Challenges & Strategies in Diagnosing Melanoma from Afar

Announcer:

This is ReachMD, and you're listening to *COVID-19: On the Frontlines*. Taken from a live Webinar sponsored by Penn Medicine, this program features Dr. Roman Bronfenbrener, a clinical associate at Penn Medicine. Dr. Bronfenbrener details some of the challenges patients and dermatologists face with at-home clinical imaging for diagnosing melanoma and how available technologies can help socially-distant diagnosing. Let's hear from him now.

Dr. Bronfenbrener:

In the current state, what's thrown forward in tele-dermatology, taking a picture of a lesion, sending it to their dermatologist, and ideally that picture is in focus and plus or minus thermoscopy, a Cochrane review that was performed showed that less than 7% of malignant lesions were missed using this technology, which that's not a number most providers, I think, would feel comfortable about knowing that, yeah, we're good about 93% of them, but 7% we might be missing. So, in my experience, I like it a lot more for triage, like you mentioned, where you can look at something and feel pretty comfortable that it's a seborrheic keratosis or not a melanoma and say, "Let's evaluate this later," because I think everybody has had the experience of thinking something is a seborrheic keratosis and then it comes back and it actually—you know, it was a verrucous melanoma or something like that. I don't think that with tele-dermatology in its current state, at least with just clinical images, anybody's going to be necessarily super comfortable calling something and just saying, "That does not require any further follow-up." And also, people come in for one lesion, and it turns out the melanoma is on the shoulder but the seb-ker was on the back.

So in trying to evaluate patients with that, there are technologies that would use images taken in the office, like total body photographs taken, for example, with an iPad, that the patient also has access to, and the patient can then look or maybe have somebody help them and check to see if anything is new or has developed that's different. The other thing that's nice is one of the technologies which is called "Skin IO." When you take those photos in the office, those total body photos, there's a disc that's in every single photograph that's a standard size, and so that disc is standardized by the artificial intelligence so that every lesion on that patient can be measured because it's based relative on the size of the disc. So you might be able to look at something and say, "Wow, it has gotten this much bigger over time," because you can have a measurement of a lesion from the past. I think that also helps relieve a lot of anxiety for patients who might find a mole that just looks funny, and then they'll go back in time and see that the size actually hasn't changed.

Announcer:

That was Dr. Roman Bronfenbrener from Penn Medicine. To access more episodes from *COVID-19: On the Frontlines* and to add your perspectives toward the fight against this global pandemic, visit us at ReachMD.com and Become Part of the Knowledge. Thank you for listening.