



## Assessment of delays to diagnosis of nodular melanoma compared to superficial spreading melanoma

**Introduction:** Nodular melanomas (NMs) are aggressive tumours which contribute disproportionately to melanoma associated deaths. Their atypical clinical presentation may result in delays in diagnosis and missed opportunities for diagnosis.

**Method:** 60 patients with primary cutaneous NMs were randomly identified from the prospectively maintained database of the Victorian Melanoma Service in the period between April 2008 and September 2012. This database includes all biopsy proven melanomas referred to the institution from a variety of general practitioners, dermatologists and surgeons in the community. 60 patients with primary cutaneous invasive superficial spreading melanomas (SSMs) were then identified from the database, using a matching process to account for the variables of age, sex and date of biopsy. A single interviewer conducted phone interviews for all patients using a standardised questionnaire. Information on the pathway to melanoma diagnosis was compared for NMs and SSMs.

**Results:** Patients with NMs had more consultations with doctors prior to biopsy compared to patients with SSMs. NMs were less likely than SSMs to be immediately biopsied on the first consultation (32% vs 57%,  $p = 0.01$ ). Compared to patients with SSMs, patients with NMs were almost twice as likely to be falsely reassured by the first doctor they consulted that their melanoma was benign (27% vs 50%,  $p = 0.01$ ). The maximum number of doctor visits prior to biopsy of a SSM was 3 (in 7% of SSM cases). In comparison, 33% of NMs were biopsied after 3 or more visits to a doctor, including 5% which required 6 visits to a doctor prior to biopsy.