

Bringing Dermatology to the Frontline: Opportunities for DermTech in Primary Care Settings

DALLAS, TX, UNITED STATES, July 23, 2026 /EINPresswire.com/ -- A new study shows that a simple, painless skin patch test could help family doctors and other primary care providers catch melanoma earlier. Melanoma makes up only about one percent of all skin cancers, but it causes the vast majority of skin cancer deaths. Catching it early is critical, yet many patients first see

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A simple, painless skin patch test could help family doctors catch melanoma earlier, especially in communities with limited access to dermatologists.”

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their primary care doctor rather than a skin specialist when a suspicious mole or spot appears. Primary care doctors often have limited training in identifying skin cancer, and in rural or underserved areas, patients may wait weeks or months to see a dermatologist. This gap in care means some melanomas are diagnosed later than they should be, when treatment is harder and outcomes are worse.

[In a new study](#) published in [SKIN: The Journal of Cutaneous Medicine®](#), researchers reviewed the evidence behind a

technology called the Pigmented Lesion Assay, or PLA. The test works by placing a small patch on a suspicious mole or spot. The patch painlessly collects skin cells from the surface, which are then analyzed in a lab for two genes linked to melanoma. If neither gene is active, there is a greater than 99 percent chance the spot is not melanoma. That kind of reliability could allow primary care doctors to confidently rule out melanoma without putting patients through a surgical biopsy or a long wait for a specialist appointment.

The review found that the patch test has already shown strong results in dermatology offices, where it has dramatically cut down on unnecessary biopsies. Traditionally, doctors perform 20 to 25 biopsies to find a single melanoma. With the patch test, that number dropped to roughly three biopsies per melanoma in some studies. Follow-up data also showed that spots testing negative with the patch remained non-cancerous over at least a year of monitoring. The test works across all skin tones, which is especially important because melanoma in people with darker skin is often diagnosed at more advanced stages.

The researchers note that some challenges remain before the test can be widely used in primary care. Doctors would need proper training to select the right spots for testing, and insurance coverage for the test is still inconsistent. The authors call for larger studies in primary care

settings to confirm how well the test performs outside of dermatology offices and to evaluate its cost-effectiveness. Still, they conclude that the patch test represents a promising tool that could help frontline doctors detect melanoma sooner, reduce unnecessary procedures, and improve access to early skin cancer screening for patients who need it most.

SKIN: The Journal of Cutaneous Medicine® is a peer-reviewed online medical journal that is the official journal of The National Society for Cutaneous Medicine. The mission of SKIN is to provide an enhanced and accelerated route to disseminate new dermatologic knowledge for all aspects of cutaneous disease.

For more details, please visit www.jofskin.org or contact jofskin@gmail.com.

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