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Journal of Dermatology for Physician Assistants



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FROM THE PATIENT'S PERSPECTIVE

How Did I End Up With Stage T2bN0?

By Lisa

I have always been a very outdoorsy person - hunting, fishing, hiking, camping, but I have never worshiped the sun like my sisters. Actually, I used to hide from the sun. So finding out I had melanoma was an incredible shock to me!

I am a blonde-haired, blue-eyed, pale, Irish/German girl. Which means that I have a lot of moles, freckles, and red spots on my skin. However, I did have one mole that didn't look like the rest. It was a strange mole on my left inner leg by my knee that I had noticed about two years ago. It was blue/brown/black in color, oddly shaped, and had various levels of elevation.

During one of my annual physicals in December 2014, I asked my primary care provider (PCP) to look at

this suspicious mole. My PCP said it was nothing to worry about and that it was just a nevus on top of a mole. I wasn't real happy with this response, so I decided to get a second opinion.

I saw a dermatologist on May 13th, 2015 and the nurse practitioner there agreed that it looked suspicious and did a shave biopsy of it and sent it off to pathology. I really never thought about it for a second after that shave biopsy because I really was one to protect myself from the sun. I figured that it would come back basal cell carcinoma or just noting at all.



The Melanoma Research Foundation (MRF) is the largest independent organization devoted to melanoma. The MRF is a 501(c)(3) nonprofit organization.

Committed to the support of medical research in finding effective treatments and eventually a cure for melanoma, the MRF also educates patients, caregivers, and physicians about the prevention, diagnosis, and treatment of melanoma. The MRF's website is the premier source for melanoma information seekers.

The MRF is also an active advocate for the melanoma community, helping to raise awareness of this disease and the need for a cure. Its online forum - the Melanoma Patients Information Page (MPIP) - is the oldest and largest community of people affected by melanoma and is hosted through the MRF. It is designed to provide support and information to caregivers, patients, family, and friends.

Melanoma Research Foundation

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"I have always been an outdoorsy person, but never worshiped the sun like my sisters. I actually used to hide from the sun. So, how did I end up with Stage T2bN0?"

However, six days later, the dermatologist called me and said that I had malignant melanoma and that I needed to see a surgical oncologist due to the pathology report. I was just like, "ok," and scheduled an appointment with a surgical oncologist two days later and that was that. It still really didn't hit me. I didn't know much about melanoma, so I didn't know how bad it could be.

The next day, I picked up my pathology report and read it: 1.2mm Breslow's thickness, ulcerated, non-brisk TILs, 2-4 mitoses per mm². I immediately went online and did some research. I should add that I am a nurse and very well educated. I know how to navigate around all of the garbage on the Internet and find the actual appropriate facts. After educating myself on all things melanoma, it got real. It finally hit me! I had no clue that melanoma could be so bad. I had no clue that it could go internal with metastases to the liver, lungs, and brain! I always thought it was just some epidermal lesion you had removed and you just had to watch your moles after that. So, now I was concerned, nervous, anxious, angry, sad, and annoyed.

I was in an incredible place in my life! I had just married the most amazing man ever! We had just bought our dream home. I had just switched jobs and was working at an incredible hospital with incredible people. I was so

happy and so pleased with my life. I did not want anything threatening it!

Anyway, I met with the surgical oncologist on May 21st, 2015 and he told me I would need a wide local excision of the primary tumor site (left inner leg by my knee), and that I would need to have a sentinel lymph node biopsy to make sure the cancer did not go out of the primary area. Surgery was scheduled for June 19th. What the heck!?! One month of waiting – ugh! I was angry. I did not want to wait a month. I wanted this crap out of me!

On my surgery day June 19th, 2015, I first had to go to nuclear medicine to have a dye injected in the primary tumor site to see what lymph node could be affected. That burned and hurt something awful! Then I was off to the operating room. I woke up with quite a bit of pain. My left knee/leg was wrapped. The surgeon told my husband that he had to remove a large chunk from my left inner leg by my knee and that he had to cut through the vein so that there would be a lot of swelling and a lot of pain. He also told him that he removed one lymph node from my left groin. I went home and rested and took a lot of Norco. I was in a lot pain... like A LOT! But each day got better... got easier... the pain subsided.

I was a bit shocked when I removed the dressing and took a shower for the first time (three days post-op). I had a fairly large chunk missing from my leg. It looked like a baby

shark bite! Haha. But I didn't care. As long as my surgeon got all of the cancer out, I didn't care how much of my leg he took.

I had my post-op appointment on June 25th, 2015 and I was very, very, VERY pleased to find out that my lymph node was clear! No spread of the cancer! This was literally the best news of my life! The surgeon did say that there was some residual cancer that was left over from the original biopsy, which was why he had to take such a large amount of tissue during the surgery, but that the margins were clear. So I was upgraded to a Stage T2bN0. I was fine with this staging, because it said N0! :)

I have lost all sensation between my knee and my ankle on my left leg, I also have decreased range of motion and decreased strength in that leg now. I do have to start physical therapy for this. They are unsure at this point whether I will get that sensation/strength/range of motion back or not. If I don't get it back, that is totally fine! I don't really care, because all that really matters is the fact that I am now cancer free!

I had a lot of people praying for me. I truly do believe in the power of prayer. I hope that other people have their prayers answered too, and I am very happy to pray for anyone that would like me to. God bless everyone and keep your chin up! It is one hell of a rollercoaster, but eventually the ride stops and you can breathe again. 🙏

Take Home Points for Derm PAs:

By Steven K. Shama, MD, MPH, FAAD

1. *As I read this young lady's essay I think of my own daughter or son who could have been writing the same thoughts. They are all young, in the prime of their lives, have good jobs, and a loving spouse. Life couldn't be more perfect until something happens that they would have never thought of... in this case a melanoma, which could threaten it all. When we educate our patients and the general public about melanoma, we should be talking not only in a scientific way about the strange new irregularly shaped mole, the variable colors, and the size and perhaps elevation, but to a human being whose lovely and loving life can be changed dramatically by a simple spot. For us, this is a great responsibility and we should not take it lightly. So when you educate, wrap your thoughts around a person who has a beautiful story to tell, a life full of hope.*

2. *We also have a significant responsibility to educate clinicians outside of our specialty about what melanomas look like when they are most "innocent" in appearance. As we educate our patients so should we educate our colleagues with the same reverence towards a melanoma and we should make ourselves available when someone calls because of a concern regarding a changing mole. We are not told why there was a delay between December 2014 and May of 2015 for Lisa's mole evaluation, since apparently she was*

concerned enough to seek another opinion. Hopefully, it was not the typical large city long wait time for a dermatology appointment. My office staff has for many years always accommodated a concerned patient for an evaluation about a mole within one week of the phone call or sooner if the patient is really concerned.

Regarding delays, I wondered why there was a one-month wait for Lisa's lesion to be totally excised. While there was probably no negative consequence because of this delay, think of yourself knowing that you have some malignant lesion on your skin and living your life for one month until the surgery. If you are the clinician who makes the diagnosis, do everything you can for a rapid surgical excision.

3. *Happily, the lesion was no deeper than 1.2mm with negative lymph nodes. As with any melanoma, no matter how thin it is, one has to be humbled by the fact that regular checkups are needed to monitor for recurrences. What we in the medical profession should set as our goal is this: that this young lady is the last patient who we will ever see with a melanoma. Let us educate with a heart about melanomas... let us support research... and let us make ourselves available whenever our patients are worried. 🙏*

Dermatology Physician Assistants



Physician Assistants (PAs) in dermatology play a number of varied and vital roles.

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

PAs are trained in intensive, accredited education programs.

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

The Society of Dermatology Physician Assistants (SDPA) is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at www.dermpa.org and www.aapa.org.

