Experience in Dermoscopy/Dermatoscopy
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Background
Within the past two decades an exponential number of publications have emerged on the topic of dermatoscopy/dermoscopy. The diagnostic technique, however, has fundamentally changed the way pigmented and non-pigmented lesions are evaluated by dermatologists, as it offers a more methodical and disciplined approach to evaluate them. Despite the planetary diffusion of dermoscopy/dermatoscopy, dermatoscopists’ experience is not precisely quantified and only one study proposed an algorithm, but only relative to pigmented basal cell carcinoma.

Aim
This study wants to perform a new algorithm to quantify dermatoscopists’/dermatoskopists’ experience in all pigmented and non-pigmented lesions, in order to set a measuring tool of experience and feasibility of dermatologists operating in dermoscopy/dermoscopy.

Materials and Methods
We selected randomly 70 dermoscopic/dermatoscopic images of pigmented and non-pigmented lesions from the database of Clinical Hospital of Barcelona, obtained by polarized dermoscopy/dermatoscopy. These images converted in the same image format, JPEG with a resolution minimum of 300 dpi, will be made available to IDS members to evaluate dermoscopic/dermatoscopic clues. We will use only clues where a codified translation from metaphoric to morphological language is described and approved during the 3rd Consensus Conference of the International Society of Dermoscopy/Dermatoscopy. All participants to our study at the beginning will have to answer to following 5 preliminary questions.

Step I: >10 years experience in dermoscopy/dermoscopy: yes (5 points) vs NO (0 points);
Step II: Average number of patients dermoscopically/dermatoscopically examined in 1 day: 0 (0 points), 1-3 (1 point), 4-6 (2 points), 7-10 (3 points), >10 (4 points);
Step III: Studies written about dermoscopy/dermatoscopy during the last year: yes (1 point) vs No (0 points);
Step IV: total number of studies written about dermatoscopy/dermoscopy: 0 (0 points), 1-2 (1 point), >2 (2 points);
Step V: Number of attended dermoscopic congresses (audience or speaker) during the last year: 0 (0 points), 1-2 (1 point), 3-5 (2 points), >5 (3 points).
Then they could choose the descriptive dermatoscopic/dermoscopic language they prefer (metaphorical or descriptive), and only now they will start to assess the previously mentioned dermatoscopic/dermoscopic images by the proposed items, namely Pattern, Network, Mixed dermoscopic features and Vessels, and finally the diagnosis. Each items have pre-selected answers.

**Results**

Basing from the total points acquired by participants from experience and from the lesions description we will stratify point categories and then we will set categories of experience.

**Limitations**

The possible limitation of the study could be the lack of adherence from participants.

**Conclusions**

To the best of our knowledge this is the first study centered on the experience in dermatoscopy/dermoscopy for pigmented and non-pigmented lesions. This algorithm may be a useful tool also to examine dermatoscopic/dermoscopic studies in a critical sense, such as during a meta-analyses or Cochrane reviews, adding an additional and interesting evaluation parameter.

**References**