

Inclusive Treatment

Dermatology society advocates for awareness of skin of color conditions

BY LAURA CARNEY

AMID THE MISERY IT WROUGHT, 2020 CLARIFIED our vision as a nation on many issues, predominantly structural racism and inequality — and not just socially but also in public health. A Black American with coronavirus is more than twice as likely to die from it as a white American, according to the CDC, despite Blacks making up only 13% of the U.S. population. But this racial disparity affects health across the board — including skin care.

If you're white in this country, and you develop melanoma, for instance, you're likely to survive it. Your five-year survival rate is nearly 100%. But if you're a non-Hispanic Black American, according to the Skin Cancer Foundation, your survival rate is only 66.2%.

Though the incidence of melanoma and other skin cancers is less common for skin of color, there's no reason why developing it should have to kill you. Let's do the math: Skin cancer is the most common form of cancer, and it's made more prevalent by climate change. By the year 2050, Americans of color will be the majority, not the minority. And in the past 10 years, the number of new invasive melanoma cases diagnosed annually went up by 47%, according to the American Cancer Society. This prognosis does not look good.

But the Skin of Color Society is working to change that, as well as all forms of racial inequity

in dermatology for skin of color.

Established in 2004 by Susan C. Taylor, M.D., the Skin of Color Society, according to its mission statement, promotes, supports and stimulates the development of information related to skin of color within dermatology, then distributes that information to the general public. It also provides a forum for its members and educates physicians, residents and non-physician scientists, media and the government about the unique properties, reaction patterns and diseases that occur in people with skin of color. It encourages courses at scientific meetings and dermatology training centers and promotes scientific study, including basic science and clinical, surgical and cosmetic research.

Another important area: raising interest among med students. The SOCS promotes the development of more dermatological literature related to skin of color and provides opportunities for established SOCS members and mentoring for younger members and those interested in dermatology.

It couldn't have come at a better time. In 2020, skin of color patients already comprise the majority of California, New Mexico and Texas, and will soon be the majority of Arizona, Nevada, Georgia, New York and Florida. And yet, in a recent SOCS webinar, Henry Lim, M.D., a former president of the American Academy of

Dermatology, shared his journal study's findings that only 15% of American dermatologists have skin of color. Dermatology is the second-least common specialty for doctors of color, second only to orthopedic surgery.

It's also the first- to second-most competitive medical field, says Valerie Harvey, M.D., a co-director for Hampton University Skin of Color Research Institute and board member of the American Academy of Dermatology and the Skin of Color Society.

Harvey specializes in the diagnosis and treatment of pigmentary disorders, such as hyperpigmentation and melasma and other skin conditions that disproportionately impact minority patients. Her research studies gaps in melanoma outcomes, as mentioned above, and the use of dermatology services among the underserved. She lectures at national meetings and has written extensively about the subject in scientific journals.

Increasing Representation

Harvey's voice is light and clear, radiant with her passion for these issues. "What drew me to dermatology was the visual and tangible nature of skin disease," Harvey says. "We get to see a really wide breadth of skin disease."

Because so many skin issues require an investigative eye, correctly diagnosing something requires more training than a general practitioner is equipped with. "Dermatology is a relatively small specialty," Harvey says. "We're the go-to doctors and experts for skin-related issues — so in a way, we're like heroes."

Compounding the issue of a lack of training in diagnosing skin of color is a lack of awareness in patients. Particularly with skin cancer, patients of color can experience false immunity. Which means a patient could see a doctor after waiting too long, only to be misdiagnosed by someone who doesn't know what they're looking at.

"One patient presented with a large black patch on his foot, and his general physician diagnosed it as a fungus!" Harvey says. It was melanoma, which more often presents on the hands and feet in African Americans. "This case illustrated why the education of primary care doctors is so important — if it's not on your radar, you will miss it. ... The public is also not adequately educated about the signs and symptoms of skin cancer. Unfortunately, melanoma in minority patients is often diagnosed at advanced stages, it has already spread to the distant organs. Education and awareness is really important ... to early diagnosis — if you notice a skin lesion that is growing and changing, you need to see a board-certified dermatologist."

With the Skin of Color Society, Harvey says she works to raise awareness on several fronts. "We educate

physicians and educate the public about skin conditions that are unique to patients with skin of color," she says. "We are working on efforts to diversify the dermatology workforce by increasing the number of dermatologists who are from underrepresented backgrounds. ... If more doctors have better access to populations with skin of color, we'll be more likely to have physicians who do research in these areas. The Skin of Color Society offers training opportunities for leadership, like mentorship programs to broaden the field — this is critical to the workforce. And we have several research grants."

Another obstacle to skin health for people of color? The media.

If you have skin of color and you Googled "hyperpigmentation," for example, or "melasma," conditions that predominantly appear in skin of color, you'd be unlikely to find actual photographs of these conditions on skin that looks like yours. On the Eucerin website, for example, next to every definition of these issues, which includes a mention of their prevalence in skin of color, is a photo of Caucasian skin.

Skin cancer presents differently in different skin tones, so perhaps those misdiagnoses due to a lack of education are understandable — but even when it comes to conditions white Americans rarely get, accurate representation just isn't there.

"For a long time, in many of the dermatology textbooks ... what we see are fair-skinned individuals; there's been this bias toward publishing images of people with lighter skin," says Harvey. "From a training standpoint, it puts trainees at a deficit in learning to recognize skin conditions across the different skin types. There are ongoing efforts to correct these inequities.

"I'm hopeful it will change, and I feel it's changing already, especially this year," she adds. "The issue [of fair representation] is very complex. It will take time for change to occur. We need more diversification in multiple different areas."

Expanding Knowledge

In the SOCS' October webinar, Lim talked about the society's impact over the past 16 years and what he hopes to see in the near future. "From 2020 on, I firmly believe that we need to make sure that there is a culture change within the organization, within the dermatology community, in order to make the changes we all want, to have diversity in our workforce. So expansion of our efforts is important, the continued engagement of our leadership in all the societies is very, very important to afford this culture change."



▲ Valerie Harvey