



Abstract N°: 188

Title: TELESPOT Project, a teledermatology tool for primary healthcare centers for early skin cancer diagnosis in Belgium: intermediate results and satisfaction scores.

Thomas Damsin¹, Arjen Nikkels²

¹ Chu Of Liege, Liège, Belgium, ² Chu De Liège, Belgium

Introduction

The incidence of skin cancers has been steadily increasing for decades. Dermoscopy permits accurate skin tumor detection with a high sensitivity and specificity. The TELESPOT project (TELEdermoscopy Smartphone-based Pigmented lesion diagnosis Online Taskforce) represents a new tool for rapid and reliable diagnosis and accelerates patient care flow. This project involves seven primary health care centers (PHC) in four different Belgian districts, linked to a university dermatology department.

Materials and methods

A smartphone application was created using an open-source program, according to General Data Protection Regulation. Each PHC is equipped with a smartphone (iPod® Touch 7; Apple, Cupertino, CA) and a compatible dermatoscope (Heine® ic1; Heine Optotechnik, Herrsching, Germany). Subsequently, all PHC centers were trained for macro- and dermatoscopic image acquisition as well as for basic dermoscopic features of skin cancers. During the screening visits the following items were assessed: age, gender, evolution of the lesion over time, anatomical site and suspected diagnosis as well as image acquisition. These data were sent to the university dermatology department for evaluation. After analysis of the images by 2 expert dermatologists the following results and recommendations were sent back to the PHC: quality of acquisition, diagnosis and management priority (high priority or regular track).

To assess the usefulness of the TELESPOT project the following items were evaluated; quality of acquisition, evolution of lesion over time, nature of lesion, diagnosis, management priority, histopathology of high priority lesions, time to face-to-face (and surgery if necessary). Furthermore, the overall patient and healthcare provided satisfaction was evaluated following a modified Likert scale.

Results

Over a period of one year, 353 lesions were analyzed from 241 patients. The mean age was 51 years with a female sex ratio (3:2). 3% of acquired images had to be repeated because of poor acquisition quality. Low priority management was given for 89% of all the lesions. The lesions detected were the following: actinic keratosis: 15 (4.3%), angioma: 12 (3.4%), dysplastic naevus: 9 (2.6%), basal cell carcinoma: 12 (3.4%), benign naevus: 134 (37.9%), dermatofibroma: 6 (1.7%), cutaneous squamous cell carcinoma 9 (2.6%), lentigo: 19 (5.4%), seborrheic keratosis 98 (27.7%), other benign lesions 22 (6.2%) and other malignant lesions 1 (0.3%). Suspect melanocytic lesions were the following: congenital naevus: 2 (0.6%), Spitz/Reed naevus: 3 (0.8%), in situ melanoma: 6 (0.7%) and melanoma: 4 (1.1%). Melanomas represented 26% of the high priority lesions pool. The median time to face-to-face/surgery visit was 12 days, seven time faster in comparison with conventional care pathway. The global satisfaction score was 8.8/10 for patients and 9.4/10 for health care providers.

Discussion

The results indicate that the TELESPOT project represents an useful tool to prescreen patients with suspicious skin lesions and hasten the patient care management. The initial triage in PHCs might be a limitation, possibly missing uncommon skin cancer clinical manifestations such as amelanotic melanoma.

EADV 31TH CONGRESS 2022

07 SEPT – 10 SEPT 2022

POWERED BY M-ANAGE.COM

