

RESEARCH LETTERS

The Style Project: Feasibility of Collaborating With Salons for Prevention and Early Detection of Skin Cancer

Early detection of skin cancer is known to decrease risk of mortality and improve overall outcome.¹ Unfortunately, for many people the warning signs of skin cancer are unknown, and the cancer can progress to more aggressive stages before treatment is sought. Training individuals who are easily accessible, approachable, and are part of peoples' normal routine, such as salon hairstylists, to recognize suspect skin areas and make dermatologist referrals may increase the number of cases of skin cancer that are caught at earlier stages.

Salons provide a comfortable environment where health topics are already discussed between stylists and their clients during the appointments.² Research using salons for a variety of health education and prevention campaigns has shown that salons are largely successful at disseminating health information and improving their clients' knowledge on health topics. Some salons and barbershops have even been used as referral and screening centers.^{3,4} Furthermore, breast cancer prevention and early detection research programs have had success in using salons to contact a subset of people who were not reachable or affected by conventional methods.³ These studies indicate that salons may be useful in educating in prevention, making referrals, and reaching a broad population. Importantly, a recent article has suggested that hairstylists are promising resources for melanoma detection, and additional research should be conducted to assess their attitudes and practices related to skin lesion detection and referrals.⁵

The purpose of the present study is to explore the feasibility of dermatologists partnering with salon owners and employees to launch a community-based skin cancer prevention and early detection campaign. In this investigation, the stylists' current practices of detecting skin lesions, making referrals, and overall general interest in using these methods for skin cancer education and prevention are assessed.

Methods. Participants consisted of 74 stylists from 67 different salons located in central Pennsylvania. Participants were invited by random selection of salons compiled by online resources. A total of 168 salons were telephoned; 79 salon owners or managers were reached; and 67 salons agreed to have 1 or 2 hairstyl-

ists complete the style survey. A total of 103 style surveys were distributed, and 74 were collected or returned via mail.

The style survey asked hairstylists how frequently clients presented with suspect skin lesions and how they responded. In addition, the survey measured the stylists' general interest in participating in a salon-based skin cancer prevention and early detection campaign, their typical interactions with their clients involving skin cancer, their preferred method of education, and their opinions about optimal dissemination of the information. This study was approved by the institutional review board at The Pennsylvania State University, College of Medicine at Hershey.

Results. Seventy-nine percent of the respondents reported that they had seen concerning skin lesions on their clients (n=58). Of those, 98% reported that they "generally say something about the lesion to the client" (n=73), and 100% reported that they make recommendations to have the lesions looked at by a physician (n=74). Furthermore, 72% of the stylists reported that they would feel "comfortable" or "very comfortable" talking with their clients about skin cancer prevention (n=53), and 63% reported that they already talk about sun exposure to their clients (n=47).

Comment. The study showed that almost three-quarters of the hairstylists surveyed had seen a suspect skin lesion on a client (n=56) and that 100% of those hairstylists reported recommending having the lesion examined by a physician (n=74). Furthermore, more than 60% of stylists reported that they discuss sun exposure with their clients (n=44). These responses indicate that salons may already be educating clients on sun exposure and skin cancer prevention and making referrals to physicians when thought necessary.

Since a large number of surveyed hairstylists reported making referrals or communicating information about sun exposure, efforts should be made to educate and train these professionals to ensure that they are using optimal screening methods and providing accurate information. Over 70 percent of respondents indicated they would feel "comfortable" or "very comfortable" discussing skin cancer prevention with their clients (n=52), indicating that hairstylists are willing to talk about this topic and that many are currently communicating about prevention and making referrals. If hairstylists are trained in how to accurately screen for suspicious lesions, more individuals with skin cancer may seek treatment before the disease advances to more aggressive stages. Future studies will examine the efficacy of training hairstylists to screen clients for potential skin cancer lesions, make

appropriate referrals, and offer information about skin cancer prevention.

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Dermoscopic Rainbow Pattern in Kaposi's Sarcoma Lesions: Our Experience

Cheng et al¹ were the first to define the multicolored areas in some Kaposi's sarcoma (KS) lesions observed under polarized-light dermoscopy as *rainbow pattern* and to describe this dermoscopic feature as specific but not sensitive for the diagnosis of KS. Their observation prompted several interesting discussions in the dermoscopic literature.²⁻⁴ In our clinical practice, we have observed a high number of classic KS (CKS) cases.⁵ Dermoscopic examination of all the KS lesions in a group of patients with CKS was performed to

evaluate the sensitivity of the rainbow pattern feature observed in the different clinical types of KS lesions.

Methods. Twenty patients with CKS who tested negative for human immunodeficiency virus agreed to participate, and approval by the human subjects committee was not required. In all cases, the diagnosis of CKS had been determined histologically and confirmed by histochemical staining for human herpesvirus, type 8. All patients had multiple skin lesions, including macules, papules, nodules, and bullae, localized to the lower and upper limbs.

Results. The lesions (n = 222) were examined using a contact polarized-light dermoscope device (PRO HR II; DermLite) connected to a Nikon digital camera. Macular lesions, which were the most common (n = 183), consistently showed a homogeneous dermoscopic pattern (**Figure 1**), varying in color from pink to mauve, with no rainbow pattern. Histologically, these lesions showed a large number of widely dilated, thin-walled blood vessels in the upper half of the reticular dermis, sparse spindle-shaped cells between collagen bundles, and moderate infiltration of lymphocytes and plasma cells.

The blister lesions (n = 4) also showed a homogeneous dermoscopic pattern and appeared pink with no rainbow pattern. Histologically, these lesions were characterized by the presence of extensive bullalike areas, wide vascular distentions with thin walls, depleted erythrocytes, and sparse spindlelike elements.

Twenty-five of the 35 papular and nodular lesions examined dermoscopically had multicolored areas with rainbow patterns of varying intensity and dimensions



Figure 1. Homogeneous pattern in macular Kaposi's sarcoma lesion.