In 1974, my husband and I were interns. This was long before the era of the more humane 80 hour work week. For the entire year we had only one weekend off together. At the hospital where we were training, an intern was anticipated to stay at work until their patients were stabilized. When I got home the Friday night of our long anticipated weekend together, I waited expectantly for my husband to join me. Unfortunately, he did not stumble through the door of our apartment until Saturday afternoon. Despite his exhaustion he shared with me the reason for his delay. On Friday he had admitted a 35 year old man who according to his young wife “lived every day like it was his last”. He was athletic, handsome and wealthy. Everyday was an adventure for them. The day before his admission he became suddenly very ill and then slipped into a coma. His wife had no idea that under his beard was a scar from the removal of an invasive melanoma several years before they had met. His melanoma had been quiescent for years but now had metastasized. The patient survived only a few days. This began my fascination with and battle against melanoma. Where were those cells for all those years? What had caused them to spread and hurt this patient many years after the diagnosis had been made and the primary tumor had been removed surgically?

May is Melanoma month. Please join our dermatologists in trying to prevent and cure this dreaded disease. Most people do not realize that melanoma is the most virulent cancer; a pea sized melanoma can be fatal and someone in the USA dies every hour from malignant melanoma. So please protect your skin with appropriate clothing and sunscreens, avoid tanning parlors, and become familiar with your own skin and those of your loved ones. For those willing to contribute to our melanoma research, we would be thrilled with any sized check made out to the Dr. George H. Grant Melanoma Research Fund.

- Jane Grant-Kels, MD
forms of this disease benefit most by a coordinated, multi-disciplinary approach to their care. In addition to Drs. Grant-Kels and Kerr, other members of the team include Dr. Upendra Hegde, a medical oncologist with extensive experience in caring for patients with melanoma, and Dr. Bruce Brenner, a surgeon who specializes in cancer. Derived through years of practice, Dr. Brenner has expertise in the specialized surgical techniques used to treat melanoma.

After a patient has been diagnosed, undergone cancer staging and initiated treatment, higher risk patients then undergo regular follow-up in Melanoma Clinic. In Melanoma Clinic, patients see a doctor from each of the three specialties (dermatology, medical oncology and surgical oncology) as necessary in the same afternoon. During these visits, the physicians confer with each other and with the patient regarding treatment and management decisions. We feel that caring for melanoma patients in this manner optimizes communication and ensures the best possible outcome.

In addition, our Melanoma Clinic physicians are part of a larger group of practicing physicians and basic science researchers here at the University who are actively involved in melanoma research. Current projects include new techniques for assessing metastatic disease spread, determining how melanoma interacts with a patient’s immune system, and our Melanoma Registry, which provides for us an ongoing database of critical information such as risk factors and disease associations.
MELANOMA
by Irene Bent, RN, HP

What do Dwight Eisenhower, Bob Marley, Sam Donaldson, Troy Aikman, John McCain, and Cybill Shepard have in common? They were all diagnosed with melanoma.

The American Cancer Society states there are 120,000 new cases of melanoma diagnosed in the United States every year. If the disease is treated early it is almost curable. If not, the disease can advance and spread to other parts of the body which are harder to treat.

With better surveillance and treatment, the incidence of melanoma has increased but the mortality rate has decreased.

How can you tell if a skin lesion needs to be checked by your doctor?

- Asymmetry, the skin lesion has an irregular shape
- Border, the melanoma borders can be irregular, ragged, notched
- Color, the skin lesion can contain many shades of brown, blue or black and even red and/or white
- Diameter, the lesion are more often larger than most moles or the eraser at the end of a pencil
- Evolution, the lesion has changed in size, shape or color

There are various factors that can influence the development of melanoma such as genetics and exposure to ultraviolet rays from either natural (sunlight) or artificial sources (indoor tanning beds). Recent publications report the increased risk of melanoma due to tanning beds. Some studies indicate that indoor tanning can quadruple the risk of melanoma.

Common risk factors include:

- Fair skin.
- Light hair and eye color.
- Tendency to freckle
- Mole (people who have many moles (>50) have an increased risk.
- Abnormal moles.
- Personal or family history of Melanoma.
- Non-melanoma skin cancer- people who have had other types of skin cancer.
- Weakened immune system.
- Severe sunburns, especially while young.
- Exposure to ultraviolet radiation- sunlight or indoor tanning beds.
- Age- most common in men over 50

Some risk factors are unavoidable, but good sun protection should be a daily practice.

- Avoid the harsh mid-day sun.
- Use sunscreen that are UVA and UVB protective and use generously and every two hours.
- Wear SPF protective clothing and don’t forget to protect your scalp, lips, ears and feet too.

Mohs Surgery; A Cut Above The Rest by Hanspaul S. Makkar, MD FRCPC

Mohs micrographic surgery is a highly specialized and effective procedure originally developed by Dr. Frederic Mohs in the 1930’s. It is most commonly used to eradicate basal and squamous cell carcinomas, which are the most common types of skin cancer. The technique can be effective in other skin cancers as well. The procedure relies on the accuracy of the microscope to trace the margins of a skin cancer beyond the visible tumor. The highly precise nature of this procedure results in five year cure rates of up to 99% for previously untreated skin cancers, and up to 95% for recurrent skin cancers - the highest cure rates of all available treatments for skin cancer available today.

The tumor is removed layer by layer, using the microscope to remove only cancerous tissue, leaving healthy tissue intact. The immediate examination and complete removal of cancerous tissue is what differentiates this treatment from other cancer removal procedures. This minimizes the wound size, making it especially useful for treating ill-defined skin cancers in cosmetically and functionally important areas such as the nose, ears, lips, eyelids, face, hands and feet.

In addition to functioning as a cancer surgeon and pathologist, the Mohs surgeon is extensively trained in reconstructive surgery. The reconstruction is typically performed on the same day as the cancer resection, usually under local anesthesia as is with the Mohs procedure. The best method of managing the surgical wound is determined after the cancer is removed. Management of the surgical wound is individualized to achieve the best aesthetic outcome and preserve function. If the wound is small, it can be allowed to heal on its own. For a slightly larger wound, a few stitches may be necessary. For more extensive wounds, a skin graft or flap may be appropriate. Skin grafting is a technique that removes tissue from one part of the body to replace tissue in another part of the body. For example, a skin graft from the ear can be used to cover a wound on the nose. As opposed to a skin graft, a skin flap is a piece of tissue that is used to cover a wound but is still attached at the base, thereby constantly maintaining an intact blood supply. On occasion, another surgical specialist with additional skills will complete the reconstruction.

Studies show that patients diagnosed with a skin cancer are more likely to develop a second skin cancer. Routine skin examinations with a general dermatologist, at least once a year, are recommended to ensure early detection of new skin cancers.
We are pleased to announce that the following doctors were named “Best Doctors In America® for 2011-2012”

Jane Grant-Kels - Dermatology
Hanspaul Makkar - Dermatology & Pediatric Dermatology
Marti Rothe - Dermatology
James Whalen - Dermatology
Diane Whitaker-Worth - Dermatology & Pediatric Dermatology

Through polling and phone interviews, doctors throughout the country are asked to rate the clinical abilities of other physicians who work in their same specialty areas at other facilities. Each doctor is asked specific questions about whom they’d recommend or use themselves. In the end, only those physicians who earn the consensus support of their peers are ultimately included on the Best Doctors® list.

Being a “Best Doctor” is a prestigious accolade that only about 5% of physicians practicing in the United States can claim. Congratulations to all!

Research Grant Awarded
A Research Grant Award has been given to Soheil Sam Dadras, MD, Ph-D from the Dermatology Foundation. This was announced at the American Academy of Dermatology meeting that was held in New Orleans, Louisiana in February.

Congratulations
Congratulations to Dr. Michael Payette, PGY-3 who was nominated for and attended the 2011 Dermatology Foundation’s Clinical Symposia entitled “Advances in Dermatology” that was held in Naples, Florida this past March.

Don’t Forget...
May is Melanoma Awareness Month! Be sure to stay protected from the sun’s harmful rays and remember that if detected early, melanoma can often be successfully treated.

Michael Murphy, MD
Dr. Murphy is an Associate Professor of Dermatology at the University of Connecticut. He is board certified in Anatomic Pathology, Dermatopathology and Molecular Diagnostics. Dr. Murphy did his anatomic pathology residency at the Beth Israel Deaconess Medical Center/ Harvard Medical School, Boston MA, where he served as Chief Resident. He completed a dermatopathology fellowship at Albany Medical Center, Albany NY. Dr. Murphy has been on faculty in the Department of Dermatology at the University of Connecticut Health Center for 11 years. He has co-authored over 70 original articles, reviews, case reports and book chapters. He is the editor of the textbook “Molecular Diagnostics in Dermatology and Dermatopathology.”

Julia Anderson - PGY 2
Dr. Anderson is one of our first year dermatology residents in our department. She earned an undergraduate degree in Anthropology from Bard College, attended Harvard Extension School for Post Baccalaureate Pre-Medical and completed her M.D at the University of Massachusetts Medical School. Dr. Anderson completed her first year of residency in Internal Medicine at St. Vincent’s Hospital in Worcester, MA. Her clinical interests include pediatric dermatology, psoriasis and telemedicine/international dermatology.

Clinic Office Assistants (COA)
Sheila, Iye and Marylee are our departments Clinical Office Assistants (COA’s). They support the MOHS Surgery medical staff performing administrative duties in compliance with office policies, procedures and safety. They multitask effectively, keeping up with medical insurance billing and coding procedures, maintaining schedules for appointments and surgeries and transcribing medical dictation. Interacting with patients along with outside community dermatologists and their staff, is a large part of their job.