



UConn
Health
Center

Skin Deep



Spring 2011 – News and information from the Department of Dermatology

CALENDAR

HARTFORD PSORIASIS NETWORK MEETINGS

April 14, May 12 & June 9 at 7pm
First Church of Christ,
12 S. Main St. West Hartford
Hartford Psoriasis Network
1-877-546-5558 x209
hartford@support.psoriasis.org

UConn DERMATOLOGY GRAND ROUNDS, 8 AM, WEDNESDAYS

April 6, May 4 & June 1
Dermatology Waiting Room
21 South Rd., 2nd Floor,
Farmington

UConn DERMATOLOGY JOURNAL CLUB, 12:15 PM, WEDNESDAYS

March 23, April 20 & 27, May 18 & 25 & June 15
Dermatology Conference Room
21 South Rd., 2nd Floor,
Farmington

OFFICE CLOSINGS:

Monday, May 30 in observance of Memorial Day

WE UPDATE OUR CALENDAR AND EVENTS ON A REGULAR BASIS. TO SUBMIT AN EVENT OR FOR MORE INFORMATION, FEEL FREE TO CONTACT OUR MAIN LINE AT 860-679-4600.

Letter from our Chairman

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?



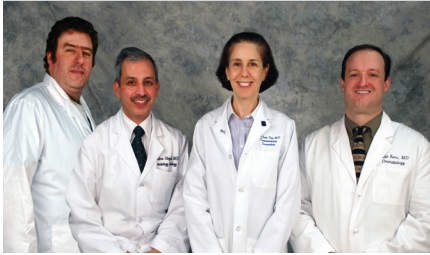
May is Melanoma month. Please join our dermatologists in trying to prevent and cure this dreaded disease. Most people do not realize that melanoma is the most virulent cancer; a pea sized melanoma can be fatal and someone in the USA dies every hour from malignant melanoma. So please protect your skin 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

UConn Health Center
 Department of Dermatology
 263 Farmington Avenue - MC 6230
 Farmington, CT 06030-6230



Melanoma Clinic by Philip E. Kerr, MD



Drs. Bruce Brenner, Upendra Hegde, Jane Grant-Kels and Philip Kerr

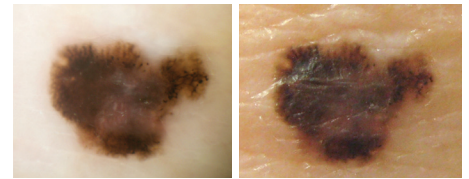
For the last several years, Dr. Jane Grant-Kels and Dr. Philip Kerr, both of whom are dermatologists and dermatopathologists in the Department of Dermatology here at UConn, have partnered with physicians from the Neag Comprehensive Cancer Center to provide state of the art care to our patients with malignant melanoma. Malignant melanoma is the deadliest form of skin cancer and is the 6th most common cause of cancer death in the United States. Patients with more advanced

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.



Research

Bench to Bedside by Jim H. Smith

Researchers at the Health Center meet monthly, intensively seeking a way to more effectively treat malignant melanoma says Dr. Jane Grant-Kels, chairperson of the Department of Dermatology and director of the Cutaneous Oncology Center and Melanoma Program. "We discuss interesting and problematic cases. We research results. We learn from each other. The goal is to maximize the use of knowledge learned through research as well as through clinical practice to enhance both simultaneously."

In addition to Dr. Grant-Kels, the group includes Dr. Soheil Sam Dadras, assistant professor of Dermatology and Genetics/Developmental Biology, recipient of the research grant award from the Dermatology Foundation for his melanoma research; Dr. Pramod Srivastava, Director of the Neag Comprehensive Cancer Center and a prominent researcher whose work focuses, in part, on the body's immune response to cancer and ways to improve it; Dr. Bijay Mukherji and Dr. Upendra Hegde, both oncologists and melanoma researchers; Dr. Philip Kerr, dermatologist, dermatopathologist and director of the Health Center's Melanoma Clinic; and others. We would love to have other physicians from other hospitals who

have an interest in melanoma join us. For example, Dr. Jon Sporn, the head of Oncology at St. Francis is an active and important member of our group. Other UConn participants include Drs. Adam Adler, Henry Smilovitz, Anthony Vella, and Helen Swede.

Together, these doctors make up a team that confronts the damage done by melanoma on a daily basis. They know it is the worst form of skin cancer and it's getting worse. In the United States, according to the National Cancer Institute, the percentage of people who develop melanoma has more than doubled in the past three decades. Invasive malignant melanoma will afflict almost 70,000 Americans this year and claim the lives of more than 8,500.

"By meeting regularly," says Dr. Grant-Kels, "the group stays current on the research of the vexing clinical cases of each of its members. Moreover, they maximize the chances that one research discovery may shed light upon another, or suggest research strategies that have not been tried, or improve clinical care."



MELANOMA

by Irene Bent, RN, HP

What do Dwight Eisenhower, Bob Marley, Sam Donaldson, Troy Aikman, John McCain, and Cybill Shepard have in common?

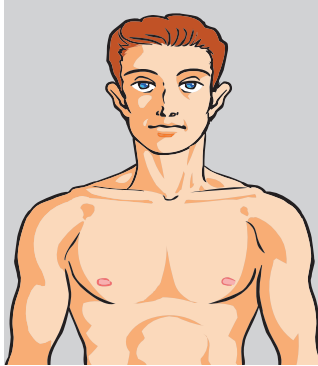
They were all diagnosed with melanoma.

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 sunscreens 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.

Awards and Recent News within UConn Dermatology

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.

**For more information or to schedule
an appointment, please contact:**

**UConn Dermatology Associates
21 South Road, Second Floor
Farmington, CT 06030-6231**

Main Line: 860-679-4600

Web: dermatology.uchc.edu

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 teledermatology/international dermatology.



Clinic Office Assistants (COA)

Sheila, Ive 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.

