Hispanics strongly reinforce the need for increased public health focus to correct misconceptions about skin cancer, improve the frequency and efficacy of SSE and CSE, and reduce existing disparities.

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**Author Contributions:** Dr Andreeva had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. *Study concept and design:* Andreeva and Cockburn. *Acquisition of data:* Andreeva. *Analysis and interpretation of data:* Andreeva and Cockburn. *Drafting of the manuscript:* Andreeva. *Critical revision of the manuscript for important intellectual content:* Cockburn. *Study supervision:* Cockburn. *Data abstraction:* Andreeva.
**Financial Disclosure:** None reported.
**Funding/Support:** This work was supported in part by Centers for Disease Control and Prevention grant 36 U55/CCU921930-02, National Institute of Environmental Health Sciences grant 5P3037 ES07048, and National Cancer Institute grant R01 CA121052 (Dr Cockburn) and by a doctoral dissertation fellowship from the Department of Preventive Medicine, Keck School of Medicine, University of Southern California (Dr Andreeva).
**Role of the Sponsors:** The sponsors had no role in the design or conduct of the study; in the collection, analysis, or interpretation of data; or in the preparation, review, or approval of the manuscript.

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## PRACTICE GAPS

### Suboptimal Skin Cancer Screening and Delayed Melanoma Diagnosis in Hispanics

Melanoma among Hispanics is becoming an increasingly critical public health issue as the US Hispanic population rapidly expands, and the incidence of melanoma among Hispanics steadily increases. Mounting evidence suggests that both prevention and diagnosis of melanoma need to be improved in the Hispanic community. Andreeva et al highlight 2 important screening deficiencies: (1) the rates of skin self-examinations and clinical examinations are low among Hispanics, and (2) there is limited research on skin cancer screening efforts among Hispanics. Suboptimal screening likely contributes to the disparate melanoma outcome among Hispanics who have a substantially higher proportion of melanomas diagnosed at a later stage than non-Hispanic whites.[1]

While socioeconomic factors impede access to care, lower knowledge and awareness of melanoma risks among Hispanics likely delay access as well.[2] During clinic visits, additional barriers to appropriate melanoma screening may include providers' lack of awareness of melanoma risk in Hispanics and failure to inquire about risk factors such as family history, sun-exposure history, and changing or bleeding moles. Lack of consensus on effective early detection strategies for Hispanic patients poses another challenge, as do differences in language and cultural and/or social values that may exist between the provider and the patient.

These challenges represent opportunities for intervention, several of which can be easily implemented by dermatologists. First we need to educate ourselves and our colleagues on melanoma risk in Hispanics and dispel the public misconception that melanoma only occurs in whites. Since 1 of every 4 Americans will be Hispanic by 2020 according to the Census Bureau, heightened awareness of melanoma disparity among Hispanics is essential.



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During encounters, sensitivity to potential language and cultural barriers between non-Hispanic physicians and Hispanic patients should be addressed, in part by offering an interpreter when needed. Importantly, skin cancer screening questions such as family history, tanning bed use, history of blistering sunburns, and the presence of changing or "funny-looking" moles should be included as part of the encounter to focus on the need for full-body skin examination (FBSE). These questions are important because Hispanic and non-Hispanic whites share melanoma risk factors. Dermatologists should offer an FBSE to patients at risk and should have the competency to perform FBSE using both visual and dermoscopic inspection. Particular attention should be paid to acral areas because there is a higher incidence of acral lentiginous melanoma and melanoma on extremities among Hispanics.

Occasionally, a Hispanic patient may not feel comfortable with or recognize the importance of an FBSE. Patient education using interpreter services when necessary can help establish a rapport and explain the rising melanoma problem among Hispanics and the need for FBSE.

While more research is needed to provide evidence-based guidelines on how best to screen for and diagnose melanoma in Hispanics, implementing these suggested strategies into daily practice can improve melanoma diagnosis in Hispanic patients. Educating our Hispanic patients on melanoma prevention may also have a "ripple effect" to their families, communities, and health care providers and hopefully improve melanoma outcome in this population.

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**Financial Disclosure:** None reported.
**Funding/Support:** This work was supported in part by a Career Development Award in Health Care Policy from the Dermatology Foundation (Dr Hu).

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## VIGNETTES

### Congenital Hypertrichosis Lanuginosa in a Father and Son

Congenital hypertrichosis lanuginosa (CHL) is a rare disorder, with fewer than 50 cases reported in the literature. It is characterized by excessive lanugo hair present at birth covering the entire body surface except the mucosae, palms, and soles. It is considered to be an autosomal dominant disorder, but sporadic presentations are also reported. We report herein CHL in a father and son.

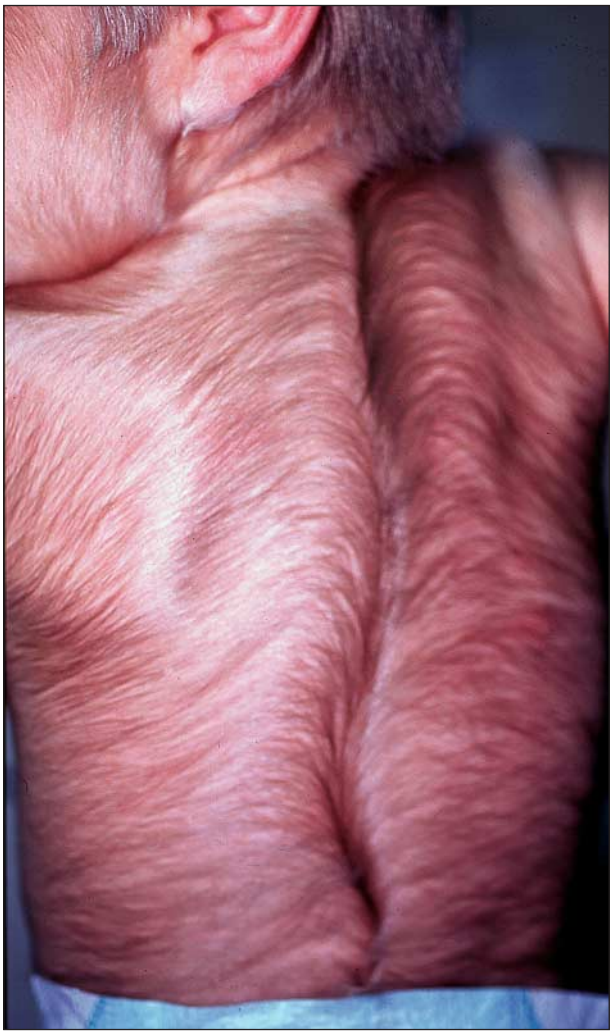

**Figure 1.** Excessive hairiness on the trunk with accentuation of the hairiness over the spine.

**Report of a Case.** A 15-month-old boy presented with a history of excessive hairiness since birth that increased progressively during infancy. At presentation, he had excess long, dark blond, silky hair on the face, ears, trunk (**Figure 1**), and limbs (**Figure 2**). There was accentuation of the hairiness over the lumbosacral spine and sacrum (Figure 1). His eyebrows were very thick and coarse, his eyelashes surprisingly long. The face was coarse, and there was a small sacral dimple. There were no indications of skeletal abnormalities. Findings of ophthalmologic and stomatologic examinations were normal. Extensive laboratory analyses, including endocrinologic and metabolic evaluations, revealed no abnormalities. His karyotype was normal. Family history revealed that his father had also been unusually hairy during infancy. The father experienced severe dental caries and wore complete dental prostheses by age 27 years. The father was observed to have coarse eyebrows and long eyelashes at the time of his son's evaluation.



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