Program 2

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Funded by the NHMRC
APP1099021
Teledermatology

Remote delivery of dermatology services

Store and forward

Videoconferencing
## Challenges with store and forward

<table>
<thead>
<tr>
<th>Consumer</th>
<th>Dermatologist</th>
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<tbody>
<tr>
<td>Technology or connectivity difficulties</td>
<td>Image capture learning curve</td>
</tr>
<tr>
<td>No option to store and retrieve photos,</td>
<td>App deficiencies, incl. receive, review, and</td>
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<tr>
<td>compare photos over time or view reference</td>
<td>monitor suspicious skin lesions</td>
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<tr>
<td>photos</td>
<td></td>
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<tr>
<td>Compare photos over time and reference photos</td>
<td>Compare photos over time and reference photos</td>
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<tr>
<td>Appointment management</td>
<td>Time pressure</td>
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<tr>
<td>Impatience, trust in tele-diagnosis</td>
<td>Patient with multiple health issues</td>
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How does mHealth fit in with melanoma early detection?

1. Whole-body skin self-examination (SSE)
2. Increased skin awareness
3. Detection of a suspicious lesion
4. Rapid presentation to a doctor
5. Whole-body clinical examination (CSE)
Core study participants

Randomised to

- Skin self-examination or
- Skin Self-examination plus teledermoscopy
Program 2 in CRE

• Compare skin self-examination alone or with a teledermoscope

• How well does it work depending on peoples’ phenotype

• Cognitive processes during self-exam and teledermoscopy
Main research questions

• Does mobile teledermoscopy improve participants’ sensitivity and specificity for identifying naevi requiring clinical management compared to a dermatologist conducted clinical skin examination as gold standard;
• Does repeated mobile teledermoscopy improve sensitivity further;
• How concordant are dermatologists’ tele-diagnoses and is concordance dependent on years of practice;
• What are the cognitive processes when people choose naevi they think require management by a doctor.