

### Prediction of Sentinel Lymph Node Positivity by Growth Rate of Cutaneous Melanoma

**G**rowth rate (GR), defined as increase in Breslow thickness over time, has been proposed as an important biological feature of cutaneous melanoma. In this retrospective cohort study, Tejera-Vaquero et al use Breslow thickness to self-reported time to melanoma development as a surrogate for GR in primary cutaneous melanoma. Although the GR was not an independent predictor of survival, together with Breslow thickness and the presence of microscopic satellitosis, it predicted sentinel lymph node positivity.

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### Communication About Family Members' Risk of Melanoma

**A**s many as 5% to 12% of patients with melanoma have a family history of the disease, and patients with a positive family history of melanoma should be observed closely because of their elevated risk. When the initial diagnosis of melanoma is made, dermatologists play a crucial role in communicating risk assessment to their patients and recommending that family members be screened. In this descriptive survey, Oliveria et al report that almost 80% of dermatologists often or always advised their patients with melanoma that their children might be at greater risk of skin cancer. However, fewer than 50% of dermatologists routinely offered to screen first-degree relatives who live close by. The low rates of actual screening suggest that office-based medical record reminders may facilitate screening of at-risk relatives.

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### A Randomized Trial of the Off-label Use of Imiquimod, 5%, Cream With vs Without Tazarotene, 0.1%, Gel for the Treatment of Lentigo Maligna, Followed by Conservative Staged Excisions

**L**entigo maligna (LM) and LM melanoma present daunting clinical challenges because of the difficulty in obtaining clear surgical margins to prevent local recurrences. The current standard of care is to perform staged surgical excisions to verify negative margins before surgical repair. Several nonsurgical treatments have been applied to LM, including cryosurgery, 5-fluorouracil, azelaic acid, laser, radiation therapy, and most recently, the novel immune response modifier, imiquimod. In this prospective randomized study, Hyde et al demonstrate that imiquimod, alone or in combination with tazarotene, may put patients at increased risk of local recurrence compared with surgical treatment.

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### The Children and Sunscreen Study

**C**hildhood sun exposure is thought to be a key risk factor for future skin cancer development. Often used as a stand-alone primary prevention method, sunscreen is the most common form of sun protection used by children. Because there is a linear relationship between the thickness of sunscreen application and the sun protection factor (SPF), sunscreens may have an effectively lower SPF if applied in inadequate amounts. In this crossover study of children's use of 3 sunscreen dispenser types, Diaz et al demonstrate that children applied significantly more sunscreen when using a pump and a squeeze bottle compared with a roll-on. All sunscreens were applied at substantially less than the recommended thickness.



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### Cutaneous Toxic Effects Associated With Vemurafenib and Inhibition of the BRAF Pathway

**B**RAF is an upstream activator of mitogen-activated protein kinase (MAPK). It is the most frequently mutated protein kinase found in human cancers: mutations are present in 40% to 60% of melanomas, and specific mutations make it a rational therapeutic target. Vemurafenib was approved in 2011 as a BRAF pathway inhibitor. In this case series, Huang et al describe keratosis pilaris-like eruptions and facial erythema among vemurafenib-treated patients. The paradoxical phenomenon of vemurafenib-induced squamous cell carcinomas demonstrates the complexity of this kinase signaling pathway and offers an opportunity to dissect the molecular basis of BRAF inhibitor-induced toxic effects.

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