Reply to: "Comment on 'Mobile teledermatology for melanoma detection: Assessment of validity in the framework of a population-based skin cancer awareness campaign in northern Italy'"

To the Editor: We thank Dr Kurtinaityte and colleagues for their interest in our paper.[1]

They contend[2] that we reported incidence rates for melanoma 200-fold higher than expected on the basis of data from Global Cancer Statistics 2018. As a matter of fact, we did not report any data on melanoma incidence. The population data in our Table[1] concerning a personal history of skin cancer barely reflect the lifetime prevalence of melanoma, which is influenced, among other things, by the incidence of disease, the patient's age at diagnosis, the disease duration after diagnosis, and the reliability of the reported diagnosis; at variance with registry data, in situ lesions also contribute to the estimate. Our interest in such reported lifetime diagnosis data was limited to a comparison with the figure obtained from our sample of Smartphone application (app) users showing no difference.

We agree that among app users the rate of melanoma diagnoses was much higher than expected by chance. By assuming a melanoma incidence of ~14 cases/100,000 population/year (unpublished data from the cancer registry of the Province of Bergamo, Italy, 2016), the probability of finding by chance alone 6 new melanoma cases out of 232 consecutive lesions sent for assessment could be calculated in the order of ~10^{-12}, indicating that melanoma awareness and effective self-examination directed the use of our system and the choice of the lesion sent for assessment. The profile of app users confirms such a statement. As shown in our Table,[1] in comparison with the Bergamo general population, a higher percentage of app users were Fitzpatrick phototype I or II and reported a history of sunburns, and they also had a larger mean number of nevi on upper limbs than the general population. Of note, all 6 melanomas were thin lesions. A study is underway to assess the effect of our prevention program on reducing melanoma thickness in the Bergamo Province by using data from the local cancer registry.[3]

The main appeal of a teledermatology service is to promote patient empowerment, with people taking a more active role promoting their health. To this task, communication technologies should be better exploited to improve health care at sustainable costs.

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