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# UK-based multicentre cross-sectional study assessing advice requests veterinary dermatologists received from general practitioners

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1 **UK-based multi-centre cross-sectional pilot study assessing advice requests**  
2 **received by veterinary dermatologists from general practitioners**

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## 1 **Abstract**

### 3 **Background**

5 There is little information regarding the nature of advice requests received by Veterinary  
6 Dermatologists from general practitioners. Collation of such data could allow better targeting of under-  
7 and post-graduate teaching.

### 9 **Methods**

11 Dermatologists completed hand-written recording sheets during or after enquiries collating information  
12 including route of enquiry, nature of advice, material provided, practice type and location, animal  
13 signalment, presenting signs, diagnosis/differential diagnosis, treatment and referral recommendations,  
14 time taken, and if charges were made.

### 16 **Results**

18 12 Dermatology services recorded 768 advice requests over a six month period. Most requests were  
19 submitted via email relating to canine dermatology (81%). An average of 9.5 minutes were spent  
20 replying to requests. Charges were made in 2% of cases. Advice regarding otitis followed by pruritus,  
21 alopecia and crusting was most sought. Most frequently discussed diagnoses included allergy followed  
22 by otitis, pyoderma, demodicosis, dermatophytosis and neoplasia. Antibiotics, anti-pruritic and topical  
23 otic medications were the most commonly discussed therapeutics.

### 25 **Limitations**

26 As an initial study, future studies should identify why advice is sought, decision making regarding  
27 referral and if advice should be charged similar to other disciplines.

### 29 **Conclusions**

31 These findings highlight that veterinarians mostly frequently seek advice on management of common  
32 dermatological problems including allergy, otitis and pyoderma.

## 34 **INTRODUCTION**

36 Up until the 1950s, veterinary services were predominantly provided by general practitioners in mixed  
37 practice environments. Species specific practices followed by speciality colleges and residencies in  
38 these areas developed soon after. In the early 1990s specialisation was developed in Europe with the  
39 European Board of Specialisation (EBVS).

41 Initially, veterinary specialists were employed in teaching hospitals which obtained the majority of their  
42 patient and client base through referrals. The principal aims of specialist university practice was to  
43 provide teaching material for undergraduates and offer referral for specialist expertise and facilities to  
44 primary care clinicians, patients and clients. It became commonplace for specialists working within  
45 universities to respond to advice requests. Advice was typically free of charge, helped with clinician and  
46 referring veterinarian relationship and generated referral of cases.

48 Although Teller and Moberly reported in their 2020 review that paid veterinary teleradiology began in  
49 the mid-1980s<sup>1</sup>, paid specialist telemedicine services have only recently emerged in the United Kingdom  
50 (UK) with diagnostic imaging is most well-developed.

1 Dermatology is a discipline that has always attracted a large number of advice calls. The non life-  
2 threatening and chronic nature of most skin diseases and lack of requirement for advanced facilities  
3 and technical skills all contribute to this situation. Furthermore, the visual nature of the discipline has  
4 made it particularly suitable for modern day advice requests involving emails and digital images.

5  
6 The purpose of this initial study was to collect data on the prevalence, volume and nature of advice  
7 enquiries received by Veterinary Dermatologists on a day-to-day basis, either in University Veterinary  
8 Teaching Hospitals or private referral practices. This data would provide important information on the  
9 type of skin conditions that general practitioners seek advice on. The aim was to see if advice requests  
10 constitute routine cases where primary care vets felt poorly equipped to deal with them or more  
11 complex uncommon cases where referral clinician's advice was sought due to their in-depth knowledge  
12 and experience in dealing with these types of cases. It was hoped that this initial study may identify gaps  
13 in primary care veterinary knowledge leading on to further studies to look at specific conditions in more  
14 detail. In addition, it may result in the creation of information sheets and website resources for  
15 common conditions. Consequently, data may help veterinary teachers for identifying potential  
16 knowledge gaps in undergraduate curricula, and also to continue professional development (CPD)  
17 providers to help to plan and adjust their continuing education programs.

## 18 19 **MATERIALS AND METHODS**

20 Collaborators were recruited based on the principal authors professional knowledge and networks.  
21 Practices represented busy private owned, corporate owned and veterinary school dermatology referral  
22 practices and were spread throughout the UK to try to negate regional variation. Nobody who was  
23 invited to collaborate declined. The principal dermatologist in each clinic was asked to submit their  
24 records of enquiries. Advice requests were included where a veterinary surgeon wanted specialist  
25 clinical input on a case that had not been seen by the dermatologist. Where veterinary surgeon's  
26 enquiries related specifically to costs of treatment or guidelines for referral this data was also added.  
27 Incomplete submissions were also included. In order to ensure complete anonymisation of the data the  
28 investigators were asked not to submit any practice, client or animal detail.

29  
30 Data was obtained between October 2016 and March 2017 by seven ECVD board-certified veterinary  
31 dermatologists, one ECVD resident in Veterinary Dermatology, two RCVS recognised specialist in  
32 Veterinary Dermatology and one Advanced Practitioner in Veterinary Dermatology working at the  
33 following practices: Bristol Veterinary School/Langford Vets (Langford), Royal Veterinary College  
34 (Potters Bar), Rutland House Referrals (St Helens), Filippo De Bellis (FDB) Dermatology Consultancy  
35 (London, Welwyn, Ringwood and Swindon), Dermatology Referrals (City), Periderm (West Buckland,  
36 Bradley Stoke and Dursley), Willows referrals (Shirley), Derm4Pets (Little Chalfont), Dermatology  
37 Referrals Anita Patel (Warlingham), Veterinary Dermatology Referrals Janet Littlewood (Landbeach), The  
38 Skin Vet (Brighton & Hove) and the Royal Dick School of Veterinary Studies (Edinburgh).

39  
40 Data was collected by each dermatologist using their own wording being and recorded on a non-piloted  
41 recording sheet (Table 1). Briefly, the datasheet contained route and nature of advice, case details,  
42 summary of reply to advice, duration reply to request took, involved charges amongst other  
43 information. The collaborators were encouraged to record every advice request on the paper recording  
44 sheet during or immediately after provision of advice. Data were entered by the primary author and one  
45 of the other study participants into an Excel spreadsheet and analysed by another collaborator using  
46 descriptive statistics. The mean and standard deviation were calculated for each data set.

## 47 48 **RESULTS**

49 A total of 768 advice requests were dealt with during the study period. The type of advice requests  
50 received, and the responses provided, are shown in Table 2. Seventy four percent (578) of advice  
51 requests came in via email and 25% (194) were by phone. The remaining 1% of advice were delivered

1 via personal communication (7), WhatsApp (1) or fax (3). However, when the dermatologists  
2 responded, 53% (419) were via email and 46% (358) were by phone. Two percent of the responses were  
3 made via personal communication (7), WhatsApp (1) or fax (2). 89% (683) of the veterinarians asking  
4 for advice were working in a small animal practice, 8% (63) were from mixed animal practices and 2%  
5 (17) were from large animal practices. In 1% (5), the type of practice was not recorded. Forty six percent  
6 (355) of the advice requests resulted in a recommendation of referral whereas 53% (409) did not. In 1%  
7 (4) it was not recorded.

8  
9 The type of information sent to dermatologists to support advice requests is shown in Table 3. In nearly  
10 70% of cases, some form of written or digital material was sent to the dermatologist for analysis. In  
11 30% of cases, no information was sent and the request involved only a phone call or a simple question.  
12 The type of advice sought for is summarised in Table 4. Treatment advice was by far the most common  
13 request followed by advice about diagnosis. Other enquiries included questions about costs and  
14 quotes; guidelines on referral; dietary advice; pathophysiology and availability of facilities/equipment.

15  
16 The time spent on dealing with an advice request ranged from 1 minute to 60 minutes, with a mean of  
17 9.5 minutes. The total time spent on these recorded advice requests was over 120 hours. Of the 768  
18 advice requests, 17 (2.34%) were charged a fee which ranged from £30-40, with a mean of £35. The  
19 mean charge rate for these 17 advice requests was £100 per hour. In view of the small numbers of these  
20 cases where a charge was levied, further analysis was not performed on these figures.

21  
22 626/768 (81%) advice requests were about dogs, 109 (14%) involved cats and 21 (3%) involved horses.  
23 Other species, or non-species related questions, accounted for 14 (2%) of the advice requests. The age  
24 of affected animals discussed in advice requests ranged from less than 6 months to over 16 years. Every  
25 age between birth and 10 years accounted for 5-9% of the total advice requests, so there was no  
26 tendency for a specific age range to predominate.

27  
28 The most common dog breeds discussed during advice request were the Labrador Retriever (65/10.8%),  
29 German Shepherd dog (45/7.5%), Cocker spaniel (41/6.8%), Jack Russell terrier (25/4.1%), West  
30 highland white terrier (23/3.8%) and Staffordshire bull terrier (23/3.8%). Domestic shorthaired cats  
31 (69/102) and Thoroughbred horses (2/11) were the most common feline and equine breeds.

32  
33 The presenting clinical signs recorded during advice requests are shown in Figure 1. Otitis was the most  
34 common subject for which advice was requested, followed by pruritus, alopecia and crusting. Specific  
35 diagnoses that were considered during advice requests are shown in Figure 2. 393/768 (51%) of the  
36 advice requests were recorded without having a diagnosis. Allergy in cats and dogs and feline and  
37 canine otitis were by far the most common disorders for which advice was sought.

38 Many advice requests involved obtaining information about drugs or treatments. A total of 111 specific  
39 drugs were mentioned. In addition to these, 216 requests related to antibiotic usage in general, 204  
40 related to corticosteroid usage, which included both topical and systemic drugs, and 96 related to otic  
41 medications. The most commonly discussed specific drugs were oclacitinib, cephalexin, ciclosporin,  
42 clavulanic acid potentiated amoxicillin and moxidectin.

## 43 **DISCUSSION**

44 Skin and ear conditions are two of the most common conditions seen by general practitioners and so it  
45 would be anticipated that where more complex or unusual cases occur, general practitioners may ask  
46 for advice or refer to a specialist.<sup>2 3 4</sup> To the best of the authors' knowledge, this is the first study to  
47 document the nature and type of advice requests received by veterinary dermatologists. On the whole,  
48 advice requests were not associated with complex or uncommon skin disorders. Otitis, pruritus,  
49 alopecia and crusting were the most common presenting signs whereas allergy, otitis, pyoderma,

1 demodicosis, dermatophytosis and neoplasia were the top six potential diagnoses discussed. These  
2 findings are in broad agreement with the results of surveys describing the most common dermatological  
3 problems seen in general practice.<sup>2 3 4 5</sup> Furthermore, allergy, pyoderma and otitis often occur  
4 concurrently and represent the most common conditions that are seen by veterinary dermatologists.<sup>6 7 8</sup>  
5  
6

7 Medications used to manage these conditions were also the most commonly mentioned therapeutics.  
8 Advice on antimicrobials, followed by glucocorticoids and topical otic medications were the most  
9 common groups of treatment discussed. In 4<sup>th</sup> and 6<sup>th</sup> position were the more specific medications  
10 oclacitinib (Apoquel, Zoetis, London) and ciclosporin which are both licensed for the use in allergic skin  
11 disease. A large number of requests involved systemic and topical antimicrobials. The most frequently  
12 mentioned antimicrobials were cephalexin, chlorhexidine, clavulanic acid potentiated amoxicillin and  
13 enrofloxacin with the former the most commonly prescribed drugs for pyoderma.<sup>11 12</sup>  
14 The anti-pruritic monoclonal antibody treatment, lokivetmab (Cytoint, Zoetis, London) would likely  
15 have also figured highly but the data was collected before this drug became widely used in general  
16 practice.  
17

18 A large number of requests involved systemic and topical antimicrobials. The most frequently  
19 mentioned drugs in this category were cephalexin, chlorhexidine, clavulanic acid potentiated amoxicillin  
20 and enrofloxacin. Previous studies have documented that cephalexin is one the most commonly  
21 prescribed drugs for pyoderma.<sup>11 12</sup>  
22

23 Frequent enquiries about oral glucocorticoids were recorded. It is well recognised that  
24 glucocorticoids are amongst the most commonly prescribed medications. Hill et al found systemic  
25 glucocorticoids were prescribed in 162 of 795 (20%) skin cases in primary care practice.<sup>3</sup>  
26 Retrospective analysis of clinical records from three small animal clinics in England found 1877  
27 (16.68%) cat consultations and 2913 (14.55%) dog consultations resulted in systemic glucocorticoid  
28 therapy.<sup>13</sup> Another survey showed that systemic glucocorticoids and antiparasitic drugs (35% and  
29 22%, respectively) were the most commonly prescribed treatments for pruritic cats, whereas pruritic  
30 dogs were most commonly prescribed topical antimicrobials and topical glucocorticoids (22% and 17%,  
31 respectively).<sup>14</sup> Considering that these drugs are so widely used, it is somewhat surprising that they  
32 represented such a large percentage of the total advice requests.  
33

34 Similarly, many advice requests were in relation to otic preparations and the management of otitis. This  
35 relates to the frequency with which otitis is seen in general practice. Hill *et al*<sup>3</sup> reported in his survey of  
36 the prevalence, diagnosis and treatment of dermatological conditions in small animals in general  
37 practice that 104/559 (18.6%) of canine cases were diagnosed with otitis and 97/559 (17.3%) received  
38 an otic medication. Unfortunately, it was not possible to determine from our dataset what specific  
39 aspect of otitis management these requests alluded to.  
40

41 Although common conditions represented the vast majority of advice requests, immune-mediated and  
42 auto-immune conditions including pemphigus foliaceus, lupus, symmetrical lupoid onychodystrophy,  
43 vasculitis and drug reactions were the next category for advice. These are uncommon conditions with  
44 advice requests most likely related to lack of familiarity in diagnostic and therapeutic options.  
45

46 The majority of the advice requests related to dogs (81%), with only 14% relating to cats and 3% to  
47 horses. It is somewhat surprising that cats and horses represented such a low proportion of the total as  
48 dermatological disease is common in these species and can be challenging to diagnose and manage.<sup>15 16</sup>  
49 <sup>17 18</sup> Flea infestations and cat bite abscesses represent the most common feline skin diseases<sup>19</sup> and it is  
50 likely advice was not sought due to the clinician familiarity with these conditions. In relation to horses,

1 it's possible that equine or mixed animal practitioners are not consulted as frequently by horse owners  
2 for skin issues as occurs in small animal practice.<sup>20 21</sup>

3  
4 The Labrador retriever was the most common dog breed in advice requests. Until 2018, this was the  
5 UK's most popular dog breed. Nevertheless, several studies have demonstrated that Labrador  
6 Retrievers are genetically predisposed to develop atopic dermatitis and otitis which would also account  
7 for the high numbers.<sup>6 22</sup> German Shepherd dogs were the second most common breed for enquiries.  
8 This is possibly associated with their predisposition to develop some immune-related disorders such as  
9 allergy, pyoderma, perianal fistulae and otitis externa.<sup>7 23</sup> Cocker spaniels have a predisposition to otitis  
10 externa and *Malassezia* dermatitis and this could have influenced the results.<sup>24 25</sup>

11  
12 A mean time of 9.5 minutes was spent dealing with advice requests. This is comparable with data from  
13 another study where it has been shown that 39.4% of chargeable appointments in first opinion practice  
14 were scheduled for 10 minutes.<sup>26</sup>

15  
16 A recent survey conducted by VetCT (unpublished data) amongst veterinary specialists in the UK  
17 revealed that specialists spend, on average, five hours per week giving free advice to vets in first opinion  
18 practice, yet half said 25 percent or fewer of these cases result in referral. Only about 2% of the advice  
19 requests in our study incurred a fee, indicating that the expectation for this type of work is that it should  
20 still be provided *pro bono*. However, considering that other veterinary fee-paying telehealth services  
21 exists in the UK such as teleimaging (VetCT Consultants in Telemedicine), telemedicine (IDEXX  
22 Telemedicine Consultants), teleneurology service at CVS and TeleVetDiagnostics are available, it is  
23 surprising that *pro bono* advice is still provided to this level. In 2018, Virtual Veterinary Dermatology  
24 (VVD) was launched. The company offers an on-line telemedicine advice service that will provide  
25 written advice to both members of the general public and to veterinary surgeons for a fee. VetCT  
26 Consultants in Telemedicine and Virtual Veterinary Specialists also offer dermatology advice which is  
27 restricted to veterinary surgeons. It will be interesting to see if these paid services will gain widespread  
28 acceptance, as has been the case for teleradiology.

29  
30 It was surprising that only 20% of advice requests were accompanied by digital photographs, especially  
31 considering that the skin's surface characteristics can provide critical information for diagnosis and  
32 treatment. This is in contrast to human teledermatology where one study found accompanying clinical  
33 image(s) were submitted in 83% of cases, dermoscopic photograph in 2% of cases and a combination of  
34 both in 10% of cases.<sup>27</sup> Furthermore, in a human publication reviewing 78 studies, it was reported that  
35 diagnostic agreement of store and forward in comparison with clinic dermatology was good. Overall  
36 rates of management accuracy were equivalent, but interestingly teledermatology and  
37 teledermatoscopy were inferior to clinic dermatology for malignant lesions.<sup>28</sup>

38  
39 In our study 55% of the requests regarded treatment advice and 35% diagnosis. This corresponds to a  
40 previous published, small-scale study where 12 veterinarians in private, companion animal practice  
41 were surveyed on 157 clinical questions. Treatment options construed 53% of the questions and 20%  
42 regarded diagnosis in that paper.<sup>29</sup>

43  
44 This study demonstrated that many advice requests originated from rural areas (77%). To the authors  
45 knowledge, there are no comparable veterinary studies. However, one study following human  
46 teledermatology service for two years, revealed a statistical increase in referral rates from rural centres  
47 than urban setting.<sup>30</sup>

48  
49 There are several limitations to our study. The selection of contributing dermatologists was not based  
50 on geography but rather relied on participants good will, potentially introducing selection bias and  
51 limiting generalisation of the results. The choice of manual recording sheets may have led to loss of

1 information of some enquiries if participants did not have ready availability of recording sheets.  
2 Furthermore, manual data transfer from recording sheets to an Excel spreadsheet for analysis purposes,  
3 may have resulted in loss of data. Selection of data over a period of only six months may not have  
4 accounted for seasonal variations.  
5  
6

7 No questions were asked in regards to gender, age, year and University of qualification. Stoewen *et al*<sup>31</sup>  
8 documented that referring veterinarian's attitudes differed in relation to several factors, including  
9 school and year of graduation as well as type of medicine practiced.

10 Further information regarding year of graduation would have been valuable in identifying how many of  
11 the queries were made by recent graduates or experienced veterinarians helping to determine if there  
12 was a difference between generations. Additionally, it is possible that there may be a difference  
13 between genders, however, gender was not recorded in this survey.  
14

15 If advice was sought by phone, it would have been informative to record number of times a  
16 dermatologist called the referring vet before managing to speak to the enquiring veterinarian. It is a  
17 known problem that practitioners are commonly not available when calls are returned either due to  
18 consulting commitments, scheduled break or have completed their working day usually when specialists  
19 will have time to return calls.<sup>32</sup>  
20

21 Specialist caseload is unique in the UK as pet owners are not able to "self-refer" as patients can only be  
22 seen following a referral from the primary veterinarian. The Royal College of Veterinary Surgeons (RCVS)  
23 specifies that cases must be referred by primary care veterinarians. A recent study using clinical records  
24 to measure disease occurrence in the entire pet population from primary veterinary clinics discussed  
25 that they may be biased by the relative absence of many serious or rare diseases that are more  
26 commonly diagnosed and treated at referral clinics. Therefore, in regards to the recorded clinical  
27 symptoms and diagnoses they may be somewhat bias as well.<sup>32</sup>  
28

29 Increasing availability of electronic communication, speed, convenience and decreased availabilities  
30 of both the general practitioners and specialists for telephone calls during a busy day explains that  
31 over half of the enquiries were made via email. It would have been interesting to have recorded the  
32 time that emails were sent, received and responded to as similar for telephone calls. However, this  
33 was not recorded by the participants.  
34

35 This study is the first to provide valuable data on the prevalence of veterinary dermatology advice  
36 requests in the UK. This has highlighted that the majority of advice queries were associated with  
37 common dermatological disease and medications and were, surprisingly, not associated with more  
38 unusual skin diseases/treatments. Further studies are needed to demonstrate the reasons for this  
39 including if this is associated with discrepancies in teaching or experience at under- and post-graduate  
40 levels. This information can then be utilised to target teaching and continued professional development.  
41 Additional studies should also look at the factors associated with the decision to either refer or  
42 managing cases in first opinion practice.  
43

44 Finally, advice requests were frequently provided *pro bono*. Hopefully in post-pandemic times where  
45 veterinarians and clients are used to payable telemedicine, veterinary dermatologists will take the  
46 opportunity to introduce appropriate remuneration for their expertise and time for advice requests as  
47 already commonplace in other specialities.  
48  
49  
50  
51



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2 This project received no funding.

3

4 **CONFLICT OF INTEREST**

5 All authors declare they have no conflict of interest.

6

7 **AUTHOR CONTRIBUTION STATEMENT**

8 Author 1 contributed towards the research and has the written the paper

9 Author 2 contributed towards the research

10 Author 3 contributed towards the research and to revision of the paper

11 Author 4 contributed towards the research and to revision of paper

12 Author 5 contributed towards the research

13 Author 6 contributed towards the research

14 Author 7 contributed towards the research

15 Author 8 contributed towards the research

16 Author 9 contributed towards the research

17 Author 10 contributed towards the research

18 Author 11 contributed towards the research

19 Author 12 contributed towards the research

20 Author 13 has analysed results and contributed writing the paper

21

22 **ETHICS STATEMENT**

23 The study did not require ethical approval because no sensitive personal information was collected.

24

1 **DATA AVAILABILITY STATEMENT**

2 The data that support the findings of this study are available from the corresponding author upon  
3 reasonable request.

4  
5 **FIGURE LEGENDS**

6  
7 Figure 1. Presenting clinical signs recorded during 768 advice requests.

8 Figure 2 Potential diagnoses that were discussed in responses to 768 advice requests. Figure shows  
9 those diagnoses that were discussed on three or more occasions.

10  
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1 Table 1. Recording sheet used to collect data about advice requests received by dermatologists  
2

Dermatology Centre:
Date of advice request:
Form of incoming request: Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> Other:
Were any materials sent?
Digital images <input type="checkbox"/> Written History <input type="checkbox"/> Histopath report <input type="checkbox"/> Lab results <input type="checkbox"/>
Practice type: Small animal <input type="checkbox"/> Large animal <input type="checkbox"/> Mixed <input type="checkbox"/>
Practice location (name of town): Urban <input type="checkbox"/> Rural <input type="checkbox"/>
Species of animal: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Other:
Signalment of patient: Age: Sex: Breed:
Nature of advice request
Which of the following did the vet ask about?
Drug dosage <input type="checkbox"/>
Diagnosis question <input type="checkbox"/>
Treatment question <input type="checkbox"/>
Other (give details) <input type="checkbox"/>
What was the presenting sign of the patient in question?
What was the diagnosis/differential diagnosis of the patient in question (if known)?
What drugs were mentioned (if any)?
Was referral to the Dermatology Centre recommended? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief description of recommendation/advice given by dermatologist?
Form of outgoing response: Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> Other:
Duration of phone call or time spent composing response (mins):
Was a charge made for the advice? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much?

3  
4 Table 2. Types of advice requests received from general practitioners. The totals vary from 768  
5 because some requests and responses involved both a phone call and an email.

6

	Request		Response	
Email	578	74%	419	53%
Phone	194	25%	358	46%
Fax	3	<1%	2	<1%
In person	7	<1%	7	<1%
WhatsApp	1	<1%	1	<1%

7

1 Table 3. Type of written or digital materials provided to dermatologists to support advice requests. The  
2 percentages add up to more than 100 because many advice requests contained more than one type of  
3 information.

4

<b>Types of information provided to specialists</b>	<b>Numbers</b>	<b>Percentage</b>
Written history	444	58%
Digital images	136	18%
Lab results	89	12%
Histopathology results	56	7%
No written or digital materials provided	238	31%

5

6

7 Table 4. Type of advice requested from dermatologists

8

<b>Nature of advice</b>	<b>Numbers</b>	<b>Percentage</b>
Advice about treatment	582	96%
Advice about diagnosis	368	48%
Question about a dose rate	80	8%
Other queries	30	4%

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