

A Clinico-Dermoscopic Approach for Skin Cancer Screening

Recommendations Involving a Survey of the International Dermoscopy Society

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KEYWORDS

• Melanoma • Skin cancer • Clinical diagnosis • Dermoscopy • Dermatoscopy • Triage

KEY POINTS

- A survey consisting of 29 questions was given to members of the International Dermoscopy Society to investigate clinician perceptions and behavior in approaching patients with skin tumors and to propose an updated system of triage.
- Although 81.7% of the respondents reported using dermoscopy for patients presenting with skin tumors, only 37.4% screened all patients regardless of the presenting condition.

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- The average waiting time for a regular patient consultation exceeded 1 month for 38.1% of the respondents (48.9% of those in public positions).
- More than half of the respondents (57%) performed monitoring in at least 30% of their patients.
- An up-to-date system of triage should be implemented to promote an improved diagnostic accuracy and more timely management of skin malignancy.

BACKGROUND

Skin malignancy is a major global health concern in white populations because of the significant incidence of melanoma and nonmelanoma skin cancer (NMSC) in fair-skinned individuals, coupled with its potential morbidity and mortality. Screening for melanoma in particular is considered challenging for 2 main reasons: the first is related to the potential mortality of melanoma if early recognition and removal is not carried out and the second concerns the high incidence of its benign counterpart, the melanocytic nevus. In some instances, nevi can mimic melanoma in clinical appearance and are present as multiple lesions in many individuals in the population. Consequently, even targeted screening for melanoma involves many patients.

Recently, with heightened emphasis on skin cancer prevention, there has been an increasing congestion of specialist dermatology clinics with patients referred from primary care, requiring assessment of possible skin malignancy. Waiting times for dermatology clinics have consequently usually increased, and dermatologists are faced with the task of assessing numerous referred benign lesions (including seborrheic keratoses, hemangiomas, and benign nevi) in lower-risk patients to detect but a few malignancies.^{1,2} This circumstance places a strain on limited specialist resources and can create a paradoxical and counterproductive situation whereby an early diagnosis becomes increasingly difficult for those patients who actually do harbor a skin cancer.

Dermoscopy has become an important tool in the diagnostic armamentarium of clinicians dealing with skin cancer detection. In the current guidelines for the management of melanoma and NMSC, dermoscopy is mentioned as a useful technique for clinicians screening skin lesions because it can increase diagnostic accuracy and prompt earlier excision. Dermoscopy is also helpful for monitoring multiple pigmented lesions whereby recording digital dermoscopic images over time can provide evidence of significant (suspicious) morphologic change (level IA, grade A).^{3,4} Despite these general recommendations, details

of a rational, stepwise approach integrating dermoscopy into a daily clinical work flow are largely absent. In this context, specific guidelines are needed to optimize the overall process of skin cancer screening.

The main objectives of the present study were twofold: (1) to investigate by questionnaire the attitudes and behaviors of International Dermoscopy Society (IDS) members in approaching patients with skin tumors and (2) to propose an updated, rational system of triage for skin cancer screening, based on current published evidence. The ultimate aim of the latter system of triage is to improve the accuracy of diagnosis of skin malignancy and promote a more timely and effective management of skin cancers by both general/family physicians (GFP) and dermatologists. Where the surveyed behavior of clinicians was found to depart from these evidence-based guidelines, the authors propose addressing these areas of concern through focused physician education campaigns.

METHODS

An e-mail of invitation for the questionnaire-type survey was sent on July 29, 2011 to all 5361 members of the IDS (<http://www.dermoscopy-ids.org>). The objective of the survey was to determine the attitudes and clinical behaviors of the survey participants in approaching patients with skin tumors, including the implementation of dermoscopy in their clinical work. The survey consisted of 29 questions (**Fig. 1**) that had previously been developed and ratified by the executive board members of the IDS. Questions included those inherent to (1) the participant's professional profile; (2) his or her attitudes on patient and lesion selection; (3) the method, waiting time, and outcome of triage; and (4) the methods used during the follow-up examination.

The survey was posted on the IDS Web site and took approximately 10 minutes to be completed. Participants were permitted to respond to the survey anonymously (without logging in) and were prevented from responding to the survey more

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