Evaluating **Pathways for AI Dermatology** in Skin Cancer Detection



An overview of an independent evaluation by **Edge Health** commissioned by the **NHSE Outpatient Recovery and Transformation Programme**

NHSE Outpatient Recovery and Transformation Programme (OPRT) commissioned <u>Edge Health</u> to write an independent report to look at the use of AI in skin cancer pathways. The report aims to evaluate the adoption of autonomous Artficial Intelligence as a Medical Device (AIaMD) in suspected skin cancer pathways, focusing on performance, current implementation, and economic considerations. It is also the **first to practically assess safety standards and recommendations for the post-market surveillance (PMS)** of autonomously used AI.

Edge Health were tasked with exploring all AI technologies appropriately regulated to be deployed within autonomous pathways. Skin Analytics' AIaMD, **DERM was the only technology that met the requirements**, so much of the report focuses on our performance.

Key findings

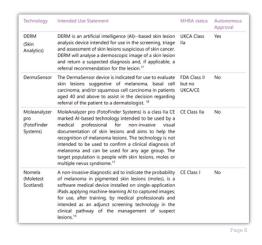


AIaMD can be used **autonomously in the NHS** if certified under classes UKCA IIa and CE III. DERM is noted as the **only AIaMD with the necessary evidence base** demonstrating its safety and effectiveness for regulatory clearance at this level.

DERM performance is at least as good as face-to-face dermatologist evaluations. The Negative Predictive Value (NPV) for correctly excluding melanoma in a matched-prevalence population were...

Based upon:

- 1. An independent analysis of 33,693 real-world lesions assessed by DERM (including 835 melanoma) $\,$
- 2. A systematic review and meta-analysis of all studies involving consultant dermatologists up to April 2024







AI-enabled pathways allow for lower system costs by reducing the need for face-to-face reviews and biopsies. Illustrative budget impact modelling suggests **up to £86 in savings per case in autonomous pathways**.

AIaMD can rapidly process initial assessments, which could reduce waiting times for secondary care reviews, thereby **enhancing patient experience** and service delivery.



The dermatology scenario in England



170%

increase in Urgent Suspected Cancer referrals in England within the last 10 years.



140%

increase in melanoma incidence rates in the UK since the early 90s - rising each year.



82% increase in Referral to Treatment waiting lists between April 2021 and March 2024.



24%

of dermatology Consultant positions are unfilled.

48%

of melanoma diagnoses arose from routine referrals in Nov 2023 - a notable increase from 38% in 2018.

Post-Market Surveillance (PMS) recommendations and how we comply

PMS recommendation	Skin Analytics' standards & evidence
Data collection & Data sharing Requires strong NHS IT infrastructure and streamlined data sharing in line with data privacy regulation	ISO 27001 ISO 13485 ISO 13485 ISO 13485 DTAC compliant
Equipment, Training & Intended use monitoring Regular communication, training, SOPs and audits to ensure appropriate use of AIaMD and associated hardware	 In-person & online image capture training Image quality & lesion suitability audits DERM medical device resources for healthcare organisations
Algorithm validation & Risk management Clinical safety documentation updates with algorithm updates that are based on real-world performance with repeat attendance and adverse event monitoring	 DCB 0129 & support with DCB 0160 Model card (available on request) MHRA yellow card scheme
Performance monitoring, Service evaluation & Root cause analysis Regular AIaMD accuracy reporting including subpopulation analysis with false negative case reviews	DERM Performance Equality and Health Inequalities Impact Assessment (EHIA) Clinical advisory case reviews

This independent evaluation **demonstrates the safety of DERM** and the clinical value that regulated AIaMD can deliver for **you and your patients**.

Talk to us to learn more about AIaMD for dermatology.

