Total Body Photography

Patient information

What is total body photography?

Total body photography (TBP) is a tool for the early detection of skin cancer, especially in high-risk patients.

A specially trained photographer (sometimes call a melanographer) takes clinical photographs of a patient's entire skin surface. These photographs are then stored so that they can be used as a reference point for future examinations.

There are many options available for storing TBP images, including computer systems, traditional printed photographs and mobile apps. Images may also be given to the patient for their own future reference.

Your dermatologist can compare sets of photographs, and old photographs to your current skin, to track lesions and monitor for new and changing lesions and growth over time.

TBP is mostly conducted using 2D photography. However, 3D photography is in use at some centres.

Who should undergo TBP?

TBP may be appropriate for you if you have:

- many moles on your skin (>100)
- many moles that are large, unusual colours or shapes
- moles on your back that are difficult to see or keep an eye on
- a previous history of melanoma (especially multiple primary melanomas)
- a strong family history of melanoma (i.e. 3 or more relatives with melanomas)
- fair skin that has been severely or repeatedly sunburned.





What are the benefits of TBP?

Research shows that TBP can help in the early diagnosis of melanoma in high-risk patients, particularly patients with a high number of moles or a history of multiple primary melanomas.

In studies of high-risk patients, approximately one-third of melanomas are diagnosed solely based on change detected on TBP. Melanomas detected based on TBP are more likely to be diagnosed at an early stage when they are lower risk and have more chance of successful treatment.

In addition, TBP has been shown to spare patients from the unnecessary excision of benign (non-cancerous) lesions.

It's important to understand that TBP is just one surveillance technique for melanoma. It should be used as a complement to routine clinical examination.

Are there any risks associated with TBP?

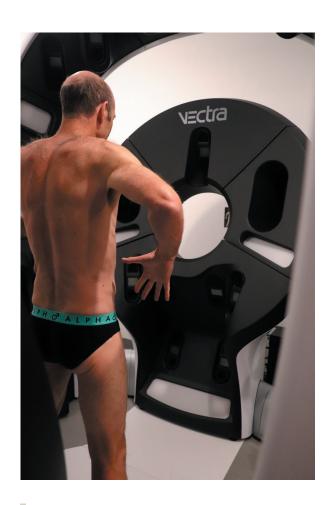
Like all methods of skin surveillance, TBP has limitations. Melanoma may still occur in a hidden site that has not been imaged, such as the scalp or genital area.

Early melanoma can look like benign skin lesions and may be missed during examination. Alternatively, a harmless lesion may be identified, resulting in unnecessary surgery and worry.

TBP also carries some privacy risks This is because TBP will capture identifiable photographs with no clothing other than underwear.

While strict protocols are in place to ensure these images are stored securely, it is important to be aware of the associated risks. Before you undergo TBP, you will be required to sign a consent form confirming that you are happy for your images to be taken and that you are aware of the storage protocols.

As TBP images are part of your legal medical record, they cannot be deleted.



TBP can use 2D or 3D photography. This is an example of someone having 3D TBP.

What does the TBP process involve?

TBP is painless and non-invasive. Your TBP session will be conducted in a photography studio, with appropriate equipment and lighting. It will take about 10–15 minutes.

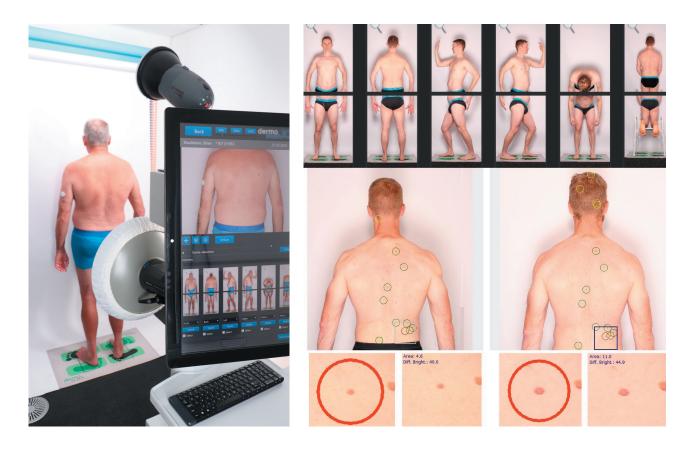
Before you start your session, the photographer will explain the process and how your images will be captured and stored. You will then be asked to sign a consent form to confirm you are happy to proceed.

During the session, you will be asked to remove all your clothes, except your underwear, so that as much skin as possible is visible.

The photographer will use a camera to capture your photos. You will be asked to stand in a variety of standardised poses. Each photo will include an anatomical reference point, so that it is clear what part of the body is being photographed.

After the session, your photos will be stored securely according to the specific protocols at your treating centre.

Depending on your individual medical circumstances and level of risk, the photographs may be repeated yearly, or obtained only once as a baseline for future reference.



This is an example of the set up and standard poses required for 2D TBP, and the resulting photos highlighting how the same lesion has changed over time.

How much does TBP cost?

While TBP is an effective method for identifying melanomas, it is not currently covered by Medicare. It may be covered by the Department of Veterans Affairs and some private health insurers.

Ask your skin specialist about the cost associated with TBP for you.

What happens if a new or changing lesion is found?

If a new or changing lesion is identified using TBP, your skin specialist will talk to you about the most appropriate next steps.

This may be:

- further specialised photography, known as sequential dermoscopic imaging
- further non-invasive investigation, such as confocal microscopy
- a biopsy/excision to test for abnormal cells in the lesion.

TBP helps to ensure any changes or suspicious lesions are identified early, giving you the best chance of a positive outcome.



TBP is useful in identifying lesions that change over time. These lesions can then be further investigated.

Checklist for preparing for total body photography

There are certain things you can do to help ensure your TBP images are as clear and helpful as possible.

- ✓ Avoid laser hair removal for 1 month before your session.
- ✓ Do not use fake tan for 2–4 weeks before your session.
- ✓ Ensure your skin is clean on the day of your session.
- ✓ Do not apply makeup or cream to your skin on the day of your session.
- ✓ Wear appropriate underwear to ensure you are comfortable during your session and maximise the skin record.

Further reading

You may like to read our other patient information brochures on **melanoma.org.au**:

Confocal Microscopy

Please note: The information in this brochure is of a general nature and should not replace the advice of healthcare professionals. All care has been taken to ensure the information presented here is accurate at the time of publishing (September 2022).

