

AI to the Rescue: Revolutionizing Early Melanoma Detection with Machine Learning

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Abstract

Recent advancements in algorithmic technology have revolutionized early melanoma detection, significantly enhancing diagnostic accuracy through the application of sophisticated machine learning algorithms trained on extensive datasets of dermatoscopic images. These algorithms exhibit remarkable sensitivity and specificity, with clinical studies demonstrating sensitivity rates exceeding 90% and specificity rates around 85%, effectively outperforming traditional diagnostic methods in distinguishing malignant lesions from benign nevi. The superior performance of these algorithms is largely attributed to their ability to analyze complex visual patterns and subtle variations in dermatoscopic features that may elude even experienced dermatologists. Additionally, the incorporation of deep learning techniques allows for continuous improvement of these models as they are exposed to larger and more diverse datasets, further refining their predictive capabilities. Integrating artificial intelligence into clinical workflows presents a transformative opportunity for real-time decision support, equipping dermatologists with immediate feedback and actionable insights based on algorithmic analysis during patient consultations. This facilitates more informed decision-making regarding the necessity for biopsies or further evaluations, thereby enhancing patient outcomes and optimizing healthcare resource allocation. Moreover, the deployment of such AI systems fosters a collaborative relationship between human expertise and machine intelligence, ensuring that clinical judgment is complemented by data-driven insights. The synergy created by this integration not only bolsters early detection rates but also establishes a new standard of care in dermatology, ultimately paving the way for more efficient, accurate, and patient-centered dermatological practices.

1. INTRODUCTION

Melanoma is a highly aggressive form of skin cancer with steadily rising incidence rates worldwide. Factors such as increased ultraviolet (UV) exposure and genetic predisposition contribute significantly to this alarming trend [1]. Projections indicate that melanoma rates, including those in the United States, will continue to increase through 2026 [2]. Early detection is critical, as survival rates dramatically

decline once melanoma progresses beyond its early stages [3]. Timely identification of malignant lesions allows for prompt treatment, reducing both mortality and the need for invasive procedures. Traditional diagnostic methods, including visual inspection and dermatoscopic analysis, have limitations. While experienced practitioners can achieve good outcomes, these approaches often suffer from variability in interpretation and are heavily dependent on

practitioner expertise [4]. This inherent subjectivity underscores the need for standardized, highly accurate diagnostic tools to support dermatologists in making timely and reliable clinical assessments.

Artificial intelligence (AI) has emerged as a transformative tool in healthcare, enhancing diagnostic practices across numerous specialties. In dermatology, AI-driven algorithms—particularly those utilizing machine learning (ML) and deep learning (DL)—offer significant potential to improve diagnostic accuracy by analyzing complex visual data with minimal human input [5]. These algorithms leverage extensive datasets of dermatoscopic images to identify patterns and features that might elude even skilled clinicians. For instance, Esteva et al. demonstrated that machine learning models trained to identify skin cancer lesions achieved performance levels comparable to human experts, offering promising data for the future of AI in melanoma detection [6]. As these models continue to evolve, their integration into clinical workflows could redefine diagnostic protocols, enhancing efficiency and patient outcomes.

Advancements in ML and DL applications for melanoma detection are particularly noteworthy for their capacity to refine predictive accuracy through continuous learning. Deep learning models, such as convolutional neural networks (CNNs), excel in image recognition tasks, identifying subtle features like asymmetry, border irregularities, and color variations that signal malignancy [7]. With exposure to diverse datasets, these models demonstrate improved diagnostic precision, enhancing their potential for real-time use during patient consultations. Rather than replacing traditional methods, AI augments dermatological diagnostics by providing actionable, data-driven insights that enhance clinical decision-making. This collaborative approach aims to improve accuracy and efficiency, setting the stage for transformative advancements in melanoma detection and patient-centered care.

2. UNDERSTANDING AI AND MACHINE LEARNING IN DERMATOLOGY

Deep learning, a subset of machine learning, utilizes multilayered neural networks to analyze vast amounts of data. CNNs, a specialized class of deep learning models, are particularly well-suited for image analysis tasks. Unlike earlier methods that required manual feature extraction, CNNs can automatically detect relevant features

in images, significantly enhancing diagnostic precision [8]. CNNs operate by employing layers that perform three key steps: convolution, activation, and pooling. The convolutional layers scan images using filters, akin to viewing the image through various lenses, to highlight crucial patterns like edges and textures. Activation functions, such as ReLU, then refine the analysis by filtering out irrelevant information, while pooling layers condense the image data, ensuring faster processing without significant loss of detail [6,9]. These operations are repeated across multiple layers, culminating in the classification layer, which synthesizes the learned information to make diagnostic decisions.

To develop and train CNN algorithms, two primary components are required: a model architecture and a dataset. Pre-trained architectures such as ResNet, VGG, and Inception are widely utilized in dermatology due to their high accuracy and efficiency [10]. These models, initially trained on large-scale datasets like ImageNet, can be fine-tuned for dermatoscopic images, reducing the need for extensive labeled datasets and expediting the training process [10]. Publicly available repositories like the International Skin Imaging Collaboration (ISIC) archive, which houses over 13,000 dermoscopic images, and the HAM10000 dataset are invaluable resources for this purpose [11]. Additionally, proprietary datasets curated by clinical institutions further enrich the diversity of training data, while preprocessing techniques such as normalization and augmentation enhance the quality of input data [11]. Together, these strategies ensure the creation of robust and generalizable models capable of supporting accurate dermatologic diagnoses.

The training process involves iterative cycles of prediction and feedback. Input data is fed through the CNN model, and the model's predictions are compared to true labels using a loss function. Backpropagation, an automated feedback mechanism, adjusts the model's weights to minimize the loss, thereby improving prediction accuracy. This process, repeated over many epochs, enables the model to refine its performance without requiring manual intervention [8]. During the final stages of development, the model is evaluated on a reserved test dataset using performance metrics such as accuracy, sensitivity, and specificity to assess its ability to distinguish between conditions like melanoma and benign nevi [12]. The Area Under the Receiver Operating Characteristic Curve (ROC-AUC) is a

particularly critical metric for evaluating binary classification models, offering insights into the trade-offs between sensitivity and specificity [10]. A high ROC-AUC score reflects the model's capability to reliably differentiate between malignant and benign lesions, an essential feature for real-world clinical applications.

3. ADVANCEMENTS IN AI FOR MELANOMA DETECTION

Recent advancements in artificial intelligence have significantly improved the accuracy of melanoma detection. Phillips et al. demonstrated that an AI algorithm analyzing skin lesion images achieved superior sensitivity and specificity compared to traditional diagnostic methods [13]. Maron et al. further highlighted that AI-assisted systems enhanced dermatologists' ability to classify dermoscopic images of melanoma, effectively addressing limitations in human diagnostic accuracy [14]. This work underscores the potential of deep learning algorithms, particularly CNNs, to transform the detection and management of melanoma.

Deep learning models like ResNet, Inception, and EfficientNet have proven highly effective in analyzing dermoscopic images by recognizing complex visual patterns. These models excel in identifying critical indicators of malignancy, such as asymmetry, border irregularities, and color variations, which are essential for differentiating between benign and malignant lesions. As these models are exposed to increasingly diverse datasets, their diagnostic accuracy continues to improve. For example, Tschandl et al. demonstrated that CNNs trained on comprehensive datasets could reduce diagnostic errors, including false positives and negatives, while enhancing overall sensitivity and specificity [15]. Haenssle et al. found that AI systems improved early melanoma detection, especially in cases where diagnostic subtleties might be missed by clinicians [16].

Transfer learning has emerged as a powerful tool in advancing melanoma detection. By utilizing models pre-trained on datasets such as ImageNet, researchers have successfully adapted these architectures for dermatology-specific tasks. This approach significantly reduces the demand for large labeled datasets while maintaining high diagnostic accuracy. Marchetti et al. reported that machine learning models fine-tuned with dermoscopic images achieved diagnostic performance comparable to experienced dermatologists [17]. The potential of transfer

learning to support AI applications in specialized clinical settings, including institutions with limited resources is key to the future of AI integrated dermatology.

Despite these advancements, several challenges remain in optimizing AI for melanoma detection across diverse populations. For instance, Brinker et al. observed disparities in AI performance due to the underrepresentation of darker skin tones in publicly available datasets [18]. This issue emphasizes the need for dataset diversification to ensure consistent diagnostic accuracy across varying skin types and demographic groups. Efforts to address these challenges include incorporating data from underrepresented populations and employing external validation protocols to evaluate model generalizability. By integrating AI tools capable of analyzing dermoscopic features with precision, melanoma detection workflows can become more accurate and consistent. Additionally, expanding the applicability of these tools to diverse patient populations ensures equitable diagnostic outcomes, paving the way for broader clinical adoption and improved patient care in dermatology.

4. INTEGRATING AI INTO CLINICAL PRACTICE: CLINICAL DECISION SUPPORT

CNNs can analyze clinical and dermoscopic images to classify skin lesions as malignant or benign. These algorithms rely on labeled training datasets to "learn" visual patterns associated with melanoma and other skin disorders [12]. Once trained, AI models assign a probability score of malignancy to lesions, enabling the establishment of thresholds for biopsy recommendations. For instance, lesions scoring above a set threshold could be flagged for further evaluation, allowing dermatologists to make more informed decisions without delay [12]. Tools such as Google Inception v3 and Microsoft ResNet have shown sensitivity and specificity rates exceeding those of dermatologists in melanoma diagnosis based on dermoscopic images [12]. Esteva et al. developed an algorithm trained on 129,450 clinical and dermoscopic images that achieved an area under the curve (AUC) of 0.96 in distinguishing melanoma from benign lesions, matching the diagnostic performance of 21 board-certified dermatologists [6,19]. Similarly, CNNs trained on datasets like the International Skin Imaging Collaboration (ISIC) archive exhibited a specificity of 86.5% compared to 60% for dermatologists at the same sensitivity level of 74.1% [12]. In another study,

a CNN validated on 135 clinical images outperformed dermatologists in biopsy decisions, treatment recommendations, and patient reassurance, while AI-assisted clinicians evaluating acral pigmented lesions achieved biopsy decision accuracy rates of 86.9% compared to 79% without AI support [19]. By minimizing unnecessary biopsies in low-risk cases, CNNs not only reduce patient burden but also optimize healthcare costs while directing attention to high-risk lesions [10].

AI's ability to support biopsy decisions is especially valuable in cosmetically sensitive areas such as the face, where avoiding unnecessary scars is critical. However, despite its effectiveness, AI tools may struggle with rare or atypical lesions, underscoring the importance of human oversight. Dermatologists provide vital context through physical exams, patient history, and clinical judgment, ensuring a comprehensive and safe patient experience. This collaborative approach, often referred to as "augmented intelligence," is a term that underscores the partnership between humans and machines in health care. AI is designed to complement dermatologists, not replace them. While dermatologists offer clinical expertise, intuition, and holistic decision making, AI provides fast data analysis, pattern recognition capabilities, and real-time insights [20]. While AI demonstrates superior diagnostic accuracy in controlled environments, the final decision should integrate human evaluation to ensure real-world applicability and ethical care. Combining both elements reduces the risk of errors [12]. The combination also prevents over or under-diagnoses and signifies the capability of AI in terms of analytical power combined with human experts providing practical context based judgment. Integrating AI into clinical workflows should therefore prioritize collaboration, combining the speed and accuracy of machine intelligence with the nuanced expertise of human clinicians.

5. PERSONALIZED AND PREVENTATIVE CARE

AI, when combined with advanced imaging methods, has significantly improved melanoma detection by enhancing diagnostic accuracy, ultimately leading to better patient outcomes [21]. In one diagnostic study, an AI algorithm analyzed 1,550 images of suspicious and benign skin lesions. Compared to histopathological diagnoses, the algorithm achieved an impressive 95.8% area under the receiver operating characteristic curve, although its specificity of

64.8% was slightly lower than the 69.9% specificity achieved by clinicians [13]. AI's ability to detect melanoma with a level of accuracy comparable to specialists, offering valuable support in identifying suspicious lesions and improving diagnostic precision [13]. Beyond detection, AI plays a critical role in early intervention, streamlining the diagnostic process, and improving overall healthcare system efficiency.

In healthcare, AI-driven models are increasingly utilized to identify diseases, diagnose conditions, and create personalized treatments by analyzing genetic information, imaging results, and clinical histories [22]. These models have also demonstrated the ability to predict and influence patient behaviors, enhancing adherence to preventive strategies through wearable technology and behavioral research [22]. For instance, machine learning, a subset of AI, has identified patterns of risk associated with lifestyle and environmental factors using public health and epidemiological studies [23]. A notable example is the AI-based app Skin Scan, which was evaluated for its accessibility, user engagement, and impact on preventative measures [24]. The application demonstrated exceptional accuracy in identifying skin cancer across a diverse dataset and reliably differentiated various types of skin lesions. With its high diagnostic accuracy and ease of daily use, Skin Scan enables timely medical interventions and potentially life-saving treatments.

By analyzing individual patient data over time, AI systems can uncover unique risk factors, monitor changes in lesions, and predict the likelihood of melanoma development. These capabilities ensure a more tailored and proactive approach to medical care, fostering early detection and prevention. The personalized care enabled by AI-driven tools like Skin Scan, combined with their precise diagnostic capabilities, underscores the transformative potential of AI in dermatological healthcare. This integration of technology and personalized medicine sets a new standard for early detection, prevention, and patient-centered care.

6. WORKFLOW ENHANCEMENT AND EFFICIENCY

AI enhances dermatological workflows by flagging or prioritizing high-risk lesions for closer review, while reassuring patients with benign findings. This triaging ability is particularly valuable in systems where patient demand is high, or where general practitioners or

non-experts may lack the diagnostic expertise to identify melanoma [12,20]. By integrating such triage capabilities, primary care providers can refer only high-risk cases for specialist evaluation, reducing unnecessary referrals and improving care efficiency [19]. Automated image evaluation not only alleviates dermatologists' workloads but also allows them to dedicate more time to complex cases or chronic conditions [12]. Furthermore, AI's role in minimizing patient anxiety through timely identification of high-risk lesions contributes to a more streamlined and reassuring patient experience.

AI also enhances resource allocation by reducing unnecessary biopsies of benign lesions, preventing the overutilization of dermatologists' time and resources. By focusing expenditures—such as time, biopsy tools, and laboratory examinations—on cases with a higher likelihood of malignancy, AI ensures that resources are used more effectively [19,20]. AI-based systems can reduce false positives in skin cancer detection by up to 20% compared to human dermatologists [19]. This reduction is especially beneficial in managing high patient volumes and preventing excessive referrals, particularly in underserved or overburdened healthcare settings [19]. By optimizing workflow and resource allocation, AI contributes to more sustainable and effective healthcare practices. This ensures that critical resources are concentrated where they are needed most, fostering a balance between efficiency, accuracy, and patient-centered care.

7. CHALLENGES AND ETHICAL CONSIDERATIONS

The integration of AI into the early detection of melanoma marks a transformative milestone in dermatological care, offering the potential to greatly enhance diagnostic accuracy and improve patient outcomes. However, alongside its benefits, AI introduces critical ethical and operational challenges, including concerns over data privacy, algorithmic bias, and accountability for diagnostic errors. Proactively addressing these issues is essential to ensure equitable, effective, and transparent AI applications in dermatology.

The ethical use of patient data is a cornerstone of AI's development, given the sensitivity of medical information. Machine learning algorithms rely on large datasets, including dermatoscopic images, demographic information, and medical histories, to achieve high levels of accuracy. To mitigate risks such as

data breaches and misuse, robust safeguards are required. Compliance with frameworks like the Health Insurance Portability and Accountability Act (HIPAA) in the United States ensures baseline protections, such as encrypted data storage and restricted access to protected health information (PHI). Yet, HIPAA's scope often excludes de-identified data commonly used in AI research, creating vulnerabilities for re-identification risks [25]. To address these gaps, advanced anonymization techniques and comprehensive data-sharing agreements are vital. Additionally, the globalization of AI necessitates harmonizing privacy standards, such as incorporating General Data Protection Regulation (GDPR) principles from the European Union, to establish an ethically consistent framework for AI-driven dermatology [26].

Algorithmic bias presents another significant challenge in AI-driven melanoma detection. Training datasets often underrepresent darker skin tones, leading to inconsistent diagnostic performance across different populations [27,28]. These biases risk perpetuating existing healthcare inequities and reducing the reliability of AI systems for marginalized groups. To mitigate this, comprehensive and diverse datasets are essential, encompassing a wide spectrum of skin types, ages, and geographic backgrounds [29]. Collaborations with global health organizations and the inclusion of data from underserved regions can further enhance representativeness. Beyond dataset diversification, techniques such as adversarial debiasing, stratified sampling, and rigorous external validation can promote algorithmic fairness and ensure robust performance across varied clinical settings [30].

Accountability is a critical concern when using AI in clinical decision-making. If an AI system produces an incorrect diagnosis or recommendation, questions often arise regarding who is responsible—the algorithm's developer, the clinician utilizing the system, or the institution deploying the technology [31]. To address this ambiguity, clearly defined roles and responsibilities are essential. Regulatory guidelines must prioritize rigorous validation of AI systems before deployment to ensure safety and reliability in real-world scenarios. Continuous post-market surveillance is equally important to identify and address unforeseen limitations [32]. Transparency in AI design is another crucial factor. Explainable AI (XAI) systems can clarify the reasoning behind AI-

generated outputs, reinforcing the clinician's role as the ultimate decision-maker and fostering trust in the technology. However, some AI systems operate as opaque "black boxes," complicating accountability and limiting clinician confidence [33]. Establishing standardized policies and legal frameworks that delineate responsibilities for AI developers, healthcare providers, and regulatory bodies is vital. Specialized liability insurance tailored for AI applications in medicine could offer additional protection for both clinicians and patients in cases of adverse outcomes [34].

While AI holds tremendous promise in advancing melanoma detection, its successful implementation requires careful navigation of ethical challenges. Safeguarding patient data, addressing algorithmic bias, and establishing clear accountability frameworks are crucial steps toward equitable and effective AI applications. Collaboration among developers, clinicians, regulators, and policymakers will be key to aligning technological innovation with the highest ethical standards. Through these efforts, AI can truly revolutionize dermatology, enhancing both the precision and fairness of care for all patients.

8. FUTURE DIRECTIONS

The integration of AI into healthcare continues to transform clinical practices, particularly in dermatology, where AI has refined melanoma detection and advanced the analysis of other skin conditions. AI-supported diagnostic tools that leverage image recognition have become a focal point for innovation, offering significant potential to improve patient outcomes. Early screening and detection of melanoma through AI platforms demonstrate high sensitivity and specificity, enabling dermatologists to identify pigmented lesions with greater precision [35,36]. Tools like AI-powered chatbots, such as Skin-GTP4, analyze lesions, provide diagnostic support, and assist with triage, streamlining workflows and enhancing patient interactions. By incorporating patient demographics, imaging data, and genetic information, these models generate holistic medical insights, pushing the boundaries of dermatological AI systems [37]. As these technologies evolve, they promise to deliver even more personalized and data-driven approaches to skin health, raising the standards for diagnostic accuracy and efficiency in dermatological care.

Teledermatology, the application of telemedicine for dermatological needs, represents another critical frontier for AI in dermatology. By

leveraging interactive communication technology, teledermatology enables access to healthcare in underserved and remote regions. AI-driven diagnostic systems integrated into teledermatology further amplify its potential, delivering accurate diagnoses and improving patient satisfaction. These systems have proven effective in preventing and detecting melanoma, particularly in areas where specialist access is limited [38,39]. AI enhances melanoma screening, supports early detection, and facilitates timely interventions, ultimately improving health outcomes in underserved populations. The combination of teledermatology and AI demonstrates a powerful synergy, addressing accessibility challenges while maintaining high standards of care.

In low- and middle-income countries, where healthcare disparities are exacerbated by poverty, limited infrastructure, and shortages of skilled professionals, AI-driven innovations offer transformative potential. By overcoming resource constraints, AI can help bridge gaps in dermatological care delivery. For example, a proposed multilevel AI service network includes frontline AI systems for initial screening, regional support centers for further analysis, and national development hubs for oversight and refinement [40]. Implementation of such systems requires collaboration among governments, nonprofits, research institutions, and private companies to develop, sustain, and scale these initiatives [41]. Global cooperation and equitable resource distribution are essential to ensuring these advancements benefit all populations, paving the way for a more inclusive and healthier future.

As AI technology continues to evolve, its expanding role in dermatology has the potential to revolutionize care by improving diagnostic accuracy, increasing accessibility, and addressing systemic inequities. Through innovative applications such as personalized diagnostic platforms, teledermatology integration, and scalable solutions for resource-limited settings, AI is poised to transform the field of dermatology, setting a new benchmark for precision, efficiency, and equitable care.

9. CONCLUSION

The integration of artificial intelligence into melanoma detection is revolutionizing dermatological care, offering unparalleled improvements in diagnostic accuracy, efficiency, and accessibility. AI-driven systems, particularly those leveraging deep learning algorithms,

enhance early detection by identifying complex patterns in dermatoscopic images with sensitivity and specificity rates comparable to expert dermatologists. These tools streamline workflows, reduce unnecessary biopsies, and support clinicians in making timely, data-driven decisions, ultimately improving patient outcomes. Moreover, the incorporation of AI into teledermatology expands access to care for underserved and remote populations, addressing critical disparities in healthcare delivery. However, the widespread adoption of AI requires addressing key challenges, including data privacy, algorithmic bias, and accountability for errors, through inclusive datasets, transparent algorithms, and robust regulatory frameworks. By continuing to innovate and collaborate across disciplines, AI has the potential to not only advance melanoma detection but also establish a new standard for precision, equity, and patient-centered care in dermatology.

REFERENCES

- [1] Saginala, K., Barsouk, A., Aluru, J. S., Rawla, P., & Barsouk, A. (2021). Epidemiology of melanoma. *Medical Sciences (Basel)*, 9(4), Article 63. <https://doi.org/10.3390/medsci9040063>
- [2] Whiteman, D. C., Green, A. C., & Olsen, C. M. (2016). The growing burden of invasive melanoma: Projections of incidence rates and numbers of new cases in six susceptible populations through 2031. *Journal of Investigative Dermatology*, 136(6), 1161–1171. <https://doi.org/10.1016/j.jid.2016.01.035>
- [3] Leiter, U., Buettner, P., Eigentler, T., Forschner, A., Meier, F., & Garbe, C. (2010). Is detection of melanoma metastasis during surveillance in an early phase of development associated with a survival benefit? *Melanoma Research*, 20(3), 240–246. <https://doi.org/10.1097/CMR.0b013e32833716f9>
- [4] Elmore, J. G. (2021). The gold standard cancer diagnosis: Studies of physician variability, interpretive behavior, and the impact of AI [Abstract]. *Cancer Research*, 81(13_Suppl). <https://doi.org/10.1158/1538-7445.AM2021-SY01-03>
- [5] Topol, E. J. (2019). High-performance medicine: The convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44–56. <https://doi.org/10.1038/s41591-018-0300-7>
- [6] Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature*, 542(7639), 115–118. <https://doi.org/10.1038/nature21056>
- [7] Giavina-Bianchi, M., Vitor, W. G., de Paiva, V. F., Okita, A., Sousa, R., & Machado, B. (2023). Explainability agreement between dermatologists and five visual explanation techniques in deep neural networks for melanoma AI classification. *Frontiers in Medicine (Lausanne)*, 10, Article 1241484. <https://doi.org/10.3389/fmed.2023.1241484>
- [8] Alzubaidi, L., Zhang, J., Humaidi, A. J., Al-Dujaili, A., Duan, Y., Al-Shamma, O., Santamaría, J., Fadhel, M. A., Al-Amidie, M., & Farhan, L. (2021). Review of deep learning: Concepts, CNN architectures, challenges, applications, future directions. *Journal of Big Data*, 8(1), 53. <https://doi.org/10.1186/s40537-021-00444-8>
- [9] Naqvi, M., Gilani, S. Q., Syed, T., Marques, O., & Kim, H.-C. (2023). Skin Cancer Detection Using Deep Learning-A Review. *Diagnostics (Basel, Switzerland)*, 13(11), 1911. <https://doi.org/10.3390/diagnostics13111911>
- [10] Brinker, T. J., Hekler, A., Utikal, J. S., Grabe, N., Schadendorf, D., Klode, J., Berking, C., Steeb, T., Enk, A. H., & Von Kalle, C. (2018). Skin Cancer Classification Using Convolutional Neural Networks: Systematic Review. *Journal of Medical Internet Research*, 20(10), e11936. <https://doi.org/10.2196/11936>
- [11] Jeong, H. K., Park, C., Henao, R., & Kheterpal, M. (2023). Deep Learning in Dermatology: A Systematic Review of Current Approaches, Outcomes, and Limitations. *JID Innovations*, 3(1), 100150. <https://doi.org/10.1016/j.xjidi.2022.100150>
- [12] Du-Harpur, X., Watt, F. M., Luscombe, N. M., & Lynch, M. D. (2020). What is AI? Applications of artificial intelligence to dermatology. *British Journal of Dermatology*, 183(3), 423–430. <https://doi.org/10.1111/bjd.18880>
- [13] Phillips, M., Marsden, H., Jaffe, W., Matin, R. N., Wali, G. N., Greenhalgh, J., McGrath, E., James, R., Ladoyanni, E., Bewley, A., Argenziano, G., & Palamaras, I. (2019). Assessment of accuracy of an artificial intelligence algorithm to detect melanoma in images of skin lesions. *JAMA Network Open*, 2(10), e1913436. <https://doi.org/10.1001/jamanetworkopen.2019.13436>
- [14] Maron, R. C., Utikal, J. S., Hekler, A., Hauschild, A., Sattler, E., Sondermann, W., Haferkamp, S., Schilling, B., Heppt, M. V., Jansen, P., Reinholz, M., Franklin, C., Schmitt, L., Hartmann, D., Kriehoff-Henning, E., Schmitt, M., Weichenthal, M., von Kalle, C., Fröhling, S., & Brinker, T. J. (2020). Artificial intelligence and its effect on dermatologists'

- accuracy in dermoscopic melanoma image classification: Web-based survey study. *Journal of Medical Internet Research*, 22(9), e18091. <https://doi.org/10.2196/18091>
- [15] Tschandl, P., Rinner, C., Apalla, Z., Argenziano, G., Codella, N., Halpern, A., Janda, M., Lallas, A., Longo, C., Malvehy, J., Paoli, J., Puig, S., Rosendahl, C., Soyer, H. P., Zalaudek, I., & Kittler, H. (2020). Human-computer collaboration for skin cancer recognition. *Nature Medicine*, 26(8), 1229–1234. <https://doi.org/10.1038/s41591-020-0942-0>
- [16] Haenssle, H. A., Fink, C., Schneiderbauer, R., Toberer, F., Buhl, T., Blum, A., Kalloo, A., Hassen, A. B. H., Thomas, L., Enk, A., Uhlmann, L., Reader Study Level-I and Level-II Groups, Alt, C., Arenbergerova, M., Bakos, R., Baltzer, A., Bertlich, I., Blum, A., Bokor-Billmann, T., Bowling, J., ... Zalaudek, I. (2018). Man against machine: Diagnostic performance of a deep learning convolutional neural network for dermoscopic melanoma recognition in comparison to 58 dermatologists. *Annals of Oncology*, 29(8), 1836–1842. <https://doi.org/10.1093/annonc/mdy166>
- [17] Marchetti, M. A., Codella, N. C. F., Dusza, S. W., Gutman, D. A., Helba, B., Kalloo, A., Mishra, N., Carrera, C., Celebi, M. E., DeFazio, J. L., Jaimes, N., Marghoob, A. A., Quigley, E., Scope, A., Yélamos, O., & Halpern, A. C. (2018). Results of the 2016 International Skin Imaging Collaboration International Symposium on Biomedical Imaging Challenge: Comparison of the accuracy of computer algorithms to dermatologists for the diagnosis of melanoma from dermoscopic images. *Journal of the American Academy of Dermatology*, 78(2), e215. <https://doi.org/10.1016/j.jaad.2017.08.016>
- [18] Brinker, T. J., Hekler, A., Enk, A. H., Klode, J., Hauschild, A., Berking, C., Schilling, B., Haferkamp, S., Schadendorf, D., Holland-Letz, T., Utikal, J. S., von Kalle, C., & Collaborators. (2019). Deep learning outperformed 136 of 157 dermatologists in a head-to-head dermoscopic melanoma image classification task. *European Journal of Cancer*, 113, 47–54. <https://doi.org/10.1016/j.ejca.2019.04.001>
- [19] Stiff, K. M., Franklin, M. J., Zhou, Y., Madabhushi, A., & Knackstedt, T. J. (2022). Artificial intelligence and melanoma: A comprehensive review of clinical, dermoscopic, and histologic applications. *Pigment Cell & Melanoma Research*, 35(2), 203–211. <https://doi.org/10.1111/pcmr.13027>
- [20] Guerrisi, A., Falcone, I., Valenti, F., Rao, M., Gallo, E., Ungania, S., Maccallini, M. T., Fanciulli, M., Frascione, P., Morrone, A., & Caterino, M. (2022). Artificial intelligence and advanced melanoma: Treatment management implications. *Cells*, 11(24), 3965. <https://doi.org/10.3390/cells11243965>
- [21] Patel, R. H., Foltz, E. A., Witkowski, A., & Ludzik, J. (2023). Analysis of artificial intelligence-based approaches applied to non-invasive imaging for early detection of melanoma: A systematic review. *Cancers*, 15(19), 4694. <https://doi.org/10.3390/cancers15194694>
- [22] Maleki Varnosfaderani, S., & Forouzanfar, M. (2024). The role of AI in hospitals and clinics: Transforming healthcare in the 21st century. *Bioengineering*, 11(4), 337. <https://doi.org/10.3390/bioengineering11040337>
- [23] Khandakar, S., Al Mamun, M. A., Islam, M. M., Hossain, K., Hassan Melon, M. M., & Javed, M. S. (2024). Unveiling early detection and prevention of cancer: Machine learning and deep learning approaches. *Educational Administration: Theory and Practice*, 30(5), 14614–14628. <https://doi.org/10.53555/kuvey.v30i5.7014>
- [24] Sial, M., Shakeel, S., Asim, M., Khalil, A., Irfan, M. A., Jan, A., & Jr, I. J. S. T. (2024). Skin scan: Cutting-edge AI-powered skin cancer classification app for early diagnosis and prevention. *Journal of Skin Technology*, 6, 227–235. <https://doi.org/382398628>
- [25] Mandl, K. D., & Perakslis, E. D. (2021). HIPAA and the leak of "deidentified" EHR data. *The New England Journal of Medicine*, 384(23), 2171–2173. <https://doi.org/10.1056/NEJMp2102616>
- [26] Mondschein, C. F., & Monda, C. (2018). The EU's General Data Protection Regulation (GDPR) in a research context. In P. Kubben, M. Dumontier, & A. Dekker (Eds.), *Fundamentals of clinical data science* (Chapter 5). Cham, Switzerland: Springer. https://doi.org/10.1007/978-3-319-99713-1_5
- [27] Daneshjou, R., Smith, M. P., Sun, M. D., Rotemberg, V., & Zou, J. (2021). Lack of transparency and potential bias in artificial intelligence data sets and algorithms: A scoping review. *JAMA Dermatology*, 157(11), 1362–1369. <https://doi.org/10.1001/jamadermatol.2021.3129>
- [28] Wen, D., Khan, S. M., Ji Xu, A., Ibrahim, H., Smith, L., Caballero, J., Zepeda, L., de Blas Perez, C., Denniston, A. K., Liu, X., & Matin, R. N. (2022). Characteristics of publicly available skin cancer image datasets: A systematic review. *The Lancet Digital Health*, 4(1), e64–e74. [https://doi.org/10.1016/S2589-7500\(21\)00252-1](https://doi.org/10.1016/S2589-7500(21)00252-1)
- [29] Chen, R. J., Wang, J. J., Williamson, D. F. K., Chen, T. Y., Lipkova, J., Lu, M. Y., Sahai, S., & Mahmood, F. (2023). Algorithmic fairness in

- artificial intelligence for medicine and healthcare. *Nature Biomedical Engineering*, 7(6), 719–742. <https://doi.org/10.1038/s41551-023-01056-8>
- [30] Yang, J., Soltan, A. A. S., Eyre, D. W., Yang, Y., & Clifton, D. A. (2023). An adversarial training framework for mitigating algorithmic biases in clinical machine learning. *NPJ Digital Medicine*, 6(1), 55. <https://doi.org/10.1038/s41746-023-00805-y>
- [31] Ueda, D., Kakinuma, T., Fujita, S., Kamagata, K., Fushimi, Y., Ito, R., Matsui, Y., Nozaki, T., Nakaura, T., Fujima, N., Tatsugami, F., Yanagawa, M., Hirata, K., Yamada, A., Tsuboyama, T., Kawamura, M., Fujioka, T., & Naganawa, S. (2024). Fairness of artificial intelligence in healthcare: Review and recommendations. *Japanese Journal of Radiology*, 42(1), 3–15. <https://doi.org/10.1007/s11604-023-01474-3>
- [32] Mökander, J., Axente, M., Casolari, F., & Floridi, L. (2022). Conformity assessments and post-market monitoring: A guide to the role of auditing in the proposed European AI regulation. *Minds and Machines*, 32(2), 241–268. <https://doi.org/10.1007/s11023-021-09577-4>
- [33] Kiseleva, A., Kotzinos, D., & De Hert, P. (2022). Transparency of AI in healthcare as a multilayered system of accountabilities: Between legal requirements and technical limitations. *Frontiers in Artificial Intelligence*, 5, Article 879603. <https://doi.org/10.3389/frai.2022.879603>
- [34] Yu, K. H., Beam, A. L., & Kohane, I. S. (2018). Artificial intelligence in healthcare. *Nature Biomedical Engineering*, 2(10), 719–731. <https://doi.org/10.1038/s41551-018-0305-z>
- [35] Li, Z., Koban, K. C., Schenck, T. L., Giunta, R. E., Li, Q., & Sun, Y. (2022). Artificial intelligence in dermatology image analysis: Current developments and future trends. *Journal of Clinical Medicine*, 11(22), Article 6826. <https://doi.org/10.3390/jcm11226826>
- [36] Tschandl, P., Rinner, C., Apalla, Z., et al. (2020). Human–computer collaboration for skin cancer recognition. *Nature Medicine*, 26, 1229–1234. <https://doi.org/10.1038/s41591-020-0942-0>
- [37] Lee, P., Bubeck, S., & Petro, J. (2023). Benefits, limits, and risks of GPT-4 as an AI chatbot for medicine. *The New England Journal of Medicine*, 388, 1233–1239. <https://doi.org/10.1056/NEJMSr2214184>
- [38] Fabbrocini, G., De Vita, V., Pastore, F., D'Arco, V., Mazzella, C., Annunziata, M. C., Cacciapuoti, S., Mauriello, M. C., & Monfrecola, A. (2011). Teledermatology: From prevention to diagnosis of nonmelanoma and melanoma skin cancer. *International Journal of Telemedicine and Applications*, 2011, Article 125762. <https://doi.org/10.1155/2011/125762>
- [39] Giansanti, D. (2023). The artificial intelligence in teledermatology: A narrative review on opportunities, perspectives, and bottlenecks. *International Journal of Environmental Research and Public Health*, 20(10), Article 5810. <https://doi.org/10.3390/ijerph20105810>
- [40] Guo, J., & Li, B. (2018). The application of medical artificial intelligence technology in rural areas of developing countries. *Health Equity*, 2(1), 174–181. <https://doi.org/10.1089/heap.2018.0037>
- [41] Zuhair, V., Babar, A., Ali, R., Oduoye, M. O., Noor, Z., Chris, K., Okon, I. I., & Rehman, L. U. (2024). Exploring the impact of artificial intelligence on global health and enhancing healthcare in developing nations. *Journal of Primary Care & Community Health*, 15, Article 21501319241245847. <https://doi.org/10.1177/21501319241245847>

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