

Mole Mapping & Skin Cancer Screening

What is mole mapping?

Mole mapping is a process that records highly magnified dermoscopic images of your moles linked to body sites so they can be tracked over time to facilitate the detection of any change. Change is the most important feature of skin cancers like Melanoma and the earlier this change is detected, the earlier it can be treated, making it more likely that you will be cured by surgery.

I use cutting edge skin visualisation technology from the world market leader Fotofinder[®]. This can be linked to artificial intelligence for a second opinion or sent off to world leaders in dermoscopy for any particularly challenging cases, meaning you will always get the best opinion.



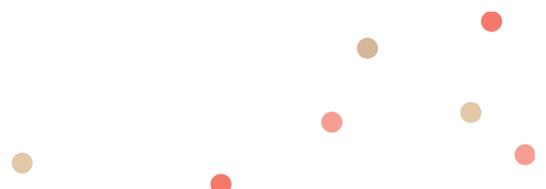
How is it different from a normal examination?

Most dermatologists will examine you with a handheld dermatoscope, which have a small field of view and x10 magnification. They can sometimes be linked to cameras but they are not designed to record images or link to body sites. This makes it difficult to know which mole is which and hard to compare over time.

The Fotofinder Medicam has a magnification from 20-140x with inbuilt polarized lights, automatic focusing and the software will link each mole to the marker and the marker links to the body sites, making it much easier to record multiple moles and track them over time. These crystal clear images can then be analysed by comparison software to detect change over time.

What happens during the first appointment?

At each visit, I will conduct a whole body clinical examination to look for any type of skin cancer or pre-cancer change. At the first appointment a series of body shots are taken and any suspicious lesions are marked on the photo. Once we have created all the markers, high powered dermoscopic images are captured by the Fotofinder Medicam of each marked lesion. Artificial intelligence can be applied to any lesions of concern.



What happens at the follow up appointment?

At the follow up visit, repeat close ups are taken of the moles, with “ghosting” software to make sure the moles are properly lined up and orientated. The software then can compare the two images over time for change in size, shape, volume, colour and symmetry. If there is significant change, surgical excision of that lesion may be recommended.

Who would benefit from mole mapping & cancer screening?

Anybody who has had a past skin cancer, lived abroad, worked outdoors or had lots of sun from holidays or leisure will benefit from a regular whole body examination and skin cancer screening, which I carry out at each screening visit. Patients who have multiple moles and those with pale skin types, especially if they have large irregular moles, will really benefit from mapping and serial examinations.



How often should I have a follow up mole map or whole body examination?

This really depends on personal circumstances and how suspicious any particular lesion is. If there is a moderately suspicious lesion and close monitoring is required, then a repeat scan at 3 months is recommended. Patients who are high risk may have follow ups every 3-6 months, whilst annual review is recommended for lower risk patients.

Will I get a report of my moles?

You will receive an emailed report that shows both the location on the body and the close up dermoscopic image so you can monitor for change in between appointments.

If I think a mole has changed but I am not due back for a review for some time, what should I do?

If you think the mole has changed, you should contact my team and bring your appointment forward for re-assessment. Do not wait for your routine appointment as it is really important to remove any suspicious lesions as soon as possible.

