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# Age and Gender Influences on Partner Assisted Skin Examination for Melanoma

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# Overview

- Skin Self-Examination (SSE)
- Partner Assisted Skin Examination (PASE)
- Quality of Skin Examinations
- Methods
- Results
- Discussion
- Limitations & Future Research



# Skin Self-Examination (SSE)

- Patient-driven prevention behavior to aid in the detection of melanoma
- Focus on ABCDE guidelines
- Recommended once per month
- Resources increasingly available



# Skin Self-Examination (SSE)

- Performance of SSE as a melanoma prevention measure can decrease mortality and may cause patients to present with earlier stage of disease

Berwick M et al. J Natl Cancer Inst 1996;88(1):17-23

# Partner Assisted Skin Examination (PASE)

- Research has shown:
  - Dyadic learning can be more effective than solo learning
  - Patients are more willing to engage in SSE when a partner participates

Robinson JK et al. Arch Dermatol 2007;143(1):37-41

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# Quality of Skin Examinations

- Melanoma in hard to see and/or sexually sensitive locations tends to be presented at a later stage of disease
- Prognosis and outcome of these patients tends to be worse
- As age increases, a gender gap is clear – older men present with worse prognosis

Benmeir P et al. *Plast Reconstr Surg*. 1995 Mar;95(3):496-500.

Lasithiotakis K et al. *Cancer*. 2008 Apr 15;112(8):1795-804.

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# Methods

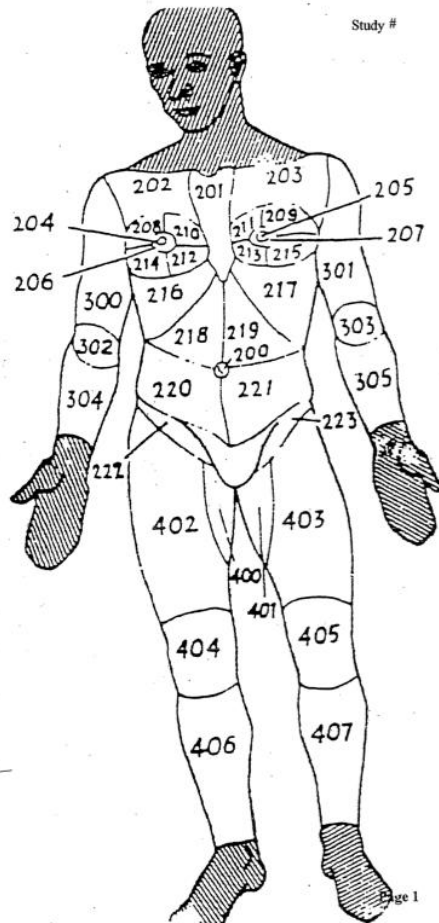
- Data from a randomized trial of an educational intervention in either a single (the patient alone) or paired (the patient and their partner) condition – 56 subjects in our subset
- Subjects participated in a standardized educational intervention and were provided SSE training
- Subjects performed SSE monthly over 4 months and recorded concerning lesion(s) onto a numbered body map
- Lesions recorded by subjects were compared to lesions recorded by dermatologist

# Methods, cont.

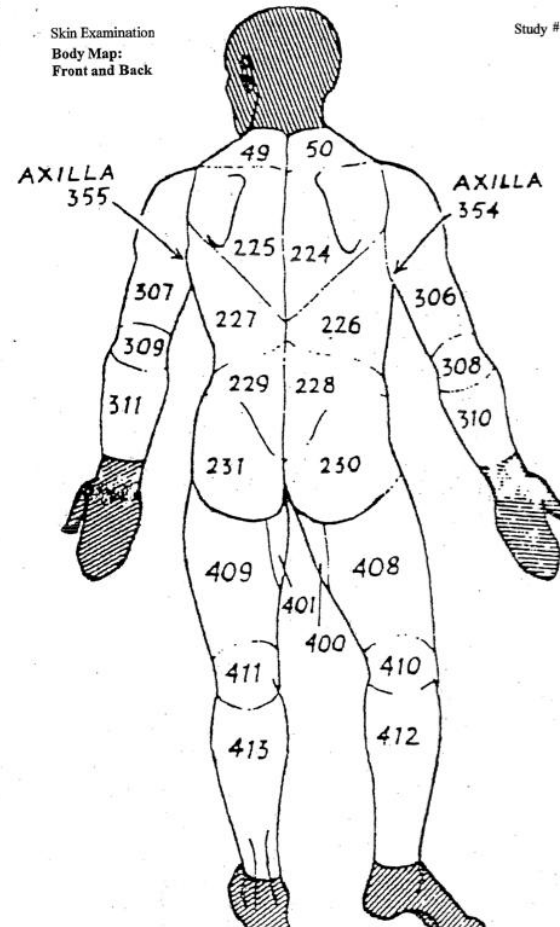
- The body was divided into 3 categories:
  - **Easy to see:** including the face, scalp anterior to the tragal line, anterior and outer ears, neck, chest (not including the breasts in women), back, abdomen, arms, and legs (not including the upper inner thighs)
  - **Hard to see and not sexually sensitive:** including the scalp (posterior to the tragal line), posterior ears, soles of the feet, between the toes, and the axillae
  - **Sexually sensitive:** including the breasts in women, the genitals, upper inner thighs, and buttocks in both men and women

# Methods, cont.

Skin Examination  
Body Map:  
Front and Back



Skin Examination  
Body Map:  
Front and Back



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# Results – Missed Lesions

- A lesion was categorized as “missed” if the dermatologist recorded it but the subject did not
- Overall, there more missed lesions in hard to see areas and in sexually sensitive areas

# Results – Missed Lesions

<b>Body Areas</b>	<b>Proportion of Lesions Missed (SD)</b>
Easy to See	.06 ( $\pm$ .12) <sup>a</sup>
Hard to See (not sexually sensitive)	.13 ( $\pm$ .27) <sup>a</sup>
Sexually Sensitive	.46 ( $\pm$ .45) <sup>b</sup>

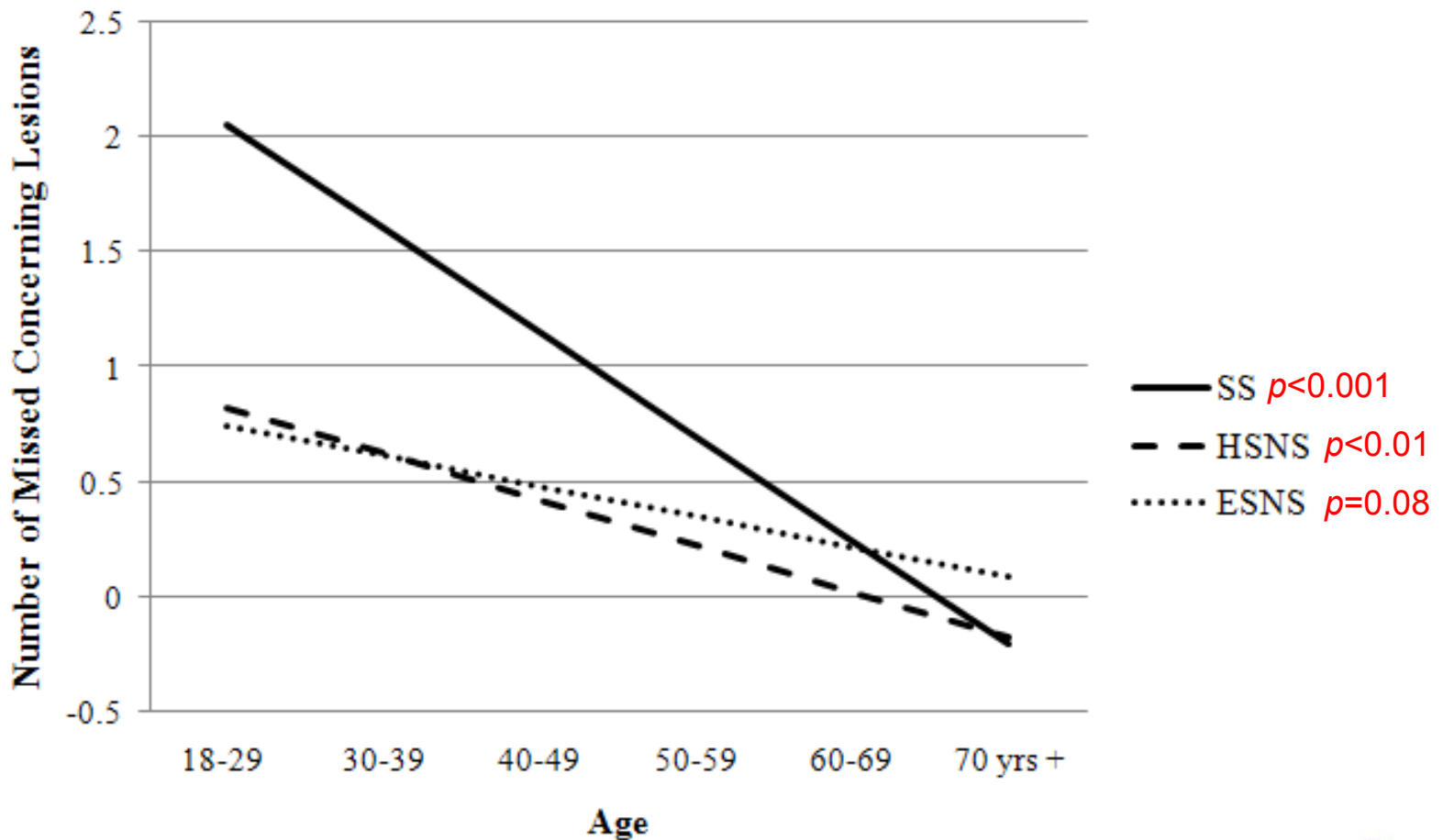
a & b represent a mean difference at  $p < .001$

Proportion of missed lesions = number of lesions missed by the subjects divided by total number of lesions found by subjects and the dermatologist

# Results – Age

- Younger couples missed more lesions in both hard to see and sexually sensitive areas compared to older couples

# Results – Age



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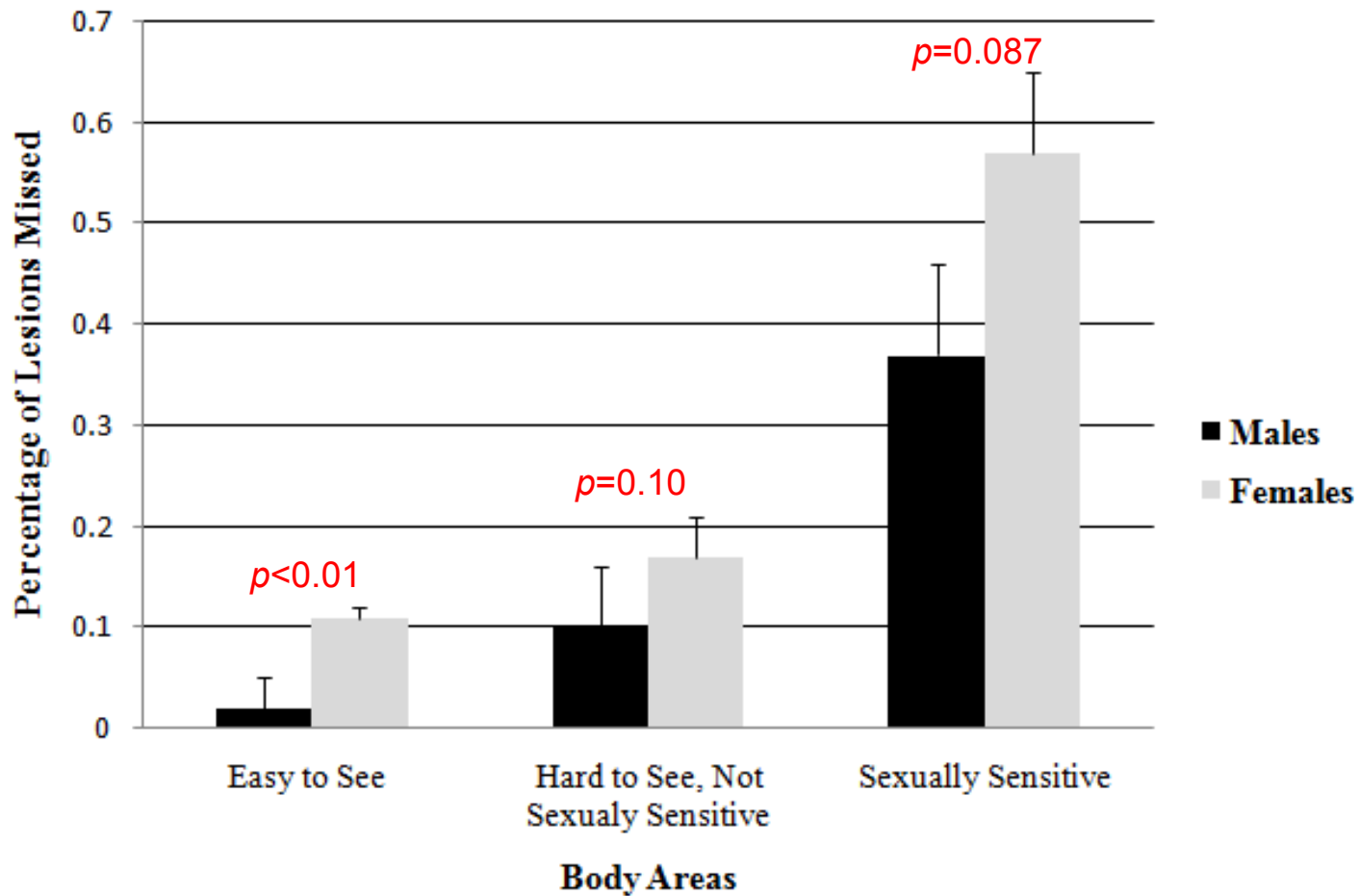
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# Results – Gender

- Male subjects missed fewer lesions in all categories compared to female subjects



# Results – Gender



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# Discussion: Thoroughness of Exam

- Dermatologists need to be part of the process for high risk patients to ensure that lesions are not missed, especially in hard to see and sexually sensitive areas
- Guidance from dermatologists regarding which lesions to follow for change may increase patient willingness and self-efficacy

# Discussion: Age

- Duration of relationship may influence comfort with one another
- Experience as caregivers could enhance comfort in a PASE role
- Experience with comorbid disease may increase risk recognition



# Discussion: Gender

- Women may be more careful when checking their partners (e.g. back lesions in men)
- Female body perception may cause lack of comfort – men may be more willing to have their bodies examined



# Limitations & Future Research

## ■ Limitations:

- Single center, relatively small sample size
- Unable to determine if subject or partner made the “discovery”

## ■ Future Research:

- Study interventions for PASE in hard to see and sexually sensitive areas in younger patients
- Study body image & cultural beliefs of patients

# Acknowledgements

- Principal Investigator: June K. Robinson, MD
- Statistical Analysis: Jerod Stapleton, BS & Robert Turrisi, PhD
- Significant Input: Susan Boone, MD and Kimberly Mallet, PhD

# Thank you!

- Questions?

- This research is currently in press within the *Australasian Journal of Dermatology*

