Racial Disparities in Melanoma Survival: A survival analysis of 96,953 patients with primary cutaneous melanoma diagnosed from 1992 to 2009 assessed survival by race and severity of disease (Stage I-VI) at time of diagnosis. While melanoma incidence is highest in the White population, significant disparities in outcomes exist across races.

**RISK OF LATER-STAGE DIAGNOSIS**

- Black Patients have **significantly higher odds** of being diagnosed with more advanced (stage II-IV) melanoma compared to White Patients

<table>
<thead>
<tr>
<th>Stage</th>
<th>Relative Risk (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
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**SURVIVAL BY RACE**

- Melanoma survival varies by race, with **shortest survival** seen in Black Patients
- After controlling for **stage of disease**, significantly shorter survival for Black Patients remained for those with stage I and III disease

**CONCLUSIONS**

- These findings may be due to a disparity in **secondary prevention** (i.e. melanoma screening)
- **Misconceptions** by patients and providers regarding the risk of melanoma in minority populations may contribute
- Research into biases, barriers, biology, and appropriate screening standards should be conducted to determine appropriate melanoma screening to patients of all skin color.

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**SURVIVAL BY RACE**
- **SHORTEST SURVIVAL**: BLACK
- **LONGEST SURVIVAL**: AANAPI*
- Melanoma survival varies by race, with **shortest survival** seen in Black patients
- After controlling for stage of disease, significantly shorter survival for Black patients remained for those with stage I and III disease

**RISK OF LATER-STAGE DIAGNOSIS**

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Stage at Melanoma diagnosis differs between White and Black patients

- **BLACK patients** have significantly higher odds of being diagnosed with more advanced (stage II-IV) melanoma
- Notably, black patients are 2.5x more likely to be diagnosed with stage IV melanoma than their white counterparts

**CONCLUSIONS**
- These findings may be due to a disparity in secondary prevention (i.e. melanoma screening)
- **Misconceptions** regarding the risk of melanoma in minority populations may contribute
- Melanoma in Black patients commonly presents on the trunk or lower extremities and not in sun-exposed locations.
- Research into biases, barriers, biology, and appropriate screening standards should be conducted to determine appropriate melanoma screening to patients of all skin color.

*AANAPI: Asian American/Native American/Pacific Islander