

Dermatology without borders



Interview with **Professor H. Peter Soyer**,
President of the International Society of Teledermatology
■ Professor and Chairman Dermatology Group School
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As the Chairman and the founder of the International Society of Teledermatology (ISTD), would you tell us about the idea of setting up the Society and when it was established?

The idea was born during the Congress of the European Teledermatology Society in November 2002 in Graz. As we realized that nearly 30% of participants came from Non-European countries and the decision was made by the Congress delegates to found the International Society of Teledermatology.*

What are the main goals of the (ISTD) world-wide including Europe?

The society promotes the exchange of knowledge and expertise in all fields of dermatology on a worldwide level providing an interactive discussion forum that was launched early in 2002. See The Community for Teledermatology on www.telederm.org

This year the Second World Congress of Teledermatology will be held in Chennai, India, from October 16-18, 2008 – please visit <http://www.wctd2008.com>.

How many members the Society (ISTD) has now?

The ISTD has currently 426 members from 67 countries with a worldwide distribution: http://www.teledermatology-society.org/members_stat.asp

Nowadays, there is a lot of e-dermatology platforms, including those focused on teleconsultation. Telederm.org is one of them. How many visitors and log-ins has the website had by now?

The [telederm.org](http://www.telederm.org) platform – www.telederm.org – has currently 1041 registered users from 103 countries. About 20 to 30 colleagues are visiting daily the site. To be honest, not really a great number compared to the social websites like face book or xing, but we are confident that the relaunch of [telederm 2.0](http://www.telederm.org) early this spring will create more traffic and even more interest. In this context it is my pleasure to mention the excellent work which is done by the current administrator of the website, Simon Pucher, who is also responsible for the redesign. I also like to mention the International group of moderators, who are responsible for the success of the [telederm.org](http://www.telederm.org) project. Moderators of [telederm.org](http://www.telederm.org) (The Community for Teledermatology): Murat Borlu (Turkey), Huiting Dong (PR China), Shahbaz Janjua (Pakistan), Karen

McKoy (USA), Stelios Minas (Cyprus), Zrinjka Pastar (Croatia), Mirela Cacuci (Romania), Irdina Drljevic (Bosnia-Herzegovina), Leo Cabrijan (Croatia), Yasin Al-Qubati (Yemen), Siva Reddy (India), Figen Akin (Turkey), Thomas Jayakar (India).

According to World Health Organization, telemedicine is defined as providing healthcare via audiovisual network by the means of transmission of medical data, consultation, diagnosis, treatment and education. Herewith what new opportunities in telemedicine development do you see?

Teledermatology can be regarded as a prototype of telemedicine since it is an established telemedical application. Despite this fact, teledermatology has not been completely implemented in the daily routine of sanitary services. Seeking a second opinion through open access online teleconsultation platforms will become standard in medical care. Mobile teledermatology will in the near future allow patients to seek advice for dermatological conditions via their own mobile phones which will facilitate a virtual triage for inflammatory and neoplastic skin diseases.** Such facilities and services are paving the way for a more patientcentred healthcare in the spirit of the e-health programme of the European Commission for Information Society and Media.

In which countries and what kind of situations does telemedicine including teledermatology have the best opportunities for further development?

This is a very relevant question. Obviously the US and also European countries such as Denmark, the Netherlands and UK, to name but a few examples, are on the forefront of established and functioning telederm projects. Some of these services are already creating revenues.

There are also quite a few examples of telemedicine/teledermatology in underdeveloping countries such as the iPath project (<http://ipath.ch>) that was developed by the Department of Pathology of the University Hospital Basel as an open source framework for building web and email based telemedicine applications. Another worldwide project is the Swinfen Charitable Trust that was set up in 1998 by Roger and Pat Swinfen to “assist poor, sick and disabled people in the developing world” access expert medical advice from consultants all around the world. The Swinfen Charitable

Trust (<http://www.uq.edu.au/swinfen/>) offers provincial hospitals in developing countries the opportunity to submit cases to specialists worldwide.

The Africa Teledermatology project (<http://telederm.org/africa/>) was initially conceived as the "Uganda Tele-Dermatology and E-Learning-Project" in February 2007 and its main objective was to facilitate improvement of treatment of skin diseases in Uganda by establishing an internet channel for long distance dermatological consultation between the medical Universities of Makerere and Mbarara in Uganda and the Department of Dermatology, University of Graz, Austria. Following establishment of joint collaboration with the University of Pennsylvania, Department of Dermatology, Philadelphia, USA, the scope of the project was expanded with eventual inclusion of a number of other medical centres in East, Central and South African regions, which led to the formation of the Africa Teledermatology Project.

The two main methods of teledermatological transmission are: Real time, videoconference teledermatology (VCTD), when the dermatologist consults in the real time through audiovisual transmission, or during a videoconference with data storage (Store and Forward System, SAFT, SFTD), which is the system based on collecting data from the patient (interview, clinical images with their digital records) with sending them electronically to the consultant. Which system is used more often at the moment and what are its main advantages?

Here I like to give a very short answer: In teledermatology, store-and-forward systems are mainly used because they usually are, compared to real-time solutions, less time-consuming and have lower costs.

Providing effective healthcare via teledermatology depends on a few conditions, among other minimizing technical and logistical limitations and also reducing the mental barrier caused by a threat of lowering quality of relations between doctor and patient. What are the limitations of the further developing of teledermatology?

More randomised controlled trials, as well as simulation cost studies with a special focus on clinical outcomes will be required to prove that teledermatology indeed is a cost-effective technology. Legal and economical issues and organisational aspects have challenged the implementation of teledermatology as a routine service. However, we cannot and should not impede technological advancement and it is our duty to contribute to it by supporting the design of a modern healthcare system.

How can we resolve the problem of responsibility in second line answer? How are the formal and legal problems resolved in other countries?

Sorry, I simply cannot give you a satisfactory answer. The situation is very complex and varies from country to country. And obviously is different if you are performing research projects or commercial services. In regard to second opinion services: The main responsibility remains usually with

the referring doctor, but the teleconsulting doctor obviously is "involved" independent if the consultation is paid or unpaid. I am not aware of law cases in the second opinion telederm arena. My advice is to involve specialized lawyers if you like to implement a telederm service in your country. And not to forget the professional bodies have very strict ideas about this.

Can we rely upon any new sources of financing the teledermatology projects? How are consultancies centres working in particular countries?

Again a very sophisticated question. In my estimation tele-radiology services worldwide can be seen as the model. And there are already a few comprehensive telemedicine services available as for example Medgate in Switzerland (www.medgate.ch).

We know that you Professor are involved in many medical projects e.g. teleconsulting of histopathological images (telepathology), dermoscopic data (teledermoscopy) and many others. Would you mind, could you tell us about your private hobbies and spending time when you relax?

This is a very easy question: Running, swimming and biking. I finished quite a few marathons and in 2006 the ironman Austria in Klagenfurt. As I was a bit lazy in the last months I have to increase my training in order to finish again a Marathon, the Berlin marathon 2009. And besides reading I try to become familiar with the Aussie Sport reality, namely, Rugby Union, Rugby league, Aussie Rules Football and, not to forget, Cricket.

What are your plans for the nearest future?

We are currently involved in preparing a study entitled "Mobile Phone Imaging for early Diagnosis of Melanoma". The study hypothesis is the following: Persons concerned about changing or new moles are able to capture diagnostically acceptable images of the lesion with a mobile phone and send it together with relevant clinical information via multimedia messaging service (MMS) to a specialized telemedicine centre (Mobile Mole Service Centre) for diagnosis and triage. In a few years I will keep you posted on the outcome of this study. Australia, due to its geographical situation, certainly is the best place in the world to study these and related scientific questions.

Thank you very much for the interview and I wish you all the best and also many successes.

Interviewer: Dr. Grażyna Kamińska-Winciorek (Member of the Advisory Board of the International Society of Teledermatology)

*See also www.teledermatology-society.org

**See also: Massone C, Hofmann-Wellenhof R, Ahlgrim-Siess V, Gabler G, Ebner C, Peter Soyer H.: Melanoma screening with cellular phones. PLoS ONE, 2007, 2: e483.