



The Economy and Our Health

By Sarah Patton, PA-C

Many of our patients have a personal and/or family history of skin cancer and are aware of the importance of getting regular full skin examinations.



As the economy worsens, however, I worry that some of our patients will let those regular exams lapse. The truth is, patients generally forego preventive care when times are tough. For example, a recent study by *Health Affairs* revealed that more than half (54%) of patients did not get recommended care, fill prescriptions, or see a doctor when sick because of costs. This is unfortunate because preventive care saves lives and money in the end. Preventive care is inexpensive long-term care because it protects your future health. The earlier you detect a skin cancer, for example, the easier it is to treat.

I have seen patients with a history of skin cancer return to our clinic after a four year absence and, unfortunately, end up leaving the clinic with several biopsy proven skin cancers. If the patients had returned more frequently for their exams, it is likely that these skin cancers would have been detected earlier. Earlier detection of skin cancer not only leads to a smaller surgery (if this is the prescribed treatment) but a better prognosis. If this is not reason enough to remind you of the importance of a regular skin exam screening, let me remind you that melanomas identified early have a greater than 96% cure rate. Melanomas identified later can be devastating.

Listed below are some statistics taken from the *Skin Cancer Foundation's* website that will also serve as a good reminder of why it is important to have a full skin examination regularly:

- Skin cancer is the most common form of cancer in the United States. More than one million skin cancers are diagnosed annually.

- Each year there are more new cases of skin cancer than the combined incidence of cancers of the breast, prostate, lung and colon.
- One in five Americans will develop skin cancer in the course of a lifetime. Basal cell carcinoma (BCC) is the most common form of skin cancer; about one million of the cases diagnosed annually are basal cell carcinomas. Basal cell carcinomas are rarely fatal, but can be highly disfiguring (this is why we want to catch them early!)
- Squamous cell carcinoma (SCC) is the second most common form of skin cancer. More than 250,000 cases are diagnosed each year, resulting in approximately 2,500 deaths.
- Basal cell carcinoma and squamous cell carcinoma are the two major forms of non-melanoma skin cancer. Between 40 and 50 percent of Americans who live to age 65 will have either type of skin cancer at least once.

C. Schoen, R. Osborn, S. K. H. How, M. M. Doty, and J. Peugh, In *Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008*, *Health Affairs* Web Exclusive, Nov. 13, 2008, w1-w16.

<http://www.skincancer.org/Skin-Cancer-Facts/>

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The Skin Surgery Center Physicians
As Teachers
By Peter B. Odland, MD

I have been asked by patients over the years what qualifies me to perform Mohs Surgery. My response is usually something like this, "after three years of Dermatology Residency, I did a 1 1/2 year Mohs Surgery Fellowship at the University of Iowa Medical Center." For some trainees the fellowship is one year, and for others, two years. These training programs have historically been overseen by the American College of Mohs Surgery, which was founded in 1967.

I have copied these excerpts from the Mohs College Website (www.mohscollege.org), which explain things in a bit more detail:

"The American College of Mohs Surgery currently recognizes more than 70 training centers throughout the country where qualified applicants receive comprehensive training in Mohs Micrographic Surgery. Our approved training centers are Mohs surgery practices and clinics where the selected fellow works intimately on a day-to-day basis with a veteran Mohs College surgeon (Training Program Director).

Fellows are selected via The Mohs Micrographic Surgery Fellowship Match, administered by San Francisco Match, a matching service that has coordinated the processing, distribution and review of applicants for post graduate medical education training programs since 1977. The service currently administers applicant review and ranking processes for positions in four residency and 18 fellowship training programs.

Once selected and paired with a veteran Mohs College surgeon (Training Program Director), the fellow must complete a minimum training period of one year during which the dermatologist trainee must complete a minimum of 500 cases on a multitude of different skin cancer cases.

Upon completion of the fellowship, most new Mohs College trained surgeons choose to become part of an established practice; many start their own. Some College members with 20 or more years of Mohs surgery experience elect to serve the College as Training Program Directors, those surgeons who mentor and guide the Mohs fellows through their additional training, thereby passing the skills and knowledge from one generation to the next."

Some of our existing patients may recall having worked with a Mohs fellow in training. We are an approved Training Program, and have been for over a decade. In the past, before Dr. Gorman joined the Skin surgery Center, I trained two fellows, who have since moved on. One is in Arizona and the other in Rhode Island. Both are busy in their own Mohs Surgery practices.

More recently, we have aligned ourselves with the University of Washington's Mohs Surgery Training program. We have not taken a fellow into our program for several years. Rather, we work with the Mohs fellow enrolled at the University. We have been designated as a University approved off site training center for just this purpose. The fellow will come to one of the Skin Surgery Center's facilities and work with one of us (Dr. Gorman or me) for one or several days per week. Depending on the level of competency, these fellows participate in the surgery on patients who give their consent. These experiences have worked out well for our patients and the fellows. Several patients have formed a bond with the fellow who performed surgery on them and continue to ask about their progress in practice. However, some patients do not feel comfortable allowing a fellow (trainee) to actively participate in their surgery, in which case the fellow simply observes Dr. Gorman or me performing the surgery. This too, can be a good learning experience for them, and more importantly, keeps the patient comfortable and confident.

Dr. Gorman and I have elected to continue with these teaching activities despite the extra time and administrative activities involved in maintaining an approved training program designation. I have included another excerpt from the Mohs College website below:

"The Mohs College Difference

ACMS-approved training programs must pass a rigorous application and review process before being allowed to train a fellow. Once the training program is approved, it must continue to adhere to the standards set by the College. All ACMS-approved training programs are periodically re-evaluated on a one to five year basis to ensure that the ACMS's academic and clinical requirements are being followed and fulfilled."

We enjoy the challenges and rewards teaching brings to our practice and professional lives. It pushes us to stay current with the surgical literature, and it stimulates and challenges us as the young doctors come through and ask questions. We also find it gratifying to know that we are passing on knowledge and skills we have developed from our own training and experience from being in practice for years. As you may know, our teaching activities also include training UW Dermatology Residents in Skin Surgery techniques at the Seattle VA Hospital; Dr. Gorman participates in a teaching program with Pacific Medical Center; and we both participate in local and regional continuing medical education programs giving lectures to doctors and mid-level practitioners on skin cancer diagnosis and management.

We appreciate the confidence you show in us by allowing us to participate in your care and hope that knowing a bit more about our training and our role as teachers will enhance that confidence.

WELCOME TO THE NEW ADDITIONS



ALEXANDER AVENSTAM AND
HIS MOM , DR. ANNALISA GORMAN



JANE MARGARET PATTON AND
HER MOM, SARAH PATTON, PA-C



RYAN BUCHAN, MEDICAL ASSISTANT



LEANN ROWLEN, RN



MICHELLE TRIPP, MEDICAL ASSISTANT



Newsletter Mailing List

Our Newsletter is sent to patients seen by our providers in the past two years. If you wish to remain on the mailing list past that time frame please let us know. If you do not wish to receive the newsletter please advise us. You can communicate with us by phone, fax, or e-mail.

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The Newsletter is also available on-line at
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