

A survey on the use of reflectance confocal microscopy among dermatologists in Italy



To the Editor: Reflectance confocal microscopy (RCM) is a noninvasive diagnostic tool that enables the visualization of microscopic characteristics of the skin in vivo at a level of resolution close to conventional histology. In recent years, the number of publications on the topic has consistently increased^{1,2} along with the number of devices

available among specialists. In Italy, 29 devices are distributed among 13 public hospitals (44.8%), 11 universities (38.0%), and 5 private practices (17.2%). The use of consumable plastic windows (1 unit is needed per lesion when imaging with the VivaScope 1500 [Caliber Imaging and Diagnostics, Andover, MA]) was 12,450 units in 2019, corresponding to an average of 429 imaged lesions per device.

We performed a survey among Italian dermatologists on their attitudes toward RCM. These were 480

Table I. Survey questions and response of 480 dermatologists who answered the survey

Questions	Response, No. (%)
Sex	
Male	168 (35)
Female	312 (65)
Geographic distribution	
North	187 (39.0)
Central	139 (28.9)
South	154 (32.1)
Working place	
Public	183 (38.1)
Private	259 (54.0)
University	38 (7.9)
Age, y	
<40	111 (23.0)
40-50	120 (25.0)
50-60	149 (31.0)
>60	100 (21.0)
1. Do you have a referral center for RCM close to your practice?	
No	226 (47.0)
Yes, in my practice	43 (9.0)
Yes in my region	187 (39.0)
Yes, outside my region	24 (5.0)
2. Did you ever recommend RCM to your patients?	
Yes, and I found it useful	139 (29.0)
Yes, but I found it useless	29 (6.0)
No, because I am far from referral centers	216 (45.0)
No, because I believe it is useless	96 (20.1)
3. To how many patients did you recommend RCM during the last months?	
<1	345 (72.0)
1-5	120 (25.0)
6-10	5 (1.0)
>10	10 (2.0)
4. Which are the best indications for RCM for you?	
Doubtful lesions of the head/neck trunk and extremities, pigmented or not	427 (89.0)
Acral, ungual, ulcerated lesions	10 (2.1)
Hyperkeratotic lesions	10 (2.1)
Patients with multiple doubtful lesions	33 (6.8)
5. For which kind of lesions did you find RCM more useful for your patients?	
Facial lesions	206 (42.9)
Lesions on the trunk and extremities	15 (3.1)
Nonpigmented lesions	10 (2.1)
None	249 (51.9)

dermatologists who agreed to participate in the survey during a national meeting on skin cancer diagnosis that occurred in Rome on November 22, 2019. The attendees were asked to provide demographic information, including age, sex, and geographic area of practice in Italy. They were then asked to answer to 5 multiple-choice questions that were prepared by 3 of us (E.M., G.A., and C.L.) (Table I).

Interestingly, 47% of participants declared not to have a close referral center for RCM vs 44.0% who indicated they had a referral center in their region (39.0%) or outside their region (5.0%). Only 9.0% of participants declared to have a RCM available in their practice. In all, 65% of dermatologists indicated they did not use RCM for their patients, because of lack of a close referral center (45.0%) or because they find it useless (20.0%). Of the 168 participants (35.0%) who suggested RCM to their patients, 139 (82.7%) found it useful in most cases.

Correct indications for the use of RCM (doubtful lesions of the head/neck, trunk and extremities, pigmented or not) were mentioned by most clinicians (question 4 in Table I). Only approximately 2% believed that it can be used in acral, ungual, or ulcerated lesions, which are actually areas not suitable to RCM imaging.³ This highlights that most dermatologists have a certain knowledge of the tool and its potential benefits and best indications.

The results of our survey pointed out that in Italy, a country where RCM is an established and well-known diagnostic technique, still only a minority of dermatologists use it routinely for their patients. Most of the dermatologists referring to RCM declared to refer 1 to 5 lesions per month. For RCM to become available to a larger number of patients, research and education will play an important role. More studies are needed, particularly data from large multicenter studies on the clinical advantages of RCM.

In addition, a better distribution of the tools in the territory is warranted, along with a better knowledge of location of referral centers. But more importantly, a network connecting dermatologists from private practice to referral centers is strongly needed to improve the use of this diagnostic technique in the clinical routine.

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Assessing the role of physician-selected quality improvement measures in patient encounters



To the Editor: In recent years, physicians have faced a growing demand to optimize patient experience with the emergence of Yelp, HealthGrades, and other consumer feedback platforms.¹ As previous reports have importantly shown, productivity need not improve at the expense of patient satisfaction or the quality of care provided.² We assessed physician perception of patient response to simple behavioral modifications and the impact on productivity.

The Office of Patient Experience at Massachusetts General Hospital proposed 25 interventions based on review of patient experience literature, such as that by Boffeli et al.² Faculty in the Department of Dermatology were instructed to select 2 or 3 communication habits they wanted to adopt but felt they may need reminding with, and they trialed these using these in their encounters over 3 months of clinical activity (Table I). At the end of the trial, providers submitted written feedback on their experience.

All 40 participating providers selected a minimum of 2 interventions to trial during patient encounters, and 26 providers selected an additional third intervention. The top 3 most successful and least