



PATIENT INFORMATION

Mole Mapping

Total Body Photography with IntelliStudio

Early detection of skin cancer — your guide to mole mapping

CONSULTANT-LED CARE · WATERLOO, LIVERPOOL

WELCOME

Thank you for choosing The Pinewoods Clinic

This guide explains mole mapping at The Pinewoods Clinic: what it is, who benefits, what happens at your appointment, what the evidence shows and how we monitor your skin over time. Mole mapping is consultant dermatologist-led and uses the IntelliStudio total body photography system by Canfield Scientific.

Your dermatology team

Dr Tiberiu Bontea

CONSULTANT DERMATOLOGIST

Qualified as a consultant dermatologist in 2013 and has worked in the UK since 2014, at Ormskirk, Aintree, Broadgreen, Salford and Chester. His work focuses on skin cancer assessment and treatment, with advanced training in dermoscopy and confocal dermatoscopy and skills in head and neck skin surgery, flaps, wide local excision and skin grafts. He currently works at Aintree Hospital and leads our mole mapping service.

Dr Vincent Yip

CONSULTANT IN DERMATOLOGY & CLINICAL PHARMACOLOGY

A University of Liverpool graduate who completed a PhD in the pharmacogenetics of severe skin drug reactions. Consultant in Dermatology and Clinical Pharmacology at NHS University Hospitals of Liverpool Group, where he is inflammatory lead for dermatology and Associate Director of the NIHR Liverpool Clinical Research Facility, and runs a weekly paediatric dermatology clinic at Alder Hey. Experienced in skin cancer, skin surgery and inflammatory skin disease.

Dr Thiruselvan Thirunavukarasu (Dr Thiru)

CONSULTANT DERMATOLOGIST

FRCPs (Glasg), MSc Dermatology, Dip Dermatology

Holds a Master's degree in Dermatology from St John's Institute of Dermatology, London, and has worked as a consultant dermatologist in NHS hospitals in Liverpool, North Wales and Manchester since 2012. He treats skin lesions, lumps and bumps, carries out mole checks and minor skin surgery, and also provides aesthetic dermatology.

Dr Laura Cuddy

CONSULTANT DERMATOLOGIST

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Consultant dermatologist at Liverpool University Hospitals NHS Foundation Trust, working at Aintree and Broadgreen hospitals. She completed her specialist dermatology training in the North West, including at Salford Royal Hospital.

How to reach us

Telephone **0151 380 0055** · Email **treatment@pinewoodsclinic.com**

No GP referral is needed. All voicemails and website contact forms are monitored.

SECTION 01

What is mole mapping?

Mole mapping combines total body photography with dermoscopy (magnified skin imaging) to create a detailed, permanent record of your skin and moles. At each follow-up visit, new images are compared with this baseline so that new moles and subtle changes in existing moles can be spotted early — often before they would be noticed by eye.

Most melanomas are curable when found early, when they are thin. Mole mapping helps your dermatologist find changes at the earliest stage, while avoiding unnecessary removal of moles that are stable.

HOW MOLE MAPPING WORKS

Comparing your body map over time

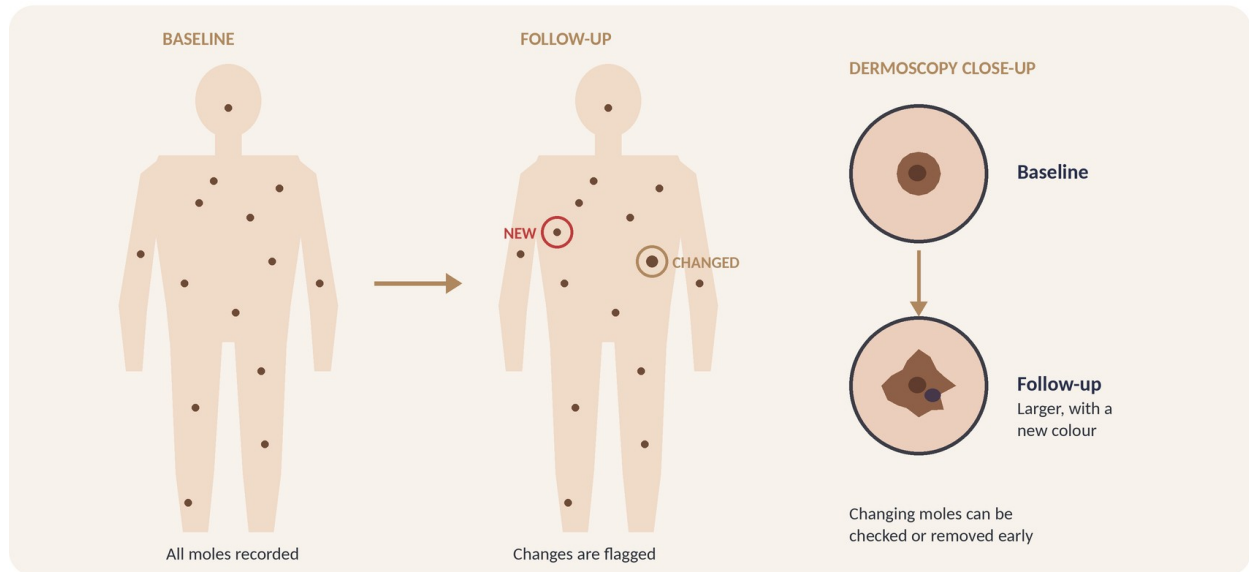


Illustration for guidance only.

SECTION 02

The IntelliStudio system

We use IntelliStudio by Canfield Scientific, an automated total body photography system used by leading dermatology and melanoma centres. A high-resolution professional camera on a motorised lift captures a standard series of photographs of your whole skin surface in a few minutes, using carefully controlled studio lighting.

Consistent images every time

Guided poses and a motorised, programmed camera mean your follow-up photographs are taken in exactly the same way as your baseline, so true changes can be seen.

Every mole on the map

Close-up dermoscopy images of individual moles are linked to their exact position on your body map in Canfield's DermaGraphix® software.

Automatic comparison

DermaGraphix aligns your baseline and follow-up body maps side by side, helping your dermatologist identify new and changing lesions.

Reviewed by a consultant

Every image is reviewed by a consultant dermatologist. The technology supports, and never replaces, expert clinical judgement.

Who benefits most from mole mapping?

- ◆ People with many moles (more than 50), or with large or unusual (atypical) moles
- ◆ A personal history of melanoma or other skin cancer
- ◆ A family history of melanoma, especially in a parent, brother or sister
- ◆ Fair skin that burns easily, red or blonde hair, or a history of severe sunburn or sunbed use
- ◆ A weakened immune system, for example after an organ transplant
- ◆ Anyone who finds their moles hard to keep track of, or wants reassurance

SECTION 03

What the evidence shows

Total body photography and digital dermoscopy follow-up are recommended by specialist groups for people at higher risk of melanoma. Some of the key research is summarised below.

Finding melanomas earlier

A meta-analysis on behalf of the International Dermoscopy Society found that digital dermoscopy follow-up detects melanomas at an early stage, with a high proportion found while still confined to the top layer of the skin (in situ).

Salerni G et al. J Eur Acad Dermatol Venereol. 2013;27(7):805–814.

The two-step method in high-risk patients

Combining total body photography with digital dermoscopy in high-risk patients allowed melanomas to be diagnosed early, including new melanomas and melanomas without obvious warning signs, while keeping the number of unnecessary excisions low.

Salerni G et al. J Am Acad Dermatol. 2012;67(1):e17–e27.

Very high-risk patients

A 5-year study of people at extreme high risk found that surveillance with total body photography and digital dermoscopy detected melanomas early, with most found at a thin, highly curable stage.

Moloney FJ et al. JAMA Dermatol. 2014;150(8):819–827.

Spotting subtle change

Sequential dermoscopy imaging identified early melanomas that showed no suspicious features at a single visit and were only detected because they had changed over time.

Kittler H et al. Arch Dermatol. 2006;142(9):1113–1119.

An honest view

Mole mapping is not a guarantee that a skin cancer will not develop, and melanomas can occasionally grow quickly between visits. It works best alongside monthly self-checks and good sun protection, and you should always report any new or changing mole without waiting for your next appointment.

SECTION 04

Preparing for your appointment

BEFORE YOUR VISIT	WHAT TO DO
2 weeks before	Avoid fake tan and sunburn, which can hide or alter moles
On the day	No make-up, body lotion or oils. Remove nail varnish if you would like your nails checked
Hair	Bring a hair tie so long hair can be kept off your neck and back
Clothing	You will undress to your underwear; a gown is provided. Wear simple, plain underwear
Bring	A list of any moles you are worried about, your medicines, and any previous skin cancer or biopsy results

Your privacy

You can ask for a chaperone at any time. Intimate areas are not photographed. You can ask your dermatologist to examine specific areas without photographs.

Your images

Your photographs are part of your confidential medical record, stored securely in line with data protection law, and are only used for your care unless you give separate consent.

SECTION 05

What happens at your appointment

- 1 Consultation: your dermatologist asks about your skin, sun exposure and family history, and any moles that concern you.
- 2 Total body photography: you stand in a series of guided poses while IntelliStudio automatically captures your body map. This takes just a few minutes.
- 3 Dermoscopy: close-up magnified images are taken of moles that need closer monitoring, and linked to your body map.
- 4 Full skin examination: your dermatologist examines your skin, including areas that are hard to photograph, such as the scalp, soles and between the toes.
- 5 Your plan: your dermatologist explains the findings and agrees a follow-up plan. Any mole that needs treatment is discussed with you.

A baseline appointment usually takes around 45 to 60 minutes. Follow-up visits are usually shorter.

SECTION 06

Monitoring over time

The value of mole mapping comes from comparing images over time. Your dermatologist will recommend a schedule based on your risk.

TYPE OF REVIEW	WHEN	WHAT IT IS FOR
Short-term review	Usually around 3 months	Rechecking specific moles with dermoscopy to confirm they are stable
Full body map comparison	Usually every 6 to 12 months	Comparing your whole body map with your baseline to find new or changing moles
Annual skin check	Every year for most people	Ongoing surveillance, adjusted to your risk

If a mole has changed

Your dermatologist may recommend removing it, or taking a sample (biopsy), so it can be examined in the laboratory. See our Skin Lesion Removal guide for details.

Between visits

Check your own skin once a month. Your dermatologist can show you which moles are being monitored.

SECTION 07

Checking your own skin

Check your skin once a month in good light, using a full-length mirror and a hand mirror, and ask someone to help with your back and scalp. Use the ABCDE guide:

WHAT TO LOOK FOR	
A — Asymmetry	The two halves of the mole look different
B — Border	An irregular, ragged or blurred edge
C — Colour	Several colours or shades, or uneven colour
D — Diameter	Larger than about 6 mm, or growing
E — Evolving	Any change in size, shape, colour or height, or new itching, bleeding or crusting

Protecting your skin

- ◆ Use a broad-spectrum SPF 30 or higher sunscreen with a high UVA rating on exposed skin, every day in spring and summer
- ◆ Seek shade between 11am and 3pm, and cover up with clothing, a wide-brimmed hat and sunglasses
- ◆ Never use sunbeds
- ◆ Take extra care with children's skin

SECTION 08

When to contact us

Do not wait for your next mole mapping appointment if you are worried. Contact the clinic or your GP promptly if you notice:

CONTACT US WITHOUT DELAY IF YOU NOTICE

- ◆ A new mole, especially after the age of 30
- ◆ A mole that is changing in size, shape or colour
- ◆ A mole that bleeds, itches, crusts or becomes raised
- ◆ A spot or sore that does not heal within 4 weeks
- ◆ A dark streak under a nail that is not due to injury
- ◆ Any lump or mark that looks different from your other moles (the “ugly duckling”)

Call the clinic on **0151 380 0055** or email **treatment@pinewoodsclinic.com**. All voicemails and website contact forms are monitored and the team will call you back.

SECTION 09

My skin check notes

Your clinician will complete these details with you.

Type of appointment (baseline / follow-up)

Moles being monitored

Date of mapping

Dermatologist

Short-term review (3 months)

Next full body map

Review appointment

Questions for my review

THE PINEWOODS CLINIC

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This leaflet provides general information and does not replace the individual advice of your surgeon. Document: PIL-MOLEMAP • Version 1.0 • Issued September 2026 • Review due September 2028.



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