

Teledermatopathology on the ADOI platform and beyond

Cesare Massone,¹ Antonio Perasole,² Luigi Naldi³

¹Scientific Directorate and Dermatology Unit, Ospedali Galliera, Genova; ²Consultant Surgical Pathologist, Rete Diagnostica Italiana - Cerba HealthCare, Limena Padua; ³Department of Dermatology, Ospedale San Bortolo, Vicenza, Italy

In September 2021 on the platform of the Italian Association of Hospital Dermatologists (ADOI; https://www.adoi. it/) a monthly online live session of teledermatopathology was started involving collegial discussion among experienced Italian pathologists about challenging melanocytic tumors using the virtual microscope. The cases were collected from daily routine by the attending pathologists and were selected among those cases particularly difficult to diagnose and that therefore needed a second opinion.¹

Dr. Antonio Perasole, the coordinator and moderator of the group, was in charge of scanning all the cases, uploading them on the ADOI platform in advance of the meeting, allowing each participant to review the cases independently, and fill an online form with the suspected diagnosis, the perceived level of complexity of the case, and the level of confidence on the diagnosis.

During the scheduled telepathology meeting, all the cases were collegially discussed and, at the end of the discussion, the pathologists were asked to complete a second time the on-line form indicating their diagnosis, complexity and level of confidence. Four telepathology meetings were held between September 2021 and December 2021 and 49 cases were presented.

In 2022, the virtual meeting (https://www.adoi.it/caso-complesso/) were also improved by a CME course that offered 36 credits. Lectures were delivered by colleagues L. Cerroni, G. Ferrara, C. Massone and A. Perasole. Ten telepathology meetings were organized and 83 cases were discussed by 71 pathologists from all Italian Regions.

The cases covered the spectrum of

benign and malignant melanocytic lesions classified according to the World Health Organization (WHO) system.2 For each case, at least one digitalized Hematoxylin and Eosin (HE) histological slide with minimal clinical data (age, sex, location), was presented. When available, routine immunohistochemistry digitalized slides were provided. Clinical and dermoscopic images were available only for a few cases: molecular biology studies were rarely provided (<1%). Considering all cases together and according to three main diagnostic categories (benign, malignant, uncertain), diagnoses of benign melanocytic lesions decreased from 49% before the meeting to 47% after collegial discussion; melanoma diagnoses decreased from 40% before the meeting to 38% after collegial discussion; the spectrum of diagnoses defining uncertainty (i.e. MELTUMP, atypical Spitz Tumor, melanocytoma, etc.) increased from 11% before the meeting to 15% after collegial discussions. This descriptive statistic clearly demonstrates that there is still a percentage of cases that even after experts' review are difficult to classify as either benign or malignant, that a category of intermediate melanocytic lesions exists and that these complex cases cannot be classified based on HE slides only, but need integration with data from expanded immunohistochemistry and molecular biology studies.

The most interesting cases presented at the meetings were subsequently published in the Dermatopathology section of the journal Dermatology Reports.³⁻⁵

A reflection of the interest produced by the initiative was the increase in the number of visits to the ADOI website which averaged 7127 contacts/month, with 15% of visits to the teledermatopathology section.

In 2023, the program will be renewed and enriched. The tele-pathological meetings will cover melanocytic neoplasms and primary cutaneous lymphomas. It is a great honor for ADOI to host G. Croci and Prof. E. Berti, a worldwide opinion leader in skin lymphomas. Ten meetings will be scheduled (https://www.adoi.it/teldermatologia-adoi-2023/), and 36 CME credits will be offered again. As for melanocytic lesions, lectures will be delivered by Dr. C. Misciali, Dr. C. Urso and Dr. D. Massi, the latter being a top Italian pathologist with international recognition and an Editor of the two

Correspondence: Cesare Massone, Scientific Directorate and Dermatology Unit, Ospedali Galliera, Genova, Italy.

E-mail: cesare.massone@gmail.com

Key words: teledermatopathology; ADOI.

Received for publication: 17 January 2023. Accepted for publication: 17 January 2023.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0).

©Copyright: the Author(s), 2023 Licensee PAGEPress, Italy Dermatology Reports 2023; 15:9670 doi:10.4081/dr.2022.9670

Publisher's note: all claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

last WHO editions on Skin Neoplasm.² In addition, a permanent asynchronous CME course on primary skin lymphomas will be available for Italian associates on the ADOI website.

Let's now start and let's figure out what next year, 2024, will bring to us.

References

- Perasole A, Massone C. Fifteen years of melanomatous meetings. Dermatol Reports. 2022;14:9502.
- Elder DE, Massi D, Scolyer RA, Willemze R. WHO Classification of Skin Tumours. 4th ed. Int Agency Res Cancer 2018.
- Boggio F, Perasole A, Massone C, Nazzaro G. A scary nipple. Dermatol Reports 2022;14:9482.
- Zardo D, Perasole A, Massone C. Nested melanoma. Dermatol Reports 2021;14:9433.
- Luongo G, De Stefano N, Perasole A, et al. A case of Angiomatoid Spitz Nevus in the elderly, with clinical and dermoscopic features. Dermatol Reports 2022.

