

JDPA

Journal of Dermatology *for* Physician Assistants

VOLUME 6 NUMBER 2
SPRING 2012

SDPA NEWS AND CURRENT AFFAIRS

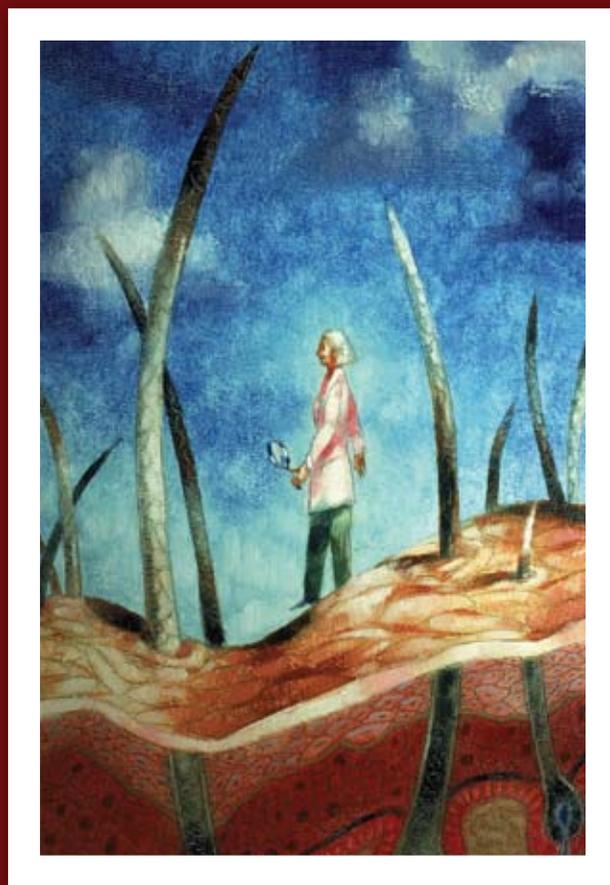
DERMATOLOGY PA NEWS AND NOTES

CLINICAL DERMATOLOGY

SURGICAL DERMATOLOGY

COSMETIC DERMATOLOGY

PROFESSIONAL DEVELOPMENT



SUPPLEMENT
for AIM at Melanoma



Official Journal of the Society of Dermatology Physician Assistants

JDPA

Journal of Dermatology for Physician Assistants

EDITORIAL BOARD

Travis Hayden, MPAS, PA-C, *Editor in chief*
Joe R. Monroe, MPAS, PA-C
Patricia Ferrer, MPAS, PA-C
Gordon Day, R.Ph., PA-C
Nancy Primo, MPAS, PA-C
Lauren Zajac, MHS, PA-C
Michelle DiBaise, MPAS, PA-C
P. Eugene Jones, Ph.D., PA-C
Mark Archambault, DHSc, PA-C
Kristine Kucera, DHS, MPAS, PA-C
Jennifer Winter, PA-C
Mark Hyde, MMS, PA-C
Jennifer Connor, MPAS, PA-C
Jeffrey LaDuca, Ph.D., MD
Alan Menter, MD

DEPARTMENT EDITORS

Clinical Department Editors
Susan E. King-Barry, MPAS, PA-C
Karen Graham, MPAS, PA-C
Drugs in Dermatology Editor
Stephen Wolverton, MD
Surgical Department Editor
Christy Kerr, MPAS, PA-C
Cosmetic Department Editor
Nancy Primo, MPAS, PA-C
Prof Dev Department Editor
Abby Jacobson, MS, PA-C

SDPA BOARD OF DIRECTORS

PRESIDENT

Keri Holyoak, MPH, PA-C

PRESIDENT-ELECT

John Notabartolo, MPAS, PA-C

IMMEDIATE PAST PRESIDENT

Abby Jacobson, MS, PA-C

VICE PRESIDENT

Jacki Kment, MPAS, PA-C

SECRETARY / TREASURER

Casey Croes, MPAS, PA-C

DIRECTORS AT LARGE

Susan Hammerling, MPAS, PA-C
Kristine Kucera, DHS, MPAS, PA-C
Vicki Roberts, MPAS, PA-C
Jennifer Winter, PA-C



Society of Dermatology
Physician Assistants, Inc.
4111 W. Alameda Ave. Suite 412
Burbank, CA 91505
1-800-380-3992
SDPA@dermpa.org
www.dermpa.org

PUBLISHING STAFF

Publisher Travis Hayden, MPAS, PA-C
Managing Editor Jennifer M. Hayden, M.Ed
Copy Editor Douglas Morris
Art Director Angela Simiele
Website Design Terry Scanlon

SALES OFFICE

Physician Assistant Communications, LLC
P.O. Box 416, Manlius NY 13104-0416
Phone (315) 663-4147
PAC@paccommunications.org
www.paccommunications.org

EDITORIAL MISSION: The JDPA is the official clinical journal of the Society of Dermatology Physician Assistants. The mission of the JDPA is to improve dermatological patient care by publishing the most innovative, timely, practice-proven educational information available for the physician assistant profession.

PUBLISHED CONTENT IN THE JDPA: Statements and opinions expressed in the articles and communications herein are those of the authors and not necessarily those of the Publisher or the Society of Dermatology Physician Assistants (SDPA). The Publisher and the SDPA disclaim any responsibility or liability for such material, including but not limited to any losses or other damage incurred by readers in reliance on such content. Neither Publisher nor SDPA verify any claims or other information appearing in any of the advertisements contained in the publication and cannot take responsibility for any losses or other damage incurred by readers in reliance on thereon. Neither Publisher nor SDPA guarantees, warrants, or endorses any product or service advertised in this publication, nor do they guaranty any claim made by the manufacturer of such product or service.

THIS ISSUE: of JDPA includes articles that have been reviewed and approved for Category I (Preapproved) CME credit by the American Academy of Physician Assistants. Approval is valid for 1 year from the issue date, and participants may submit the self-assessment at any time during that period. Category I CME articles included in JDPA are planned and developed in accordance with AAPA's CME Standards for Journal Articles and for Commercial Support of Journal Articles.



Since its inception, the JDPA has utilized eco-friendly printing practices. The JDPA is printed on paper obtained from sustainable forests that meet strict environmental standards. Soy-based inks that have a low environmental impact are used during printing of the journal and the journal is printed using 100% renewable energy. *SDPA members may join us in our efforts and opt to receive the JDPA in digital format.*

JDPA/Journal of Dermatology for Physician Assistants (ISSN 1938-9574) is published quarterly (4 issues per volume, one volume per year) by Physician Assistant Communications, LLC, P.O. Box 416, Manlius NY 13104-0416. Volume 6, Number 2, Spring 2012. One year subscription rates: \$40 in the United States and Possessions. Single copies (prepaid only): \$10 in the United States (Include \$6.50 per order plus \$2 per additional copy for US postage and handling). Periodicals postage rate paid at New York, NY 10001 and additional mailing offices.

© 2012 Physician Assistant Communications, LLC. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including by photocopy, recording, or information storage and retrieval system, without permission in writing from the publisher.

POSTMASTER: Send address changes to Society of Dermatology Physician Assistants, Inc., 4111 W. Alameda Ave. Suite 412, Burbank, CA 91505, 1-800-380-3992.



THIS ISSUE IS SPONSORED BY

PROMIUS
PHARMA

FROM THE PATIENT'S PERSPECTIVE

Sol Survivor

By MaryAnn Gerber

I have always had a lot of moles growing up, and because of this fact, I was told to make sure I took good care of my skin. I was well aware of the ABCD's of abnormal moles and what to look for. I thought I was being safe and very careful with my skin.

During my teenage years and early twenties I was very vain about the way I looked, as I think most of us are at those ages. I had started indoor tanning because I really liked the way I looked with a tan. I thought I looked healthier, and it made me feel better about myself. When I went tanning I was very careful and never burned in a tanning bed. Half way through a session I would cover my face with a towel because I didn't like the freckles that would appear afterwards.

At the age of twenty-three, I noticed a very pink mole forming on my left cheek. It didn't bother me so much, and I wasn't worried because it looked nothing like an abnormal mole; there were no signs of the ABCD's I had been taught to look out for. It wasn't until I was twenty-four that the mole started to bother me. It was more noticeable now, a lot more pink, and people would make comments about it. It was then that I decided, for pure vanity reasons alone, that I needed to have the mole removed. I made an appointment with a plastic surgeon and had the mole removed on a Friday. By Monday I had received the call that it was melanoma.

Two surgeries later I was home with a six-inch scar down my cheek and several more scars across my neck wondering, what had I done to myself? At that point in my life I had no other family members who had been diagnosed with skin cancer. Being diagnosed at

such a young age was an extreme shock! I would cry at night thinking about the damage I had done to my skin while not even knowing I was doing it. I thought a sunburn was the only bad thing that could cause skin cancer. I didn't realize that a tan was just as dangerous. I believe that the melanoma was caused by the tanning beds I had been using.

I didn't like to talk about what had happened to me. I was horrified by what I looked like. It took about a year of intensive laser treatments for scar revision before I was comfortable enough to come out and share my story. After the laser treatments I felt like I could go out and possibly make a difference. I wanted to tell people, especially the kids, my story so they didn't have to go through the same thing I did. I thought about all of the times I had heard the tanning industry say, "Just follow the guidelines in our tanning beds and you will be safe." I started doing interviews on TV and on the radio, sharing my story. The interest in my story started to pick up, and teachers began asking me to come and speak to their classrooms. I would spend all day at a school, talking to each of their health classes. Some kids would literally faint during my speech. It was the first time that I felt like a survivor and not a victim of melanoma.

It was around this time that I realized that my home state of Utah didn't have an organization that primarily focused on melanoma. While there are many great organizations out there for cancer, I felt that melanoma really needed something more. It is such a confusing and disfiguring cancer that I believed that we could somehow do better. This is when our



Before being diagnosed - the melanoma is visible on my left cheek.

It was the first time that I felt like a survivor and not a victim of melanoma.



Recovering after surgery - the melanoma and twenty-six lymph nodes on the left side of my neck were removed.

patient advocacy group for people with melanoma was started. My husband came up with the name, "Sol Survivors."

Our group is just starting out and we have looked to other established advocacy groups, such as AIM at Melanoma, for guidance in our efforts. It has been an incredible experience thus far. I have met so many amazing people. When I would speak at schools, many kids shared with me how they were able to get around the current indoor tanning law and tan at their leisure without their parents' knowledge. Our group recently had a chance to help this year with legislation in Utah to try and ban anyone under the age of eighteen from using a tanning device. At each legislative hearing we would fill the room full of young women and their families who had been tanning and were diagnosed with melanoma. We posted comments on Facebook and AIM at Melanoma was right there in our corner. It was a long and drawn out battle but in the end we did it! On March 26th, 2012 our governor signed into law Utah's Senate Bill (SB) 41:

A tanning facility may not allow anyone under the age of 18 from using a tanning device unless the minor (i) has a written order from a physician or (ii) at each time of use the minor is accompanied at the tanning facility by a parent or legal guardian who provides written consent authorizing the minor to use the tanning device.

This bill strengthens the existing law, which required a parent or legal guardian to provide a written consent at least once each twelve-month period thereafter in which the minor uses the tanning device. While SB 41 is a big step in the right direction, our group will continue our efforts to achieve a complete ban on indoor tanning for those under the age of eighteen. I am looking forward to seeing what we can accomplish in the future! 📌



MaryAnn Gerber is thirty years old and lives in Syracuse, Utah. She has been married for ten years to a wonderful man named Rick Gerber. MaryAnn has a bachelor's degree from Weber State University in Business Administrative with an emphasis in Marketing. She has been working for Mountain West Small

Business Finance in Salt Lake City, Utah for twelve years and is currently the Staff Accountant. She is the founder of a grassroots patient advocacy group for melanoma patients and their families called Sol Survivors. MaryAnn has been volunteering her time for nearly five years in Utah educating teens and their families about skin cancer and the dangers of tanning beds. To learn more about Sol Survivors please visit www.wix.com/solsurvivors/mgerber.

TAKE HOME POINTS for DERM PAs:

By Steven K. Shama, MD, MPH

1. It seems to me that we, as dermatology health care providers, need to start including this question when asking our patients if any moles have changed, "Are there any spots on your skin that are different/changing or that you don't like for perhaps cosmetic reasons?" It was primarily because of MaryAnn's self-professed vanity that she went to the plastic surgeon to have the spot removed from her left cheek. Clearly, teaching only the ABCD's and E's (evolution/changing) of moles may not be sufficient. We may need to include a cosmetic "angle" to our interview questions. In doing so, we may just save a life.
2. When I reread MaryAnn's story I realized something was missing. There was no mention of a dermatology health care provider involved in her care, despite the fact that she was aware of having many moles and also of the ABCD's of melanoma. In fact, her first reaction when she was getting comments from friends about the changing spot on her left cheek was to see a plastic surgeon. Fortunately this surgeon didn't discourage her from having the spot removed because of the possibility of scarring, especially since her lesion didn't have the classic changes of melanoma. We need to continually educate our medical colleagues, especially plastic surgeons, about the variations in expressions of melanoma and to encourage them to involve dermatology if there is suspicion about whether a lesion warrants a biopsy or excision in a cosmetically sensitive area. We also need to educate the general public to see a dermatology health care provider for regular skin exams.
3. I realize how successful patients like MaryAnn can be in educating others, especially when such patients are committed to making a difference. They can be perhaps as good as or even better advocates for seeing a dermatology health care provider than we can. We should encourage such motivated teenagers to bring their message about skin care to their peers. By soliciting their help, we might be even more successful in educating teenagers about the dangers of melanoma.

Dermatology Physician Assistants



Physician Assistants (PAs) in dermatology play a number of varied and vital roles.

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

PAs are trained in intensive, accredited education programs.

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

The Society of Dermatology Physician Assistants (SDPA) is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at www.dermpa.org and www.aapa.org.

