Meet our Surgical Interns

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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 exceeded Congressional Budget Office (CBO) expectations. The coverage gains mandated for young adults have occurred only because the ACA requires most individuals to purchase health insurance by January 1, 2014. All health care plans must now meet comprehensive benefits standards (bronzes, silvers, golds, and platinum levels) and over 26 states and D.C. are moving forward on Medicaid expansion. In addition to the 10 million time frame, some states may gain coverage or have enacted Medicaid expansion.

In the ACA since enrollment opened on October 1, 2013. No matter where one sits of the ACA since enrollment opened on October 1, 2013. No matter where one sits of the ACA since enrollment opened on October 1, 2013. No matter where one sits of the ACA since enrollment opened on October 1, 2013. No matter where one sits of the ACA since enrollment opened on October 1, 2013. No matter where one sits. 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 of the political spectrum, we as health care providers (and as citizens of the U.S.) should feel proud of this accomplishment.

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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 removing 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.

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 215-955-9559.

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.

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