

## Position on the use of dermoscopy and other non-invasive diagnostic tools

### 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 board-certified dermatologists 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.”<sup>i</sup> 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.”<sup>ii</sup>

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 board-certified dermatologists or those trained in such.

**The training that a board-certified Dermatologist receives during their accredited residency program is the foundation of competency in the use of dermoscopy. This competency is accomplished not only by direct dermoscopy education, but also informed by the dermatology resident’s training in dermatopathology, procedural dermatology, and other complementary disciplines.** 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.<sup>iii</sup>

Dermoscopy (and other non-invasive diagnostic tools emerging through artificial intelligence) in the hands of a non-dermatologist are falsely reassuring. A skin lesion of concern for an untrained practitioner (e.g., the patient themselves, a midlevel provider or a primary care physician) is often not the lesion that a dermatologist would be concerned about when performing a full skin exam. Thus, these non-dermatologists could falsely reassure a patient that they are cancer free while evaluating the wrong lesions. Patient history is also essential, and these data points are missed by a one-off evaluation of a lesion. These tools can be falsely alarming. As an example, an app that uses criteria to assign risk to a nevus can mischaracterize risk when errantly pointed at a seborrheic keratoses.

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**In primary care settings, dermatoscopes and other non-invasive diagnostic tools can be useful for the purposes of referral accuracy.**<sup>iv</sup> 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 board-certified dermatologist for further evaluation. This may include histopathologic evaluation by appropriately trained specialists, the gold standard for diagnostic accuracy.

*Approved by the ASDSA Board of Directors: September 2016  
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<sup>i</sup> Argenziano, G.; et al. Dermoscopy Improves Accuracy of Primary Care Physicians to Triage Lesions Suggestive of Skin Cancer. *J Clin Oncol.* 24:1877-1882.

<sup>ii</sup> Jaimes, N.; et al. Dermoscopy: An Aid to the Detection of Amelanotic Cutaneous Melanoma Metastases. *Dermatol Surg.* 38:1437-1444.

<sup>iii</sup> ACGME Program Requirements for Graduate Medical Education in Dermatology. Retrieved July 27, 2016 from: [https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/080\\_dermatology\\_2016.pdf](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/080_dermatology_2016.pdf)

<sup>iv</sup> Argenziano, G.; et al. Dermoscopy Improves Accuracy of Primary Care Physicians to Triage Lesions Suggestive of Skin Cancer. *J Clin Oncol.* 24:1877-1882.