

# Testing nomela® on moles (C8)

<b>Submission date</b> 04/11/2019	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 06/11/2019	<b>Overall study status</b> Suspended	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 08/01/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Most skin moles are not serious but an important small number are serious (melanoma). The load on health services from moles with a suspicion of malignancy is substantial yet many moles referred to hospital are considered benign on inspection by the specialist. However, some moles require a skin biopsy to clarify the diagnosis. This study will check the performance of nomela®, a photographic image analysis test using tablet software technology, which aims to assist in the exclusion of melanoma. If nomela® is shown to work well it would be used to reduce the need for referral for a skin biopsy.

### Who can participate?

Patients with a pigmented mole which the specialist has decided on routine clinical grounds to have removed for a specialist pathology opinion

### What does the study involve?

When the specialist has decided to arrange for a biopsy of the mole or for the mole to be removed the routine practice is to have photographs taken of the mole(s) by the Media Studio photographers. The only extra activity over the routine is that participants have nomela® test photographs taken of their mole in this clinic by the nurse using a specially prepared iPad: this lasts a few minutes. Their routine care is not affected.

### What are the possible benefits and risks of participating?

There will be no direct benefit to participants at present. However, if the nomela® test is found to be fit for purpose then specialist dermatologists/plastic surgeons and general practitioners will support its wider use. There is very little risk associated with taking part in the study. Whether patients take part or not in the study, the specialist has considered that biopsy or removal of the mole is needed. This will be explained separately and a separate consent will be requested. The risk of exposure of personal data is minimised as follows. The patient's hospital number is only shown on the electronic consent form. This is immediately transferred securely from the device to a dedicated research NHS email which is only available to the specialist doctor and the dedicated clinical research team. No personal or test information of any kind is kept on the nomela® device on completion of the test and its transfer. The hospital number is encrypted securely on the Moletest server only for linkage to the diagnosis of the skin biopsy by the clinical research team but cannot be discovered by anyone other than the specialist doctor and dedicated clinical research team. The results of this study will be published in suitable

medical journals and presentations may be made at relevant medical conferences. Under no circumstances will patients' names or other personal details be revealed. Participants will be able to request a summary of the results of the study from the Dermatology Department, Addenbrooke's Hospital if they wish.

Where is the study run from?

Cambridge University Hospitals NHS Foundation Trust (UK)

When is the study starting and how long is it expected to run for?

September 2019 to September 2022

Who is funding the study?

Moletest (Scotland) Ltd

Who is the main contact?

1. Dr Nigel Burrows
2. Dr Ed Rytina

## Contact information

### Type(s)

Scientific

### Contact name

Dr Peter Freedman

### ORCID ID

<https://orcid.org/0000-0002-2282-0646>

### Contact details

24 Westover Road (2nd floor)

Bournemouth

United Kingdom

BH1 2BZ

+44 (0)1202 702246

[peter.freedman@moletest-scotland.com](mailto:peter.freedman@moletest-scotland.com)

## Additional identifiers

### Integrated Research Application System (IRAS)

254451

### Central Portfolio Management System (CPMS)

40826

### Protocol serial number

nomela®C8

## Study information

**Scientific Title**

Testing nomela® on suspicious pigmented naevi (moles): a hospital-based study

**Acronym**

nomela®C8

**Study objectives**

1. To measure the performance of the nomela® test as a risk calculator for melanoma in pigmented skin lesions of patients referred by specialists for biopsy/excision and histopathology.
2. To demonstrate that the nomela® test provides at least 95+/- 2 % sensitivity for not-melanoma.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved 11/04/2019, East of England - Cambridge Central Research Ethics Committee (Royal Standard Place, Nottingham, NG1 6FS, UK; Tel: +44 (0)207 104 8101; Email: NRESCCommittee. EastofEngland-CambridgeCentral@nhs.net), REC ref: 19/EE/0041

**Study design**

Open single-step non-randomized performance evaluation of a medical device

**Primary study design**

Observational

**Study type(s)**

Screening

**Health condition(s) or problem(s) studied**

Melanoma in pigmented cutaneous moles

**Interventions**

The nomela® test, a technology for capturing digital images of skin lesions and making an analysis by signal-processing. nomela® test output to be compared with histopathology result.

Total duration of observation: 5 minutes for the single nomela® test.

No determination of clinical decision.

No follow-up.

Histology diagnosis collected within 12 weeks.

**Intervention Type**

Device

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

The nomela® test

**Primary outcome(s)**

Sensitivity (95% CI) of the nomela® test for not-melanoma. Measured at a single timepoint.

### **Key secondary outcome(s)**

The proportion (95% CI) of lesions that the nomela® test finds as having 'no evidence of melanoma'. Measured at a single timepoint.

### **Completion date**

15/09/2022

## **Eligibility**

### **Key inclusion criteria**

Patients referred on routine clinical decision by the Dermatology/Plastic Surgery Departments for biopsy/excision biopsy and histopathology of suspicious pigmented skin lesions

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Sex**

All

### **Total final enrolment**

1489

### **Key exclusion criteria**

1. Other skin conditions not considered to be pigmented moles
2. Lesions not considered suitable for nomela®: pigmented moles smaller than 5mm diameter; moles obscured by hair, scar or tattoos; moles in the mouth, eyelid, nailbed, genital and perianal areas; ulcerated lesions; non-pigmented moles which may be the amelanotic form of melanoma; lesions likely to be basal cell carcinoma, squamous cell carcinoma, Merkel cell tumours, lymphoma, metastatic carcinoma
3. Patients unable or unwilling to give informed consent
4. Patients aged less than 16 years

### **Date of first enrolment**

09/09/2019

### **Date of final enrolment**

20/06/2022

## **Locations**

### **Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Department of Dermatology**

Box 46

Cambridge University Hospitals NHS Foundation Trust

Cambridge Biomedical Campus

Hills Road

Cambridge

United Kingdom

CB2 0QQ

## Sponsor information

**Organisation**

Moletest (Scotland) Ltd

## Funder(s)

**Funder type**

Industry

**Funder Name**

Moletest (Scotland) Ltd

## Results and Publications

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study will be available upon request from Bruce Murray, Technical Director ([bruce.murray@moletest-scotland.com](mailto:bruce.murray@moletest-scotland.com)). Type of data: the nomela® test analysis result (text) and histology result (diagnosis). When the data will become available and for how long: at overall trial end; not specified, ?3 years. By what access criteria data will be shared including with whom: not specified. For what types of analyses: not specified. By what mechanism: online after email enquiry. Whether consent from participants was obtained: consent for research use of anonymised data obtained from participants. Comments on data anonymisation: hash-one-way encryption hospital number means not available except to clinical team; the number is expunged from the dataset on entry of histology diagnosis category i.e before overall trial end.

**IPD sharing plan summary**

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		11/11/2024	08/01/2025	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	version v2.0	28/03/2019	08/11/2019	No	Yes
<a href="#">Protocol file</a>	version v3.1	05/04/2019	08/11/2019	No	No