your ABCDEs
 - Asymmetry
 - Border Irregularity
 - Color
 - Diameter >6mm
 - Evolution
- In people of color, often appear in NON-sun-exposed skins
 - Acral lentiginous is most common
- High risk to metastasize
- Excisional or punch biopsy ASAP
- Treatment varies – excision, lymph node exploration, chemo, etc



Image Sources:
A and B.
<https://www.asds.net/skin-experts/skin-cancer/skin-cancer-in-people-of-color/skin-cancer-photo-gallery>
C. Kundu R and Patterson S. Dermatologic Conditions in Skin of Color: Part I. Special Considerations for Common Skin Disorders. Am Fam Physician. 2013 Jun 15;87(12):850-856.



Question 5

A 15 yo Hispanic female presents to you with concern of mixed open and closed comedonal acne. She has tried over the counter benzoyl peroxide wash without much improvement. After a conversation with shared decision making with the patient and her parents, you opt to treat her with topical retinoids. Which of the in a consideration of acne treatment in a patient with skin of color?

- A. Topical retinoids are more likely to cause hypopigmentation in darker skin tones
- B. Untreated acne can cause post-inflammatory hyperpigmentation syndrome in patient with skin of color.
- C. Oral antibiotics are first line therapy for acne in patients with skin of color
- D. The drying effects of benzoyl peroxide are less of an issue in darker skin tones



Question 5

A 15 yo Hispanic female presents to you with concern of mixed open and closed comedonal acne. She has tried over the counter benzoyl peroxide wash without much improvement. After a conversation with shared decision making with the patient and her parents, you opt to treat her with topical retinoids. Which of the in a consideration of acne treatment in a patient with skin of color?

- A. Topical retinoids are more likely to cause hypopigmentation in darker skin tones
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- C. Oral antibiotics are first line therapy for acne in patients with skin of color
- D. The drying effects of benzoyl peroxide are less of an issue in darker skin tones



Acne

- First line treatment for acne is the same in all skin types and colors
 - Topical retinoids
 - Topical antibiotics
 - Benzoyl peroxide wash
- Untreated acne increases risk of post-inflammatory hyperpigmentation, scarring and keloid

Post-inflammatory Hyperpigmentation

- Poorly defined hyperpigmented macules and papules
- Post-inflammatory hyperpigmentation will usually self resolve
 - Must treat the underlying cause of irritation
 - Products
 - Acne
 - Eczema



Image Sources:

Left: Kundu R and Patterson S. Dermatologic Conditions in Skin of Color: Part I. Special Considerations for Common Skin Disorders. *Am Fam Physician*. 2013 Jun 15;87(12):850-856.

Right: <https://skinofcolorsociety.org/dermatology-education/eczema/>



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Skin Cancer in People of Color Photo Gallery. 2021. American Society for Dermatologic Surgery. Retrieved February 26, 2021, from <https://www.asds.net/skin-experts/skin-cancer/skin-cancer-in-people-of-color/skin-cancer-photo-gallery>