
Treatment Delays in Melanoma Care

Published: January 23, 2026

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Introduction

Melanoma is an aggressive type of skin cancer (Misdiagnosis Association and Research Institution, 2024; Soni et al., 2025). The global burden of melanoma is estimated to increase up to 50%, with approximately a 68% increase in death rates by 2040 (Arnold et al., 2022). These high-burden projections highlight the need for prompt diagnosis and early melanoma care. However, Misdiagnosis, defined as the incorrect identification of a health condition, can contribute to treatment delays and the progression of skin cancer (Blissy, 2024; Misdiagnosis Association and Research Institution, 2025). This article examines melanoma treatment delays, their associated factors, consequences, and recommendations to improve melanoma care.

Treatments' Options in Melanoma Care

Broadly speaking, all stages of skin cancer are treated with surgical intervention. Local excision of the infected skin is performed to remove melanoma cells (Malignant Melanoma Treatment & Management, 2025). Radiotherapy is used to control the size of wide melanomas. Immunotherapy/chemotherapy are used to treat melanomas that spread to lymph nodes or other parts of the body (Malignant Melanoma Treatment & Management, 2025). Unfortunately, treatment delays limit surgical threshold, as the early-stage excision might become infeasible as skin cancer advances. As a result, patients will be redirected to more complex therapies such as immunotherapy with higher mortality rates (Xiong et al., 2022). Various factors delay melanoma treatment, which can be classified into patient-related, healthcare-related, and other categories.

Patient-related Factors

Patients' health perspectives and their care-seeking frequency are the main factors affecting treatment delays in melanoma. As mentioned by Dr. Beigi (Blissy, 2024), patients simplify their inflammatory skin condition, unintentionally ignore lesions, molds, or moles, misinterpret melanoma, and miss basic hygienic practices (Blissy, 2024; Miller et al., 2025). Additionally, Dr. Beigi highlighted that it is important to be mindful of what comes into contact with the skin (Blissy, 2024). Patients might experience skin reactions during a typical day. For example, using a pillow that might be exposed to chemicals, bacteria, viruses, or other infection-causing agents (Blissy, 2024). Furthermore, some makeup products might contain chemicals that alter the skin's structure (Blissy, 2024) or, even worse, are carcinogenic (Balwierz et al., 2023). These carcinogenic materials have questionable long-term safety profiles and can result in melanoma while patients are unaware. Consequently, patients often seek medical attention only after their skin cancer has progressed, contributing to higher rates of late-stage diagnosis and treatment delays. Even after diagnosis, patients might take their medication inappropriately (Blissy, 2024) or receive inadequate language-appropriate care, such as unclear explanations, lack of translation support, or communication barriers that prevent them from fully understanding their treatment plan (Miller et al., 2025).

Moreover, the type of health insurance plays a fundamental role in melanoma treatment care, mainly in surgical delay. Patients without private insurance experience higher rates of surgical treatment delays (Risk Ratio: 1.36) compared with those with private insurance (Adamson et al., 2017). Additionally, it has been shown that patients tend to face treatment delays due to the extensive paperwork and procedures required by their health insurance (Miller et al., 2025). Together, these factors highlight ongoing inequities in access to timely melanoma treatment, where insurance status and administrative barriers disproportionately affect patients' ability to receive necessary care.

Healthcare-related Factors

The primary factor contributing to delayed melanoma care in a healthcare facility is misdiagnosis (Blissy, 2024; Misdiagnosis Association and Research Institution, 2025). In the context of skin cancer, misdiagnosis involves an incorrect identification of melanoma, failing to differentiate melanoma from other related skin conditions, or late diagnosis of melanoma (Blissy, 2024; Misdiagnosis Association and Research Institution, 2025). For instance, Dr. Beigi (Blissy, 2024) reported that there is a specific kind of lymphoma skin cancer that is usually diagnosed too late (Blissy, 2024). Moreover, inaccessible and complex diagnostic procedures in some healthcare facilities can lead to misdiagnosis of melanoma (Hajdarevic et al., 2014). As a result, delays or misdiagnoses will lead to incorrect specialty referrals within the healthcare facility and, hence, treatment delays in melanoma care (Miller et al., 2025).

Beyond diagnostic errors, the specialty of the healthcare provider can further contribute to treatment delays. In a study conducted in the USA, surgical treatment delays were lower when the physician/clinician was a dermatologist (Risk Ratio: 0.82) than when the physician/clinician was a non-dermatologist (Adamson et al., 2017). Additionally, delays in skin excision and in recording histopathological results impeded appropriate melanoma care (Hajdarevic et al., 2014).

Other Factors

An unexpected global factor that contributed to treatment delays in melanoma care was the COVID-19 pandemic (Davis et al., 2022; Kleemann et al., 2022; Teuscher et al., 2022). For example, there was a 17% reduction in the treated patients during the lockdown period compared to the pre-lockdown period (Davis et al., 2022). Late-stage melanoma (III-IV) increased significantly from 7.1% to 27.5% during the pandemic (Davis et al., 2022). The most common reason among patients was the cancellation/postponement of treatment appointments due to fear of COVID-19 (Teuscher et al., 2022). Moreover, there was a 17% reduction in surgical treatment procedures (Kleemann et al., 2022).

Consequences of Treatment Delays in Melanoma Care

Delays in treating melanoma affect its staging and progression. Furthermore, treatment delays are associated with higher rates of death cases. Within all stages of melanoma, a 3-5 months delay in treatment resulted in higher rates of melanoma-specific mortality (Xiong et al., 2022). At the same time, even a one-month delay in treatment has been associated with lower survival rates. For example, in a reported medical case, a woman in her 50s presented with a large melanoma on her arm that had been growing for 12 months. By the time she sought medical attention, the cancer had become metastatic and had already spread to her lymph nodes and brain (Ganko & Copertino, 2023).

Recommendations for Early Treatment in Melanoma Care

Personal hygiene: careful hygiene practices include applying sunscreen to protect the skin from UV light and choosing natural or non-irritating cosmetic products.

Public awareness: community-based education about skin lesions and cutaneous inflammatory conditions could aid in highlighting the importance of medical consultation and the role of a dermatology specialist in timely melanoma care.

Improved referral pathways within healthcare settings (referral to dermatology/oncology) with advanced diagnostic strategies.

Multi-level cooperation between insurance companies and healthcare facilities to reduce administrative load and improve financial support for timely diagnosis and surgical treatment.

Incentives for policymakers and skin care professionals to integrate standardized guidelines and quality standards for treatments in melanoma care.

Conclusion

In conclusion, as highlighted in this article, several interacting complex factors contribute to treatment delays in melanoma care, which are associated with worse clinical and survival outcomes. Therefore, addressing these delays requires coordinated efforts between medical facilities, healthcare providers, stakeholders, and patients to maintain timely diagnosis and treatment.

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Provided and edited by the members of MARI Research, Error in Medicine Foundation and MISMEDICINE Research Institute, including Marwa Saady, Rojina Nariman, and Dr. Pooya Beigi MD. MSc.