

Valentis mole mapping

Information and Consent Form

Patient name:

Visit date:

What is mole mapping?

The term 'mole mapping' has been used in several different ways. However, it usually refers to a surveillance programme for those at high risk of malignant melanoma. It may include a clinical skin examination and dermoscopy to identify and evaluate lesions of concern.

Mole mapping involves marking spots on a sketch of the body to indicate the position of skin lesions of concern, particularly moles and freckles. In addition, digital images of the whole body's skin surface are taken. These can be reviewed at a later date to see if there are any new skin lesions, or whether pre-existing skin lesions have grown or changed colour or shape. In addition, close-ups of suspicious lesions are taken using the latest technology of dermoscopy.

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Mole mapping includes the following:

- Risk evaluation i.e. age, medical and family history, skin typing, sun exposure
- Patient education regarding sun protection, moles and melanoma
- Skin examination by a health professional:
 - You will be asked to remove at least the outer clothing. All areas of the body need to be examined! Let the doctor know if you feel uncomfortable, especially if there are lesions of concern hidden by your underwear. Make-up, nail varnish and jewellery should be completely removed prior to the procedure. Long hair should be tied up.*
- High quality digital images of: (photographs taken with a digital camera)
 - Standardised poses of the whole body, with lesions of concern carefully localised
 - Close-up macro images of the lesions of concern (dermoscopy)
- Evaluation of the images
- A report to the patient including suspected diagnoses and recommendations for treatment of lesions of concern
- Follow-up mole mapping should be in 3 to 6 months for lesions of concern that do not reach the threshold for excision
- Follow-up mole mapping of all imaged lesions should be at intervals of 1 to 2 years

Which lesions are of concern?

Lesions of concern are those that have features consistent with melanoma or other form of skin cancer (such as basal cell carcinoma or squamous cell carcinoma). Characteristically, skin cancers enlarge or change over periods of weeks to years.

The characteristics of melanoma are defined by the ABCDE rule. These are a useful guide, but may not identify early melanomas or atypical forms. Not all skin lesions with these characteristics are melanomas; many turn out to be harmless.

A Asymmetry, B Border irregularity, C Colour variation, D Diameter over 6 mm, E Evolving (enlarging, changing)

Non-melanoma skin cancers are much more common than melanoma. These usually present as growing skin lesions that may be crusty, ulcerated or bleeding.

If you have any skin lesions that worry you because they are new, enlarging or look distinctive or unusual, ask your doctor's advice. If your doctor is also concerned, he or she may advise removal (biopsy), follow-up appointment, referral to a specialist, or mole mapping.

Who is suitable for mole mapping?

Mole mapping is particularly useful for individuals who have:

- Very many moles (more than 50 to 100)
- Dysplastic or atypical naevi – moles that are large, unusual colour(s) or shapes
- Moles on the back, which may be difficult to keep an eye on
- Previous history of melanoma
- Strong family history of melanoma
- Moles and fair skin that has been severely sunburned
- Concerns about individual moles or freckles, e.g. because of their appearance or recent change

Mole mapping is most useful for pigmented moles – these are usually light to dark brown in colour. Accurate diagnosis depends on evaluation of the structure of the pigment.

What are the advantages of mole mapping?

Mole mapping is intended to diagnose melanoma at the earliest possible stage, by identifying new melanocytic lesions or change in pre-existing melanocytic lesions. These features may be suspicious of melanoma if the lesion also has a disordered structure clinically or on dermoscopy. Compared to self skin examination or an examination by a non-specialist doctor, mole mapping as described above has the following advantages:

- The previous record can be used to determine whether a lesion of concern is new or has changed
- If the doctor determines that a lesion has the criteria for removal, this can be done at the earliest possible stage, reducing the risk of melanoma and minimising surgery

- If a lesion is new or has changed, but does not reach the threshold for removal, it can be re-imaged and watched carefully
- Lesions that do not have structural disorder and have not changed are very unlikely to be melanoma so may not need to be removed, reducing the potential cost, risks and complications of surgery
- Reassurance to the patient and their health practitioner(s)

What are the risks of mole mapping?

Mole mapping is a relatively new procedure and has not yet been proven to save lives. Like all screening systems and other medical procedures, mole mapping is not without risks.

- There may be a melanoma in a hidden site that has not been imaged, such as the scalp or genitals. Please check your genitals and anal area on a regular basis.
- Early melanoma may look like a normal mole or other benign skin lesion, and might be missed (false negative).
- A harmless lesion may be misdiagnosed as melanoma, resulting in unnecessary surgery and alarm (false positive).
- Melanoma may grow rapidly, particularly nodular melanoma; it may reach a dangerous size before the next planned visit for mole mapping.
- Non-pigmented skin lesions are often imaged during a mole mapping appointment. These include skin cancers: amelanotic melanoma, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). At times, pink or scaly skin cancers may be difficult to distinguish from harmless lesions, as the photographic appearance may be identical.
- The procedure may be embarrassing.

Informed Consent

The above procedure (mole-mapping and imaging) that is proposed in my/our child`s case has been fully explained to me/us in a patient-doctor discussion with Dr Stasch. I was/We were afforded the opportunity to ask any question I/we deemed important regarding the nature and the purpose of the procedure, the specific associated risks and possible complications, any additional/subsequent procedures/treatment that may be needed and any alternative forms of screening/treatment that may be available.

I/We have **no further questions** and feel that the **information provided was satisfactory**; therefore, I/we **consent to** the proposed procedure. I/We further consent to any unforeseen additional/subsequent procedures/treatments that may become necessary from a medical point of view.

Place / date / time

Patient`s / parents` signatures