

JDPA

Journal of Dermatology *for* Physician Assistants

VOLUME 3 NUMBER 2
SPRING 2009

SDPA NEWS AND CURRENT AFFAIRS

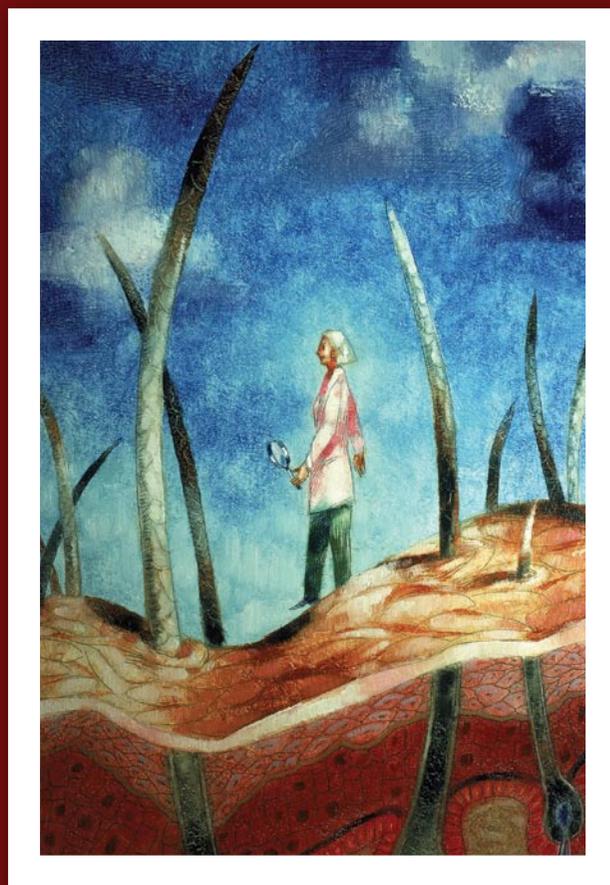
DERMATOLOGY PA NEWS AND NOTES

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Official Journal of the Society of Dermatology Physician Assistants

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

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THIS ISSUE: of JDDPA 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 JDDPA are planned and developed in accordance with AAPA's CME Standards for Journal Articles and for Commercial Support of Journal Articles.

JDDPA/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 3, Number 2, Spring 2009. 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.

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POSTMASTER: Send address changes to Society of Dermatology Physician Assistants, Inc. P.O. Box 701461, San Antonio, Texas 78270; 1-800-380-3992.



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FROM THE PATIENT'S PERSPECTIVE

"Yesterday Is History, Tomorrow Is a Mystery, But Today Is a Gift"



By John Grabau

I am an avid golfer and I am coincidentally writing my story as I am headed down to play Bethpage Black, the course where the US Open will take place in 2009. As I reflect back about my situation that has been filled with a world of emotion and turmoil over the past four years, I realize something important - life is good, I am alive.

Let me provide a little background on who I am and what probably led to my diagnosis of melanoma. Growing up I spent my summers swimming on our local swim team. From the ages of

six to sixteen I probably spent the majority of the summer in a pool practicing and horsing around with my friends. I have fair skin, red hair and little did I know at the time, but I was a prime candidate for getting melanoma (*but if someone actually told me this back then, I was not listening*). I continued right into my adult years spending a great deal of time outside and in pools, not applying a lot of sunscreen.

In August 2004, my wife noticed a mole on my lower back. I dismissed it telling her that the mole had been there for years and not to worry. A day earlier I was scratching a spot on my right shoulder blade and it began to bleed. Thinking that I had picked a scab I did not think anything of it. A month went by and I had a cold that I could not shake, so I went to see my physician. While I was there I asked him to take a look at the mole on my lower back. He looked at it and wanted me to go see a plastic surgeon to have it removed. When the plastic surgeon examined the mole on my lower back he became very concerned and wanted it tested for cancer immediately. I asked him about the other mole on my right shoulder blade. He was not that concerned but told me, "Let's take it off to be safe." One week later I received a call at my work from the plastic surgeon that would change my life forever. He informed me both moles were melanoma and that the one on my shoulder blade was very serious. Not knowing anything about skin cancer I asked him what he meant by serious. He proceeded to tell me that the mole was thick and deep. I was very distraught when I hung up the phone and began to research melanoma on the Internet. After reading all about the terms he had explained to me, I was in a panic. I started to think about my life and family. In

February 2004 I had gotten married and on July 14th we had a son. I was so excited about becoming a father but now I could not stop thinking that I might not get the chance to see him grow up.

Wheels started in motion. I began to meet with a number of different physicians including an oncologist, a general surgeon, a plastic surgeon, my family physician and a urologist (*during my scan they saw a cyst on my left kidney so they wanted me to see the urologist as well*). I was

looking for one of the physicians to tell me that everything was going to be fine and that this is something you just need to be careful about but that never happened. I reached out to friends and family who could help me. I was getting inundated with

"Of all the things I went through, waiting for test results was probably the most frustrating and upsetting... I always needed to hurry to get the test done but then I waited anxiously to find out the fate of my life."

information and felt overwhelmed about what I needed to do. I was told that the cancer had not spread to my organs but that I still needed to have lymph node biopsies performed. Everything that I read said that if the cancer spread to my lymph nodes, my chances for survival would be greatly reduced. I was a zombie at work, at home, and in life in general. I was so confused and depressed about my situation but tried to stay positive. I think my wife was almost in denial, telling me that her grandfather had melanoma and that I was going to be fine and should stop worrying. When I was first diagnosed I weighed 215 pounds, and at this point I was down to 190 pounds. I was on every web site trying to find out what foods, drinks, and exercises could improve my chances for survival.

Coming out of surgery for the lymph node biopsies, I awoke to my family telling me that nothing was found in my lymph nodes. I started to feel better about my chances for survival but I was told that the biopsies still needed to be sent to pathology to be tested under a microscope. I was supposed to receive the results in a week. Of all the things I went through, waiting for test results was probably the most frustrating and upsetting. I began to use the saying, "Hurry up and wait" to describe every test. I always needed to hurry to get the test done but then I waited anxiously to find out the fate of my life. I called after a week asking for the results, with no response. Finally I heard the news that I had dreaded. They had found some

FROM THE PATIENT'S PERSPECTIVE

cancer cells in my lymph nodes. My stomach dropped out of my body and I was devastated. I now needed another surgery for a lymph node dissection. As I was going into this surgery all of these thoughts were going through my mind... Were they going to find more cancer? How much? What is going to be the outcome? What about my family? After this surgery, I was so anxious that I was calling for my results every day. Before I went to see another physician I found out that my cancer did not spread beyond the first lymph node. Finally I had some positive news.

I met with my oncologist to discuss my treatment. He informed me that studies had shown that one month of high intensive interferon was the recommended treatment and was what they were going to administer. By this time I had done a tremendous amount of research and always came prepared to my appointments with questions. During my visit I started a conversation with the nurse practitioner about the recommended treatment and my diagnosis. I asked her about getting another opinion and she recommended it. I was surprised, but I decided to take her advice. My oncologist referred me to another physician for a second opinion. The physician is a leading authority in the research and treatment of melanoma. When meeting with this new physician he disagreed with my oncologist and recommended one month of high dose interferon followed by eleven months of small dose interferon three times a week. I was beginning to realize that physicians are human and opinions will vary; ultimately it was my decision how I wanted to fight this cancer. When I returned home my realization that physicians are only human hit me right in the gut. I received a phone call that the pathology group lost one of my lymph node reports and that the physician who had just given me a second opinion was now questioning the results from the mole located on my lower back. After a very intense conversation with my physicians, it was decided that a third surgery (*lymph node biopsy*) on my groin was needed. That was completed and after receiving a third opinion from yet another physician, I started my treatment.

The high intensive interferon was very tough. I had little strength, suffered massive headaches, was tired all

the time, and experienced severe weight loss (*I was down to 165 pounds*). I was probably at my lowest point. My wife and I were going through a tough time, living and dealing with someone with cancer. Bills started coming in. Trying to manage treatment and my personal life was a challenge. During my one month of high intensive interferon I did not want to talk to or see anybody. However, as time went by it was good to see my friends and family in small spurts to break up the day. When I started the second phase of my treatment I thought that I felt like a million dollars but I soon realized what affect these drugs have on the body. While I was taking interferon three times a week with self-injections, I was going to work, helping with our child, and doing work around the house. I enjoyed it because I was not in bed all the time. However, I still needed to take breaks at work (*I used to go into the bathroom and fall asleep on the toilet*) and at home. I believe it even affected my mental abilities. A funny story happened at work. I was on an appointment talking with a potential client and he asked me if I was obsessed about knowing the time. He then pointed out that I had a watch on both of my wrists and I was still asking him for the time. While taking the medication, I felt that tasks had become harder to remember and to complete. I can honestly tell you that I got so used to feeling tired all the time and having headaches that I thought it was the norm. When I stopped taking the medication after a year, I felt like a different person. I had energy, strength, and I was able to finish a thought during a conversation. What a good thing.

As I completed my one-year of treatment I wanted to organize an event to raise money for the American Cancer Society and awareness of skin cancer. I started a golf tournament with around twenty of my friends. This year we plan on having over one hundred and ten people and will hopefully raise over \$10,000. As I come close to my fourth year of being cancer free, I realize that thinking about my cancer returning becomes easier to deal with, but never leaves me. I try to live everyday through the meaning of a quote from Eleanor Roosevelt, "*Yesterday is history, Tomorrow is a mystery, but Today is a gift. That is why it is called the present.*"

TAKE HOME POINTS for DERM PAs: *By Steven K. Shama, MD, MPH*

- The writer realized that after his four-year ordeal that "Life is good, I am alive." Some cancer survivors believe that their cancer has been a gift to them, causing them to embrace life and live it to its fullest. I only wish I knew when the time is right for me to suggest this thought as a possible way of looking at their melanoma diagnosis. As a health care practitioner, we must wait until the patient comes to this conclusion, if they ever do. Then we can embrace it together.
- The writer apparently never spoke to a dermatologist about his melanoma diagnosis and treatments. I would hope that if he had, that many of us would have been there for him. For the face-to-face moments when he could have asked his questions as they arose, over the years of therapy. We need to make ourselves available for our patients, and say that we are THERE for them. What a gift to our patients to truly BE THERE for them. 🎯

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.

