

Supplementary Online Content

Borsari S, Pampena R, Lallas A, et al. Clinical indications for use of reflectance confocal microscopy for skin cancer diagnosis [published online June 22, 2016]. *JAMA Dermatol*. doi:10.1001/jamadermatol.2016.1188

eTable 1. List of dermoscopic features and their definitions

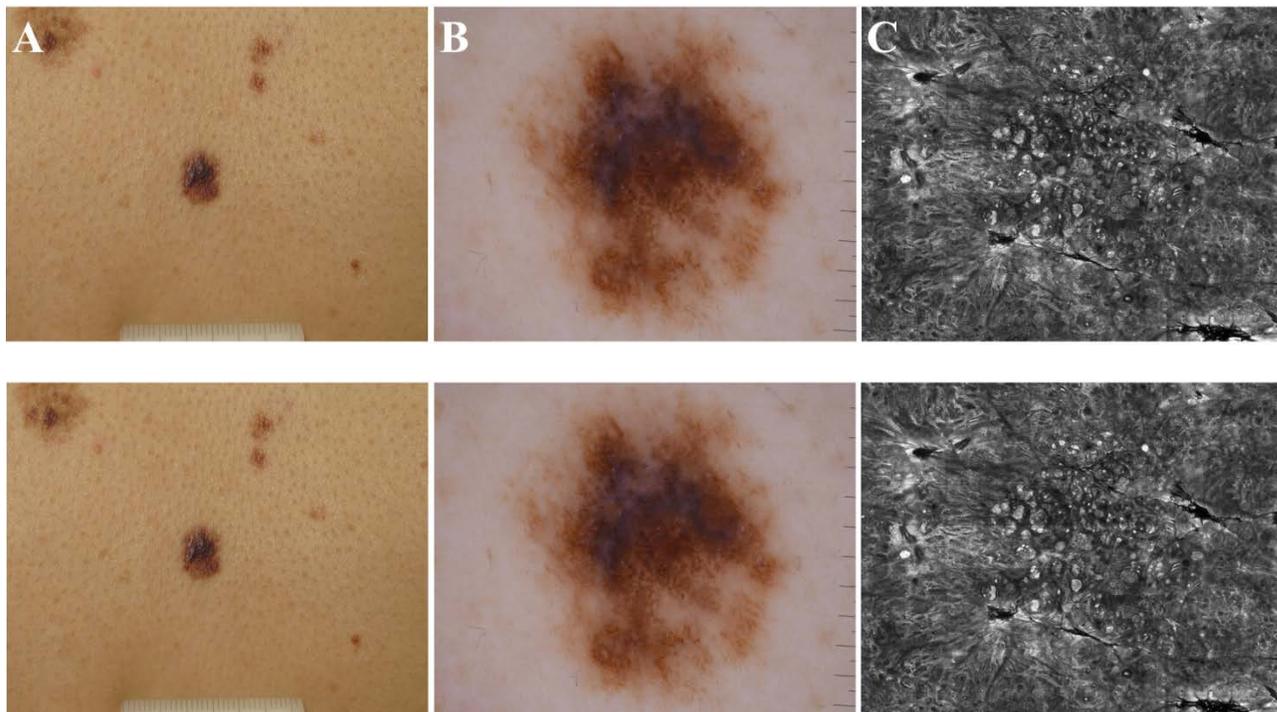
eFigure 1. A suspicious lesion not removed after reflectance confocal microscopy (RCM) examination

This supplementary material has been provided by the authors to give readers additional information about their work.

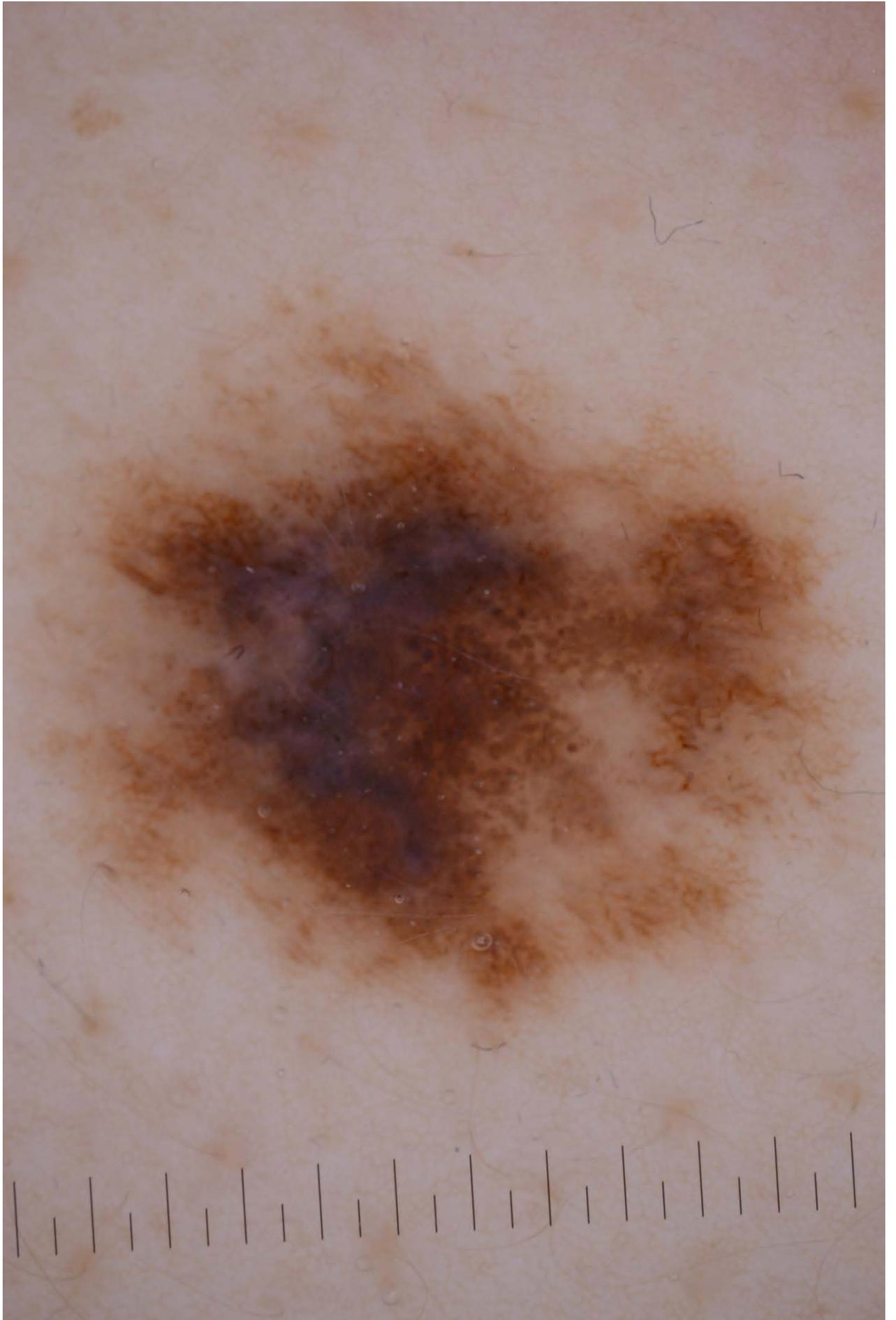
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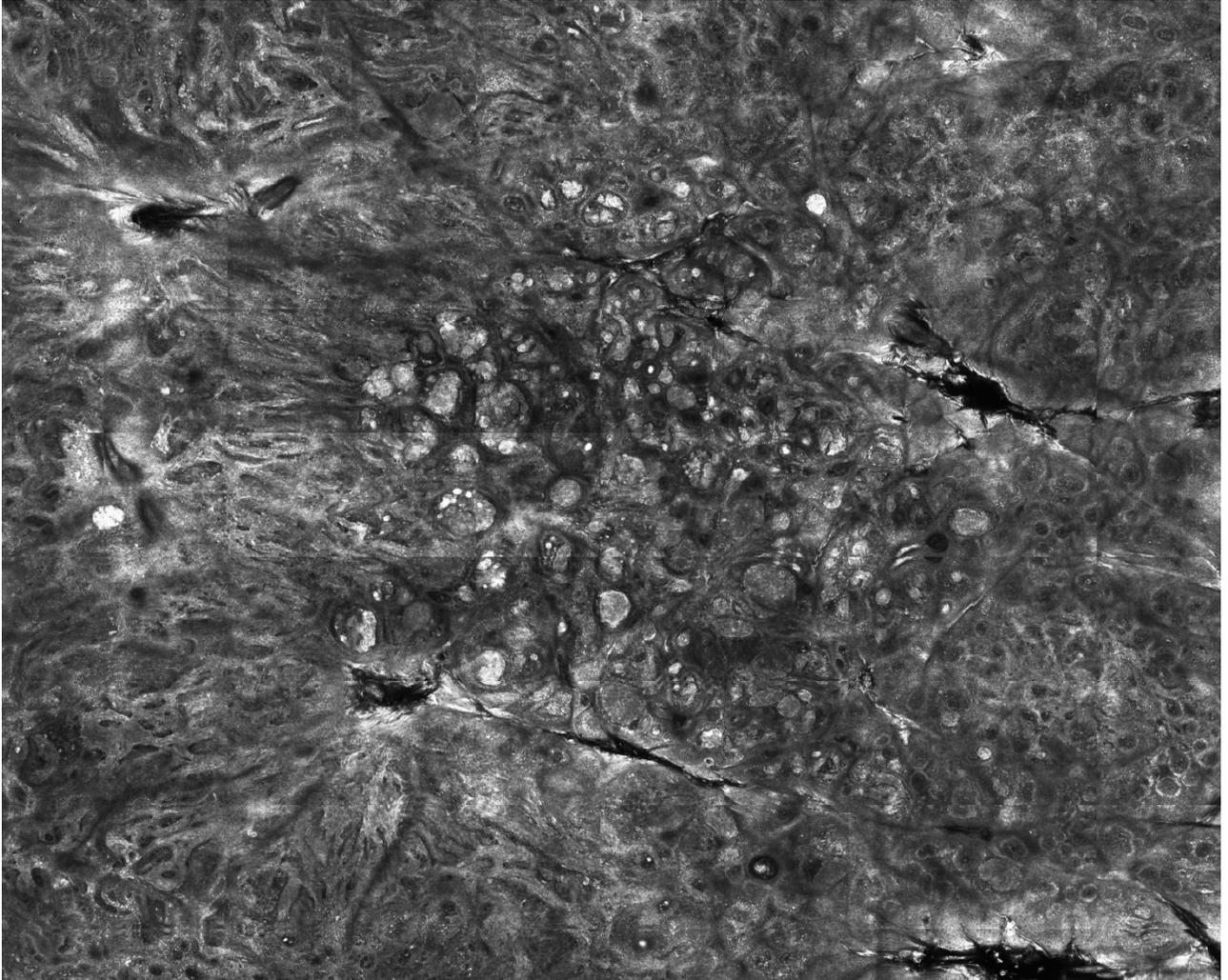
Dermoscopic features	Definition
<i>Atypical network</i>	Combination of at least two types of pigment network asymmetrically distributed within the lesion
<i>Blue-white veil</i>	Irregular, structureless area of confluent blue pigmentation with an overlying white “ground glass” film; it usually correspond to a clinically elevated part of the lesion
<i>Atypical vascular pattern</i>	Linear irregular vessels, dotted vessels and/or milky red areas
<i>Irregular dots/globules</i>	More than three round to oval structures, brown or black in color, asymmetrically distributed within the lesion
<i>Peripheral streaks</i>	More than three brown to black, bulbous or finger-like projections symmetrically or asymmetrically distributed at the edge of the lesion
<i>Irregular blotches</i>	Black, brown and/or grey structureless areas asymmetrically distributed within the lesion
<i>Regression structures</i>	White scar-like areas and/or blue pepper-like granules usually located in a clinically flat part of the lesion
<i>Basal cell carcinoma specific criteria</i>	Arborizing telangiectasia Leaf-like areas and/or spoke wheel areas Large blue-gray ovoid nests Multiple blue-grey globules Focal ulceration
<i>Squamous cell carcinoma</i>	White peri-follicular circles

eFigure 1.









eFigure 1: An example of a suspicious lesion on dermoscopic ground, not removed due to its reassuring aspect in reflectance confocal microscopy (RCM). An asymmetric pigmented lesion located on the back of a young woman (A). If analyzed with the dermatoscope (B), the lesion showed structureless blue areas and inverse network besides light-brown areas characterized by regression of dermoscopic structures. In RCM the overall architecture at dermo-epidermal junction (C) revealed a regular meshwork pattern at the periphery and numerous dense and sparse nests covering most part of the lesion suggestive for the diagnosis of a nevus.

