Jefferson Combats Deadliest Form of Skin Cancer

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Progress with the Affordable Care Act (ACA)

Most of us have been following the news concerning the ACA. The first open enrollment period closed on March 31, 2014. A late surge pushed the number of enrollees through the individual marketplaces to about 8 million, which exceeded Congressional Budget Office (CBO) expectations. The coverage gains mandated for young adults who had decremented their number without health insurance by between 1 and 3 million. All health care plans must now meet comprehensive benefits standards (bronze, silver, gold and platinum levels), and over 26 states and D.C. are moving forward on Medicaid expansion.

For the individual marketplaces 8 million new enrollees is the start, with the CBO projecting up to 25 million gaining insurance via the marketplaces by 2017. Moreover, perhaps 5 million people may gain coverage in 2014 directly from insurers, partially prompted by the individual mandate. Of note, the requirement that enrollees use lower-priced providers (narrow networks) and charge substantially more when individuals go out of network may prove challenging for the delivery of tertiary surgical care at teaching hospitals.

Overall, the CBO estimates that the ACA will decrement the number of uninsured in America by 26 million by 2017. Polls suggest that the portion of U.S. adults lacking insurance has fallen from 18% to just 13% over the last year. The experience varies by state, and those states not electing to expand Medicaid are projected to have less benefit. Finally, the sustainability of the ACA depends upon many items, the most important of which may be the ability to sustain cost control across the spectrum of care.

Although estimates vary, somewhere between 10 and 20 million Americans appear to have gained coverage or have enrolled in a new plan under the provisions of the ACA since enrollment opened on October 1, 2013. No matter where one sits in the political spectrum, we as health care providers (and as citizens of the U.S.) should feel proud of this accomplishment.

Jefferson Combats Deadliest Form of Skin Cancer

When people think of skin cancer, they often think of basal cell and squamous cell cancers. But the deadliest form is melanoma.

As surgical oncologist Adam Berger, MD, FACS, explains, melanoma is much more aggressive. In fact, while melanoma accounts for less than 2 percent of skin cancer cases, it causes a large majority of skin cancer deaths.

In addition to melanoma excisions (surgical removal of lesions), Dr. Berger performs a diagnostic procedure known as a sentinel lymph node biopsy. With certain melanoma tumors most likely to spread to the lymph nodes, this procedure involves removal and testing of a single node. Regardless of tumor type, all melanoma patients need to be followed closely over the long term due to the aggressive nature of this cancer.

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Jefferson participates in clinical research to help advance the diagnosis and treatment of melanoma. One such trial is the MSLT-2 study – a follow-up to the landmark MSLT-1 study that established the sentinel node biopsy as the standard for patients with melanomas greater than a certain depth. With patients across North America, Europe and Australia – including about 15 enrolled through Jefferson – the MSLT-2 trial is testing further surgical treatment following a positive sentinel node biopsy.

“The hypothesis is that the vaccine will shrink the lesions themselves, and will also offer protection for the rest of the body,” Dr. Berger explains, adding that the vaccine trial is slated to begin patient enrollment later this year.

For more information about clinical trials related to melanoma, please contact Jamie Rothstein, clinical research nurse and project manager for the Department of Surgery, at 215-955-9359.