

Supplementary material has been published as submitted. It has not been copyedited, or typeset by Acta Dermato-Venereologica

<b>Table SI: Round 1 KOL selection</b>							
<b>Included</b>							
<b>Participant</b>	<b>Country</b>	<b>Institution</b>	<b>Experience (years)</b>	<b>Teledermoscopy (n=)</b>	<b>Round 1</b>	<b>Round 2</b>	<b>Round 3</b>
<b>1</b>	Northern Europe	Hospital	12	200	X	X	X
<b>2</b>	Western Europe	Academic/ Teaching institution	14	200	X	X	X
<b>3</b>	Non – European	Academic/ Teaching institution	11	100-149	X	X	-
<b>4</b>	Western Europe	Academic/ Teaching institution	30	200	X	X	X
<b>5</b>	Northern Europe	Dermatology clinic	23	200	X	X	X
<b>6</b>	Northern Europe	Dermatology clinic	25	100-149	X	X	X
<b>7</b>	Eastern Europe	Academic/ Teaching institution	11	200	X	X	X
<b>8</b>	Northern Europe	Hospital	40	200	X	X	X
<b>9</b>	Northern Europe	Dermatology clinic	13	200	X	-	-
<b>10</b>	Northern Europe	Hospital	12	200	X	X	X
<b>11</b>	Northern Europe	Dermatology clinic	23	200	X	-	-
<b>12</b>	Northern Europe	Dermatology clinic	11	200	X	X	X

<b>13</b>	Northern Europe	Academic/ Teaching institution	11	200	X	X	X
<b>14</b>	Northern Europe	Dermatology clinic	27	200	X	X	X
<b>15</b>	Southern Europe	Academic/ Teaching institution	15	200	X	X	X
<b>16</b>	Northern Europe	Hospital	6	200	X	-	-
<b>17</b>	Southern Europe	Academic/ Teaching institution	20	200	X	-	-
<b>18</b>	Northern Europe	Hospital	17	200	X	X	X
<b>19</b>	Northern Europe	Dermatology clinic	25	200	X	X	X
<b>20</b>	Northern Europe	Hospital	12	200	X	X	X
<b>21</b>	Northern Europe	Academic/ Teaching institution	22	200	X	X	X
<b>22</b>	Northern Europe	Academic/ Teaching institution	16	200	X	X	X
<b>23</b>	Western Europe	Academic/ Teaching institution	30	200	X	X	X
<b>24</b>	Western Europe	Academic/ Teaching institution	10	200	X	-	-
<b>25</b>	Northern Europe	Hospital	15	200	X	X	X
<b>26</b>	Northern Europe	Hospital	22	200	X	X	X
<b>27</b>	Northern Europe	Academic/ Teaching institution	15	200	X	X	X

28	Western Europe	Other, private office	30	100-149	X	X	X
29	Northern Europe	Academic/ Teaching institution	10	200	X	-	X
30	Eastern Europe	Academic/ Teaching institution	22	150-199	X	X	X
31	Western Europe	Hospital	8	100-149	X	X	X
32	Hungary	Dermatology clinic	10	100-149	X	-	X
33	Northern Europe	Hospital	11	200	X	X	X
<b>Excluded</b>							
34	Northern Europe	Academic/ Teaching institution	0	<100	X	-	-
35	Southern Europe	Hospital	12	<100	X	-	-
36	Northern Europe	Academic/ Teaching institution	28	<100	X	-	-
37	Western Europe	Hospital	2	<100	X	-	-
38	Western Europe	Academic/ Teaching institution	5	<100	X	-	-
39	Western Europe	Academic/ Teaching institution	3	<100	X	-	-
40	Southern Europe	Hospital	20	<100	X	-	-
41	Southern Europe	Dermatology clinic	5	<100	X	-	-
42	Northern Europe	Hospital	5	>200	X	-	-

43	Eastern Europe	Dermatology clinic	3	>200	X	-	-
44	Northern Europe	Hospital	4	>200	X	-	-
45	Western Europe	Dermatology clinic	30	< <b>100</b>	X	-	-
46	Northern Europe	Academic/ Teaching institution	3	>200	X	-	-
47	Southern Europe	Academic/ Teaching institution	14	< <b>100</b>	X	-	-

*Table 1: Summary of Key Opinion Leaders (KOL) demographics, clinical background, and Delphi round participation. Marked in bold indicates which criteria caused exclusion.*

<b>Table SII: Round 3 the refinement and consensus phase</b>		
<b>Round 2 rating before consensus</b>	<b>Yes%/No%</b>	<b>IQR</b>
<b>Is the patient's age essential for teledermatological assessment?</b>	<b>100%/0%</b>	0
<b>Is the patient's Fitzpatrick skin type essential for teledermatological assessment?</b>	<b>37.0%/63.0%</b>	1
<b>Is the patient's immunosuppression status essential for teledermatological assessment?</b>	<b>55.6%/44.4%</b>	1
<b>Is the patient's history of transplantation essential for teledermatological assessment?</b>	<b>40.7%/59.3%</b>	1
<b>Is the patient's history of melanoma or other cutaneous malignancies, including actinic keratosis essential for teledermatological assessment?</b>	<b>74.1%/25.9%</b>	0,5
<b>Are lesion morphological details essential for teledermatological assessment?</b>	<b>48.1%/51.9%</b>	1
<b>Is a change in colour, size, shape, elevation, or growth essential for teledermatological assessment?</b>	<b>88.9%/11.1%</b>	0
<b>Is the nature of the changes essential for teledermatological assessment?</b>	<b>59.3%/40.7%</b>	1
<b>Is the duration (how long the lesion has been noticed) essential for teledermatological assessment?</b>	<b>70.4%/29.6%</b>	1
<b>Is the development speed (how fast it grows) essential for teledermatological assessment?</b>	<b>81.5%/18.5%</b>	0
<b>Is the presence of the "ugly duckling sign" (i.e., is the lesion different compared to peer lesions) essential for teledermatological assessment?</b>	<b>51.9%/48.1%</b>	1
<b>Is the history of trauma to the lesion essential for teledermatological assessment?</b>	<b>51.9%/48.1%</b>	1
<b>Is information about previous treatments of the lesion essential for teledermatological assessment?</b>	<b>88.9%/11.1%</b>	0
<b>Are sharp images with the lesion of interest centered and in focus essential for teledermatological assessment?</b>	<b>96.3%/3.7%</b>	0
<b>Is good surrounding light without reflections on the skin essential for teledermatological assessment?</b>	<b>81.5%/18.5%</b>	0
<b>Is an overview of the lesion's location essential for teledermatological assessment?</b>	<b>85.2%/14.8%</b>	0
<b>Is a close-up image for macroscopic evaluation (with texture and topography identifiable) essential for teledermatological assessment?</b>	<b>77.8%/22.2%</b>	0
<b>Is dermoscopy (polarized) essential for teledermatological assessment?</b>	<b>92.6%/7.4%</b>	0
<b>Is dermoscopy (non-polarized) essential for teledermatological assessment?</b>	<b>55.5%/44.4%</b>	1

Is dermoscopy without pressure (to assess vessels) essential for teledermatological assessment?	63.0%/ <b>37.0%</b>	1
Is the use of contact gel for improved image quality essential for teledermatological assessment?	<b>70.4%</b> /29.6%	1
Marked for exclusion		
Is the patient's gender essential for teledermatological assessment?	14.8%/ <b>85.2%</b>	1
Is the patient's pregnancy status essential for teledermatological assessment?	22.2%/ <b>77.8%</b>	0
Is the patient's history of chemotherapy or radiation essential for teledermatological assessment?	14.8%/ <b>85.2%</b>	0
Is the patient's estimated number of moles on the patient's skin essential for teledermatological assessment?	22.2%/ <b>77.8%</b>	0
Is the patient's family history, especially first-degree relatives with melanoma essential for teledermatological assessment?	40.7%/ <b>59.3%</b>	1
Is the patient's genetic mutations (e.g., CDKN2A, MC1R genes) essential for teledermatological assessment?	48.1%/ <b>51.9%</b>	1
Are the findings when palpating the lesion essential for teledermatological assessment?	33.3%/ <b>66.7%</b>	1
Are the symptoms from the lesions (if any) essential for teledermatological assessment?	37.0%/ <b>63.0%</b>	1
Are the number of lesions/existence of similar lesions essential for teledermatological assessment?	40.7%/ <b>59.3%</b>	1
Are the reason for evaluation essential for teledermatological assessment?	55.6%/ <b>44.4%</b>	1
Are the clinical diagnosis of the lesion essential for teledermatological assessment?	22.2%/ <b>77.8%</b>	0
Is an overview from different angles essential for teledermatological assessment?	0%/ <b>100%</b>	0
Are photos of sun damage in exposed skin areas essential for teledermatological assessment?	11.1%/ <b>88.9%</b>	0

Table 2: Shows the number of agreement (%) each variable received, % marked in **bold** indicates consensus ruling, IQR: Interquatile range

<b>Table SIII: Bias assessment excluding Scandinavian KOLs</b>	
<b>Consensus item</b>	Consensus statement
<b>Patient information</b>	
1.1	The patient's age is essential for teledermatological assessment.
1.2	The patient's immunosuppression status is essential for teledermatological assessment.
1.3	The patient's history of transplantation is essential for teledermatological assessment.
1.4	The patient's history of melanoma or other cutaneous malignancies, including actinic keratosis is essential for teledermatological assessment.
<b>Lesion information</b>	
2.1	Documenting changes in colour, size, shape, elevation, or growth is essential for teledermatological assessment.
2.2	The duration of how long the lesion has been noticed is essential for teledermatological assessment.
2.3	The speed of lesion development is essential for teledermatological assessment.
2.4	History of trauma to the lesion is essential for teledermatological assessment.
2.5	Information about previous treatments of the lesion is essential for teledermatological assessment.
<b>Visual modalities</b>	
3.1	Sharp images with the lesion centered and in focus are essential for teledermatological assessment.
3.2	Good surrounding light without reflections on the skin is essential for teledermatological assessment.
3.3	An overview image showing the lesion's location is essential for teledermatological assessment.
3.4	A close-up image allowing macroscopic evaluation of texture and topography is essential for teledermatological assessment.
3.5	Polarized dermoscopy is essential for teledermatological assessment.

*Table 3: Bias assessment test, showing the difference between Scandinavian and rest of the population in the study, Key Opinion Leaders (KOL)*

<b>Table SIV: sub analysis 80% consensus</b>	
<b>Consensus item</b>	<b>Consensus statement</b>
<b>Patient information</b>	
1.1	The patient's age is essential for teledermatological assessment.
<b>Lesion information</b>	
2.1	Documenting changes in colour, size, shape, elevation, or growth is essential for teledermatological assessment.
2.2	The speed of lesion development is essential for teledermatological assessment.
2.3	Information about previous treatments of the lesion is essential for teledermatological assessment.
<b>Visual modalities</b>	
3.1	Sharp images with the lesion centered and in focus are essential for teledermatological assessment.
3.2	Good surrounding light without reflections on the skin is essential for teledermatological assessment.
3.3	An overview image showing the lesion's location is essential for teledermatological assessment.
3.4	A close-up image allowing macroscopic evaluation of texture and topography is essential for teledermatological assessment.

*Table 4: Sub analysis 80% consensus, showing the difference between low vs. high consensus, Key Opinion Leaders (KOL)*