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Protocol for a Systematic Review:
The use of thermal imaging in patients with diabetic foot

Medical Thermology 2017- a computer assisted literature survey

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Contents (INHALTSVERZEICHNIS)

The use of thermal imaging in patients with diabetic foot: protocol for a systematic review

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SUMMARY

BACKGROUND: Foot complications in patients with diabetes are common. The use of thermal imaging to assess diabetic foot patients has been growing in popularity. However, the use of thermal imaging in this population has not been systematically reviewed, which would inform healthcare professionals, improve patient management, and guide the need for future research. The aim of this protocol is to present a transparent methodology to review the existing literature reporting the use of thermal imaging in the management of patients with diabetic foot.

METHODOLOGY: We will search electronic databases (PubMed/MEDLINE, Web of Science, Scopus and Cochrane Central Register of Controlled Trials), reference lists of included studies and relevant reviews. Two reviewers will be involved in the process of searching, study selection, data extraction and study quality assessment. A qualitative synthesis and, if homogenous group of studies will be found, a meta-analysis will be performed.

DISCUSSION: This systematic review and eventual meta-analysis will critically appraise the literature reporting the use of thermal imaging in the management of patients with diabetic foot and will summarize it. A better understanding on this topic will be helpful to inform healthcare professionals, improve patient management and in the development of future research.

SYSTEMATIC REVIEW REGISTRATION: The use of thermal imaging in patients with diabetic foot: a systematic review. PROSPERO CRD42017054039.

KEYWORDS: Diabetic foot; Skin Temperature; Thermal Imaging

DIE VERWENDUNG VON WÄRMEBILDGEBUNG BEI PATIENTEN MIT DIBETISCHEM FUß-SYNDROM: PROTOKOLL FÜR EINEN SYSTEMITSCHEN ÜBERBLICK

HINTERGRUND: Komplikationen sind bei Patienten mit Diabetes häufig. Der Einsatz von thermischer Bildgebung zur Beurteilung von Patienten mit diabetischem Fuß-Syndrom erfreut sich wachsender Beliebtheit. Der Einsatz von thermischer Bildgebung in dieser Population wurde jedoch noch nicht systematisch überprüft. Eine solche Untersuchung würde die Kenntnisse der medizinischen Fachkräfte und das Patientenmanagement verbessern sowie die Entwicklung zukünftiger Forschungsziele unterstützen. Das Ziel dieses Protokolls ist es, eine transparente Methodik zur Überprüfung der vorhandenen Literatur darzustellen, welche die Verwendung thermischer Bildgebung im Management von Patienten mit diabetischem Fuß-Syndrom berichtet.

METHODIK: Elektronische Datenbanken (PubMed/MEDLINE, Web of Science, Scopus und Cochrane Zentralregister kontrollierter Studien) sowie die Literaturlisten der enthaltenen Studien und relevanter Übersichtsartikel werden durchsucht werden. Zwei Gutachter werden in den Prozess der Recherche, Studienauswahl, Datenextraktion und Qualitätsbewertung der Studien eingebunden sein. Es wird eine qualitative Synthese und beim Vorliegen einer homogenen Gruppe von Studien eine Metaanalyse durchgeführt werden.

DISKUSSION: Dieser systematische Überblicksartikel und eine eventuelle Metaanalyse wird die Literatur, welche die Verwendung von thermischer Bildgebung im Management von Patienten mit diabetischem Fuß-Syndrom berichtet, kritisch bewerten und sie zusammenfassen. Ein besseres Verständnis dieses Themas kann bei der Information medizinischer Fachkräfte hilfreich sein, das Patientenmanagement verbessern und die zukünftige Forschung entwickeln.

SCHLÜSSELWÖRTER: Diabetisches Fuß-Syndrom; Hauttemperatur; Wärmebildgebung.

Thermology international 2018, 28(3) 133-138

Introduction

According to the latest information provided by the International Diabetes Federation there are 451 million people (aged 18-99 years) with diabetes worldwide and these numbers are expected to increase to 693 million in 2045. Although the prevalence of diabetes is extremely high, the numbers could be more expressive as it is estimated that almost half of those living with diabetes are undiagnosed. Moreover, in 2017 the global healthcare expenditure due to diabetes was estimated to be 850 billion dollars, not including indirect costs, such as government benefits or days off

work [1]. These figures clearly describe the social and financial burden related to diabetes.

Chronic high glucose levels cause vascular damage that affects several body organs, with subsequent complications such as cardiovascular disease, neuropathy, nephropathy and eye disease [2, 3]. Foot complications may be clinically present as infection, ulceration or destruction of tissues of the foot in association with the presence of neuropathy and/or peripheral artery disease in the lower extremity. This condition has been defined by the International Working Group on the Diabetic Foot (IWGDF) as "Diabetic Foot" [4].

The relevance of assessing skin temperature in patients with diabetes has been previously discussed [5] and evidence suggests that unilateral increments in skin temperature may predict foot ulceration [6] and that monitoring skin temperature may reduce the incidence of recurrent plantar ulcers [7].

Thermal imaging is a non-invasive, non-ionizing, radiation free image modality that provides insight to the vasomotor function related to both thermoregulatory and non- thermoregulatory processes. This technology may be used as a diagnostic tool or as an outcome measure in clinical trials whenever skin temperature or blood flow may be altered due to a clinical abnormality [8, 9] and started to be used in diabetic patients in 1967 [10].

Existing reviews on the topic of skin temperature measurement in patients with diabetic foot have been published [6, 11, 12]. However, Houghton, Bowler and Chant [6] focused their systematic review on the ability to predict foot ulcers from side to side differences in skin temperature and, from the studies included in the review, it is easily noted that none used an infrared thermographic camera to collect data. The other two reviews [11, 12] were not systematic reviews, with limited study selection, without study quality assessment and, although mentioning the expression "Diabetic Foot" in the title, both included studies assessing diabetic patients without further complications [e.g. 13, 14]. These aspects suggest that substantial potential for bias was introduced and that the inclusion criteria for the analysed studies were not in line with the definition of diabetic foot. Therefore, the overall aim of this systematic review protocol is to present a transparent methodology to select, analyse and describe studies reporting the use of skin temperature, assessed by thermal imaging, as an outcome measure or as a diagnostic test of infection, ulceration or tissue destruction in patients with diabetic foot.

Specific review questions are:

- Is skin temperature an effective outcome measure in patients with any manifestation of a diabetic foot?
- Is skin temperature assessment an effective diagnostic test in patients with diabetic foot?

The rationale behind this general research approach is whether skin temperature can be used for the diagnosis or symptom monitoring of foot infection, foot ulcers or tissue destruction in diabetics with proven neuropathy or artery disease in the lower extremity. Further knowledge about skin temperature in patients with diabetic foot and its relation to foot complications is important to inform healthcare professionals, patient management and may also contribute to the design of further research.

Methodology

Protocol

The methods for this systematic review have been developed following the recommendations of the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement [15]. This systematic review protocol has been registered in the International Prospective Register of Systematic Reviews (PROSPERO): CRD42017054039 and a PRISMA-P file is attached (Supplementary file 1).

Eligibility criteria

Population

The population of interest will include human patients with established diagnosis of diabetic foot, which according to the IWGDF is infection, ulceration or destruction of tissues of the foot associated with neuropathy and/or peripheral artery disease in the lower extremity of people with diabetes [4].

Outcomes

The primary outcomes will be the skin temperature of the plantar and dorsal surfaces of the foot, the skin temperature at established ulcers, the skin temperature at sites at risk to develop foot ulcers, the diagnostic accuracy measures (e.g. sensitivity, specificity) of skin temperature measurements for foot complications occurrence when used as a diagnostic test.

The secondary outcomes will be the time to the occurrence of the very first foot ulcer and the time for the recurrence of foot ulcers.

Study design and assessment method

Studies will be restricted by design to randomised controlled trials, controlled trials, case-control studies, prospective and retrospective cohort studies and observational studies. Only studies with skin temperature assessed by infrared imaging will be included.

Report characteristics

Searches will be limited to peer-reviewed full text articles, published in English, Portuguese, Spanish, Austrian, German and French, with defined eligibility criteria.

Information sources

A systematic search of PubMed/MEDLINE, Web of Science, Scopus and Cochrane Central Register of Controlled Trials (CENTRAL) will be undertaken without temporal restrictions. Detailed eligibility criteria are presented in table 1.

Table 1
Eligibility criteria for studies in the systematic review

	Inclusion criteria	Exclusion criteria
Population	Patients with diabetic foot according to the definition of the IWGDF.	Patients with diabetes without further complications.
Study design	Randomised controlled trials, controlled trials, case-control studies, prospective and retrospective cohort studies, observational studies.	Case reports, animal studies and studies without defined eligibility criteria.
Outcome	Skin temperature of the plantar and dorsal surfaces of the foot, skin temperature at established ulcers, skin temperature at sites at risk to develop foot ulcers, diagnostic accuracy measures of skin temperature for foot ulcer occurrence and of skin ulcers for healing, time to the occurrence of the very first foot ulcer, time for the recurrence of foot ulcers.	Studies in which thermal imaging was not used to assess skin temperature.
Type of publication	Articles with available full text in English, Portuguese, Spanish, Austrian, German and French languages.	Abstract, non-research letters and editorials.

Search strategy

We will develop a comprehensive database including all published studies addressing the use of thermal imaging in patients with diabetic foot. The search strategy was developed by the research team and was revised as necessary, and the final Pubmed/MEDLINE search is presented in table 2. The search strategy will be adapted to the syntax of the other scientific databases. The reference lists of all included studies and relevant reviews will be searched for additional sources of information.

Study records

Data management

The search strategies will be implemented, and all references will be imported to a reference manager software (EndNote, version X8). The search results from the included electronic databases will be combined in a single library and duplicate records will be removed.

Table 2: Pubmed/MEDLINE search strategy

Step	Search terms
# 1	"infrared imaging"
# 2	"infrared thermography"
# 3	"thermal imaging"
# 4	"temperature measurement"
# 5	thermography
# 6	"diabetic foot"
# 7	diabetes
# 8	infection
# 9	ulceration
# 10	neuropathy
# 11	angiopathy
#12	"artery disease"
#13	(#1 OR #2 OR #3 OR #4 OR #5)
#14	(#6 OR #7)
#15	(#8 OR #9 OR #10 OR #11 OR #12)
#16	(#13 AND #14 AND #15)

Selection process

Two independent reviewers will implement the search strategy and screen the titles and abstracts to identify studies that potentially meet the eligibility criteria. The full text of the potentially eligible studies will be retrieved and assessed independently by the same reviewers for compliance with the defined eligibility criteria. In case of disagreement over the eligibility of specific studies, discussion will continue with the help of a third reviewer, until consensus is reached. The reasons for study exclusion at this stage will be noted. The final list of included articles will be verified and approved by both reviewers. A PRISMA flow diagram of the study selection process will be prepared, providing an overview of the decision process during study selection.

Data extraction

A pre-piloted standardized form will be used to extract data from the included studies. Extracted information will include:

publication details (title, journal, authors, year, country);

study design and level of evidence;

participant details (sample size, sample characteristics, diabetic foot complication);

intervention and control conditions;

outcome category of skin temperature measurements (outcome measure or diagnostic test);

results on primary and secondary outcomes;

information about the risk of bias.

Two reviewers will independently extract data and potential discrepancies will be identified and discussed with a third reviewer until consensus is achieved.

Assessmet of risk of bias

The risk of bias of included studies will be assessed by two reviewers using the Newcastle-Ottawa scale (NOS) [16], the Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2) [17] or the Cochrane Risk of Bias Tool (CRoBT) [18] as appropriate. The NOS was developed to

judge the quality of nonrandomized studies and assesses studies on three broad perspectives: selection of study groups; comparability of the groups; and the ascertainment of either the exposure or outcome of interest (case-control or cohort studies, respectively). The QUADAS-2 assesses the risk of bias of diagnostic accuracy studies on four domains: patient selection; index test; reference standard; and flow and timing. The CRoBT assesses studies based on six domains: selection bias; performance bias; detection bias; attrition bias; reporting bias; and other sources of bias. In case of disagreement between the reviewers a third reviewer will be involved, and the discussion will continue until consensus is achieved

The results of the risk of bias assessment will be presented separately for each study in a table in the final review publication.

Publication bias and selective reporting will be addressed by carefully assessing each study findings and the recommendations provided by the Grading of Recommendations Assessment, Development and Evaluation (GRADE) [19].

Analysis

Relevant data extracted from the eligible studies will be presented in an evidence table and we will provide a narrative synthesis of the findings from included studies. We anticipate that there will be limited scope for meta-analysis considering the range of different outcomes. However, if studies are homogeneous in terms of question being assessed, assessment method and outcome measures, we will pool the results using a random-effects meta-analysis, with standardised mean differences for continuous outcomes and risk ratios for binary outcomes and we will calculate 95% confidence intervals and two-sided p values for each outcome. Heterogeneity between the studies in effect measures will be assessed using the χ^2 and I^2 statistics and an I^2 value greater than 50% will be considered indicative of substantial heterogeneity. Subgroup analysis will be considered for the types of complications associated with diabetic foot (infection, ulceration or tissue destruction). Sensitivity analysis will be conducted to identify the study-level factors that influence the outcomes. Influence and outlier analysis will also be performed to determine the effects of certain studies on the pooled estimates, and if needed these identified outlier studies will be excluded from the random effect model. The publication bias related to sample size will be addressed and adjusted accordingly (e.g. inverse-variance weighting techniques) to provide valid information on the study estimates [19-22].

Conclusion

This systematic review and eventual meta-analysis will be performed to critically analyse the existing literature on the use of thermal imaging to assess skin temperature of patients with diabetic foot, more specifically as an outcome measure or as a diagnostic test. This approach will provide a detailed summary of the evidence for the use of thermal imaging in patients with diabetic foot, informing healthcare professionals and patient management and will provide insights to the design of future research.

Conflict of interest

No potential conflict of interest was reported by the authors.

Funding

This research did not receive any funding.

Authors' contributions

AS is the guarantor of the review. AS and KA initiated the protocol and conceptualized the research plan for the systematic review. AS wrote the manuscript and AS, KA, RC, JPVB, JM and RV reviewed and made important contributions to the intellectual content of the manuscript.

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Appendix

PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist: recommended items to address in a systematic review protocol*

Items 1 -5

Section and topic	Item No	Checklist item	Reported
ADMINISTRATIVE INFORMATION			
Title:			
Identification	1a	Identify the report as a protocol of a systematic review	p. 133
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	N/A
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	pp.133-134
Authors:			
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author	p.133, p.137
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	p.137
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	N/A
Support:			
Sources	5a	Indicate sources of financial or other support for the review	Funding
Sponsor	5b	Provide name for the review funder and/or sponsor	N/A
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	N/A

PRISMA-P 2015 checklist : Items 6-17

Section and topic	Item No	Checklist item	Reported
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	pp. 133-134
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	p.134
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	p. 134
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	pp. 134-135
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	p. 135
Study records:			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	p. 135
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	p. 135
Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	p. 135
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	p. 135
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	p. 134
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	p. 135
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	p. 136
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I, Kendall's ô)	p. 136
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	p. 136
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	p. 136
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	p. 136
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	p. 136

* It is strongly recommended that this checklist be read in conjunction with the PRISMA-P Explanation and Elaboration (cite when available) for important clarification on the items. Amendments to a review protocol should be tracked and dated. The copyright for PRISMA-P (including checklist) is held by the PRISMA-P Group and is distributed under a Creative Commons Attribution Licence 4.0.

From: Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart L, PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 2015 Jan 2;349(jan02 1):g7647.

Medical Thermology 2017 - a computer-assisted literature survey

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SUMMARY

The literature survey 2017 is based on 803 papers found in Scopus, 235 articles in Embase and 15 additional notes or abstracts detected in the journal "Thermology international "with the keywords "thermography" OR "infrared imaging" OR "thermology" OR "temperature measurement" OR "thermometry" AND "published in 2016" and restricted to "medicine". The papers were analysed with respect to the origin of authors, the language and the publication source. Similar as in the surveys of previous years, a detailed description is provided of publications related to Raynaud's phenomenon, Complex Regional Pain Syndrome, Breast diseases and fever measurement. Most of the publications on breast thermography originate from Asia and many authors of these papers are primarily trained in engineering science.

KEY WORDS: Thermography, literature search, breast disease, CRPS, Raynaud´s phenomenon, fever measurement

MEDIZINISCHE THERMOLOGIE 2017 - EINE COMPUTER-GESTÜTZTE LITERATURSUCHE

Die Literaturrecherche für 2017 basiert auf 803 Arbeiten, die unter den Schlüsselwörtern "thermography" OR "infrared imaging" OR "thermology" OR "temperature measurement" OR "thermometry" und "veröffentlicht 2017" und der Einschränkung "Medizin" in der Datenbank Scopus gefunden wurden. 235 Artikel wurden mit demselben Suchprofil und der Einschränkung "human" in der Datenbank Scopus endeckt und 15 Abstracts bzw Kommentare aus der Zeitschrift "Thermology International" vervollständigten die Daten für diesen Überblick. Die Publikation wurden in Bezug auf die Herkunft der Autoren, der Sprache und der Publikationsquelle analysiert. Ähnlich wie in den Überblicken der vergangenen Jahre, erfolgt eine detaillierte Beschreibung der Publikationen im Zusammenhang mit Raynaud-Phänomen, komplexem regionalen Schmerzsyndrom, Brustkrebs und Fiebermessung. Die meisten Publikationen zur Brust-Thermographie stammen aus Asien und viele Autoren dieser Arbeiten sind primär in Ingenieurwissenschaften ausgebildet.

SCHLÜSSELWÖRTER: Thermographie, Literatursuche, Brusterkrankungen, komplexes regionales Schmerzsyndrom, Raynaud-Phänomen, Fiebermessug

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Introductions

Since 1989, this is the 30th article that reviews articles published in the previous year and related to thermography or temperature measurement in medicine. The very first article in this series, was a list of papers identified with the search term "thermography" in the database MEDLINE. This dataset was shared with the members of the Austrian Society of Thermology on request. Over the years, the annual literature search was performed in several databases including Medline, Embase, Scopus, Google Scholar and Science Direct. This year, data were retrieved from the two Elsevier databases Embase and Scopus.

Methods

A search in Scopus with the terms "thermology" OR "thermography" OR "infrared thermal imaging" OR "infrared imaging" OR "thermal imaging" OR "thermometry" OR "temperature measurement" AND year 2017" and" year 2017" yielded 7328 hits. Restriction with the term "medicine" resulted in a reduction to 900 hits. The same search terms were used for a search in Embase. Since restriction to "medicine" is not possible in Embase, hits with the keyword humans were selected instead. The hits obtained in both queries are shown in Table 1.

From those 902 hits detected in Scopus, papers published in conference proceedings, in books or book series and articles in press were excluded, finally resulting in 803 articles published in journals. The same procedure applied to the search in Embase resulted in 726 hits.

After matching the hits obtained in Scopus and Embase and removal of 476 doubles, 235 unique articles not listed in Scopus were identified. All conference abstracts and commentaries from the journal "Thermology international", Vol.27; not yet listed in Scopus and Embase were added, resulting in total of 1053 documents which appear in the section "References" of this survey.

The total list of 1053 references will be included in the extended reference collection of "Published papers on Thermology or Temperature Measurement in 2014-2017". The collection of references related to thermology, will cover then the period from 1989 to 2017. They are available from the webpage of Thermology international at "www.uhlen.at/ Thermology international/ Publications on thermology and temperature measurement/ Volume 5". Volumes 1-5 of this reference collection can be accessed free of charge at "www.uhlen.at/ Thermology international/Archives.

Table 1
Search Profile

	Scopus	Embase
thermology AND year 2017	7	18
thermology OR thermography AND year 2017	2330	476
thermology OR thermography OR "infrared thermal imaging" AND year 2017	2414	492
thermology OR thermography OR "infrared thermal imaging" OR "infrared imaging" AND year 2017	3636	782
thermology OR thermography OR "infrared thermal imaging" OR "infrared imaging" OR "thermal imaging" AND year 2017	3750	836
thermology OR thermography OR "infrared thermal imaging" OR "infrared imaging" OR "thermal imaging" OR thermometry AND year 2017	4490	1024
thermology OR thermography OR "infrared thermal imaging" OR "infrared imaging" OR "thermal imaging" OR thermometry OR "temperature measurement" AND year 2017	7349	1828
thermology OR thermography OR "infrared thermal imaging" OR "infrared imaging" OR "thermal imaging" OR thermometry OR "temperature measurement" AND year 2017 limited to medicine (humans in Embase)	902	942
thermology OR thermography OR "infrared thermal imaging" OR "infrared imaging" OR "thermal imaging" OR thermometry OR "temperature measurement" AND year 2017 limited to medicine (humans in Embase) AND ('article'/it OR 'editorial'/it OR 'letter'/it OR 'note'/it OR 'review'/it OR 'short survey'/it)	803	726

From the combined dataset, the following information was extracted: Authors in relationship to the number of published articles, the origin of authors, the language of publication, and the journals which published with more than 10 articles related to the search profile. The proportion of allocated papers to medical fields was also determined.

Results

7328 publications were obtained with the search profile in Scopus. Restriction to "medicine" and to articles published in journals reduced the number of hits to 803 publications.

Table 2
Language of publications

Language	Scopus (% of 819 hits)	Embase (% of 727 hits)
English	97.6	98.6
Chinese	1.2	0.14
German	0.25	0.28
French	0.25	0.14
Japanese	0.1	0.28
Spanish	0.4	0.28
Russian	0.8	0.28
Turkish	0.4	
Bilingual	1.1	0.96
English-Portuguese	0.4	0.28
English-French	0.3	0.41
English-Polish	0.3	0.28
English-German	0.1	

After adding 15 papers from Thermology international and 219 articles found in Embase, this survey is based on a total of 1053 publications.

Language of publication

Table 2 shows the publication language of articles. English was the predominant language in both datasets, and Chinese was in the second rank. The proportion of other languages varied slightly in between the databases. 0.96 percent of articles in Embase, and 1.1 percent in Scopus were bilingual. The combinations English-Portuguese and English-French were the most common.

Authors

In total, 3351 authors appeared in the dataset, K. Ammer appeared 4 times as co-author and 7 times as first author [1-11]. M. Sillero Quintana [9,12-19] published 9 articles as co-author. A. Seixas [9-11, 20-24] was detected as first author in 6 papers and co-author in 2 other articles and D. Moreira was first author in 3 articles [9,12,13] and co-author in 4 others [14,15,18,19].

66 countries were identified where 975 corresponding authors worked. 27,7% of these were situated in North America, the majority, i. e. 226 in the United States, 41 in Canada and 3 in Mexico. 34.1% of researchers came from European countries, 45 published their work from Germany and 44 authors came the United Kingdom. Italy with 35, France with 31 and Poland with 22 articles were followed in rank. 29.4% of temperature related research was conducted in Asia, 70 corresponding authors were situated in China, 57 in Japan, 41 in India and 34 in South Korea. 4.5% of temperature research was performed in South America, and in 2.2% in Australia or New Zealand and in equal percentage in Africa (figure 1and figure 2).

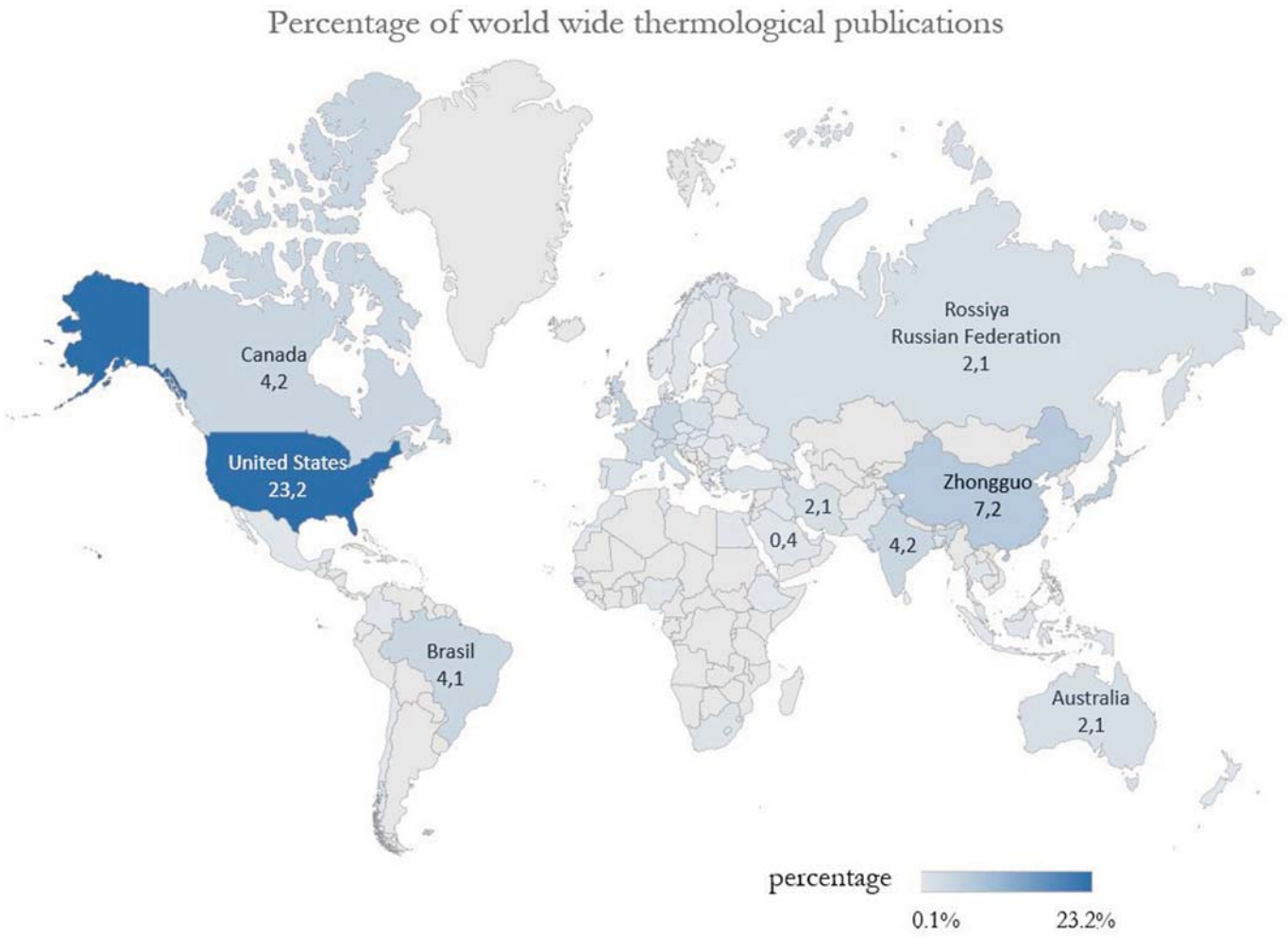

Figure 1
Percentage of world wide thermological research. The intensity of blue colour indicates the percentage

Figure 2
Percentage of world wide thermological research in continents

Journals

In total, 649 journals published papers related to the search profile. 17 journals published 6 to 31 papers related to topic of this survey. First in rank was Thermology international with 31 publications (8 articles, 4 letters, 2 editorials, 2 comments, 10 extended abstracts, 5 abstracts) followed by the "Journal of Radioanalytical and Nuclear Chemistry" with 17 papers and "PLOS One" with 15articles.

Table 3 lists the journal name, the number of papers of interest and their impact factor 2017 provided by Clarivate Analytics. If the journal was not listed by Clarivate, the citations/2 years published by SciImago were used instead- A mean impact factors of 2.595 was calculated for the 17 journals listed. The mean impact was derived from the cumulated impact factor of all 17 journals. The impact factor for "Thermology international" was calculated in the way that Thermology international published between 2015 and 2016 in 9 issues in total 16 citeable papers which received in 2017 together 20 citations resulting in an impact factor of 23/16= 1.438:

Table 3
Impact factor of journals, that published 6 to 31 temperature related articles.
ScImago citations/2 years *

Journal name	Number of thermology papers	Impact factor 2017
Thermology international	31	1.438
Journal of Radioanalytical and Nuclear Chemistry	17	1.181
PLOS One	15	2.766
Journal of Therapeutic Ultrasound	12	2.556 *
Magnetic Resonance in Medicine	11	4.082
International Journal of Environmental Research and Public Health	11	2.145
Lasers in Medical Science	10	1.949
Vaccine	10	3.285
Journal of Thermal Biology	9	2.093
Physics in Medicine and Biology	9	2.665
Europace	6	5.231
International Journal of Hyperthermia	6	3.440
Lasers in Surgery and Medicine	6	2.726
Oncotarget	6	4.667*
Photomedicine and Laser Surgery	6	1.620
Physiological Measurement	6	2.006
Zhongguo Zhongyao Zazhi	6	0.271*
	mean impact factor	**2.595**

Type of publication

863 papers were classified as articles and 99 as reviews. 2 short surveys, 5 conference abstracts and 10 extended abstracts have been published. The remaining papers were classified as 30 letters, 30 notes and 14 editorials.

Human Medical publications

As in last year´s surveys, papers were allocated to a keyword that roughly describe a distinct field of medicine. Usually, allocations to more than just one field are made. Table 4 shows the allocations to fields of medicine. Surgery was the most frequent allocated speciality of medicine, combined with injury 481 articles were identified. Physiology and Endocrinology, Cancer and Radiology & Nuclear Medicine were the next in frequency of allocation, followed by Pathology and Forensic Science, Pharmacology and Pharmacy, Neurology & Psychiatry, Paediatrics, Internal Medicine, Immunology & Haematology Reahbilitation, Public Health and Dermatology. A high number of papers was missed during the allocation process and therefore 159 articles were not automatically allocated to a field.

36 papers were found for Breast Cancer, 5 publications for Complex Regional Pain Syndrome and Raynaud´s Phenomenon was keyword of 8 papers. The search term "thermography" retrieved 255 papers and "fever" appeared in 72 publications

Breast cancer

Out of 36 hits labelled with the key word "breast cancer", only 8 papers were dedicated to imaging of the female breast [76,101,153,199, 222, 223, 265,267], and 3 articles to thermotherapy monitoring of breast disease [107,244,247]. A position paper on screening for breast cancer by the European Society of Breast Imaging (EUSOBI) and 30 national breast radiology bodies discouraged the use of thermo- graphy or other optical tools for screening as alternatives to mammography [277]. This article was included in last years literature survey [3] as "paper in press".

Six articles were related to image processing and automatic segmentation [76,101,153,199,223,265]. Two of these papers provided also clinical data, but unfortunately with little information on patients' characteristics and the diagnostic reference method [101, 153]. A narrative review article summarised the role of artificial neural networks in image processing for early detection of breast cancer [223].

Models of heat transfer from cancerous breast tissue to the surface were presented in 2 articles [76, 267]. Both models assumed a linear heat transfer from deep tissue to the surface and disregard thereby the three-dimensional propagation of thermal energy. An article from Brazil reported high repeatability of breast temperature extraction from a set of 52 infrared images within and between observers [134].

Table 4
Medical fields

Medical field	Reference	Total of identified papers
Biochemistry	1, 15, 20, 24-96	75
Cancer	2,3,17,27,30, 33,34,37,39,41,43,44,47, 49, 50, 51, 56, 57, 60, 66,69,70, 71, 72,74,76,77,83,84, 88, 97-348	273
Dermatology and Venerology	3,33,40,51,104,107,112,126,147,156, 157, 185, 192, 193, 205,209,232, 234, 254, 270, 284,302,306, 324, 325,330, 333, 338,349-395	75
Genetics	31,33,34,40,43,45,53,56,68,74,75,81,85,86,88, 91, 92, 94,134,158,178,254,352, 363, 375, 389, 396-417	48
Geriatrics and Gerontology	46, 246,309,362,389,418-426	14
Immunology and Haematology	3,15,18,25,32,33,34,39,42,43,45,49,64,66,68,77,80,88,92,93,95,118,119,129, 133, 152, 158, 160, 178, 196, 216,246, 249, 253, 254, 259, 264, 270, 273,276,310, 312, 316,317, 324, 329, 361, 374,381,417, 427-463	88
Microbiology	3,25,36,39,43,54,62,68,79,80,81,82,84,85,86,9294,123131,300,324,340,350,361, 382,390,400,408,413,416, 431, 441, 448 ,450456,463,464-487	60
Injury (surgery excluded)	3, 8, 16, 36, 46, 50, 56, 064, 065, 071, 089, 093, 107, 119, 141, 179, 185, 196, 248, 261, 302, 311, 325, 326, 355, 385, 390, 397, 401, 409, 454, 456, 459, 469, 488, 489-553	94
Neurology and Psychiatry	3,33,47,50,56,66,75,77,83,90,91,96, 97,103,114,116,126,128 145,148,169, 170,172, 176,185,195,197,220,224,227,230, 234, 242,287,303,304,308,309,322,324,325, 331,352, 363, 369, 371,375,381,383,387,397,398,415, 418,420, 426,430, 437, 456, 494,505,506,513,514,521, 522,523,533, 536, 547, 554-573,576-592	106
Internal Medicine	3,8,32,37,46,56,97,123,134,138,152,234,237,244,245,253, 280,305,309,310, 318, 330,338,352,365,367,374, 375, 397, 402,410,419,421	89
Otorhinolaryngology	280,370,401,447,451,516,617,618	8
Paediatrics	3, 34, 58, 59, 83, 134, 152, 185, 192, 197, 198, 205, 206, 242, 253, 257, 259, 261, 284, 338, 352, 352, 353, 360, 384, 387, 398, 413, 427, 432, 435, 436, 443, 455, 456, 458, 460, 473, 484, 494, 499, 525, 529, 530, 536, 542, 544, 558, 560, 563, 564, 571, 586, 600, 602, 609, 619-638, 643 -651, 653-662, 890	94
Pathology and Forensic Science	3, 25, 30, 34, 35, 37, 41, 42, 44, 45, 46, 53, 55, 64, 66, 67, 68, 69, 75, 80, 87, 89, 93, 97, 105, 107, 112, 120, 125, 126, 135, 146, 147, 155, 157, 160, 161, 170, 171, 174, 181, 183, 193, 195, 196, 204, 207, 209, 210, 218, 226, 234, 239, 241, 245, 248, 253, 254, 259, 262, 268, 271, 277, 279, 280, 286, 289, 290, 294, 295, 303, 306, 307, 310, 312, 326, 330, 331, 333, 335, 343, 348, 350, 352, 353, 355, 358, 361, 364, 371, 373, 374, 381, 382, 389, 390, 397, 406, 407, 409, 414, 415, 417, 419, 427, 428, 431, 441, 442, 443, 444, 446, 448, 451, 456, 467, 468, 472, 481, 491, 497, 500, 508, 510, 512, 513, 516, 523, 526, 527, 543, 547, 552, 554, 561, 574, 575, 576, 581, 588, 593, 606, 612, 615, 627, 630, 638, 641, 646, 647, 648, 663-698, 757, 766, 828, 876	216
Pharmacology and Pharmacy	3, 27, 28, 31, 33, 35, 37, 39, 46, 47, 53, 56, 59, 61, 66, 68, 72, 82, 84, 87, 88, 90, 91, 93, 117, 118, 121, 129, 132, 137, 138, 139, 140, 146, 148, 162, 165, 176, 190, 192, 204, 215, 238, 243, 253, 259, 268, 272, 276, 277, 295, 301, 309, 312, 313, 314, 316, 324, 328, 334, 338, 346, 349, 356, 362, 363, 365, 372, 375, 388, 394, 402, 404, 413, 417, 430, 441, 459, 460, 462, 485, 487, 489, 505, 514, 521, 546, 550, 560, 562, 564, 591, 601, 602, 616, 624, 633, 636, 644, 650, 675, 682, 698-731	134
Physiology and Endocrinology	1, 2, 3, 5, 7, 9, 10, 15, 16, 17, 18, 19, 23, 24, 26, 31, 32, 33, 34, 35, 36, 37, 45, 46, 47, 48, 50, 53, 56, 58, 59, 62, 64, 66, 68, 74, 75, 76, 77, 78, 80, 83, 84, 85, 88, 90, 91,97, 98, 104, 105, 107, 115, 120, 127, 128, 129, 131, 134, 140, 141, 148, 150, 154, 164, 168, 169, 170, 172, 176, 178, 188, 191, 192, 195, 198, 199, 208, 209, 216, 220, 224, 226, 229, 231, 234, 241, 246, 250, 253, 257, 259, 264, 270, 272, 273, 280, 281, 282, 284, 289, 290, 294, 302, 304, 305, 316, 318, 321, 324, 330, 338, 349, 356, 359, 363, 368, 369, 371, 372, 373, 377, 378, 382, 389, 390, 397, 398, 399, 400, 402, 404, 405, 407, 411, 412, 413, 418, 420, 421, 422, 425, 426, 430, 431, 432, 434, 437, 447, 456, 459, 461, 470, 474, 480, 491, 494, 505, 508, 510, 511, 512, 514, 516, 518, 521, 527, 528, 530, 533, 535, 544, 546, 549, 550, 553, 554, 560, 561, 565, 570, 572, 573, 579, 580, 583, 587, 590, 591, 592, 593, 600, 601, 604, 608, 623, 629, 632, 634, 635, 640, 641, 642, 647, 649, 653, 655, 659, 660, 668, 673, 675, 676, 677, 678, 682, 685, 688, 693, 695, 696, 700, 706, 707, 714, 716, 718, 732-757, 761, 762, 766-790	274
Public Health and Occupational Medicine	2, 3, 4, 5, 46, 66, 94, 152, 155, 168, 182, 198, 250, 259, 311, 328, 353, 356, 382, 405, 408, 410, 438, 450, 455, 458, 464, 466, 470, 479, 484, 486, 496, 500, 522, 532, 544, 549, 556, 561, 590, 600, 603, 615, 622, 627, 633, 641, 654, 661, 670, 683, 686, 714, 791-821	85

Table 4 (continued)

Medical field	Reference	Total of identified paper
Radiology and Nuclear Medicine	1, 3, 8, 9, 22, 23, 30, 33, 36, 41, 45, 46, 47, 48, 51,55, 58, 59, 66, 69, 73, 76, 87, 93, 100, 103, 106, 107, 116, 116, 117, 118,119, 120, 122, 125, 127, 128, 130, 131, 133, 134, 136, 138, 143, 145, 148, 150, 151,157, 160, 164, 172, 173, 173, 174, 178, 179, 181, 185, 187, 190, 192, 196, 197, 204,211, 212, 219, 220, 223, 225, 228, 229, 231, 239, 241, 241, 242, 245, 247, 248, 252,256, 257, 261, 263, 269, 271, 276, 277, 279, 283, 284, 287-294, 297, 299, 301, 302, 303, 304, 305, 306, 307, 308, 311, 315, 317, 319, 320, 323, 326, 331-339, 342, 343, 344, 346, 348, 353, 355, 358, 364, 371, 373, 374, 379, 380, 383, 390, 397, 415, 416,417, 418, 420, 425, 437, 451, 456, 472, 486, 488, 491, 494, 503, 504, 507, 524, 536, 542, 555, 556, 563, 565, 566, 571, 573-577, 579, 584, 585-587, 588, 592, 597, 598, 600, 601, 609, 612, 617, 634, 639, 640, 641, 642, 644, 651, 669, 678, 693, 694, 697,701, 714, 732, 739, 744, 746, 752, 759, 760, 761, 773, 775, 822-830, 835, 836, 840-847, 851, 852	234
Rehabilitation and Complementary Medicine	2, 3, 6, 8, 9, 14, 16, 17, 18, 22, 36, 46, 64, 65, 85,98, 105, 107, 134, 168, 176, 195, 208, 209, 216, 228, 245, 246, 272, 281, 318, 321,330, 353, 365, 371, 390, 397, 418 , 421, 451, 485, 497, 500, 504, 513, 514, 528,532,546, 549, 568, 580, 581, 591, 601, 614, 615, 630, 649, 684, 688, 728, 734, 741, 744,750, 753, 755-765, 798, 800, 823, 853- 855	85
Surgery	3, 4, 7, 8, 16, 27, 30, 33, 36, 43, 46, 47, 55-57, 59, 64, 65, 69, 73, 77, 87, 91, 92, 93, 96, 98, 100, 102, 103, 105, 107-120, 124, 125, 127, 128, 130, 133, 134, 135, 136, 139, 140, 141, 144, 146, 148, 149, 150, 157, 158, 160, 161, 165, 167, 168, 171, 173-175, 178, 183, 185, 187, 190-193, 195, 197, 202, 204, -207, 209- 211, 213, 215, 218- 220, 225, 226, 227, 229, 230, 231, 236, 238-243, 245, 247, 248, 249, 256, 261, 262, 264, 266, 269, 270, 271, 275, 276, 278- 280, 283, - 288, 291- 295, 297, 299, 302, 305-308, 311, 315, 321-324, 326, 328 -341, 343, 346- 351, 354, 355, 358, 359, 362- 366, 369, 370, 371, 373, 374, 376, 379-381, 384 -390, 397, 401, 406, 409, 410, 425, 429, 436, 443, 447, 448, 451, 453, 456, 457, 459, 469, 472, 478, 486, 488, 489, 491, 492, 495, 497, 498, 500, 502, 504, 505, 510, 514-516, 519, 520, 523, 524, 526, 527, 530, 533, 534, 537, 541, 542, 543, 545-551, 553-558, 560, 561, 566, 568, 571, 574, 575, 582, 584, 585, 587, 588, 592, 593, 595, 597, 598, 599, 601, 602, 607-610, 612, 614, 617, 618, 621, 622, 625, 626, 629, 632, 637, 639, 640-642, 648, 649, 654, 662, 663, 665-677, 680, 681, 685, 688- 690, 691, 692, 694, 697, 701, 705, 706, 708, 710, 736, 739, 752, 757, 758, 760, 761, 764-766, 773, 778, 779, 782, 783, 789, 798, 816, 821, 823, 825, 828, 830, 831-835, 837, 838, 839-841, 844, 848-852, 856, 859-893	391
Toxicology and Drug Dependence	35, 39, 43, 66, 117, 123, 356, 400, 430, 436, 447, 455, 544, 682, 683, 714, 718, 729, 817, 894	20
Papers not allocated to a field	895-1053	159

Based on these data, the authors tried to determine the diagnostic accuracy of infrared thermography for breast cancer. Howere, based on only 35 breast cancer cases and 17 healty controls, their results may be questioned.

CRPS

A search in the database with the keywords "complex regional pain syndrome" or "CRPS" identified 5 papers [3, 170, 706,760, 842] and 1 comment [20], but only 4 of these reported findings closely related to complex regional pain syndrome. 3 papers discussed various aspects of sympathetic blocks used as treatment option for individual patients with CRPS [706,760, 842].

Last year´s literature survey on medical thermology included a larger section on CRPS, although the number of articles closely related to thernology and CRPS was also small [3]. A comment on a retrospective study on lower limb CRPS criticised the method and interpretation of the study since both weakened the clinical value of this study [20].

A study from Germany reported behavioral and spinal electrophysiological changes in mice that developed swelling of the paw, warming of the skin, and pain in the injured limb after bone fracture [170]. The authors observed enlarged spinal neuronal receptive fields and caudal extension of the representation area of the injured body part, which subsides several weeks after a bone trauma. The findings in mice are comparable to human symptoms in CRPS with ipsi- and contralateral allodynia and pain.

Raynaud`s phenomenon (RP]

8 papers were found with the key word "Raynaud´s phenomenon [3,362,365,367,379,386,421,454]. None of these papers reported a study, which investigated the value of temperature measurement for diagnosing or monitoring Raynaud´s phenomenon. A topical review on infrared thermal imaging in connective tissue diseases provided hand thermograms of questionable diagnostic value for Raynaud´s phenomenon [421].

A survey among European rheumatologists on the role of non-invasive techniques in the assessment of patients with

Raynaud's phenomenon found that 72,7% of 106 responding physicans apply nailfold capillaroscopy [367]. Thermography which was labelled as a valuable assessment method [362,365] is currently included as routine test in specialist centres only. 2 case reports presented Buergers disease [379] and cryoglobulinemia [368] as the cause of Raynaud´s phenomenon like symptoms.

Fever

Few papers reported measurements of body temperature for the definition of fever or induced hyperthermia [470, 474,530, 628, 631,655,794]. A prospective study from America investigated the accuracy of axillary and temporal artery temperature (TAT) measurements in comparison to rectal temperature in children of age 0-36 months presenting to the Emergency Department [628]. The sensitivities of axillary and temporal artery thermometry to detect rectal fever is 11.5% and 61.5% respectively. The authors did not recommend axillary thermometry to screen pediatric patients for fever in the emergency department. Although TAT should not be used instead of rectal thermometry in pediatric disease prediction models, may have a role in screening for fever in the appropriate pediatric patient population where the balance between device precision, data capture and patient comfort may favor use of TAT.

A study from India reported that a temporal artery thermometer can accurately detect temperature in febrile and normothermic fullterm neonates but not in hypothermic neonates [631]. Temporal artery thermometry had better sensitivity to diagnose fever, than to detect hypothermia. Temporal artery temperature showed a good correlation with rectal temperature in normothermic or feverish, but not in hypothermic neonates.

A randomized study in crossover design was conducted with 298 patients in a 70-bed surgical unit over eight months comparing two sets of temperature measurements: temporal artery temperature (TAT] versus, axillary or oral [655]. Each method was used twice in each patient, to examine within-method precision. Following measurement, patients or caregivers provided their thermometer preference. For younger/nonverbal patients, a professional observer recorded a disruption score. TATwas more precise than oral and axillary thermometers, more fever sensitive, less disruptive to younger children, and more preferred by patients and families.

In athletes, rectal temperatures (Trec) taken at 4 cm, 10 cm, and 15 cm from the anal sphincter were compared with oesophageal temperature (Toeso) during a 10-minute rest period; exercise until the participant's Toeso reached 39.5°C; cold-water immersion (~10°C) until all temperatures were ?38°C; and a 30-minute postimmersion recovery period [530]. The Toeso and Trec were compared every minute during rest and recovery. The offset between Toeso and Trec was large during cold immersion, but the smallest bias during all conditions was detected at an insertion depth of 15 cm.

Based on measurements of peripheral and core temperature once per minute collected from 9 patients admitted to a general internal medicine ward, different statistical models were developed that could quantify the probability of having a fever spike in the following 60 minutes [474]. A logistic regression model and a linear discrimination analysis model were developed which both exhibited a fever peak forecasting accuracy greater than 84%. When compared with experts' assessment, both models identified 35 (97.2%) of 36 fever spikes.

A paper from India claimed that based on twenty-four-hour continuous recordings of tympanic temperature the cause of undifferentiated fever can be discriminated by using a quadratic support vector machine learning algorithm [470].

2 papers reported the use of infrared thermal cameras for measuring the deep body temperature [23,794]. Vardasca and collegues showed in their work a clear relationship between measurement error and angle of view or distance between the camera and the inner canthus of the eye [23]. While the mean error in the perpendicular view and various distances was small, the deviation at an angel of view beyond 75 or 105 degrees respectively, was 0.4 to 0.5°C. A study from France reported high accuracy of fever measurement with an infrared camera [794] but only after corrections of temperature readings in relation to the ambient temperature have been made. The employed camera was not used in the way proposed by the ISO-Standard and camera specifications, camera position, field of view and method of analysing the thermal images was not provided.

Discussion

The search profile of this year´s survey is identical to that of the literature review of last year [3]. Like in last year, a rather inaccurate allocation of papers to distinct fields of medicine occurred in both databases. This became particularly obvious in publications that have not allocated to a medical field although individual titles would fit very well to one of the 19 selected medical fields.

The focus of detailed description of papers is temperature measurement in the four clinical entities i.e. complex regional pain syndrome, Raynaud`s phenomenon, breast cancer and fever.

Compared to last year, the number of papers related to CRPS, Raynaud´s phenomenon or breast cancer decreased, controlled clinical trials elated to those diseases have not been published in 2017, ornly single case reports [368, 379, 706,760, 842] and topical reviews are available.

English continues to be the predominant language for medical publication. There were very little differences between Scopus and Embase in the distribution of non-English papers. Chinese achieved the second rank of publica-ti on languages and few papers were published bilingually.

An average impact factor of 2.595 points was calculated for the 17 journals, which published in 2017 six to thirty-one

papers on temperature measurement. This is a slight decrease by 0.216 points compared to 2016. However, the total number of articles in journals that had the highest rate in publishing temperature related papers, increased slightly from 155 in 2016 to 177 this year.

Publication productivity fluctuates constantly between the continents. There was a shift from Europe (minus 10%) to Asia (plus 8%), South America (plus 1.0%) and Africa (plus 1.0%) whilst the number of papers from North America and Australia &New Zealand remained on the level of 2016. 29% of corresponding authors originate from Asia. 24% dwell in China, 19.9% in Japan, 14.3% in India, 11.9% in South Korea and 7% in Iran. The portion of publications from in India and China increases constantly. However, many of these studies suffer still from high risk of bias and shortcomings in methodology and evaluation of results.

In conclusion, this years' literature survey was based on a literature search in Scopus and Embase. Due to the limitations caused by allocation of papers to medical fields, the results should be understood as estimation of quantitative distribution of thermology papers all around the world. Surgery, Radiology and Physiology & Endocrinology were frequently identified fields of temperature measurement in medicine. A secondary focus was temperature measurement in patients with complex regional pain syndrome, Raynaud`s phenomenon, breast cancer and fever. Thermography appeared as keyword more often as in 2016 (208-times in 2016 versus 255-times in 2017). However, only some articles reported diagnostic infrared thermal imaging.

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General Assembly of the European Association of Thermology (EAT) 2018

K. Howell[1], R.Vardasca[2], K.Ammer[3]

[1] President of the EAT, [2] General Secretary of the EAT, [3] Treasurer of the EAT

The 2018 General Assembly of the European Association of Thermology was held at National Physical Laboratory, Hampton Rd, Teddington TW11 0LW, London (United Kingdom), 6th July 2018 at 16:45.

The President Kevin Howell (KH) opened the General Assembly (GA) at 16h45, but because there were only 16 ordinary members and 1 proxy vote that was brought to the meeting by an ordinary member at the room, according to the statutes, having less than 50 percent of the existing members, it was postponed 30 minutes.

KH resumed the GA at 17h15, with a total 11 ordinary members (including 1 proxy) were at the reopening of the GA.

1. Report of the President

Kevin Howell (KH) welcomed all the present members to the General Assembly. Since his election as EAT President in 2015, the aim has been to build on the excellent work of his predecessor Prof. James Mercer (JM). Over the last 3 years, there were some notable successes, but also some continuing challenges.

The EAT membership level tends to fluctuate over time, but remains broadly on a par with the level that was reported in Madrid 3 years ago, with 47 current members. So whilst it is good that the number is stable, it remains too low and the Board needs to continue its efforts to attract reputable and active thermologists to our organisation.

Thermology International, the official journal of the EAT, is now firmly established as an online publication thanks to the efforts of the editor Prof. Kurt Ammer (KA). The move to online has helped to reduce costs, and potentially increases the exposure of our official publication, particularly since it is now listed by Scopus in their search engine. The challenges for the journal remain linked to our low membership levels: subscription levels need to be improved, and we want to attract a higher number of good quality papers for publication.

Our website has undergone an extensive redesign thanks to Ricardo Vardasca's (RV) efforts, to make it more readable and relevant to members, but this very much remains a work in progress. There is now a "template" which will allow further development, but we need to consider carefully the content which should be added, and ensure we avoid some of the technical problems which have led to website outages. Web maintenance and development is a challenge for all small organisations that do not have full-time IT support.

A key focus for the EAT is congress activity, and here we continue to have notable success. The XIV EAT Congress, just completed, was well attended and featured 2 full days of quality papers. We were also privileged, through our Association's links to NPL, to be at a venue with a world-class reputation, and excellent facilities and administrative support. Our focus will turn to continuing this momentum for the next congress in 2021 at a venue to be decided. There is also considerable EAT congress and seminar activity at a national level thanks to our strong links with the Polish Association and their annual congress in Zakopane, and also the MIRTL group which I coordinate in London. EAT members have also attended and contributed to many other meetings such as QIRT and VIPimage in Portugal.

Education is another key EAT focus. Our Short Course on Medical Thermography is normally taught immediately prior to each EAT Congress and is our opportunity to support new thermographers to learn about basic thermal physiology and thermographic techniques. We are uniquely placed to offer such a course through the expertise of our more senior members, but a past limitation had been that the course syllabus was not standardised or documented in writing so that it could be delivered consistently year-on-year. So soon after his election, KH tasked Aderito Seixas (AS) with reviewing our course structure, with the aim of producing a documented syllabus and a consistent look and style to the course material. KH is grateful to the entire teaching faculty for their efforts in achieving this, and he is pleased to report that the Course here at NPL on Wednesday was fully subscribed. It has also received retrospective approval from the London Royal College of Physicians to award 6 CPD credits to students for attending the course. This is an excellent recognition of the EAT as a reputable training organisation in the medical field, and allows us to strengthen our position as a source of thermology education still further.

In conclusion, KH thanked the entire EAT Board for their efforts over the past 3 years. He believes that a lot has been achieved, and certainly by him a lot has been learned as he "got his feet under the desk" and familiarised himself with the role. If invited to continue, over the next three years, we undertake to build on our strengths, and work hard to meet the challenges ahead. He thanked again all present.

2. Report from the treasurer

Kurt Ammer (KA) reported that the Association currently had 47 members, 35 of whom were ordinary members (including 1 affiliated national association), 9 were extraordinary members and 3 were lifetime honorary members.

The account summary was presented, showing that the Association currently had €9269.11 in the bank account. He also presented the financial plan for the upcoming 3 years.

3. Statement of the Auditors

Peter Plassmann reported that the auditors (himself and John Allen) had examined the EAT accounts for the period 19.3.15 - 29.6.18. All transactions had been checked, and no irregularities had been found.

The statement of the auditors was accepted by the Assembly, and the accounts adopted.

4. Honorary Membership

Kevin Howell explained that the EAT Board was proposing Honorary Lifetime Membership be awarded to Prof. Anna Jung.

Honorary lifetime membership for Prof. Anna Jung was approved by the Assembly.

Anna Jung thanked the Board and the membership for bestowing upon her this honour.

5. Vote on accepting the financial report and plan, and discharge of the Board Members

The financial report and plan was approved by the Assembly with 1 abstention (KA).

The EAT board was discharged.

6. Election of a new EAT Board

Kevin Howell asked Ricardo Vardasca (RV) about any EAT Board proposal received, RV confirmed that the only the proposal received was from KH with the same names of the EAT board just discharged.

President - Kevin Howell

Vice-President - Anna Jung

Treasurer - Kurt Ammer

General Secretary - Ricardo Vardasca

General Board Members - Manuel Sillero and Adérito Seixas

The proposed EAT board was elected unanimously by all present at the Assembly.

The Board members accepted their roles.

Kevin Howell commented that it was a great honour to be re-elected President of the EAT, and thanked the membership for the trust they had invested in him. The Board would always do its best to develop the EAT for the benefit of its members and for the science of thermology.

7. Election of 2 Auditors

Kevin Howell proposed John Allen and Peter Plassmann to continue their role of EAT auditors.

The proposed EAT auditors were elected unanimously by all present at the Assembly.

8. Setting the membership fees for ordinary and extraordinary members

Kurt Ammer explained that the annual membership fee was currently €50 and proposed to continue this unchanged. It was approved unanimously by all present at the Assembly.

9. Miscellaneous

Francis Ring informed that there was no one in the Korean and Japanese societies sending their papers to the EAT. He also asked if the EAT board was open to nominating 2 members of these societies to receive the Thermology International journal. KA felt that it was no problem with that being possible and he will look into that.

Damiano Formenti asked if the EAT board was interested in opening the journal Thermology International to free access in order to increase the interest in authors publishing there. KA informed that then members will lose their main benefit of membership.

RV informed those present at the Assembly that he will send to the members the new data protection agreement form to sign and return to him as the new procedure for the new data protection law.

KA informed that it could be possible to give access to the journal to the authors that submit the papers that are not members, he also stated that they have full access to their article for 1 year, and there is no point to open the access to the whole journal.

Aderito Seixas proposed that authors would have free access to the journal for a period of time. KA informed that the EAT board can look into that for the future.

KH asked KA about the reviewers of the TI submitted papers. KA informed that he mostly relies in reviewers external to the editorial board.

KA stated that he is not interested in authors that are not members of the EAT to have full access to the journal, with the current journal access management policy.

KH asked to all present at the Assembly: who is a member of the EAT for the access to TI journal? No one answered.

Ismael Fernandez-Cuevas proposed to abolish obstacles and promote Thermology .

James Mercer proposed to make the journal free access. KA informed that he is not sure, ESBSO is taking in information from the journal, that way we may lose their fee from opening it freely. We may also lose indexation in the scientific databases.

James Mercer asked about the income from those articles, KA answered it to be from 5 to 8 articles, therefore a little income. KA asked James Mercer if his idea to spend the equivalent of 40 membership fees to make the journal free was interesting for the EAT. No answer was received.

RV asked all the present members at the Assembly how many have submitted papers over the last year to the journal, only 4 answered that they did so.

Erik Staffa asked about the journal getting an impact factor. KA informed that it is related with politics, at the moment journals outside America do not have chances to enter.

James Mercer stated that making the journal freely available will increase visibility. KH referred that it was a useful discussion and the board will try to address that thought.

Francis Ring asked if there are proposals for the next EAT congress, that would take place in 2021, KH informed that there are contacts with Maria Soroko and Przemyslaw Cwynar to organize it in Wroclaw (Poland) and with Märta Sund-Levander group to organize it in Linköping (Sweden), but no proposals had yet been formally discussed.

KH referred that the open items will be discussed in the next board meeting.

Anna Jung suggested that the next EAT board meeting could be in April 2019 in Zakopane; KH felt it might be necessary to meet in autumn 2018.

RV stated that EAT members could contact him with any further suggestions, and he would bring them to the next board meeting.

Aderito Seixas suggested to send a survey to EAT members to find out their views on developing the Association.

Damiano Formenti suggested that the journal should create special issues, KA informed that it is possible, but contributions are needed.

There being no other business, the meeting closed by KH, thanking all the present at 18:18.

2018

The 2018 AAT Annual Scientific Session Will Be Held October 13th and 14th

AAT welcomes you to our 2018 Medical Thermal Imaging Scientific Session in beautiful Greenville, South Carolina! The 2018 AAT Annual Scientific Session will be held on October 13th and 14th.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the South Carolina Medical Association and the American Academy of Thermology. The South Carolina Medical Association is accredited by the ACCME to provide continuing medical education for physicians.

The South Carolina Medical Association designates this "enduring material" for a maximum of 6.5 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

A Pre-Meeting Physician Thermography Interpretation Course will occur on October 12th.

Annual Meeting proceedings and the Physicians Member Certification Course will be held on the Bon Secours St. Francis Hospital campus at the Bernadine Center.

Conference Schedule

Day 1 - Friday, October 12th, 2018.

8:30 **Pre-Meeting Physician Member Certification Course**

Day 2 - Saturday, October 13th, 2018 - General Sessions

8:00 Registration

8:30 Welcoming Remarks by Jeff Lefko, MHA AAT Exec. Director, Greenville, SC

8:45 **Keynote Address**: Past President Lecture on Medical Thermology by Phillip Getson, DO AAT Past President, Marlton, NJ

9:30 Diabetic Neuropathy Assessed by Medical Thermography by Luciane Balbinot, MD, PhD Porto Alegre, Brazil

10:15 Panel Discussion

10:30 Break

10:50 AAT Professional Development: Revised AAT Neuromusculoskeletal Guidelines and Revised AAT Breast Guidelines by Robert Schwartz, MD AAT COB, Greenville, SC

11:20Healthcare Policy on the Use of Medical Thermology by Jeff Lefko, MHA AAT Exec. Director, Greenville, SC

11:40 Camera Resolution and Microbolometer Sensitivity by Gaye Walden, CHC AAT Member, Charlotte, NC

12:00 Lunch (provided)

13:00 **Clinicians Corner 1: Thermology Validated: AAT Atlas of Abnormals Case Presentations**

13:00 Neuromusculoskeletal Cases by Tashof Bernton, MD AAT Board, Denver, CO

13:20 Neuromusculoskeletal Cases by George Schakaraschwili, MD AAT Board, Denver, CO

13:40 Neuromusculoskeletal Cases by Matthew Terzella, MD AAT Member, Greenville, SC

14:00 Neuromusculoskeletal Cases by Tracy Turner, DVM President, AAT, Elk River, MN

14:20 Neuromusculoskeletal Cases by Ronald Riegel, DVM AAT Member, Marysville, OH

14:40 Break

15:00 **Clinicians Corner 2: Thermology Validated: AAT Atlas of Abnormals Case Presentations**

15:00 Breast Cases by Jan Crawford, RN, BSN AAT Board, Scaly Mt, NC

15:20 Breast Cases by Anthony Piana, DC AAT Member, Burlington, CT

15:40 Breast Cases by Alexander Sepper, MD, PhD AAT Member, Forest Hills, NY

16:00 Oral/Systemic & Other Cases by Alex Mustovoy, ND AAT Member, Thornhill, ON

16:20 Oral/Systemic & Other Cases by James Campbell, MD AAT Board, Clemmons, NC

16:40 Oral/Systemic & Other Cases by Bryan O'Young, MD AAT Past President, Danville, PA

17:00 **Annual Scientific Session Wrap Up and Remarks**

17:30 pm Session Ends 8:30 pm Meet and Mingle Reception with the Leadership at the Crowne Plaza Hotel

Day 3 - Sunday October 14, 2018 - Committee Meetings

07:30 Shuttle from Crowne Plaza Hotel

8:00 SPECIAL MORNING THERMOGRAPHERS WORKSHOP: Ambassadors to Thermography: a Guide to Help You Find A Physician Audience and Interpreter

9:30 Open General Session (for all attendees)

10:30 General Session Ends

10:30 Shuttle returns to Crowne Plaza Hotel

10:45 Board of Directors Meeting (Board Members Only)

2019

13th-15th April 2019

23th Conference of the Polish Association of Thermology Combined with The European Association of Thermology in Zakopane

Conference venue:
HYRNI Hotel, Pilsudskiego str 20, Zakopane

Information:
Prof Dr Anna Jung, a.jung@spencer.com.pl

22th - 24th July 2019

HEFAT 2019
14th International Conference on Heat Transfer, Fluid Mechanics and Thermodynamics in Wicklow, Ireland

Venue: POWERSCOURT HOTEL RESORT & SPA, Wicklow, Ireland

Purpose

The conference is broad in scope and provides a forum for specialists in heat transfer, fluid mechanics and thermodynamics from all corners of the globe to present the latest progress and developments in the field. The broad scope brings together a wide range of research areas from narrow fundamental work in nanofluids to import applications such as in the broad fields of energy, manufacturing, biomedical processes, production, education, instrumentation and control, and MEMS. This will not only allow the dissemination of the state of the art, but it will serve as a catalyst for discussions on future directions and priorities in these areas. The additional purpose of this conference is to initiate collaboration in research.

PAPER ABSTRACT SUBMISSIONS
Closes: 24h00 (GMT +2) on Friday, 01 February 2019

Submission via abstract submission information at
https://www.eiseverywhere.com/eSites/349879/Homepage

Prospective authors are invited to submit an abstract online (200 to 1000 words without any figures, equations, tables, photos, references, etc.). After review and acceptance, successful authors will be informed by email and invited to submit full text papers, including tables, figures and references.

All submitted abstracts must report original, previously unpublished, research results - either experimental and/or theoretical. Articles submitted to the conference must meet these criteria and must not be under consideration for publication elsewhere.

FULL-LENGTH MANUSCRIPT SUBMISSIONS

Opens: 00h00 (GMT +2) on Thursday, 28 March 2019

Full text papers (in PDF format only) will only be considered if submitted via the online submission system. In addition, manuscripts must follow the style of the conference and are subject to both peer review and editing.

The full-length manuscript must be submitted as a PDF file and should be limited to a maximum length of six pages. Keynote papers are limited to a maximum length of 15 pages.

Registration Information

Registration on the website via
https://www.eiseverywhere.com/ehome/349879/752623/?&t=37e84e64acfd67aa345e8e3046e4d5ab

The online registration portal for 14th International Conference on Heat Transfer, Fluid Mechanics and Thermodynamics is open!

Once you have completed the step-by-step online registration, you will have the option of paying immediately online using a credit card, or alternatively, to download a copy of your invoice for payment via EFT / Wire Transfer.

Please don't hesitate to contact Angus Morton should you need any assistance.

Maximum number of papers

The maximum number of papers a paying author may submit is two. Between two paying authors, four papers may be submitted. One author may submit more than two papers, but must then pay an additional 50% of the registration fee for every paper more than two.

Who must pay the registration fee?

Every delegate attending the conference must pay the conference fee (a student must pay the student fee, a retired academic must pay the retired academic fee and all other delegates must pay the fee for delegates). For every paper that is accepted and published in the conference proceedings, at least one of the authors must pay the fee. One of the authors must present the paper in person at the conference.

Payment of Conference Fees

Early payment (before or on 1 April 2019)

Delegate:€700

Student:€650

Retired academic:€650

Accompanying person:€140
(partner/friend or child to also attend the Welcome and Banquet; but not the conference)

Registration (after 1 April 2019 and not later than 22 May 2019)

Delegate:€800

Student:€750

Retired academic:€750

Accompanying person:€150 (partner or child to also attend the Welcome and Banquet; but not the conference)

Registration fee includes:

Welcome pack (delegate badge and accreditation, programme, and conference proceedings on a USB flash drive). Take note that the proceedings will be available only electronically. Only a programme booklet will be made available on paper.

Tea/Coffee breaks

Light lunch

Welcome

Awards ceremony and conference banquet.

Registration fee for accompanying persons includes:

Welcome function

Awards ceremony and conference banquet.

Welcome function (Sunday, 22 July 2019, 18:00-19:00)

Awards ceremony and conference banquet (Wednesday, 24 July 2019, 20:30-23:30)

Certificate awards will be given to the best paper of every session.

CANCELLATION POLICY

Registration Fees & Accommodation

Any cancellation received will be subject to the following refund policy:

75% of the amount paid if written cancellation is received prior to 15 May 2019

No refund if written cancellation is received on, or after 15 May 2019

TERMS, CONDITIONS AND RATES

All terms, conditions, dates and rates are subject to change (with changes to be made on the website only and without any other notifications).

Contact Information

SCHOLARLY MATTERS

For all queries pertaining to abstracts, manuscripts and the conference programme:

Conference Chair

Prof. Josua Meyer

University of Pretoria

South Africa

Josua.meyer@up.ac.za

ADMINISTRATIVE MATTERS

For all queries pertaining to payment of registration fees, travel, visas, accommodation and all other logistical issues:

Conference Co-ordinator

Mr. Angus Morton

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