

Second-opinion strategy analyzed for cutaneous melanocytic lesions

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(HealthDay)—Second opinions may increase diagnostic accuracy and

lower costs among patients undergoing skin biopsy for cutaneous melanocytic lesions, according to a study published online June 2 in *JAMA Dermatology*.

Anna N.A. Tosteson, Sc.D., from the Dartmouth Institute for Health Policy and Clinical Practice in Lebanon, New Hampshire, and colleagues estimated the population impact of [second-opinion](#) strategies for the histopathologic diagnosis of cutaneous melanocytic lesions. The parameters for the decision-analytic model were based on diagnostic interpretations made by 187 pathologists, compared with reference panel diagnoses, for 240 cases.

The researchers found that without second opinions, 83.2 percent of diagnoses in the United States were estimated to be accurate (concordant with the reference diagnosis), with overinterpretation in 8.0 percent, underinterpretation in 8.8 percent of cases, and 16,850 misclassified diagnoses per 100,000 biopsies. With all second-opinion strategies, accuracy increased. When second opinions were universal, accuracy (87.4 percent concordance with 3.6 percent overinterpretation and 9.1 percent underinterpretation) and cost (an increase of more than \$10 million per 100,000 biopsies per year) were highest versus no second opinions. Accuracy was highest with a selective second-opinion strategy based on pathologists' desire or institutional requirements for a second opinion (86.5 percent concordance; 4.4 percent overinterpretation; 9.1 percent underinterpretation) and would reduce costs by more than \$1.9 million per 100,000 skin biopsies versus no second opinions.

"We conclude that selective second-opinion strategies for interpretation of melanocytic skin lesions may be associated with improved [diagnostic accuracy](#) and decreased costs relative to no second opinions or universal second opinions," the authors write.

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