Table. Sensitivities and Specificities of the Evaluated Dermoscopic Algorithms

<table>
<thead>
<tr>
<th>Algorithm</th>
<th>Sensitivity, %a</th>
<th>Specificity, %b</th>
<th>Relative Sensitivityc</th>
<th>P Value</th>
<th>Relative Specificityd</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH1</td>
<td>87</td>
<td>67</td>
<td>1 [Reference]</td>
<td></td>
<td>1 [Reference]</td>
<td></td>
</tr>
<tr>
<td>ABCD2</td>
<td>86</td>
<td>74</td>
<td>0.98</td>
<td>.84</td>
<td>1.10</td>
<td>.13</td>
</tr>
<tr>
<td>Menzies et al3</td>
<td>92</td>
<td>38</td>
<td>1.05</td>
<td>.25</td>
<td>0.57</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Seven-point checklist4</td>
<td>76</td>
<td>57</td>
<td>0.94</td>
<td>.33</td>
<td>0.85</td>
<td>.04</td>
</tr>
</tbody>
</table>

a Sensitivity for each algorithm was defined as the number of correctly diagnosed melanomas divided by the total number of melanomas present in the study.
b Specificity was defined as the number of correctly diagnosed benign nevi divided by the total number of benign nevi.
c The sensitivity and specificity of each algorithm was divided by the sensitivity and specificity of CASH to derive the relative sensitivities and specificities.

d All statistics were calculated for each algorithm and were compared with those of CASH.

We hope to repeat this study with a large number of evaluators to further validate the CASH algorithm in a consensus Internet meeting on dermoscopy.3

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Correlation of Subjective Self-reported Melanoma Growth Rate With Objective Tumor Proliferation Markers

Previous studies, using patient recall, have suggested that melanoma growth rate may be an independent prognostic marker1 and that rapid growth tends to occur in older men and have nodular morphologic characteristics and a different clinical presentation from other melanomas.2

Retrospective recall of time delay leading up to melanoma diagnosis is regarded by some as unreliable.3 However, there is no other practical method by which to evaluate the evolution of a melanoma from the outset. In a previous study,2 the ratio between Breslow thickness and time interval for a melanoma to develop was used as an estimate for mela-
Results. The intraclass correlation coefficients for interassessor agreement were 0.91 for PH3 and 0.89 for Ki67, indicating an excellent level of agreement. We found that similar to the correlation with mitotic rate, ROG was significantly associated with the Ki67 score (Spearman rank correlation coefficient, 0.44; \( P < .001 \)) (Figure 1) and with the PH3 score (Spearman rank correlation coefficient, 0.46; \( P < .001 \)) (Figure 2).

Comment. Although retrospective recall of events leading up to a diagnosis of melanoma is associated with several potential sources of error, clinical history remains the only practical tool to assess the evolution of melanomas from their inception. Herein, we have demonstrated a significant correlation between the patient-recall–based ROG and objective assessments of melanoma proliferation using immunohistochemical markers at the time of excision. One limitation of this comparison is that ROG examines the development of a melanoma over its whole course, whereas immunohistochemical markers examine only the state of proliferation at the time of removal.

These findings provide further evidence for the role of ROG in the clinical assessment of melanoma growth kinetics.

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