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Jefferson Combats Deadliest Form of Skin Cancer

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Overview

Clinical Integration



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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 have 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 28 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 comes from a different type of cell in the skin. Unlike basal cell and squamous cell cancers, which usually do not spread, 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.

"...while melanoma accounts for less than 2 percent of skin cancer cases, it causes a large majority of skin cancer deaths."

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.

"Today, when evidence of melanoma is found in a lymph node, the next step is to remove more lymph nodes," Dr. Berger explains. "In the MSLT2 trial, one group of patients is having more nodes removed, but the other is undergoing a less invasive approach. Instead of having more surgery, these patients are being watched closely through



Dr. Adam Berger, Director of the Section of Surgical Oncology in the Department of Surgery, specializes in the surgical treatment of melanoma and encourages patients to take advantage of the clinical trials underway at Jefferson.

ultrasound examination." Patients in this trial are now being followed, with results expected in the next two to three years.

Jefferson is also preparing to participate in another clinical trial related to melanoma. Sponsored by biotechnology company Amgen, this trial will test a vaccine designed to help a patient's own immune system fight the spread of melanoma. The vaccine will be injected in patients' melanoma lesions and their lymph nodes.

"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.

Meet Our Surgical Interns



The Department has welcomed an impressive new group of categorical interns, three of which are graduates of Sidney Kimmel Medical College (formerly Jefferson Medical College). The interns were selected from over one thousand applicants to our program. These doctors, who recently matched with Jefferson, started on June 20, 2014.

Please welcome (from left to right):

Kulvir Nandra, MD, Florida State University; **Megan Lundgren, MD**, Sidney Kimmel Medical College; **Jonathan Stem, MD**, Wake Forest University; **Christina Jacovides, MD**, University of Pennsylvania; **Jennifer Kincaid, MD**, Sidney Kimmel Medical College; **Will Chevrollier, MD**, Sidney Kimmel Medical College.

We are also pleased to welcome back the following Sidney Kimmel Medical College 2014 graduates as preliminary interns in general surgery: Daniel Hirsch, MD, and Hong Truong, MD.