



Skin Voice

Society news and views
Summer 2008

Brought to you by the Dermatology Continuing Professional Development Society

A year to remember

The new academic year of the DCPDS started on August 1st. After 3 years of listening to your comments and working at our CPD schedule, we are now confident that we have produced a timetable of events that provides real value for money.

There are six Expert Lectures spread over the coming year delivered by both local and international speakers. In addition there are two monitored discussion weeks (Clinical Conversations) which are consultant led. For these discussions, society members are encouraged to submit clinical questions to the consultant who leads on the conversation topic.



Prof Giuseppe Argenziano will be speaking at the Annual Meeting in November and will present an Expert Lecture in February.

Finally, we now have a confirmed timetable for the November meeting which promises to be another outstanding one. This year's focus on Melanoma is proving to be very popular among society members.

We look forward to welcoming Prof Scott Menzies from Australia and our old friend Prof Geppi Argenziano who will join forces to deliver an exciting workshop on Dermoscopy.



Prof Scott Menzies

Don't be left out!

To book your place at the meeting, call Ruth Williams on +44 (0)29 2074 5388 or email williamsrm@cf.ac.uk for more information.

What DCPDS members say

"Amongst the various topics available to us in the DCPDS are the on-line lectures which have been a good interactive method of continuing my dermatology education and not just an excuse to miss Sunday worship."

Dr Andrew Herd, DPD Graduate 2006-07 (Coventry, England)



"It was excellent. It was a very good talk and it was fantastic being able to ask questions at any point. Like being there in person, so you couldn't ask for better."

Dr Aileen Tincello, DPD Graduate 2006-07 (Leicester, England) on the Hyperhidrosis Expert Lecture by Dr Maria Gonzalez

"I have found the forum discussions, clinical conversations and online lectures a great way of upskilling, revising and testing my dermatology knowledge, thus reinforcing the skills and information acquired during the DPD course.

They have also enabled me to use the clinical photographs I have collected to share information with like-minded colleagues.

I enjoy reading others contributions and, it never ceases to amaze me seeing the different presentations of dermatological conditions. It's like looking at an online dermatology atlas."

Dr Marcia Sonneveld DPD Graduate 2006-07 (Napier, New Zealand)

Dermoscopy - Why should we do it?

Direct examination of the surface of the skin by surface microscopy dates from the 1930's and 1940's^{1,2}. It was not until oil immersion was used (to reduce light scatter that occurred at the interface of the stratum corneum and the air) that close inspection of the pigmented structures of the epidermis and dermoepidermal junction was possible^{3,4}.

There are several synonyms for dermoscopy, including: epiluminescence microscopy, dermatoscopy, cutaneous surface microscopy and magnified skin diascopy. Dermoscopy is a bit easier to remember and say!

Why use Dermoscopy?

Classically, skin lesion diagnosis relies on clinical assessment and the result of biopsy as required. Dermoscopy allows a magnified inspection of the epidermis and the upper dermis, allowing details of pigmented structures (containing melanin, blood, and exogenous pigments) to be seen.

Emphasis has been placed on the diagnosis of melanoma, but dermoscopy helps in the diagnosis of other neoplasms, as well as in a number of general dermatological conditions (even psoriasis and scabies!). In general practice, differentiation of some seborrhoeic keratoses from melanoma can be quite difficult, but dermoscopy simplifies the process.



Psoriasis has a pattern of regularly arranged dotted vessels

Evidence Supporting the Use of Dermoscopy

Skin Lesion Diagnosis without Dermoscopy

Clinical diagnosis of pigmented lesions performs relatively poorly, with reports of 40% failure rates for diagnosis of melanoma and non-melanoma skin cancer in primary care residents in the USA⁵ with similar figures in Australian and New Zealand studies^{6,7}.



This pigmented skin lesion on this gentleman's sun-damaged back shows subtle dermoscopic signs of melanoma.

A UK study of melanoma diagnosis in primary care and hospital settings showed that in only 9% of GP excisions that were sent for histology and subsequently shown to be melanoma was melanoma considered as the clinical diagnosis⁸. A recent Irish study also showed less than impressive performance⁹.

Tellingly, the ratio of benign to malignant melanocytic lesions excised in general practice is about 30-50:1, at a great cost in terms of cost of the procedures and pathology tests, let alone the patient morbidity involved.

Cont on page 3

Cont from page 2

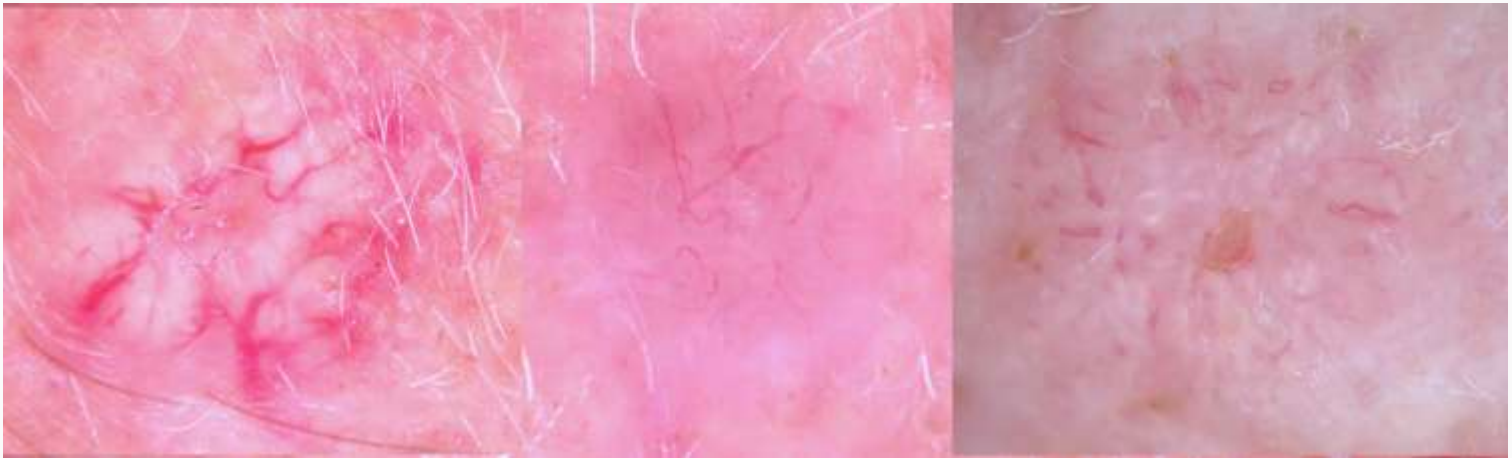
Training programs in clinical diagnosis have managed to achieve only modest improvements from baseline¹⁰.

Skin Lesion Diagnosis with Dermoscopy

Education of primary care practitioners in dermoscopy makes significant improvements in diagnostic accuracy, especially for melanoma. Improvements of accuracy from a baseline of about 60% towards 75-80% have been found in Australian studies^{11,12} and echoed in an Italian study¹³. Web-based training has been shown to be effective¹⁴.

Practically, it is possible to *safely* reduce the ratio of benign melanocytic lesions to melanomas excised to 6-8:1, a five to seven-fold decrease in procedure/pathology costs and patient morbidity.

Dr Jeff Keir MBBS
BA MFM(Clin), DPD,
FRACGP is the Director of the Northern Rivers Skin Cancer Clinic in Ballina, New South Wales, Australia.



These 3 mm diameter pink facial papules are difficult to tell apart clinically, but show the distinct dermoscopic features of (L-R): sebaceous hyperplasia, basal cell carcinoma and early squamous cell carcinoma.

References

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A job well done

For the first time in the history of the DPD, the final examinations took place in Hong Kong.

Dr David Luk of the United Christian Hospital and his enthusiastic team produced an exceptionally well organised exam.

Dr Luk and his team must be applauded for their hard work and attention to detail.

Dr Tony Abdullah (left) and Dr Tony Downs (right), Consultant Dermatologists from the UK, joined the team of Hong Kong Examiners along with D Mark Tang and Dr Boon Kee Goh, consultant dermatologists from the National Skin Centre in Singapore. We look forward to many more successful events being staged in Hong Kong with our colleagues and friends at UCH.



Thanks to Dr Luk for a job well done!



Dr David Luk and his team of Examiners at UCH in Hong Kong.

And finally...

Any and all contributions to Skin Voice are welcome - so if you have any news, articles or details of forthcoming events, please send them to:

Ruth Williams, Postgraduate Courses Coordinator,
Department of Dermatology, Cardiff University, 3rd
Floor, Glamorgan House, Heath Park, Cardiff,
CF14 4XN (williamsrm@cf.ac.uk)

Submissions for the next issue should reach the department no later than October 24 2008.



2008-2009 DCPDS Activities Programme

October 12th 2008

Online Expert Lecture - Squamous Cell Carcinoma Dr Gunther Hofbauer (Zurich)

28th & 29th November 2008

4th Annual DCPDS Meeting
Hilton Hotel, Cardiff

January 25th 2009

Online Expert Lecture - Pigmented Skin Dr Ru Gamanya (Cardiff)

February 8th 2009

Online Expert Lecture - Dermoscopy
Prof Giuseppe Argenziano (Naples)

W/C February 19th 2009

Clinical Conversation - Acne
Dr Amrit Darvay (Bath)

March 1st 2009

Online Expert Lecture - Cosmetic Dermatology Dr Maria Gonzalez (Cardiff)

W/C March 16th 2009

Clinical Conversation - Eczema
Dr Anthony Abdullah (Birmingham)

April 19th 2009

Online Expert Lecture - Dermatological Emergencies Dr Mark Tang (Singapore)

May 10th 2009

Online Expert Lecture - Dermatology Nursing Helen Pugsley (Cardiff)

Membership to the society is £300 for 2008-09 and includes all the above activities as well as access to the DCPDS website.

For more information:

Email: williamsrm@cf.ac.uk

Phone: +44 (0) 29 2074 5388

Meet the Cardiff Admin Team

Julie Amos

Julie has been a Postgraduate Courses Coordinator for five years and is responsible for overseeing the organisation of the DPD examinations in the UK and Hong Kong. She also works alongside Nicola with the DCD and MSc students.



She is currently working part time, having returned from maternity leave in February 2007.

Travelling is her favourite pastime - Julie has been lucky enough to experience trekking in Vietnam, camping in the open savannah of Kruger National Park in South Africa, and scuba diving in the Cook Islands. Although most of her time is now spent running after her two year old daughter!

Email: amosj@cardiff.ac.uk

Nicola McDermott

Nicola is one of the Postgraduate Courses Coordinators and is responsible for the organisation of the Diploma in Clinical Dermatology and MSc in Dermatology courses. Nicola joined the department in 2001 after completing a degree in Psychology from Staffordshire University.



Born and bred in Yorkshire, Nicola enjoys socialising, going to the theatre and jogging.

Email: mcdermottna@cardiff.ac.uk

And goodbye to Hadi

In June we said goodbye to Learning Technologist Hadi Alzahid. He joined the department in 2006 following his BSc in Computer Science. Hadi has moved to London to further his education.



We wish him all the best for the future.