identified as black, Hispanic, or Asian often did not find skin cancer to be relevant to ethnic people. It was suggested that relevance of melanoma education to ethnic people may be improved by using the term melanoma skin cancer, showing photographs of early melanoma in people with dark skin, and providing guidance on how to inspect hands and feet for suspicious moles. Furthermore, perceived risk of melanoma also was related to seeking medical attention. Those who could not state a level of risk were less likely to seek help.

**PROVIDER EDUCATION**

We must critically assess access to dermatologic care. Provider education and surveillance must go well beyond dermatologists. Most physician-identified melanomas are detected by primary care physicians. Lower rates of physician surveillance in darker-pigmented persons, possibly due to reduced awareness of melanoma presentation, likely contribute to our current practice gap. Primary care physicians are positioned to perform integrated skin examinations, counseling, and triage. Teaching melanoma screening to medical students and reinforcing the skills with primary care resident physicians are essential to professional education. As dermatologists, we should be teaching medical students, resident physicians, and primary care providers (ie, physicians, physician extenders, and nurses) about integrated skin examinations for skin cancer detection in all populations.

Prompt recognition of melanoma in all patients, regardless of ethnic group, is paramount. It is essential to continue to expand our knowledge, identify practice gaps, and, in turn, improve patient outcomes. The measured effects will likely be found in the next decade after a population-based review is repeated. We hope that by then we will have closed the gap.

**Author Affiliation:** Department of Dermatology, Northwestern University Feinberg School of Medicine, Chicago, Illinois.

**Correspondence:** Dr Kundu, Department of Dermatology, Northwestern University Feinberg School of Medicine, 676 N St Clair St, Ste 1600, Chicago, IL 60611 (rkundu@nmff.org).

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**Top-Accessed Article: Severe Hidradenitis Suppurativa Treated With Infliximab Infusion**


Hidradenitis suppurativa (HS) remains one of the most challenging and humiliating diseases in dermatology. It occurs in 1% to 2% of the population and is categorized into 3 stages. The third stage has very few treatment options, and the most successful to date has been infliximab. Since the article by Adams and colleagues, there have been 8 studies looking at the use of infliximab for HS. One of the few double-blind placebo-controlled studies published for any treatment option for HS showed a 50% improvement compared with placebo. In my experience, infliximab infusion is not a cure, but it does offer significant improvement in pain, swelling, and drainage. It also may offer insight into the mechanism of this disabling condition.

From October 2010 to August 2011, this article was accessed 2367 times on the *Archives of Dermatology* Web site.

Iltefat H. Hamzavi, MD

Contact Dr Hamzavi at the Department of Dermatology, Center for Multicultural Dermatology, Henry Ford Hospital, 3031 W Grand Blvd, Ste 800, Detroit, MI 48202 (ihamzavi@hfhs.org).