Support:
- Early detection and treatment of skin cancer
- The use of scientifically validated new technologies paired with appropriate clinical training for best patient outcomes
- Adequate and timely referral to appropriately trained physicians for skin lesions suggestive of skin cancer

Oppose:
- Technology as a substitute for clinical experience and meticulous physical examination
- Use of technology without appropriate, accredited training in the use of the modality

The use of dermatoscopes and other non-invasive diagnostic tools may be helpful in identifying lesions suggestive of skin cancer. “For diagnosis of skin cancer, the use of dermoscopy by trained physicians has been shown to be more accurate than naked-eye examination because dermoscopy allows the visualization of features that are not visible to the naked eye.”

According to a 2012 study published in Dermatologic Surgery, “Although dermatology is a visual specialty, and most skin lesions can be diagnosed rapidly, there are cases that require a more detailed history or physical examination, including palpation, to be identified. Palpating the skin allows for identification of skin lesions that are otherwise inconspicuous because of their dermal location, lack of pigment, or epidermal change. Once they are identified, dermoscopy has proven to be helpful in the diagnosis of primary amelanotic melanomas and cutaneous metastatic melanomas.”

Furthermore, dermatoscopes and other non-invasive diagnostic tools may be used as an adjuvant screening tool for pigmented and non-pigmented cutaneous lesion screening, and to monitor suspicious lesions by those trained in such.

Physicians using dermatoscopes and other non-invasive diagnostic tools should receive proper training and competency in the use of dermoscopy. These include the Accreditation Council on Continuing Medical Education, American Osteopathic Association approved continuing medical education, or completion of an American College of Graduate Medical Education or American Osteopathic Association accredited postgraduate program that includes training in the use of dermatoscopes and other non-invasive diagnostic tools. Training programs provided by a manufacturer or vendor of dermatoscopes and other non-invasive diagnostic tools should not be a physician’s only education in the use of these devices. Accredited residency training in dermatology satisfies these requirements.

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In primary care settings, dermatoscopes and other non-invasive diagnostic tools can be useful for the purposes of referral accuracy.\textsuperscript{4} Primary care physicians often act as an important resource in referring patients with suspicious lesions to a dermatologist for further diagnostic and treatment options. If primary care physicians have received appropriate training in the use of dermatoscopes or other non-invasive diagnostic tools, and evaluation indicates that skin lesions are suggestive or suspicious for skin cancer, the patient should be referred to a dermatologist for further work-up. This work-up may include histopathologic evaluation by appropriately trained specialists, the gold standard for diagnostic accuracy.

\textit{Approved by the ASDSA Board of Directors: September 2016}

\textsuperscript{4} Argenziano, G.; et al. Dermoscopy Improves Accuracy of Primary Care Physicians to Triage Lesions Suggestive of Skin Cancer. \textit{J Clin Oncol.} 24:1877-1882.