



Istituto  
Dermacademy

# **I.T.A.S.C.A.R**

## Official Toolkit



# **I.T.A.S.C.A.R. Official Toolkit Developed by:** Dermacademy Institute Dermatology team.

## **Welcome to the I.T.A.S.C.A.R. Initiative!**

Thank you for your interest in the **I.T.A.S.C.A.R.**  
(Italian Acne Scar Condition and Rating).

This document provides everything you need to begin using the scale in your clinical practice. I.T.A.S.C.A.R. was created by **clinicians for clinicians** with one goal: to provide a simple, rapid, and reproducible method to **quantify acne scar severity** and **measure treatment** outcomes objectively.

## **This toolkit contains:**

1. A Quick-Start Guide to the methodology.
2. A Printable Scoring Sheet for patient consultations.

# 1. Quick-Start Guide

The I.T.A.S.C.A.R. Philosophy The system's strength lies in two key principles:

- **Standardized Areas:**

The face is divided into four consistent, anatomically defined zones, ensuring that different clinicians assess the same regions.

- **Weighted Scoring:**

By multiplying three distinct clinical parameters, the scale gives more weight to areas that are severely affected in multiple ways (e.g., high scar count and high severity), reflecting the true clinical picture more accurately than simple addition.

## How to Perform the Scoring (2-3 minutes)

### Step 1: Define the Facial Areas

Use the anatomical landmarks (as presented during the congress) to visualize the four areas: **Forehead**, **Right Cheek**, **Left Cheek**, and **Central Area**.

Defining the **Facial Areas** in the I.T.A.S.C.A.R. System To ensure consistency and reproducibility, the I.T.A.S.C.A.R. system divides the face into four standardized anatomical areas. This subdivision is achieved by visualizing five key guidelines based on stable anatomical landmarks.

The clinician should visualize the following lines on the patient's face:

#### 1. The Horizontal Intercanthal Line (Line A)

Path: A single horizontal line connecting the outer canthus (the outside corner) of the left eye to the outer canthus of the right eye.

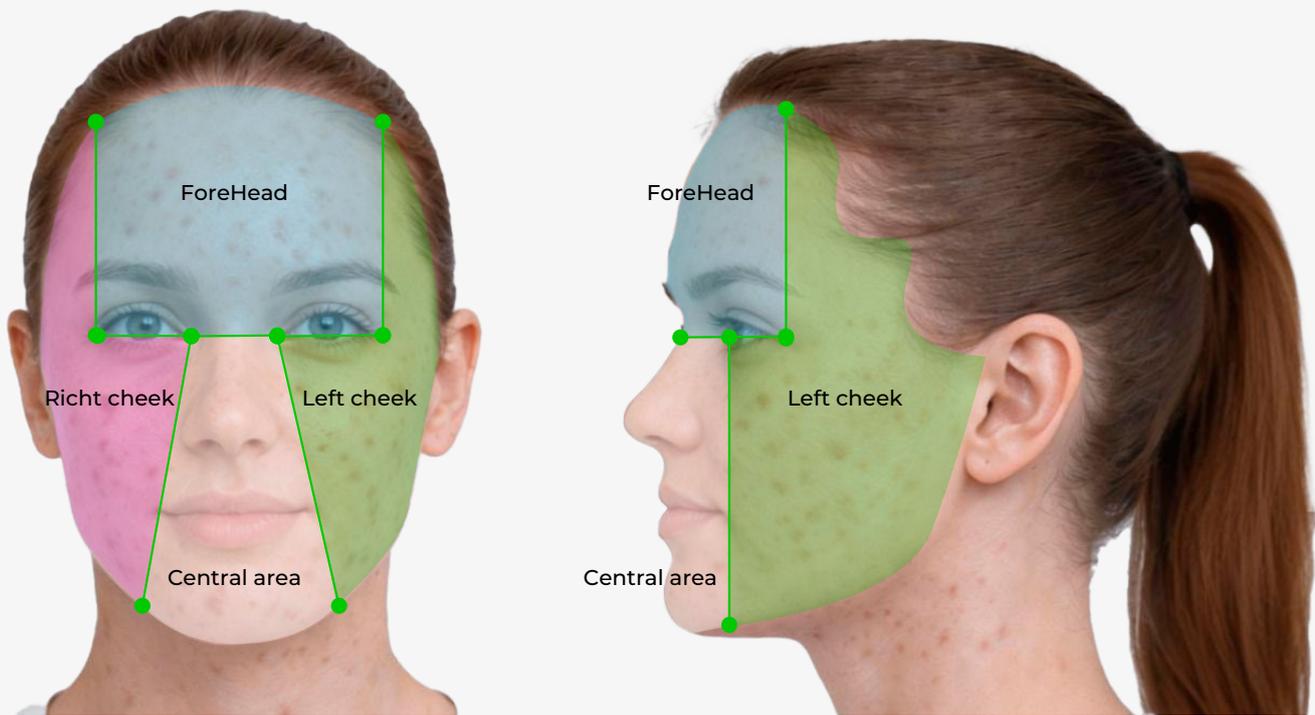
#### 2. The Two Vertical Forehead Lines (Lines B & C)

Path: Two vertical lines, one on each side. Each line starts from the outer canthus of the eye and extends straight up to the patient's hairline.

#### 3. The Two Oblique Perioral Lines (Lines D & E)

Path: Two diagonal lines, one on each side. Each line begins at the inner canthus (the inside corner) of the eye, travels downward diagonally past the corner of the mouth (labial commissure) on the same side, and continues to the mandibular margin (jawline).

This standardized subdivision (named **Dermacademy acne face subdivision**) allows any clinician to assess the exact same zones, making I.T.A.S.C.A.R. scores comparable across different patients, different clinicians, and over time.



## Step 2: Assess Each Area

Using the Scoring Sheet in the next section, assign the three scores (A, B, and C) for each of the four areas.

- **Score A (Total Scar Count):** Count all visible atrophic/hypertrophic scars and significantly enlarged pores resulting from past inflammatory lesions.
- **Score B (Large Scar Count):** Count only the scars from the previous step that are wider than 2mm at their largest diameter.
- **Score C (Clinical Severity):** Give an overall severity score to the area based on visibility and “stretchability.” This key maneuver helps differentiate superficial atrophic scars from deep, anchored fibrotic scars.

## Step 3: Calculate the Final Score

- **Area Score:** For each area, multiply the three scores: Score A x Score B x Score C. The range for each area is 0-75.
- **Total Facial Score:** Sum the four Area Scores to get the final result. The total score ranges from 0 to 300, providing a wide, sensitive scale to track changes.

### Clinical Pearls & FAQ

- **What should I exclude?** Do not count active inflammatory lesions (pustules, papules) without underlying scarring, or simple comedones.
- **Best Practice:** Perform the assessment under consistent, good-quality lighting. We highly recommend taking standardized clinical photos at each visit to complement the score.
- **Consistency is Key:** The primary goal of I.T.A.S.C.A.R. is to reliably track change over time for a single patient and to compare outcomes between different treatments.

## Join the Collaboration

I.T.A.S.C.A.R. is an evolving tool.

We are actively seeking collaborators for multicenter studies to validate and refine the scale. If you are passionate about bringing objective data into dermatology and are interested in participating, please contact us.

Your feedback and data are invaluable to the future of this project

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## I.T.A.S.C.A.R. - Printable Scoring Sheet

Patient Information:

Name/ID: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Visit: Baseline / Follow-up # \_\_\_\_\_

Facial Area	A. Total Scar Count (Score 1-5)	B. Large Scar Count (>2mm) (Score 1-5)	C. Clinical Severity (Score 1-3)	AREA SCORE (A x B x C)
Forehead				
R. Cheek				
L. Cheek				
C. Area				
				Total facial score: (Sum of Areas) _____ / 300

### SCORING TABLE SCORING KEYS (Reference)

Score	A: Total Scar Count	B. Large Scar Count (>2mm)
1	0 scars	0 scars
1,5	1 - 3 scars	1 - 3 scars
2	4 - 6 scars	4 - 6 scars
3	7 - 9 scars	7 - 9 scars
4	10 - 12 scars	10 - 12 scars
5	> 12 scars	> 12 scars

#### Score

#### Clinical Severity

- 1 Scars NOT VISIBLE at conversational distance.
- 1.5 Scars PRESENT but NOT VISIBLE from 50 cm.
- 2 Scars VISIBLE from 50 cm and "stretchable" with fingers.
- 3 Scars VISIBLE from 50 cm and NOT "stretchable" (deep fibrotic).

**Clinical Notes:** \_\_\_\_\_

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