Skin Cancer Exams, Treatments, and Prevention in this New Era

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SCHOOL OF MEDICINE

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Disclosures

- No conflicts of interest

- Slide at the end RE
- 2 UNM Derm studies enrolling for
  - Alopecia Areata
  - Hidradenitis Suppurativa

Learning Objectives

At the completion of this session the participant will be able to…

1. Perform a screening skin examination to detect cancerous and precancerous skin lesion
2. Make recommendations to reduce the likelihood of additional cancerous and precancerous skin lesions
3. Choose at least 2 appropriate treatments for precancerous skin lesions
4. Be aware of the benefits and limits of teledermatology

History of present illness

- Onset
- Changes
- Symptoms
- Bleeding
- Ulceration/Not healing
- Itching

Past medical history

- Melanoma skin cancer
- Non-melanoma skin cancer
- Previous similar skin problems or lesions
- Transplant / Immune suppressing medications, CLL
  - Methotrexate
  - Cyclosporine

Social/risk history

- Intentional sun exposure
  - Outside
  - Tanning salon
- Blistering sunburns

Family history

- Melanoma skin cancer
- Nonmelanoma skin cancers
- Precancerous skin lesions

Physical examination

- Complete
  - Diffuse problem
  - History of melanoma
  - Tanning beds
  - High risk
- High risk areas

Conducting the PE

- Gown and drape when indicated
- Extra light
- Magnification
- Dermatoscope?

Complete – May I touch your skin?

- Actinic keratoses/pre-cancers sometimes easier to feel than see
- Gown and drape – patient comfort regarding sensitive areas
- Can remove underwear during exam

PE continued

- Sitting on exam bed
- Face
- Scalp
- Hands / Nails
- Forearms
- Upper arms

PE continued

- Supine
- Lymph node chains-Melanoma f/u
- Feet including between the toes & nails
- Lower legs
- Thighs moving drape to the midline
- Raise gown to examine abdomen
- Lower gown to examine upper chest, shoulders, then breasts if permitted
- GU anteriorly traction on medial thighs or rotate to view genitalia
- Males – Can you lift your penis up, move scrotum to right, left

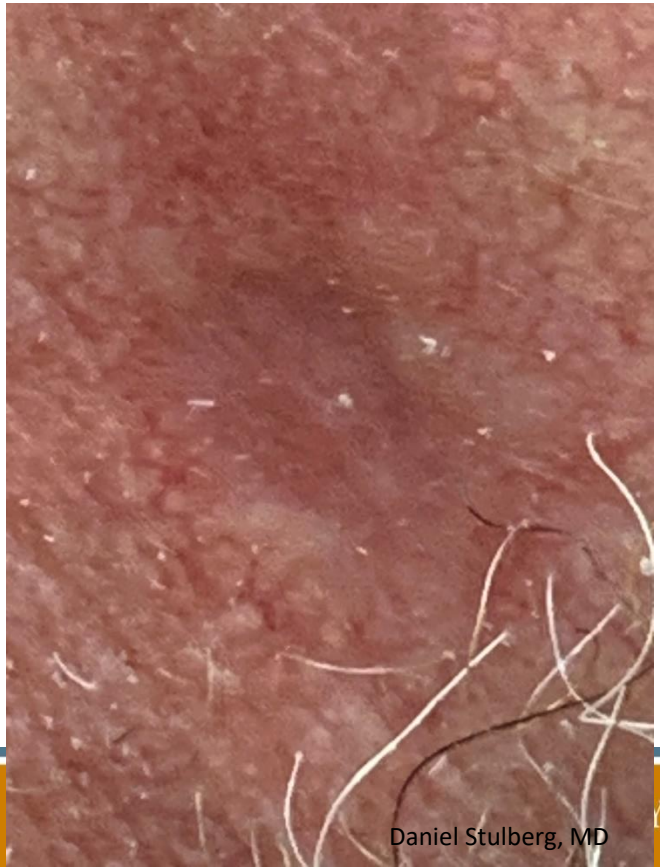
PE continued

- Patient rolls prone as tolerated
- Soles of the feet
- Lower legs
- Posterior thighs
- Buttocks – spread with permission, then cover
- Back

Found something?

- Diagnosis
- Treatment options

Diagnosis



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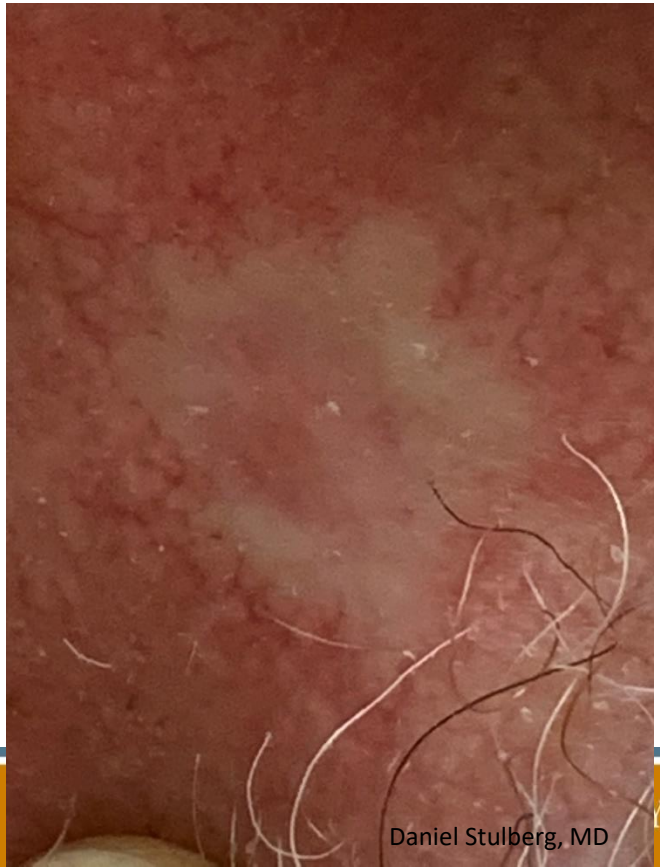
Traction trick



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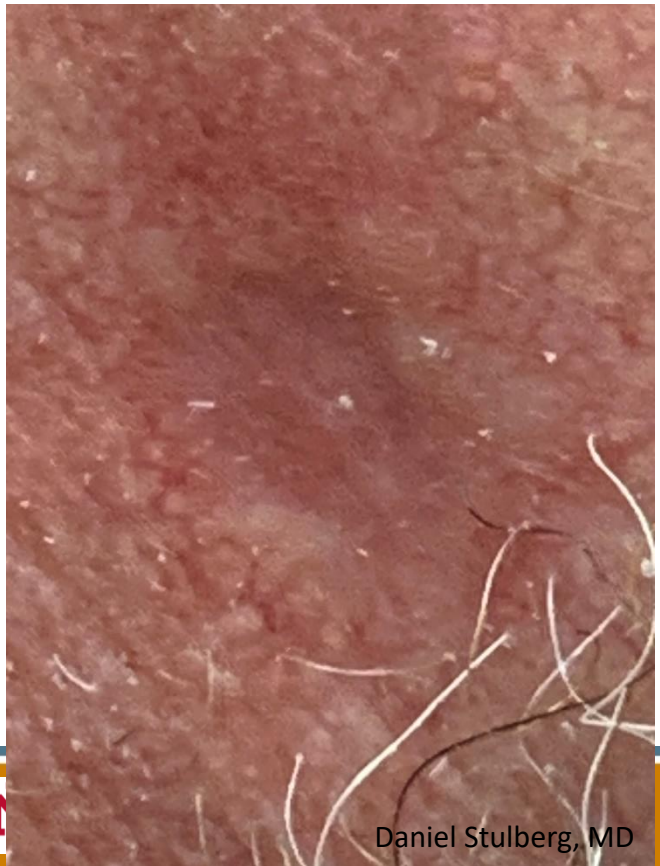
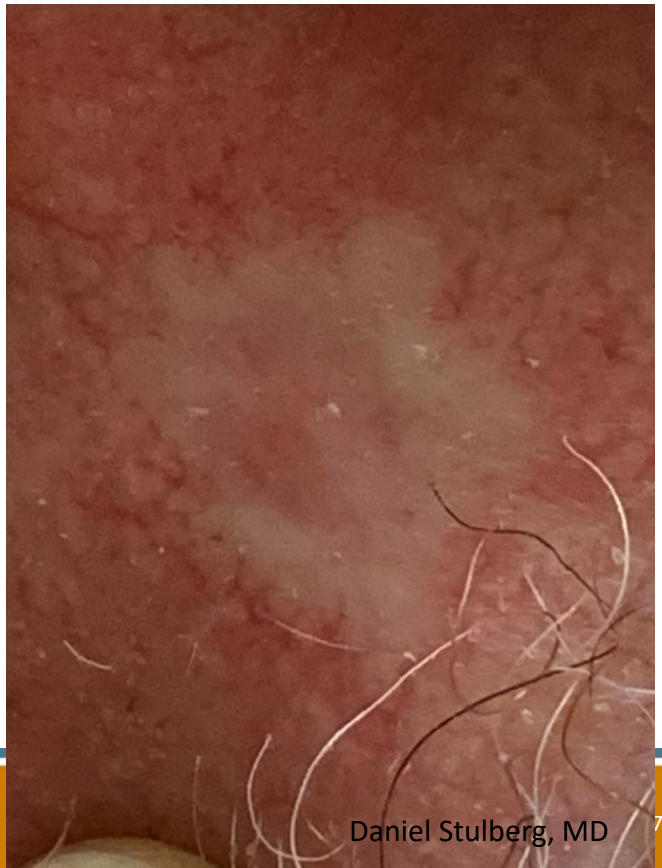
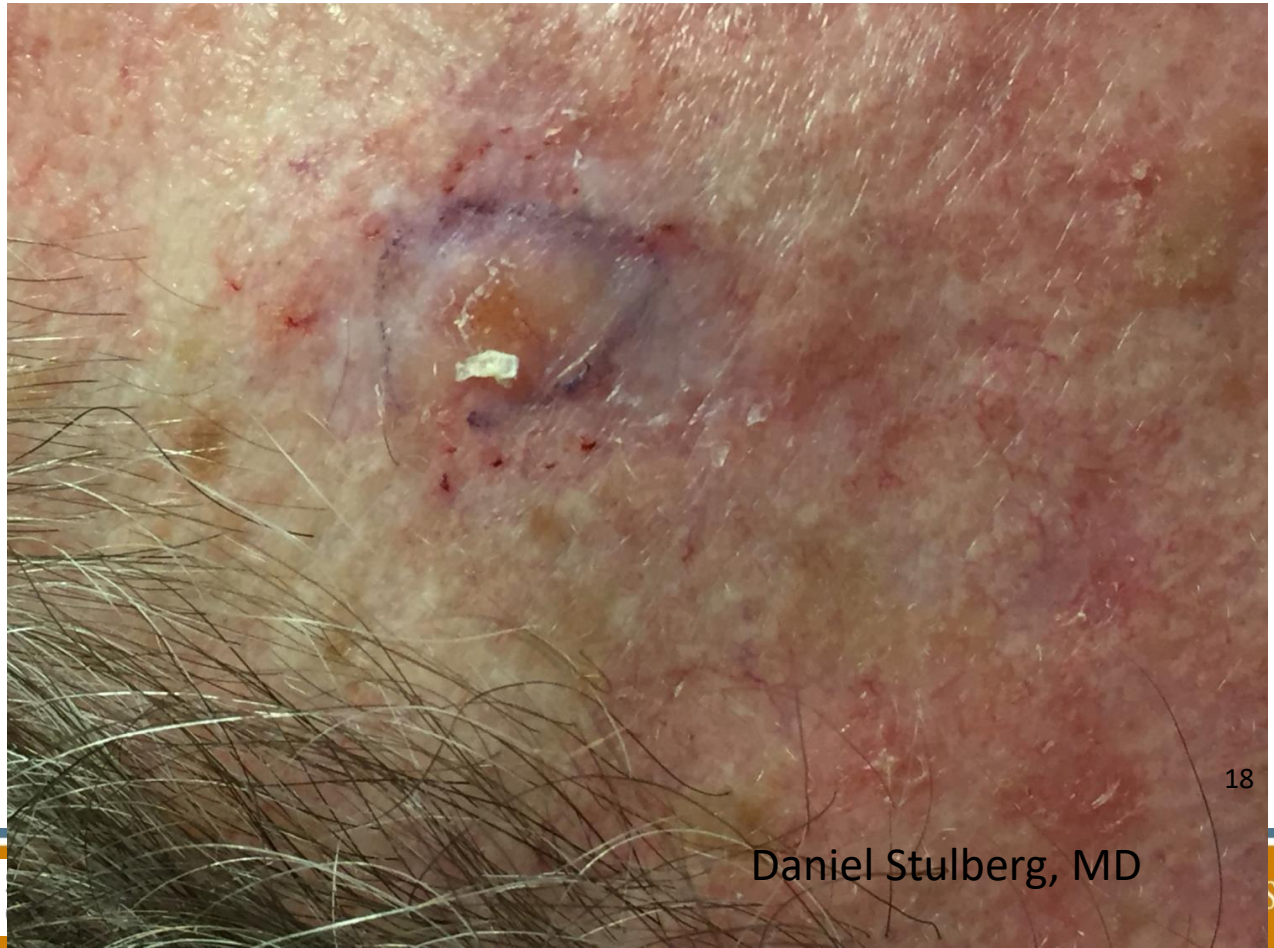
Blanching of superficial BCC







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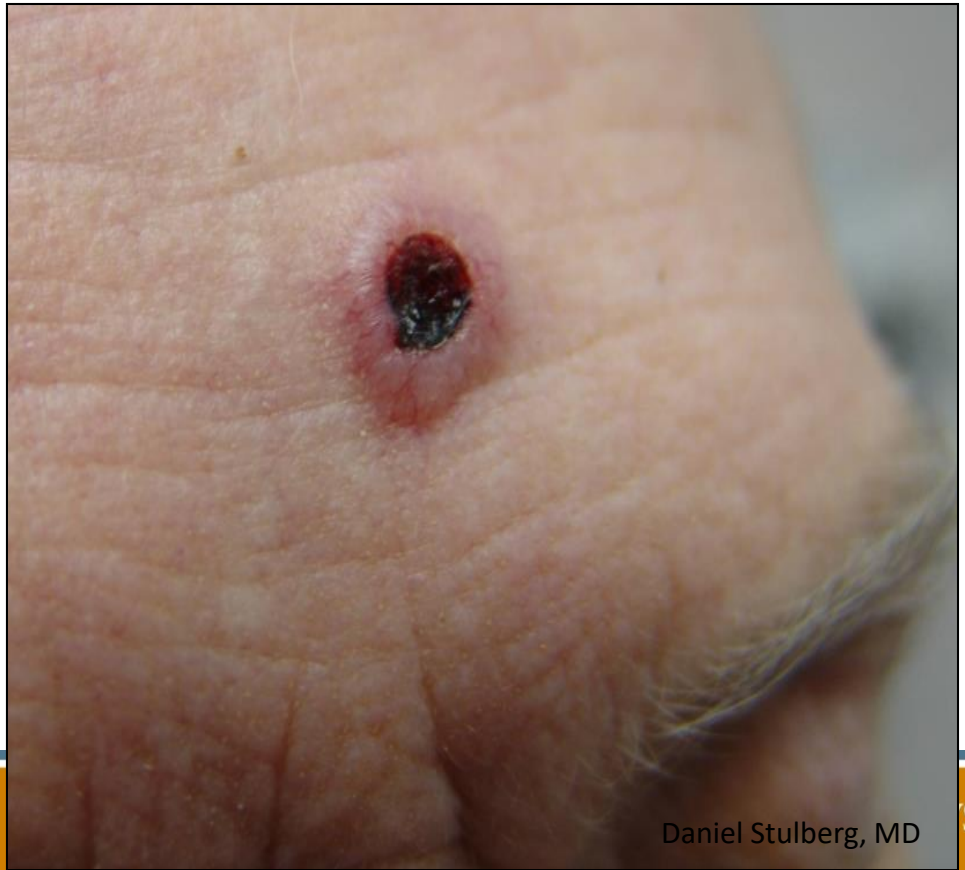
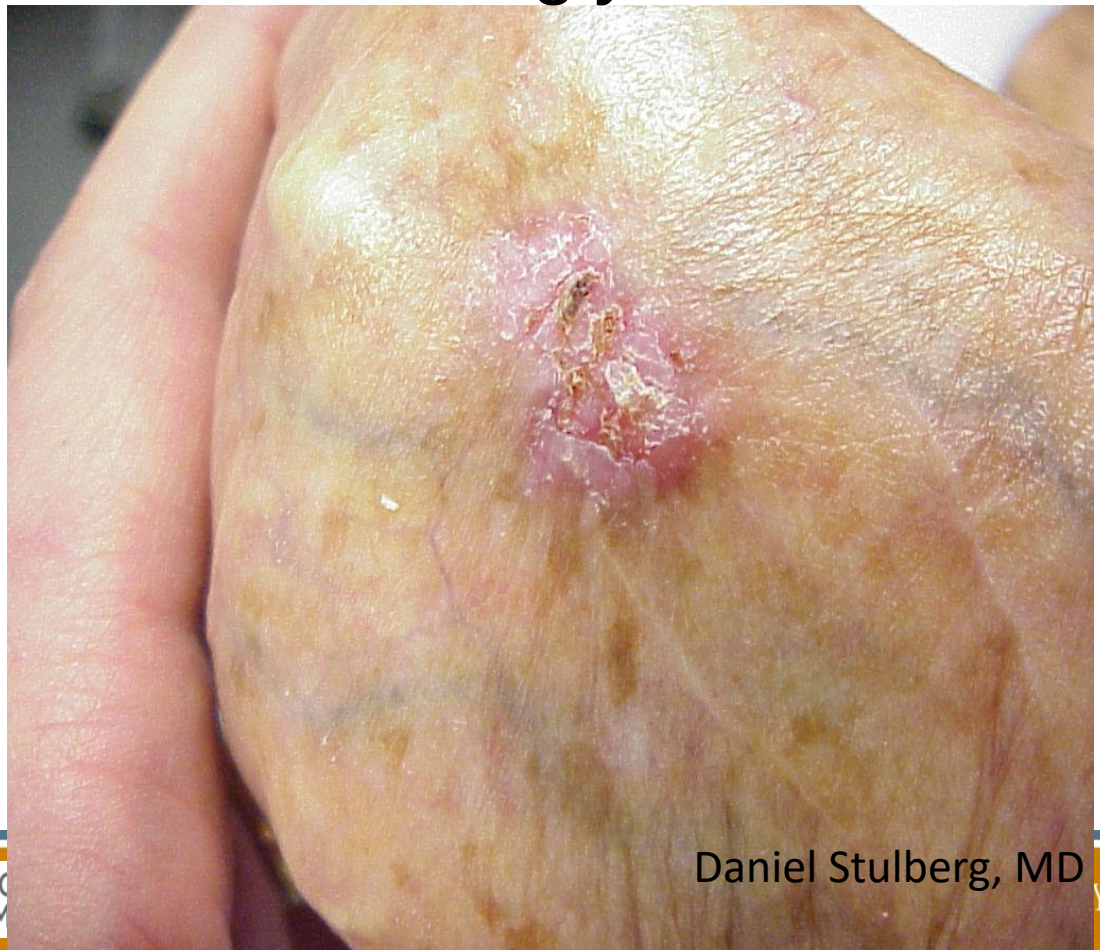
Diagnosis



Ugly



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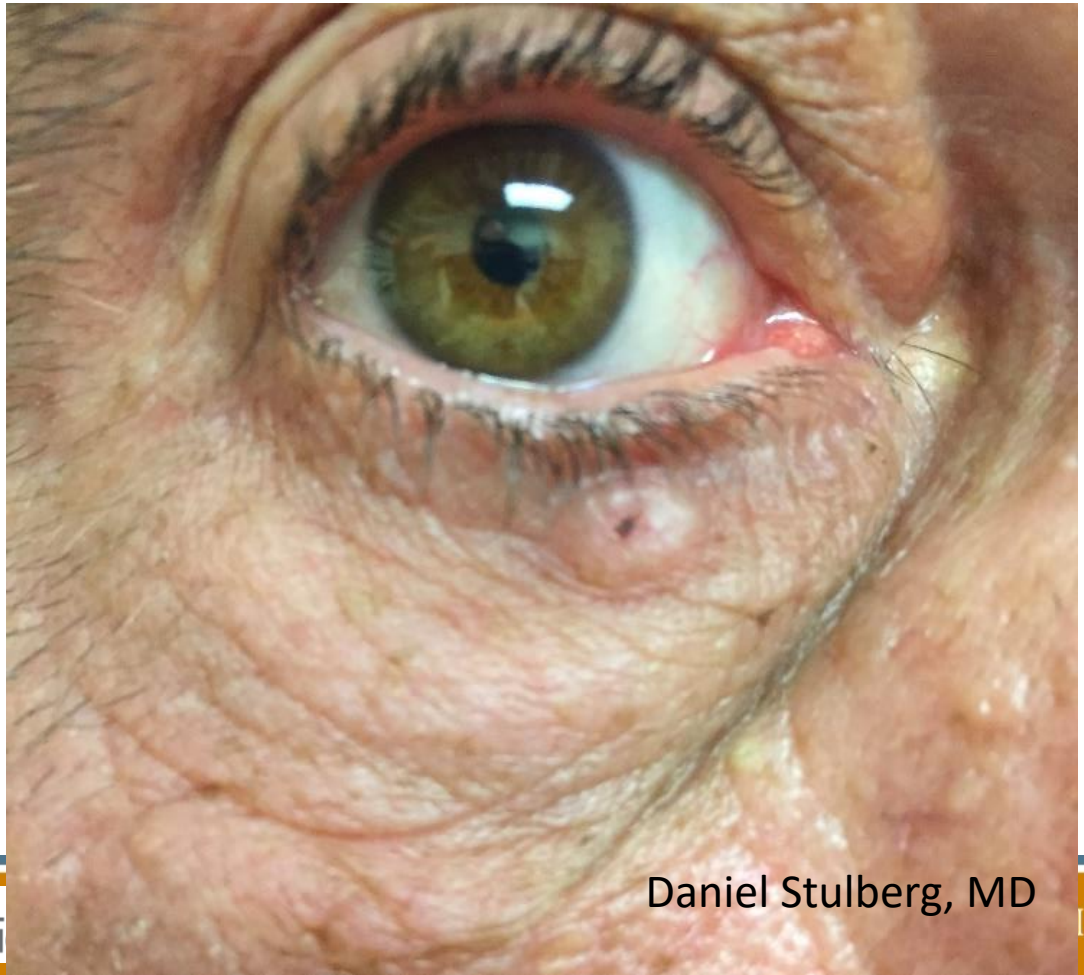
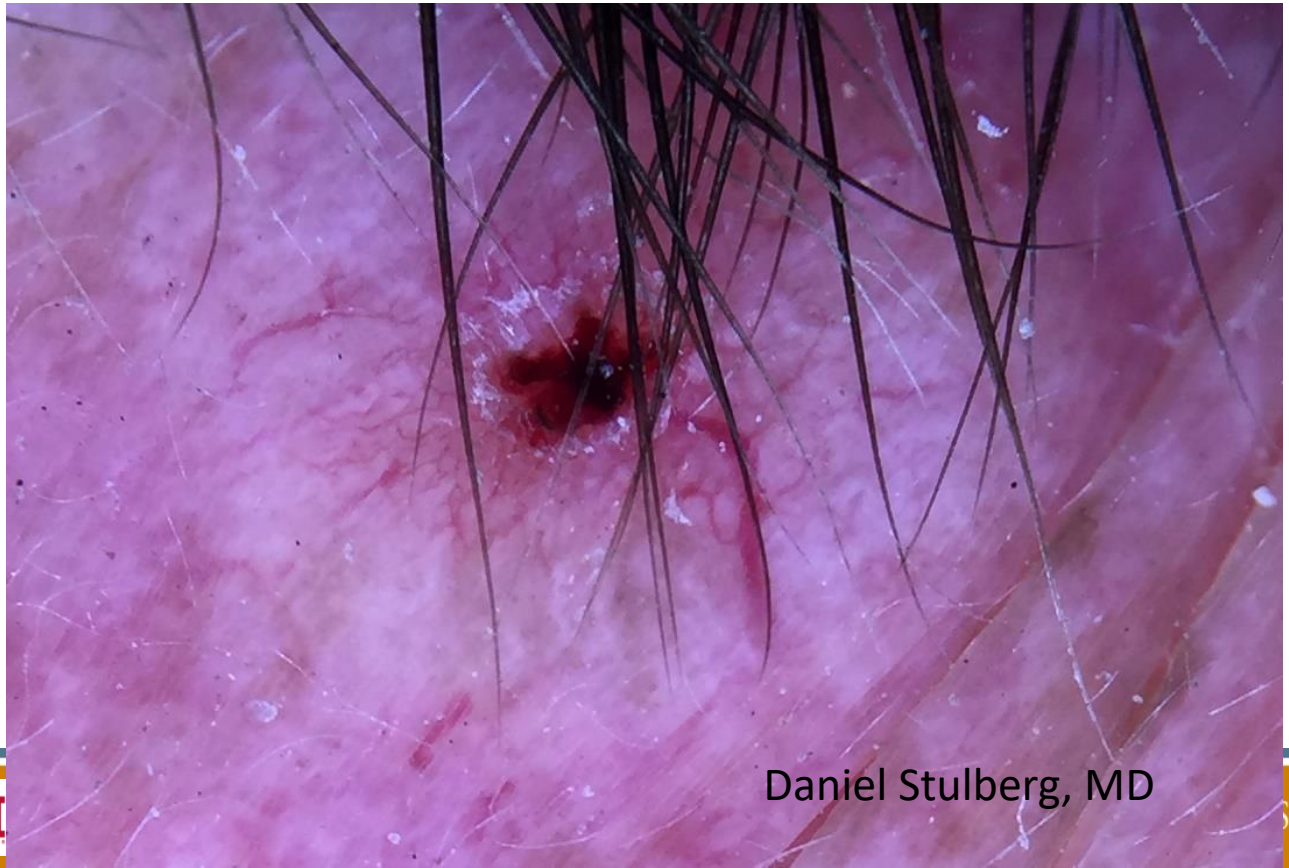
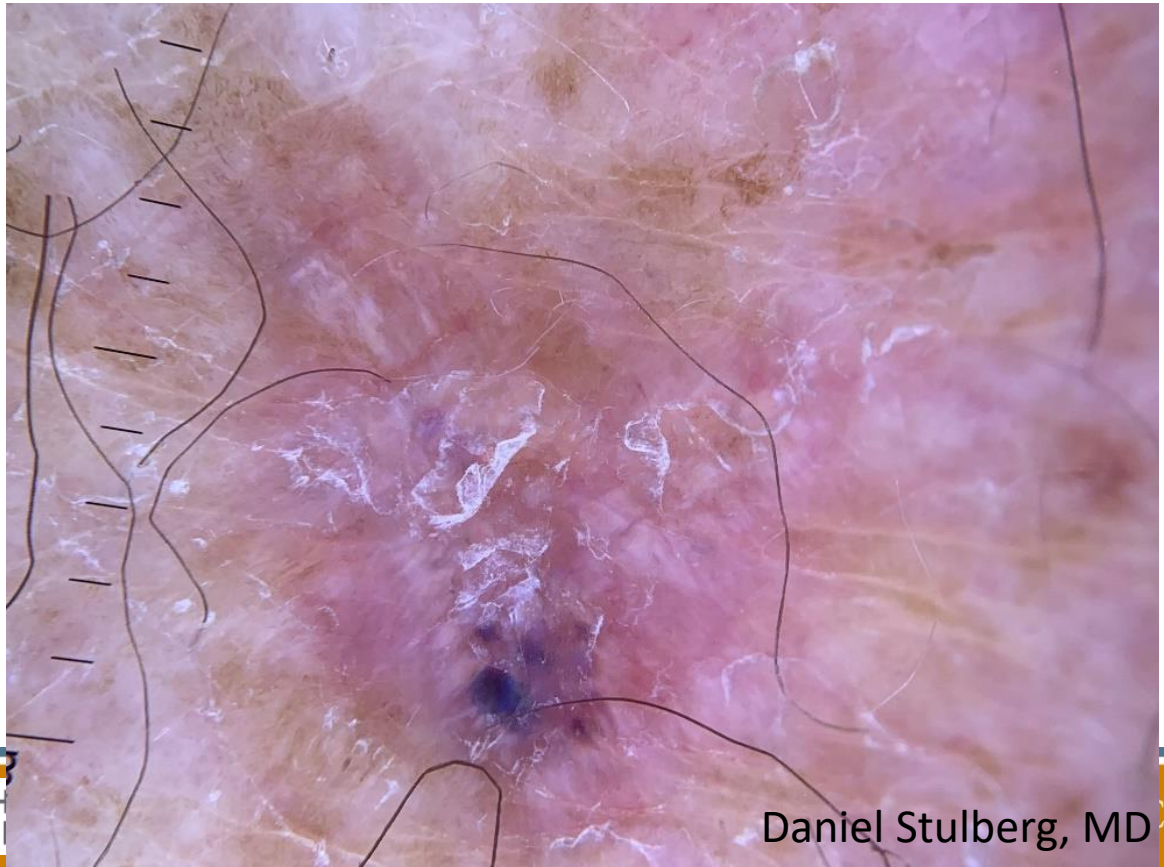
Careful and thorough



Dermoscopy



Dermoscopy



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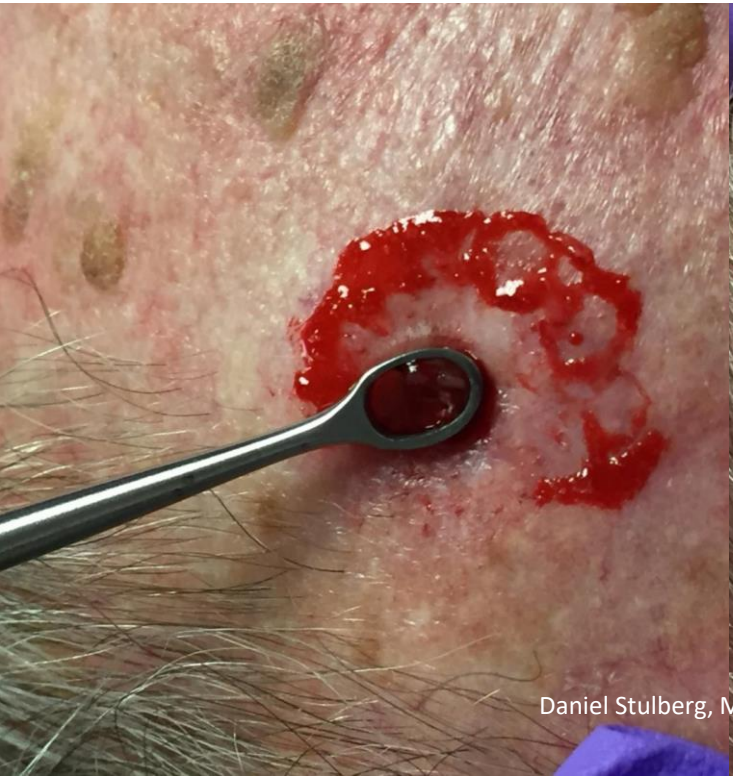
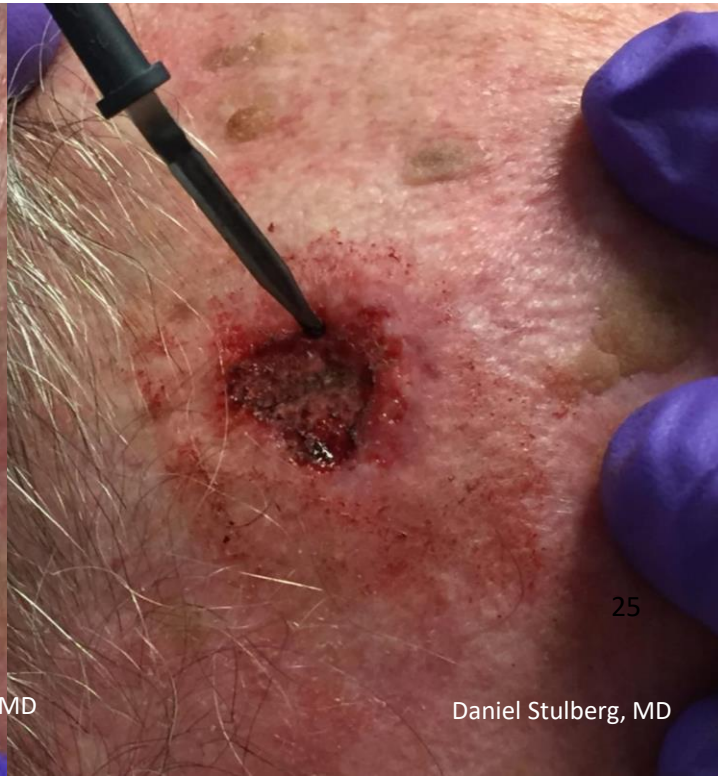
Management of Basal Cell Carcinoma

- Superficial
  - EDC x 2
  - Imiquimod (Aldara)
    - QHS 5 x per wk x 6 wks
    - Not for face, hands, feet or >2cm
  - 5 Fluorouracil (Efudex 5%)
    - BID 3-6 wks (stop if exuberant response)
- Nodular
  - ? EDC if small
  - Excision 5 mm margin
- Invasive
  - Excision 5 mm margin
- High risk types - Mohs

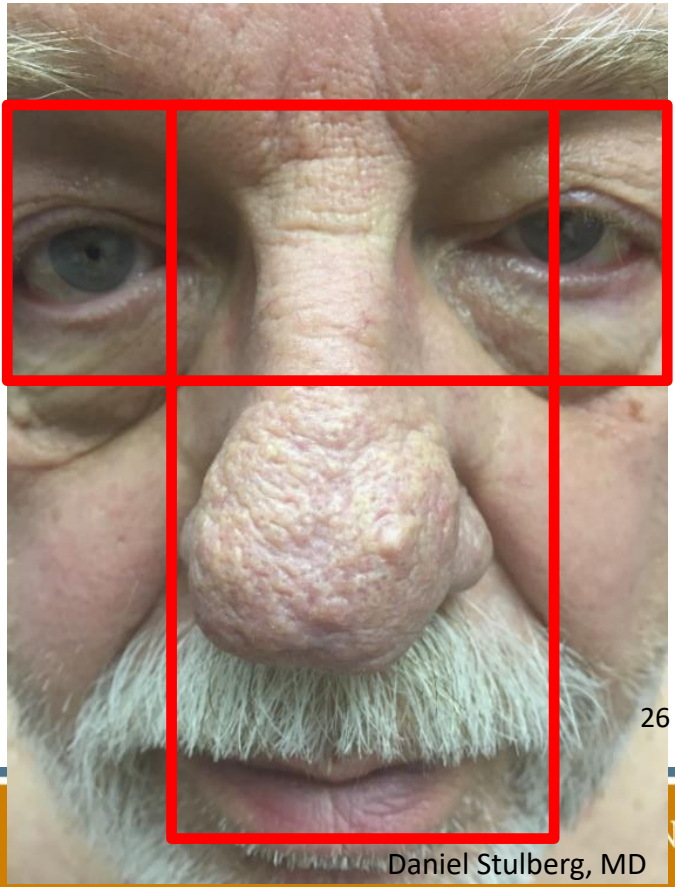
EDC – 2 cycles
Scrape, burn, scrape, burn, dressing





When to refer - Mohs

- T-zone/H-zone
- >2 cm
- Recurrence
- High-risk types
  - Sclerosing
  - Morpheaform
  - Infiltrative
  - Basosquamous
  - Micronodular
  - Metatypical



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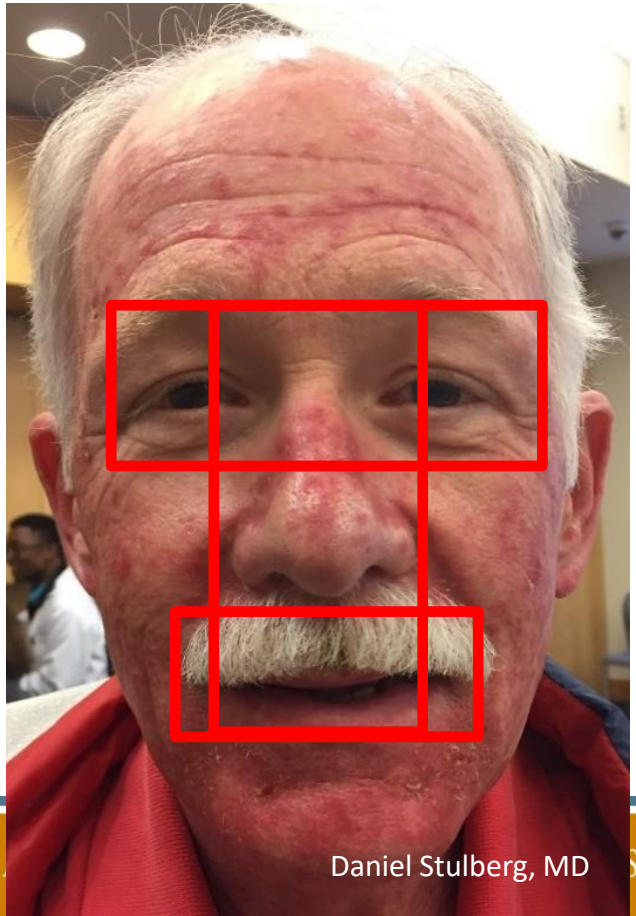
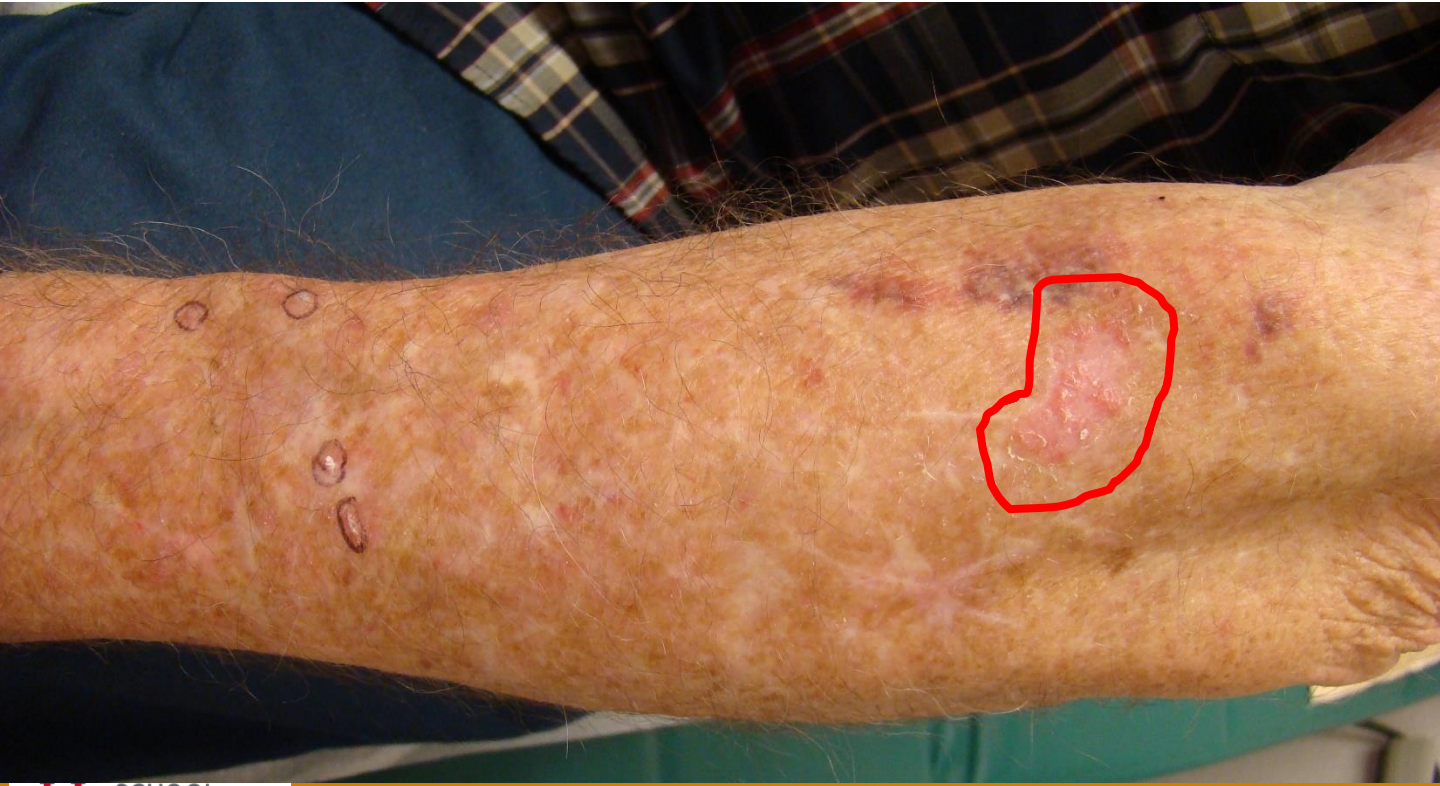
When to refer - Mohs

- H-Zone
- Not comfortable
- Close to sensitive structures



Diagnosis



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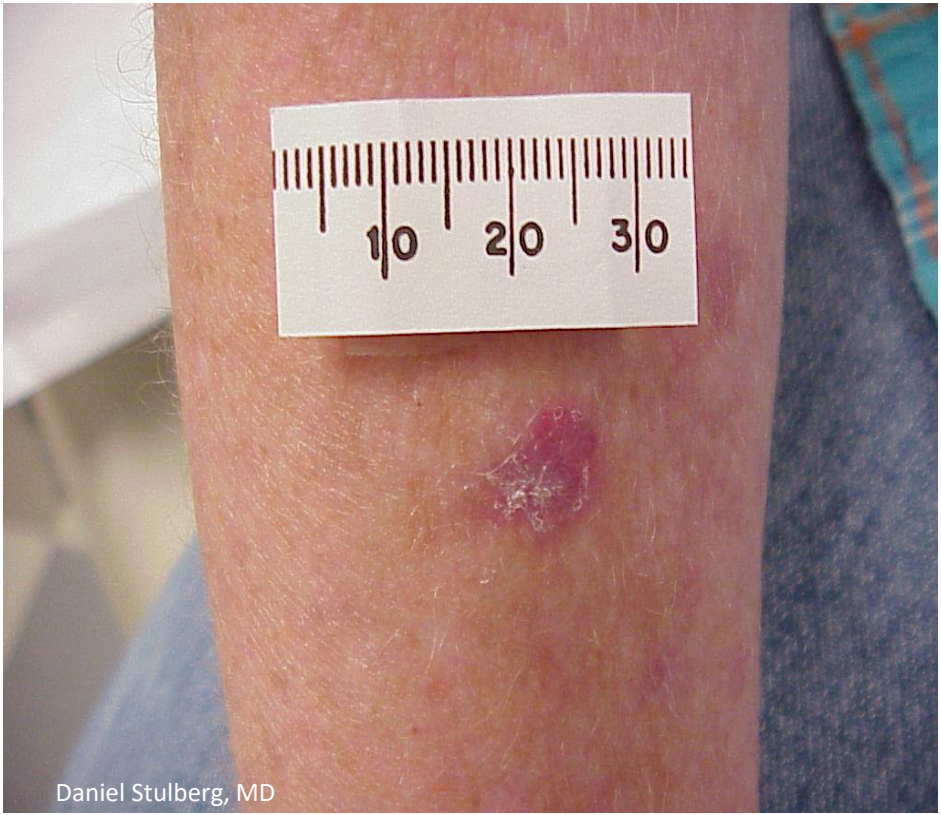
Diagnosis



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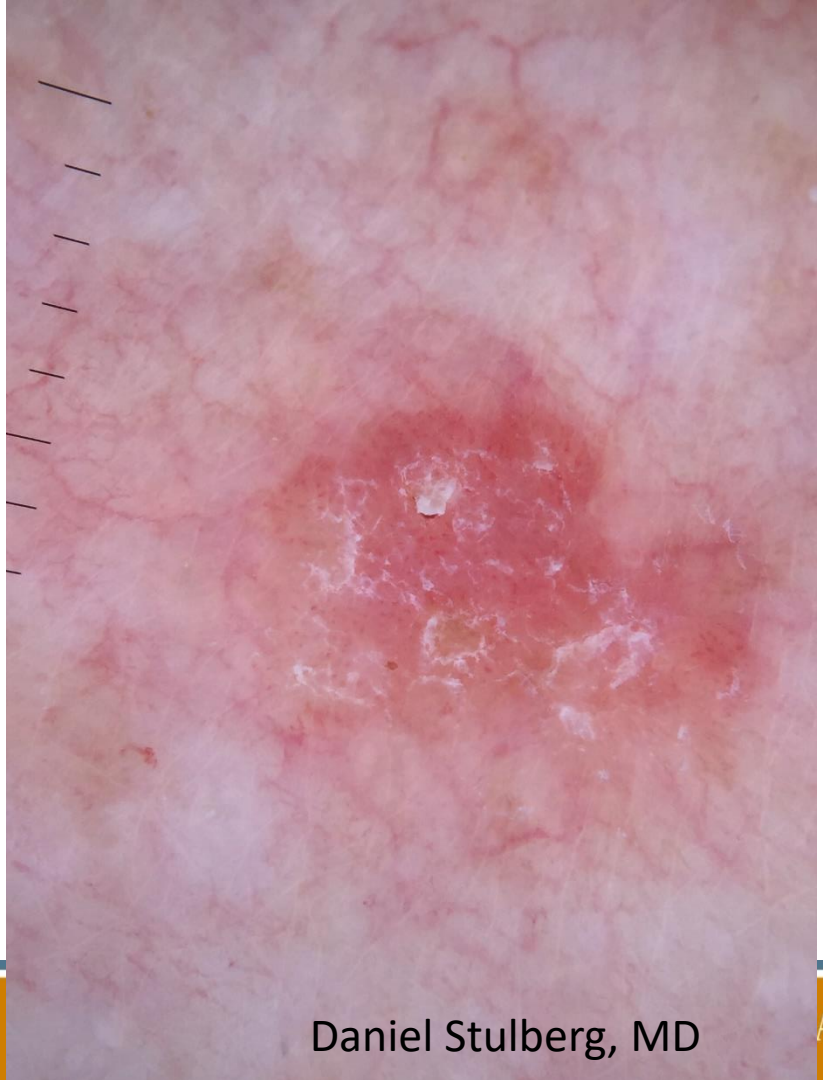

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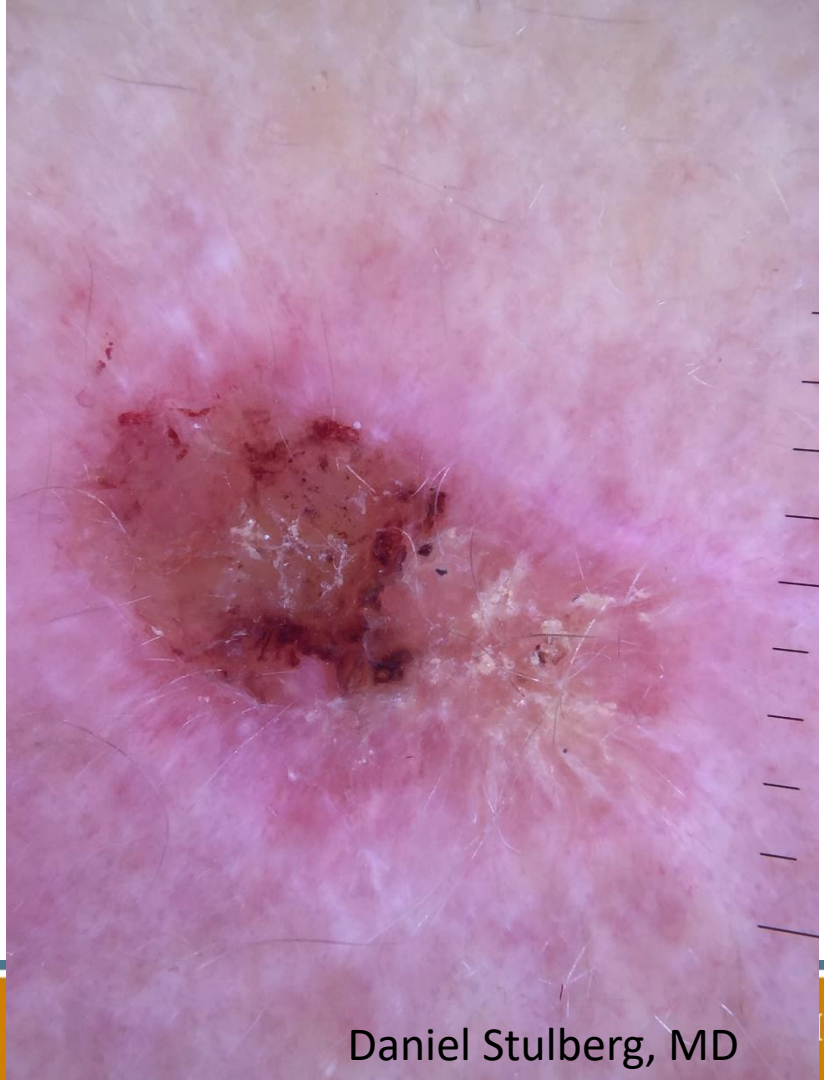

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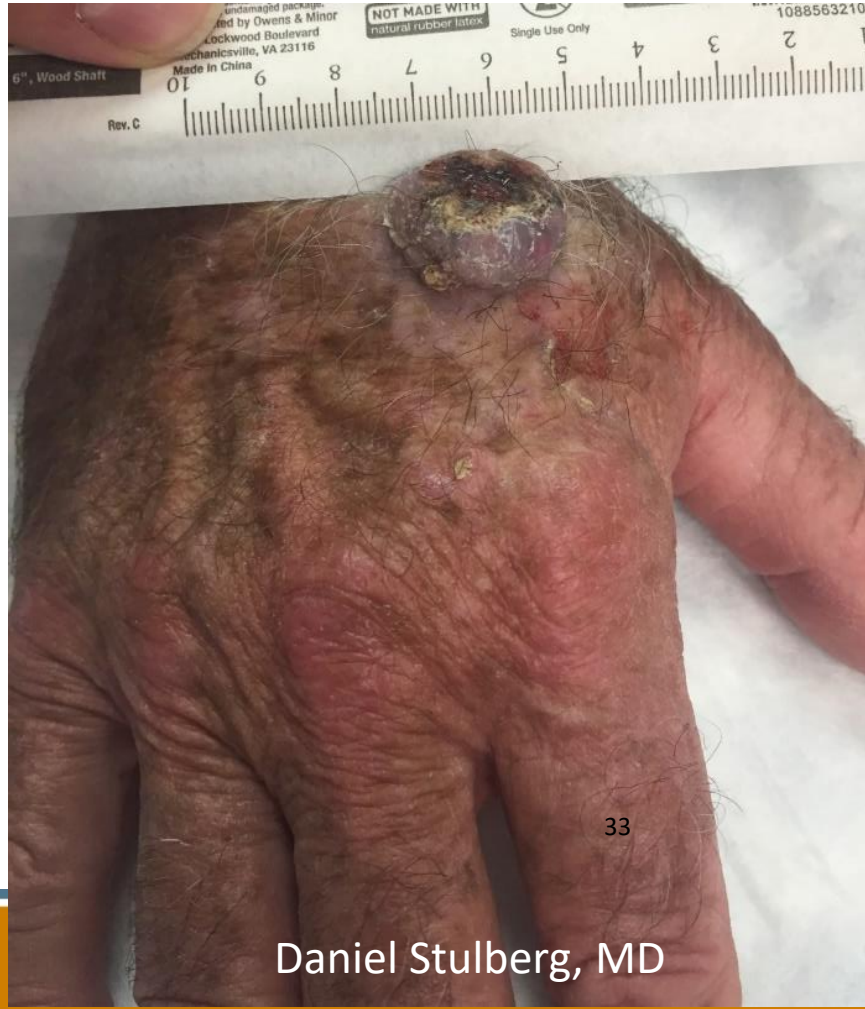
SCC Kerato-acanthoma type

Initial biopsy SCC positive deep margin



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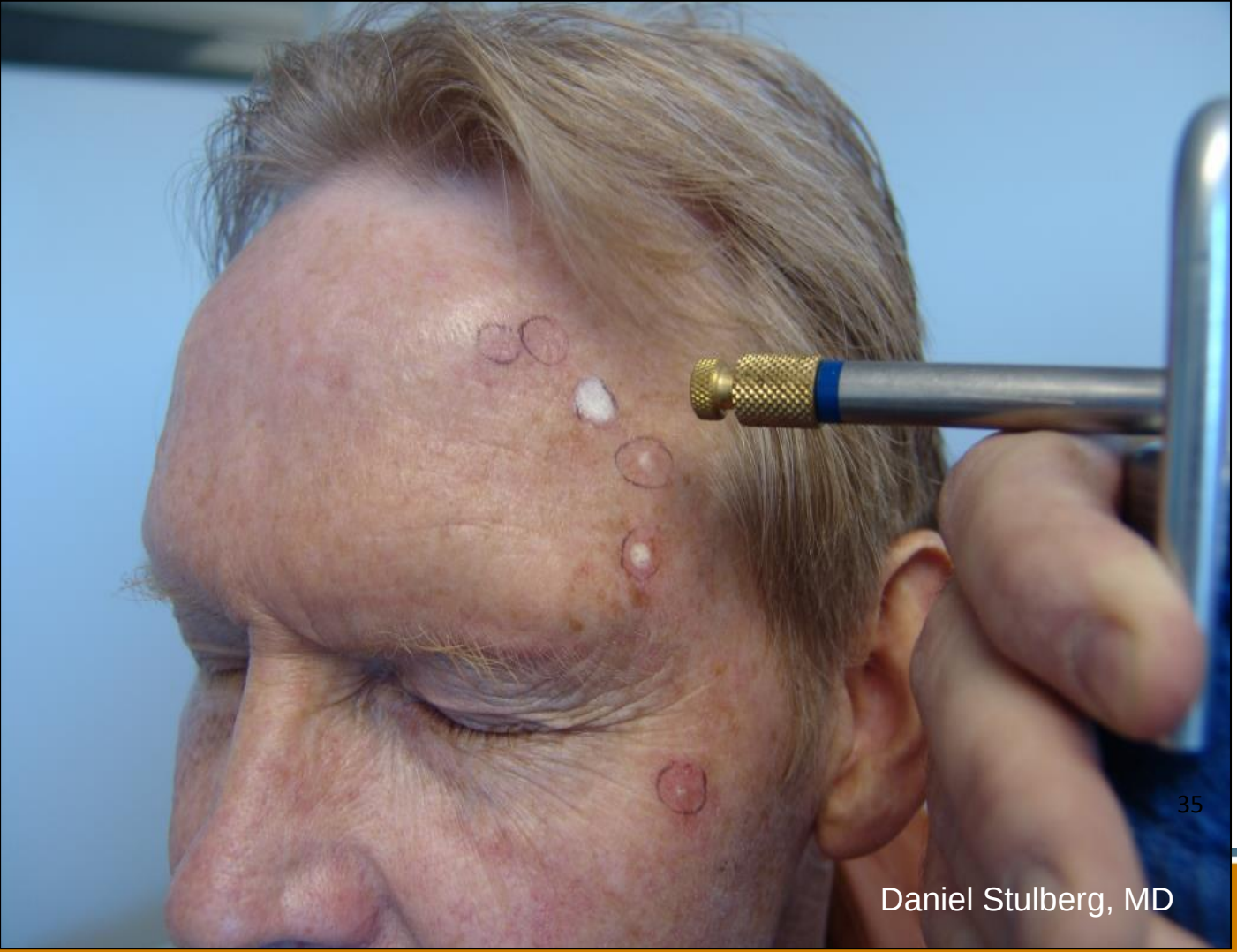
Management of Actinic Keratoses

- ? appropriate to treat?
- 10% / 10 yrs
- Cryosurgery
  - 95%+ efficacy w / liquid nitrogen



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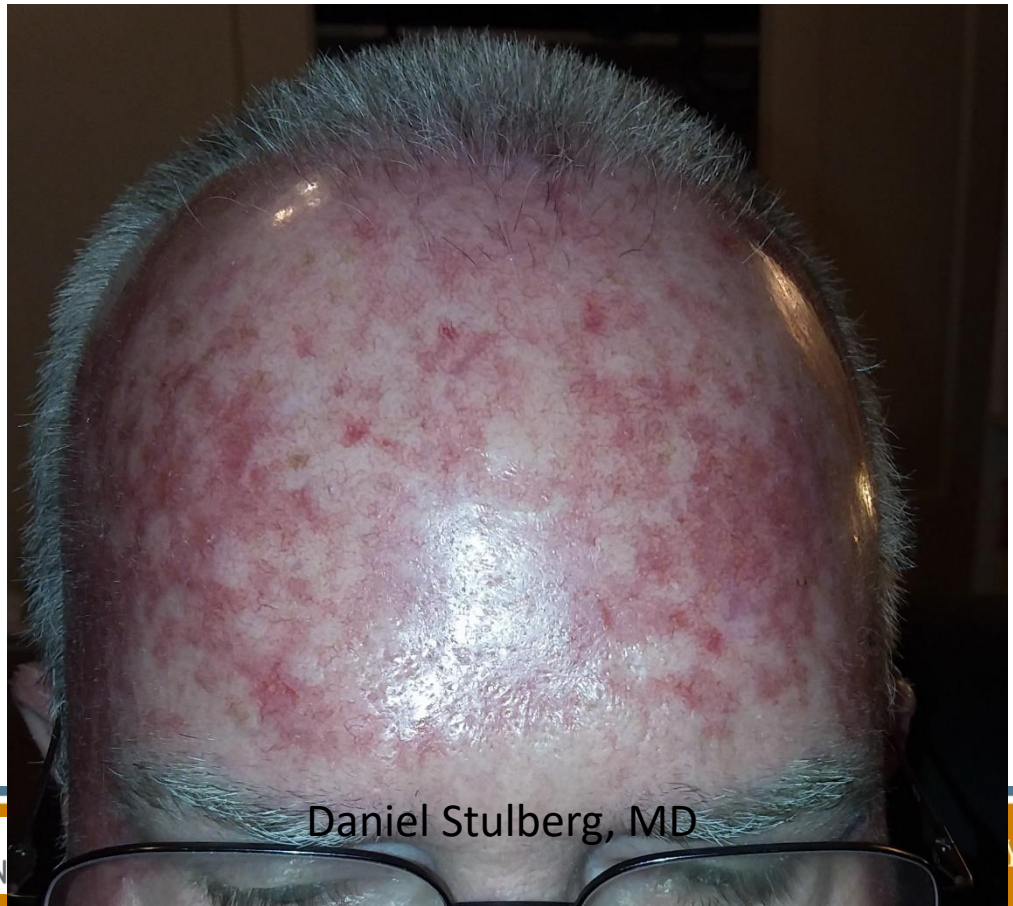
Management of Actinic Keratoses

- 5 Fluorouracil (Efudex 5% cream & sol)
  - Chemo inhibits DNA & RNA synthesis
  - BID 2 wks (multiple protocols)
  - Red raw ugly
  - 75-90% complete clearance
  - TX segments to avoid severe sx
  - 0.5% for actinic cheilitis

Jansen MHE, et al Randomized Trial of Four Treatment Approaches for Actinic Keratosis. N Engl J Med. 2019 Mar 7

1 week after treatment



Management of AK's (Cont.)

- Photodynamic therapy
  - Photosensitizer – reactive oxygen damage
  - 38% complete clearance

Jansen MHE, et al Randomized Trial of Four Treatment Approaches for Actinic Keratosis. N Engl J Med. 2019 Mar 7

Management of AK's (Cont.)

- Imiquimod (Aldara)
  - Immune system modulator
  - QHS 3x per wk x 16 wks
  - 54% complete clearance
- Diclofenac 3% gel (Solaraze)
  - NSAID uncertain mechanism
  - BID 60-90 days
  - 58% complete clearance

Jansen MHE, et al Randomized Trial of Four Treatment Approaches for Actinic Keratosis. N Engl J Med. 2019 Mar 7
J Drugs Derm may 2012

Management of AK's (Cont.)

Topical 5 Fluorouracil

75-90% complete clearance

Jansen MHE, et al Randomized Trial of Four Treatment Approaches for Actinic Keratosis. N Engl J Med. 2019 Mar 7

Reducing Future Cancerous and Precancerous Skin Lesions

- Sun protection
  - Hats broad brim
  - Sunscreen
    - > 25
    - Re-apply Q 2-3 hours or after toweling off
    - Start your day with day cream
  - Avoiding mid day sun

Reducing Future Cancerous and Precancerous Skin Lesions

- Niacinamide (nicotinamide) 500mg BID
- 1 year
- 23% Dec BCC, SCC
- 15% Aks
- Enhanced keratinocyte repair

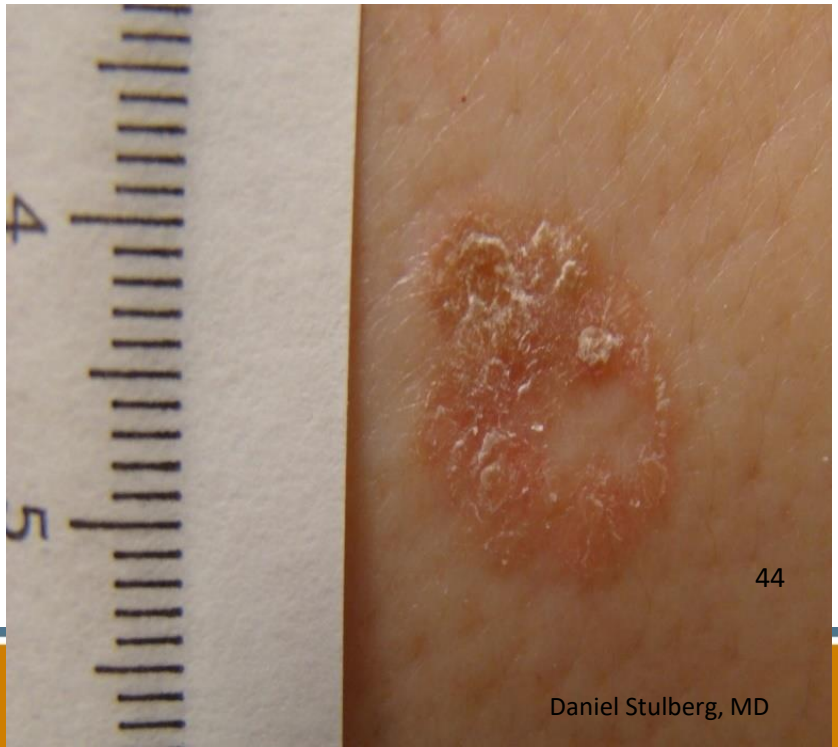
- Am Health Drug Benefits. 2015 Aug; 8(Spec Issue): 13–14.

Management of Squamous Cell Carcinoma

- SCC in Situ AKA Bowens
  - EDC x 2

EDC - Electrodessication and curettage

- Bowen's - Superficial SCC



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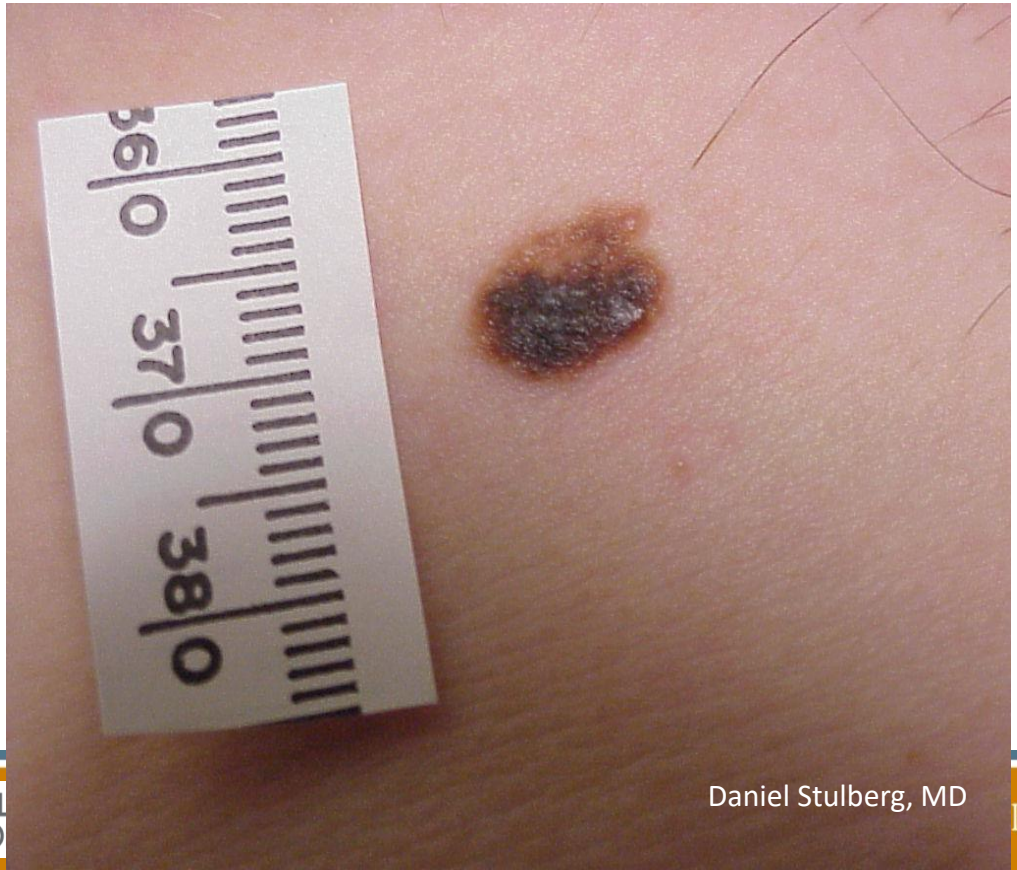
Management of Squamous Cell Carcinoma

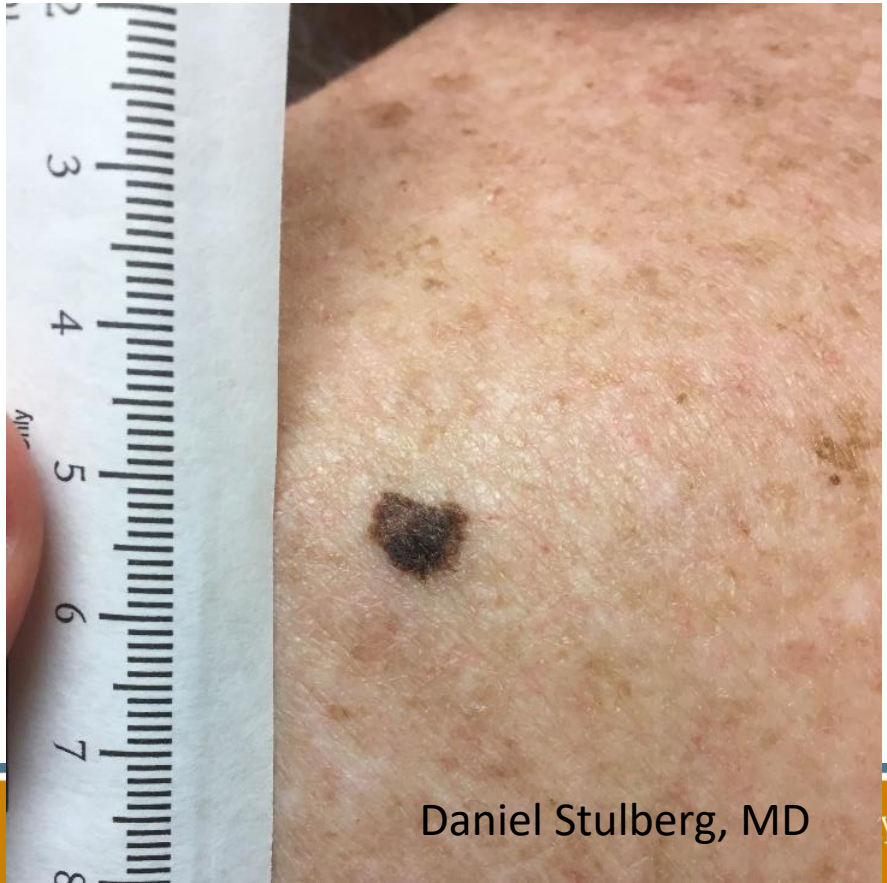
- SCC Kerato-Acanthoma type (KA)
  - Shave + EDC x 2
- Invasive SCC
  - Excision 3-4 mm margin beyond visible lesion
  - ? Cryosurgery
- High risk SCC - Mohs

Less common TX

- Radiation
- Cryosurgery

Diagnosis





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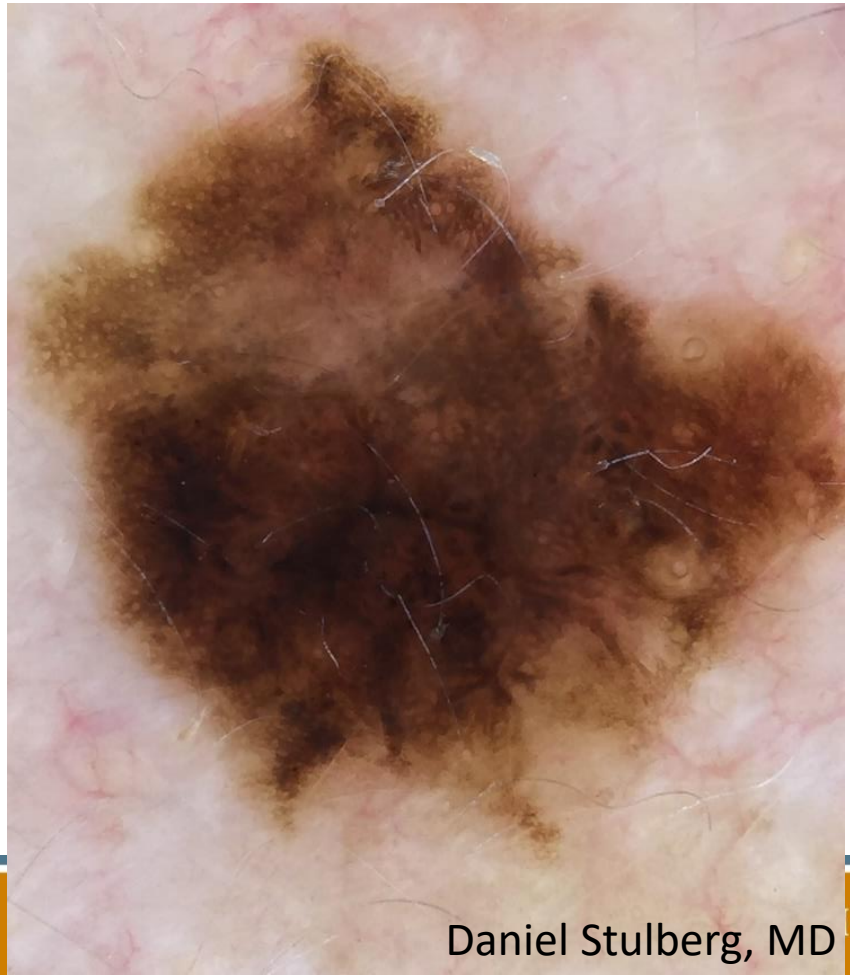
Dermoscopy



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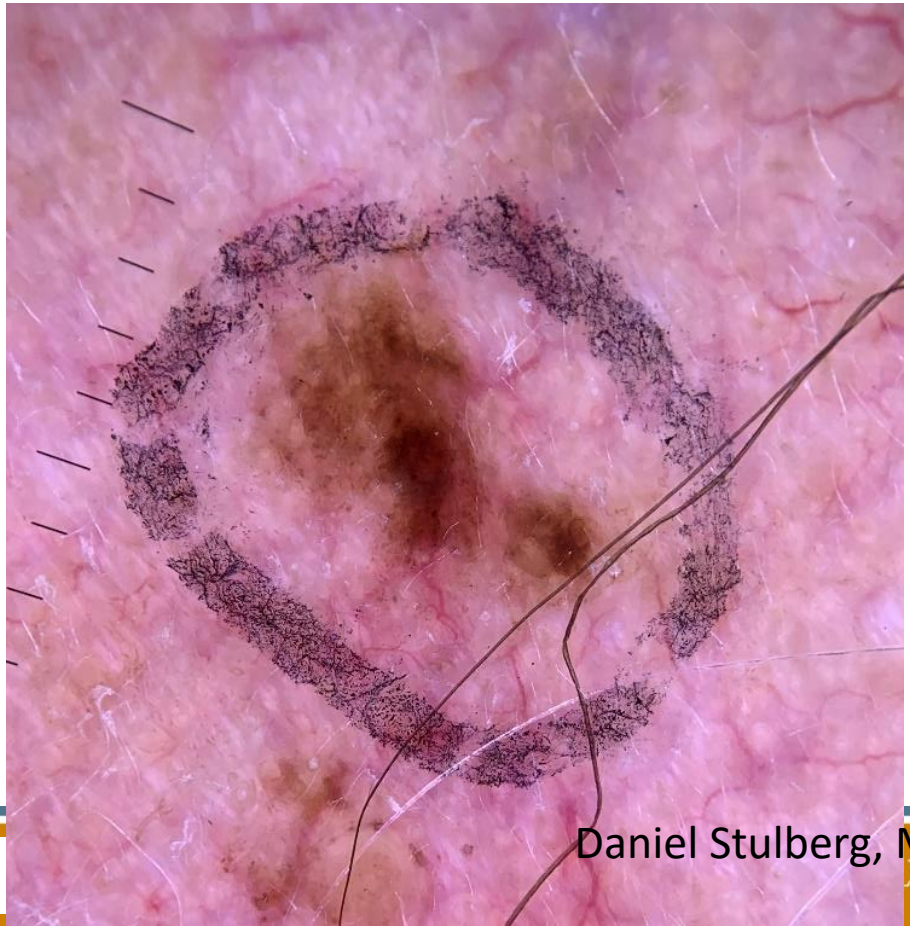


Initial Management of Malignant Melanoma

- Excise ASAP
- Narrow margin 1 mm

The National Comprehensive Cancer Network (NCCN) Melanoma Guidelines on the principles of bx of pigmented lesion

- Excisional biopsy (elliptical, punch or **saucerization/deep shave**) with 1-3 mm margins preferred. Avoid wider margins to permit accurate subsequent lymphatic mapping.
- Full-thickness incisional or punch biopsy of clinically thickest portion of the lesion acceptable in certain anatomic areas (e.g., palm/sole, digit, face and ear) or for very large lesions.

- Coit DG, et al. NCCN Guidelines Version 2.2019 (National Comprehensive Cancer Network)

Re-excision using Breslow's depth

- Tumor Thickness — Recommended clinical margins
  - In situ — 0.5-1.0 cm
  - ≤1 mm — 1 cm margin
  - >1.0-2 mm depth — 1-2 cm
  - >2.0 mm — 2cm
  - Margins may be modified to accommodate individual anatomic or functional considerations.
  - Consider sentinel node dissection if
    - > 0.8mm
    - Or ulceration

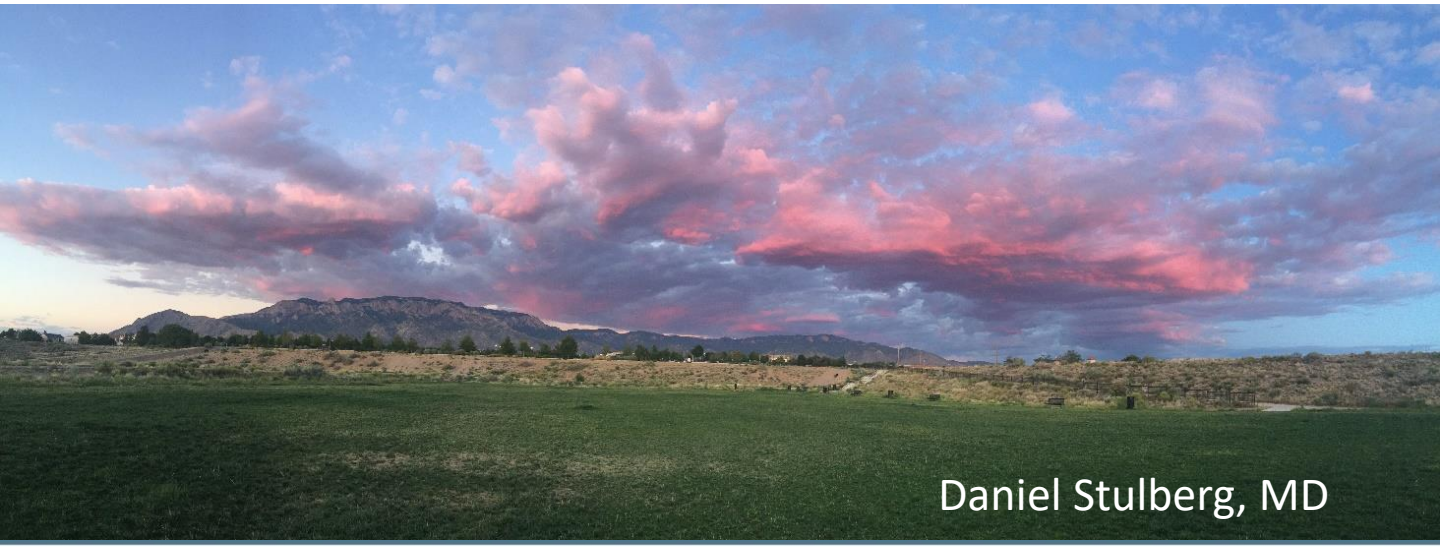
Coit DG, et al. NCCN Melanoma Panel. Melanoma. J Natl Compr Canc Netw 2019;17(4):367–402.

Re-Excision Melanoma

- CPT Removal of skin cancer/malignancy (same for SCC & BCC)
  - Size of lesion + margins
  - Location
- PLUS intermediately complex repair if
    - 2 layers to close empty space

  or
    - Reduce tension on the skin
- Pays almost as much as the excision
- Need to document why

Telehealth



What is Telehealth?

- Previously very restricted service
- In state license
- Written consent
- HIPPA compliant vendors/software
- As consultation
- Or rural site with medical staff for vitals and video connection

What just happened?

- Since coronavirus…
- Patient & community safety, PPE
- HIPPA – “Good faith effort”
- Rapid evolution
  - Telephone
  - Limited payments
  - Interactive video and audio
  - Usual payments
  - Now telephone walk over to usual clinic visit payments

Why should I do video?

- Better communication vs telephone
- Patients like it
- ? Better reimbursement
- Initially better $ than telephone
- Interns first 6 months?

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Medicare requirements

- Good faith effort
- Document number of minutes for telephone
- Document type of technology

Portal message invitation

Telehealth Invitation

Dear _,

I see that you have an appointment with me on _ at _. Would you be willing to do your visit as a video visit through Zoom?

Sincerely,

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Instructions to patients

- **Telehealth Instructions**
- Thank you for agreeing to do a Zoom mtg for your appt. Below is the invite and below that is some UNM information about the visit.
- _
- Due to the COVID 19 viral outbreak, the University of New Mexico is converting some of the scheduled medical visits into telephone or telehealth video visits. It is our understanding that there is currently no co-pay for these visits, but they will be billed as a visit. By agreeing to have your visit this way you understand that we are attempting to make this confidential or secure to the best of our abilities.
- Around the time of your appointment, our staff will contact you to register you for your visit. If it is a video visit, please proceed to paste the link from the Zoom invitation into your browser, enter the password and then enter the meeting. Whether it is a phone call or video visit please try to use a quiet and private area to protect yourself from sharing information that you do not wish to share with others.
- Please let us know if this is OK for us to proceed.

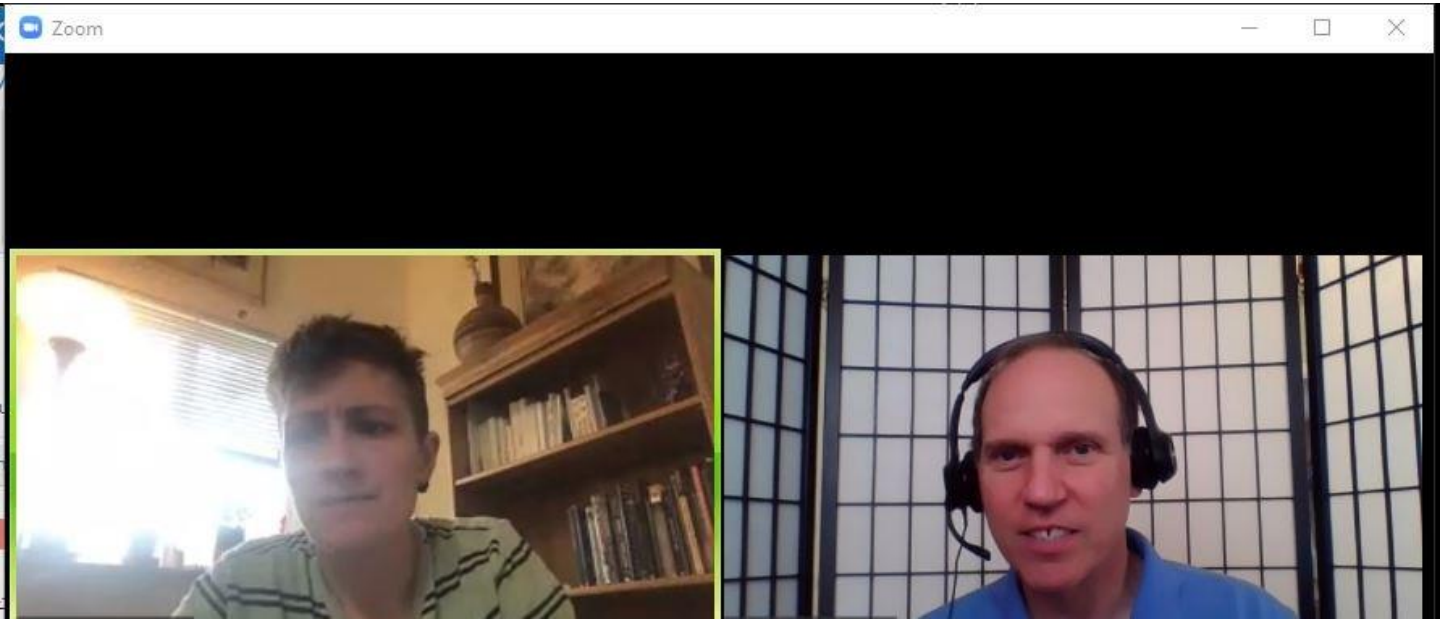
Instructions to patients (cont.)

- **If you want your provider to "see" what something looks like**.
- It can be helpful to send pictures through our patient portal. To do this, please take a perspective photograph (a bit away from you to see where it is on your body) and then a close up photograph of any areas of concern that you have and send me the images through the patient portal. To get close up photos it helps to start a bit away from the spot allowing the camera to focus and then slowly get closer while maintaining focus. You might need someone to help with that. Once you have photographs on a smart phone, and log into the portal there are 3 parallel lines at the upper left of the screen. Tap on messaging, then tap send a message. In the To: field type/select your provider's name. Where it says attachments, tap choose file and it will give you the option to take a photo or pull the ones from your photo library. I recommend taking the photos beforehand and checking to see if they are clear before sending them.

Setting the stage

- Provider
- Quiet location
- Avoid distracting backgrounds
- Avoid interruptions
- Headphones/ear buds – Feedback loops
- A/V check

Lighting, background, virtual background



Setting the stage

- Patients
- Quiet and safe location?
- Other participants in room
- ? Family or support person different location

Rapport and communication

- Greetings/thanking
- Check-in – How are you holding up?
- Confirm Name & DOB
- Acknowledging limits
- Nonverbal cues
- Nodding, smiling, encouraging
- Pauses, interruptions, old-style radio effect

Connecting

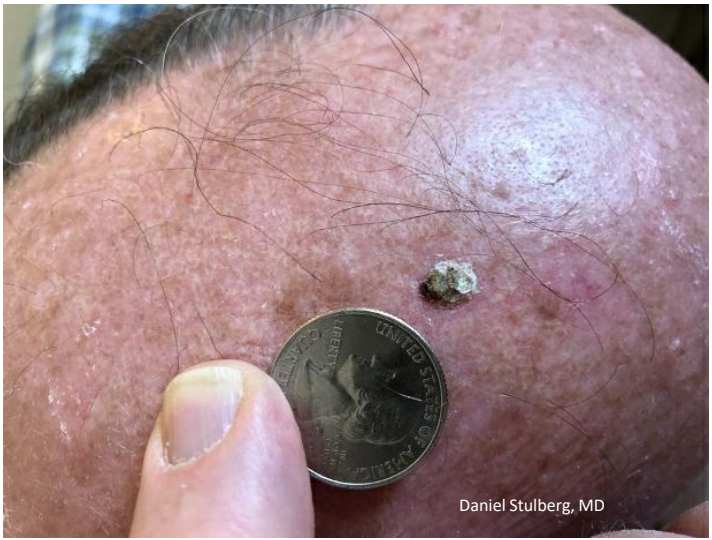
- Look at the camera – eye contact
- Place patient's image near your camera
- Stay focused on patient
- Avoid distractions, disable other alerts
- Advise pt RE looking away at med record, if typing, notes
- Professional attire - business casual
- Avoid eating, etc - It's a real visit, be clinical
- But it's also someone's home or work

Non skin - Physical examination

- YouTube
- UCSF examples

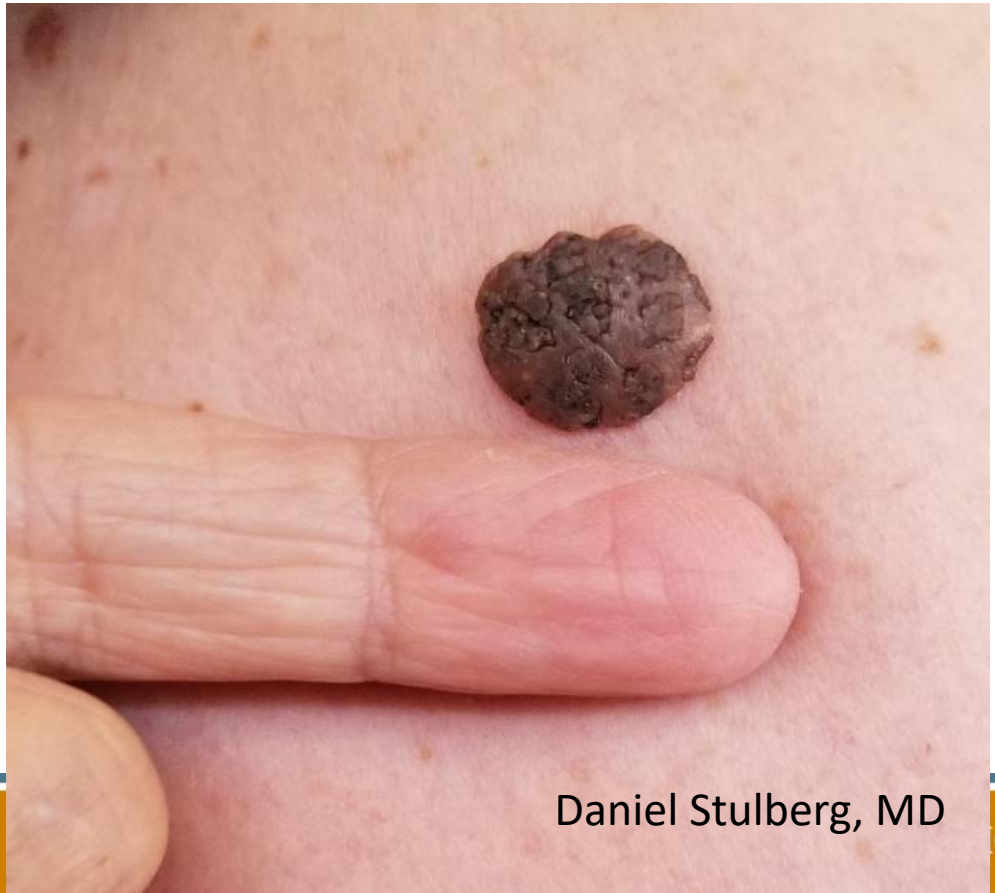
Physical examination-Skin

- Photographs better detail
- Often need helper
- Perspective
- Move in slowly for close-up
- Forward facing camera
- ?Ruler for reference
- Pt can share screen
- Share screen / Review with pt



Telederm examples

Asymptomatic lesion on trunk



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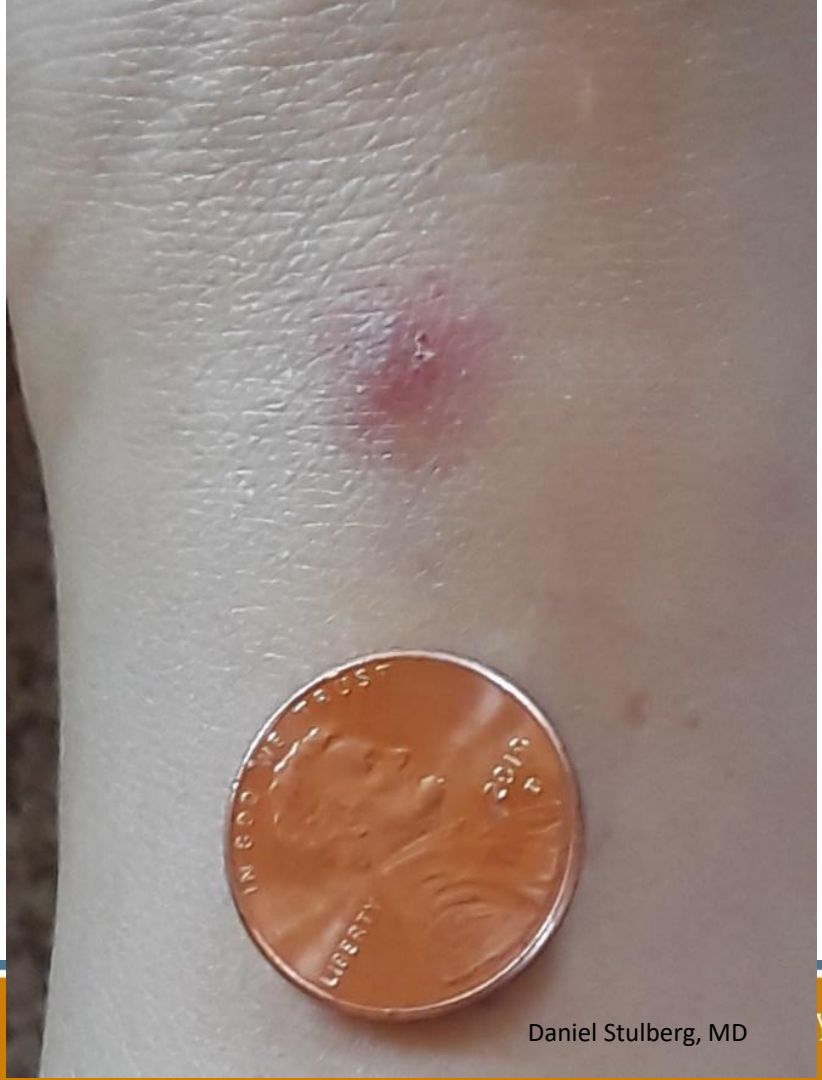

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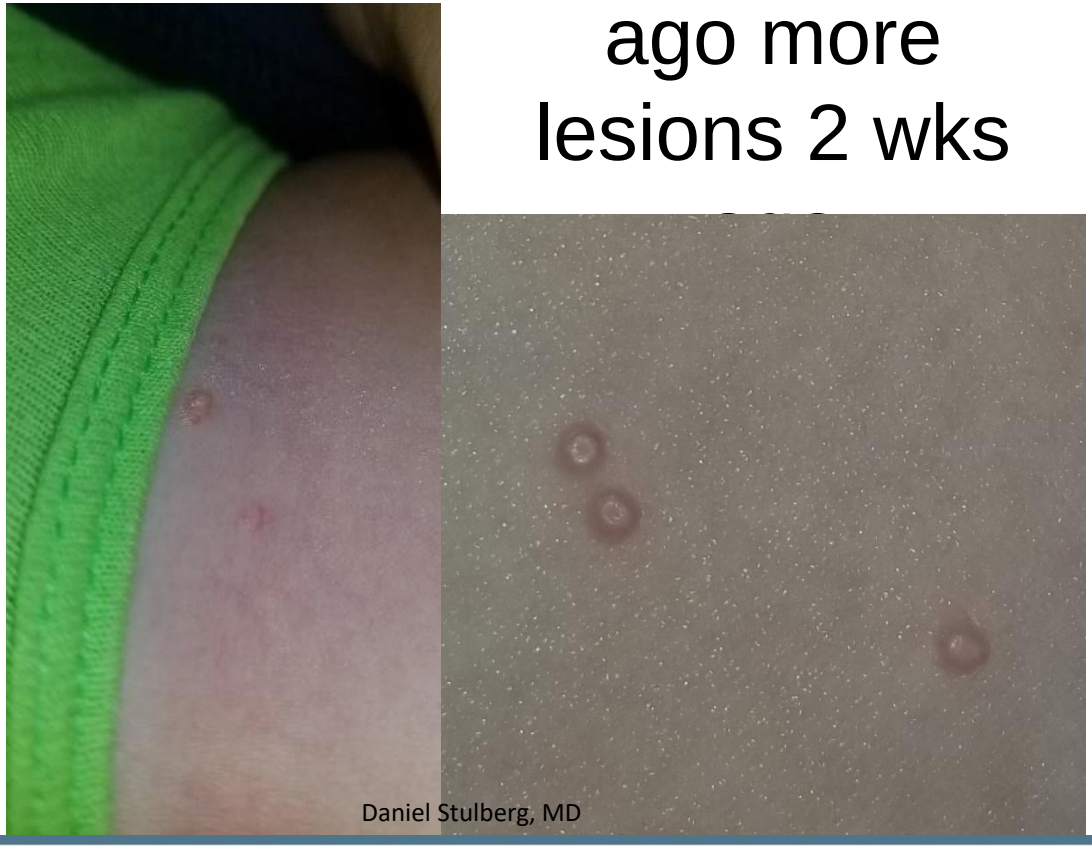
7 YO - 4wks ago more lesions 2 wks



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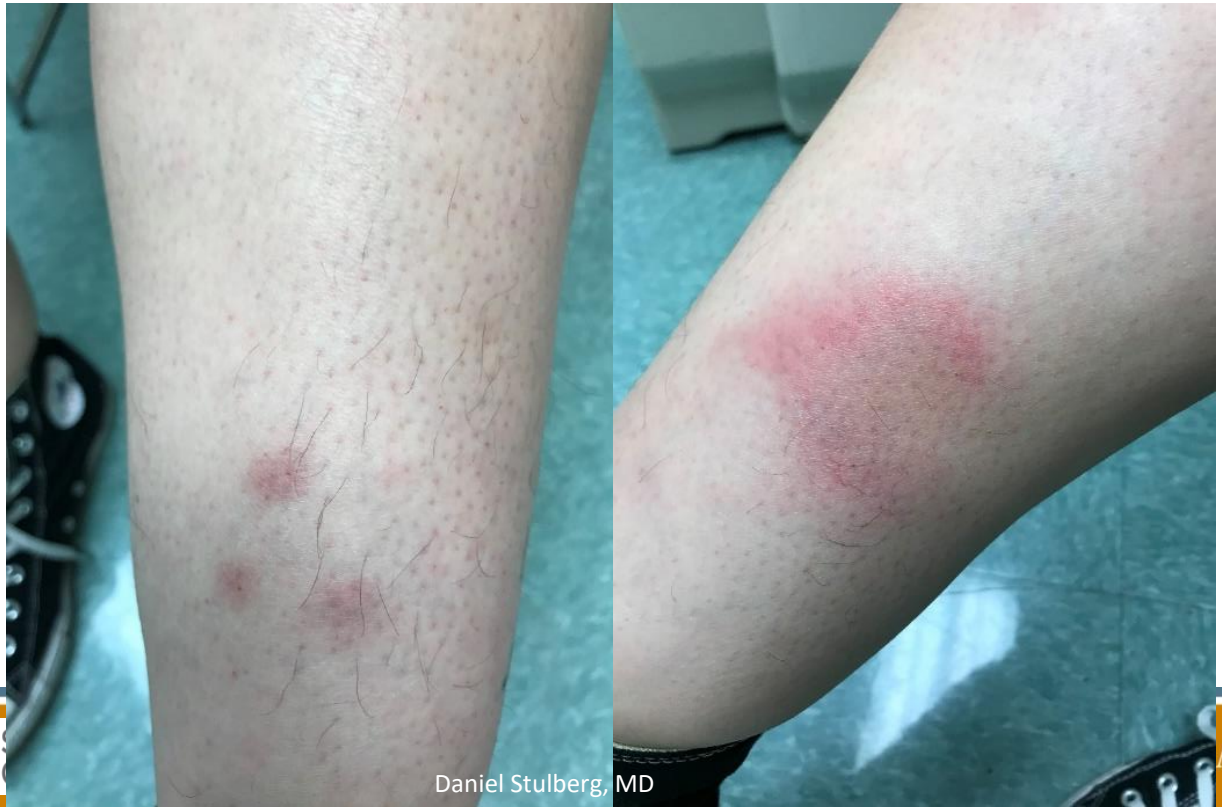
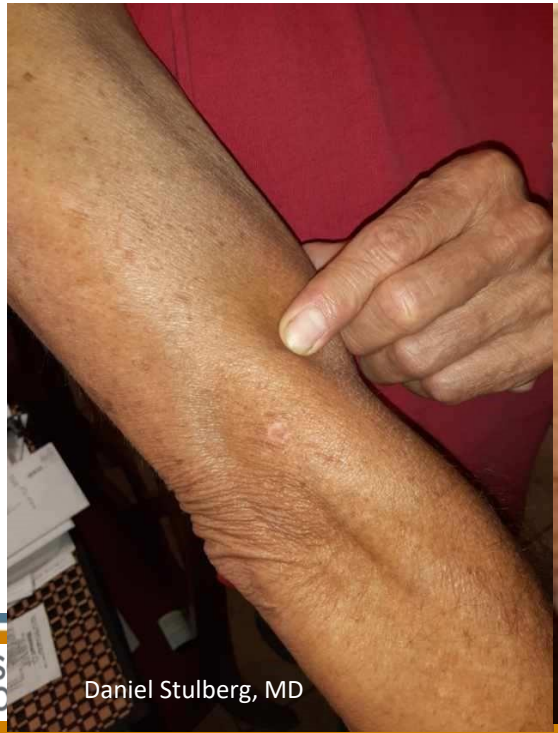
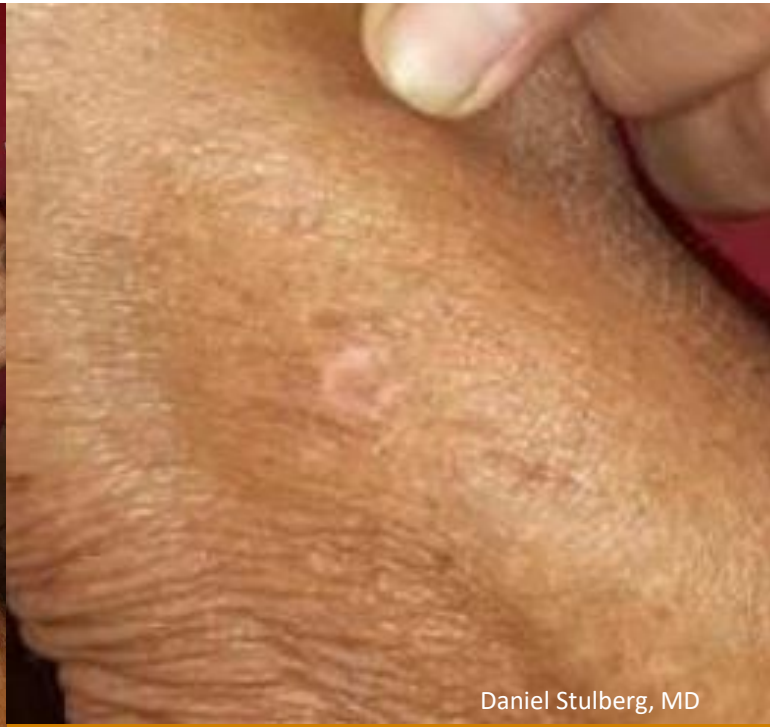
33 YO Painful leg lesions

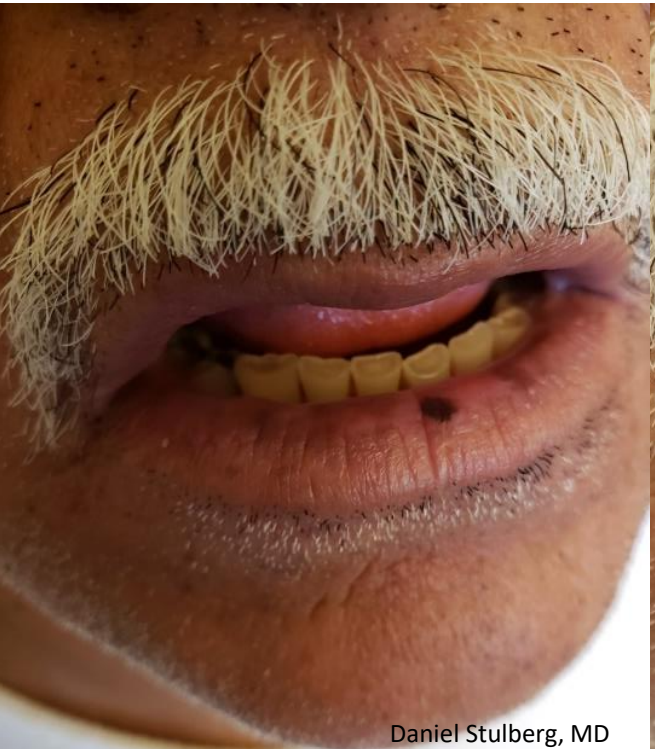


Raised BCC or Flat scar – HX BCC and AK's





8 Months, itching



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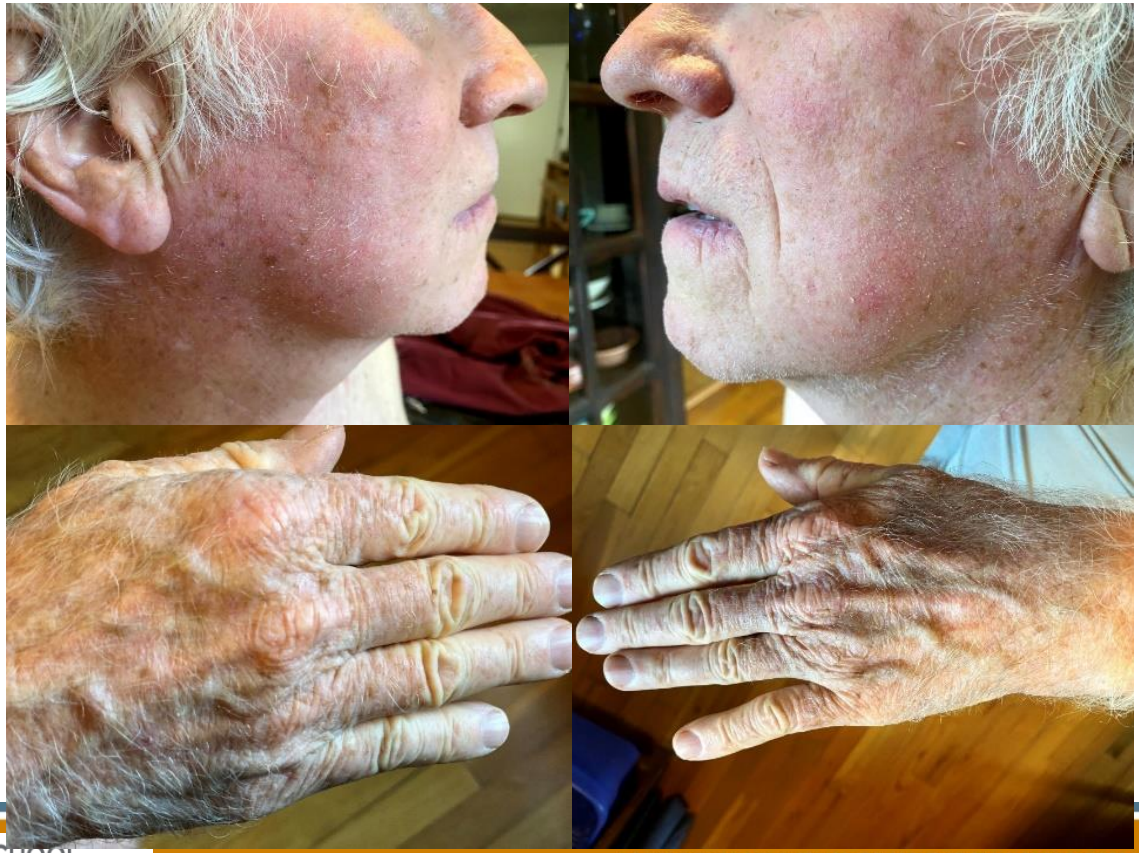
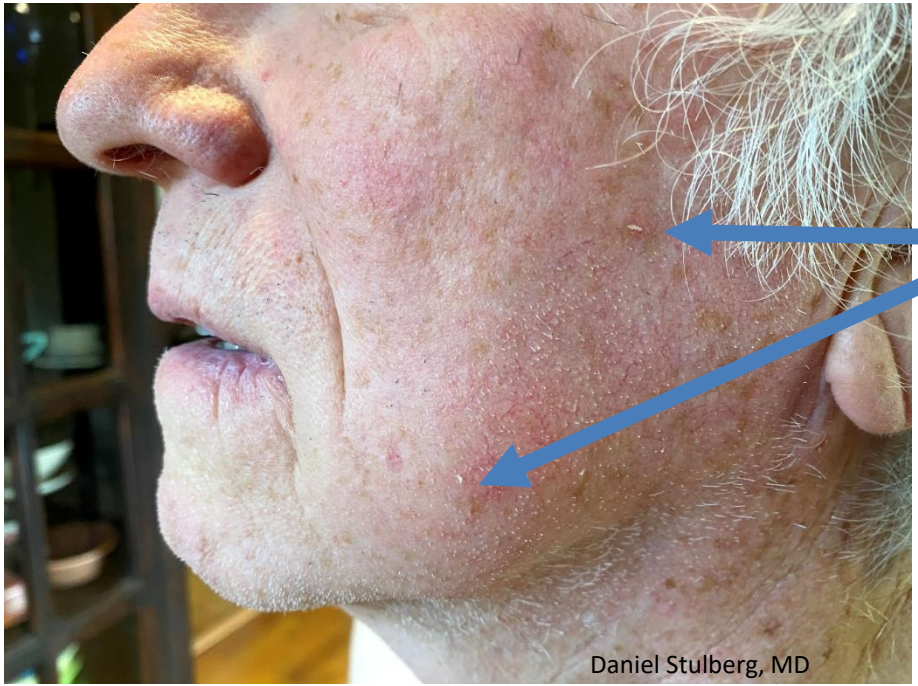
71 YO -Hx of melanoma in situ and AK's



71 YO -Hx of melanoma in situ and AK's



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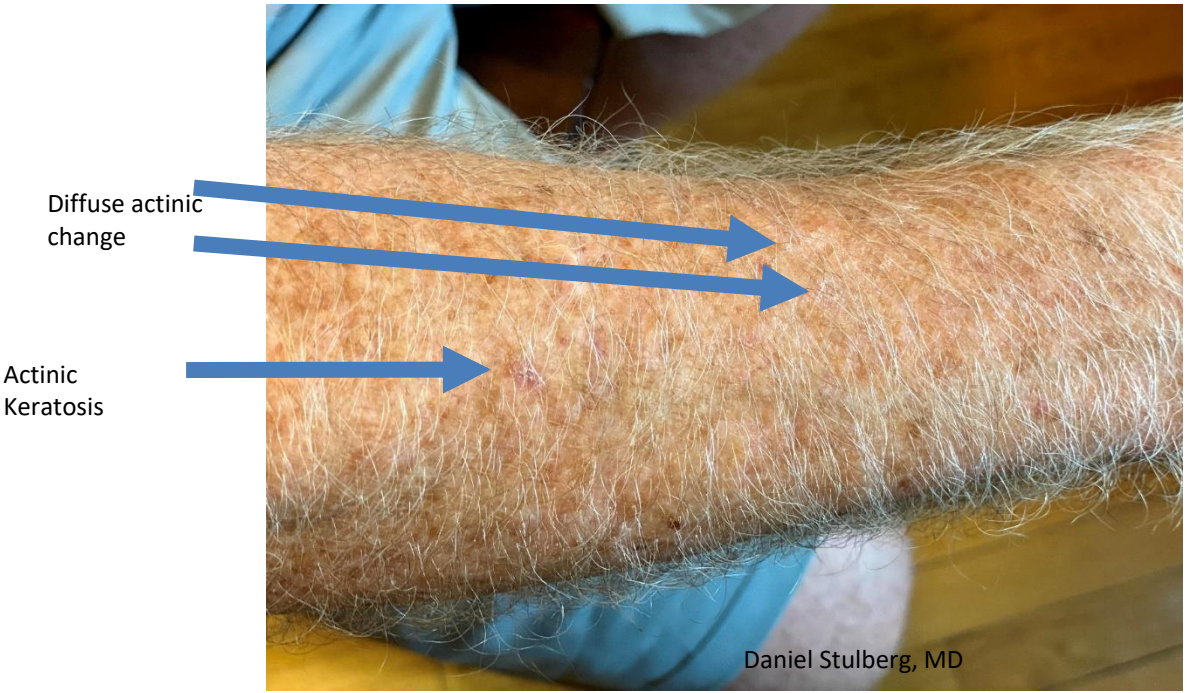
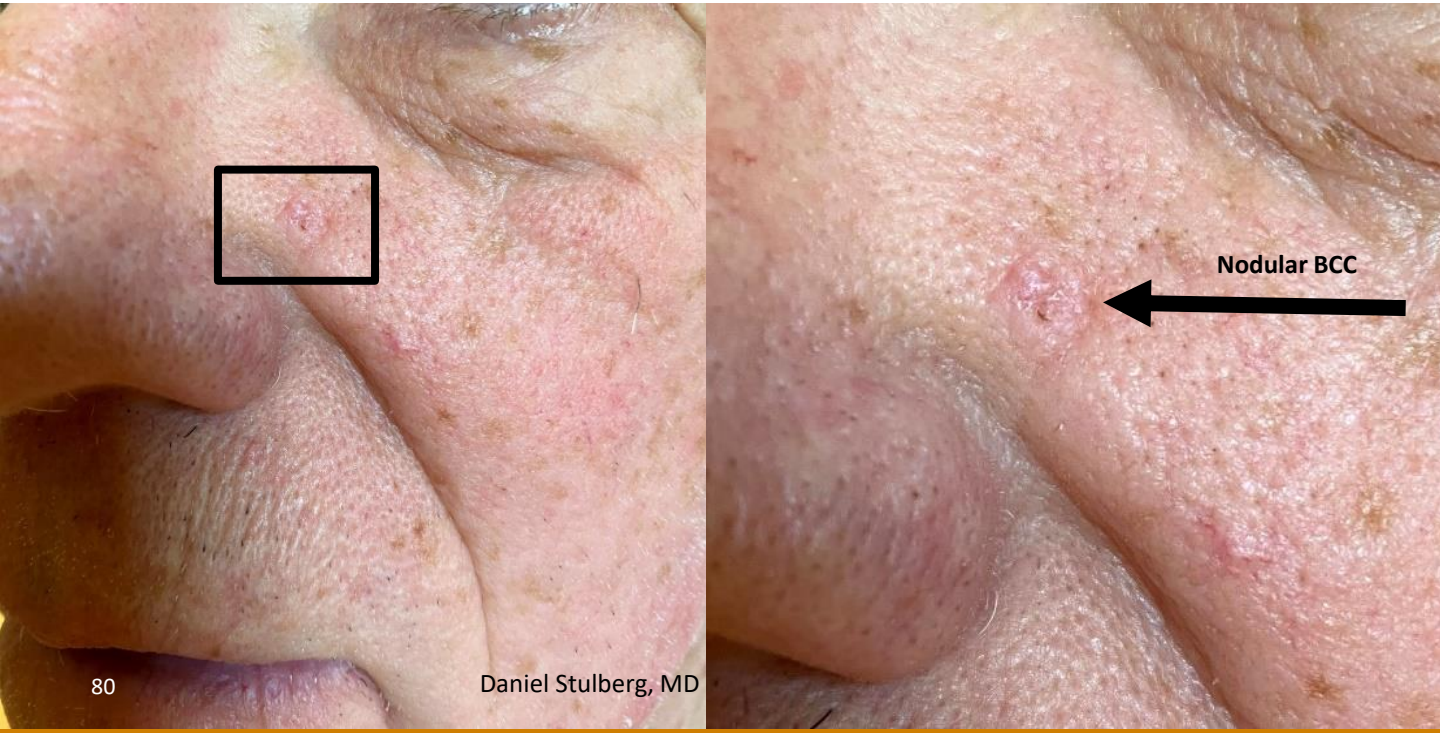


71 YO -Hx of melanoma in situ and AK's



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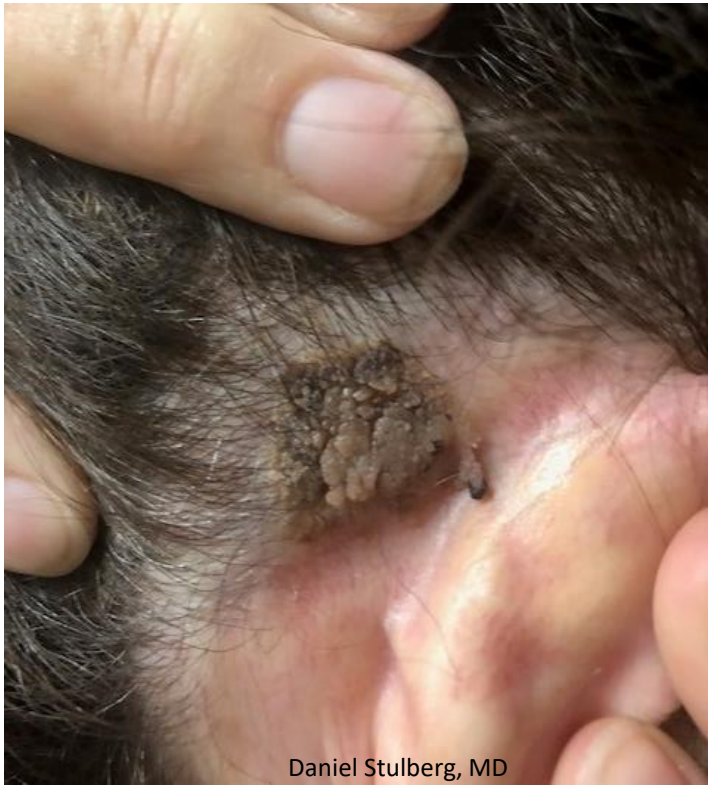
Self lymph node exam

- Neck
- Axilla
- Supraclavicular
- Groin

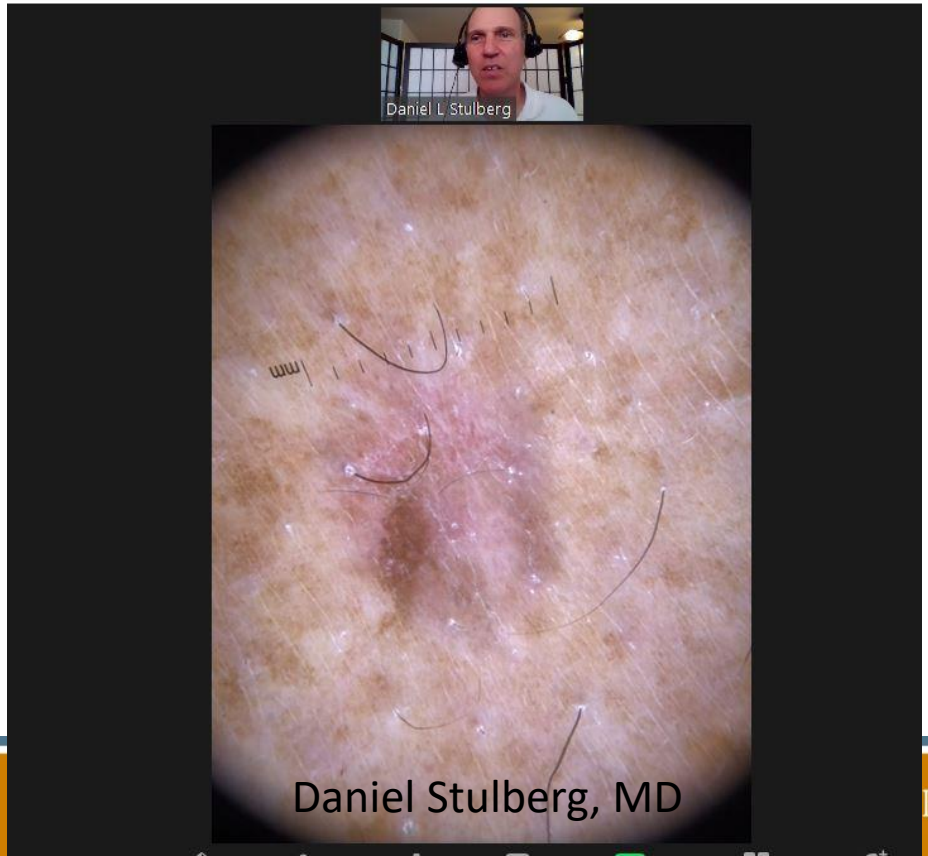
- Easier to cross – Medical Macarena

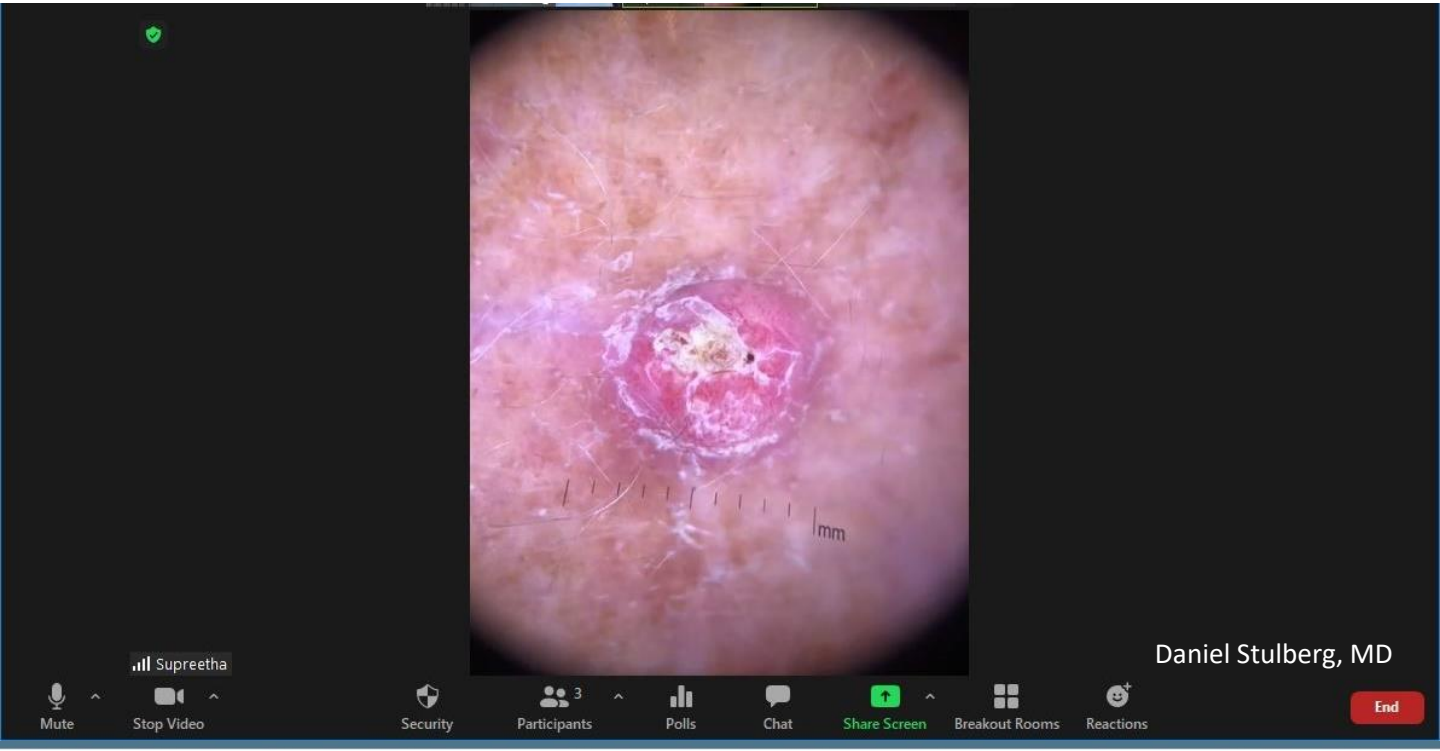
69 YO - Painful lesion behind ear



25 YO with worsening eyebrow loss

Future – Dermoscopy consult





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“I’m going to get a screen shot…”

Non-Office based treatments

- Topical 5 Fluorouracil
- Topical imiquimod
- OTC cryosurgery units?

Completing the visit

- Follow-up labs or studies
- Follow-up visits
- Sending instructions via portal
- It was nice to “see” you today

Geriatric tips – As needed

- Decreased hearing
- Pt wear headset
- Provider wear headset
- Position camera for patients to see/read lips
- Speak slowly
- Teach-back
- Written instructions
- Nieman CL, Oh ES. Connecting With Older Adults via Telemedicine [published online ahead of print, 2020 Aug 11]. *Ann Intern Med*. 2020;10.7326/M20-1322.

Patient response

- Dear Dr. Dan
  The Zoom meeting went well! Thank you!
  Thank you for the referrals as well...
- Patient's first zoom meeting – common
- Well received
- Some limits
- Can't inject or biopsy…

Coding & Medicare crosswalk

Minutes	Telephone code	CPT	RVU
5-10	99441	99212	0.48
11-20	99442	99213	0.97
21-30	99443	99214	1.50
40 & >50% in counseling		99215	2.11

95 Modifier

- Use 95 modifier for EM Evaluation and Management video visits

Barriers Social Determinants of Health Care

- Fewer completed telemedicine visits
  - Older patients
  - Asian race
  - English as second language or non-English speaker
  - Medicaid as insurance

- Eberkly, ET AL *JAMA Netw Open.* 2020;3(12):e2031640. doi:10.1001/jamanetworkopen.2020.31640
- 148,402 patients primary and specialty care large academic health system

Barriers Social Determinants of Health Care

- Decreased use of video technology
  - Older patients
  - Women
  - Black race
  - Latinx ethnicity
  - Lower household income

- Eberkly, ET AL *JAMA Netw Open.* 2020;3(12):e2031640. doi:10.1001/jamanetworkopen.2020.31640
- 148,402 patients primary and specialty care large academic health system

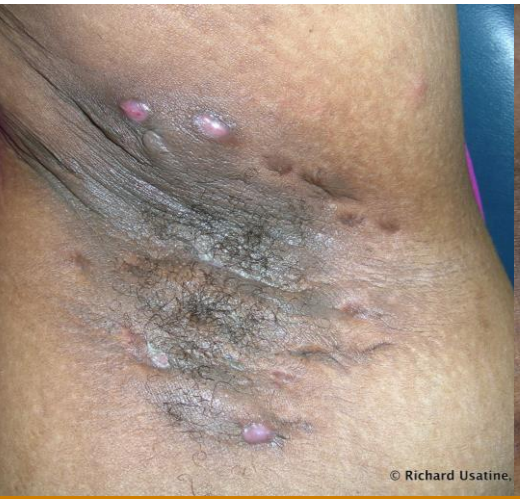
What does the future look like?

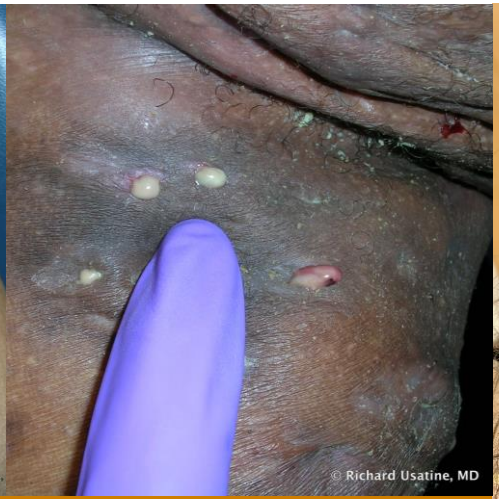
- After coronavirus?
- Vertical model
- Better for patients?
- Clustered appointments
- 50/50 days
- Some days video/telephone
- Working from the beach?

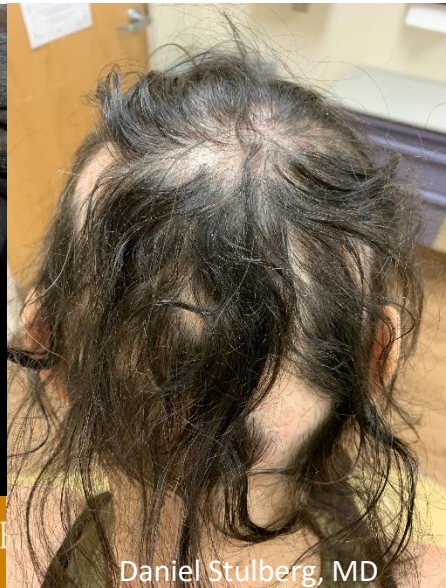
2 Derm Trials -Adults

- Hidradenitis suppurativa
- Contact Emily Altman, MD
- EAltman@salud.unm.edu
- IL-17 inhibitor

- Alopecia areata
- Contact John Durkin, MD
- JDurkin@salud.unm.edu
- Janus kinase inhibitor
- >25% scalp hair loss







SCHOOL OF MEDICINE

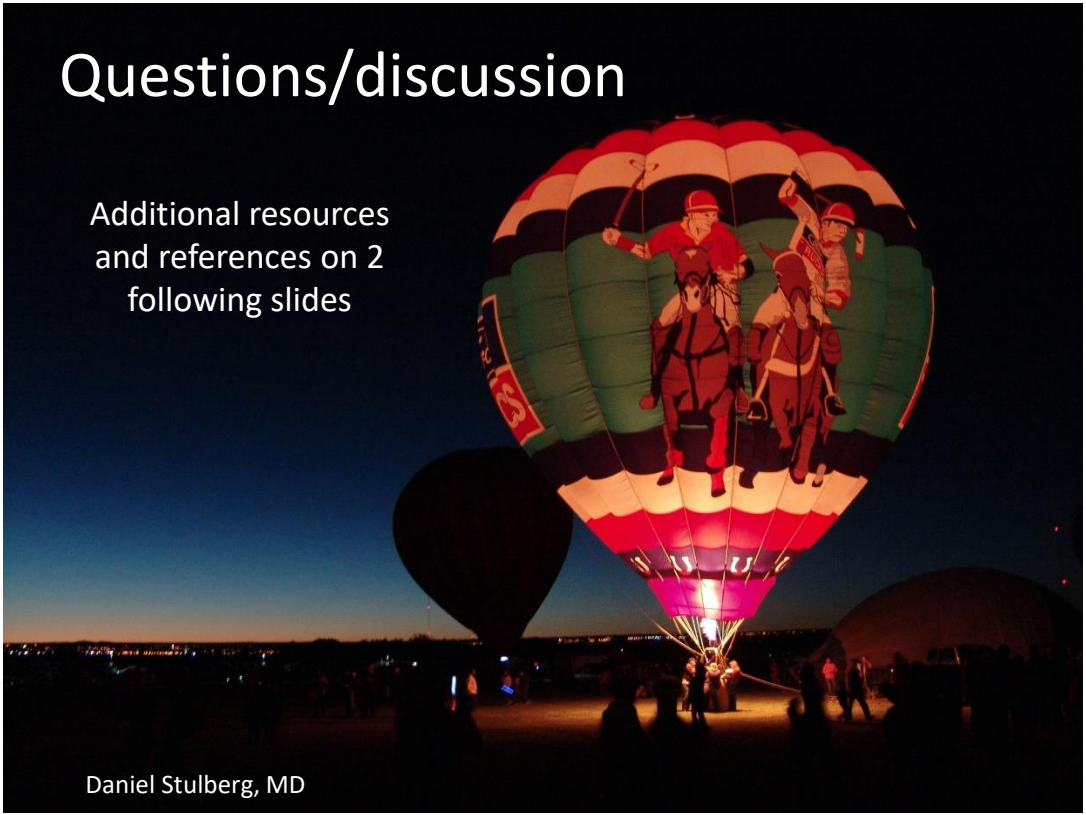
AMERICAN ACADE

Take home skin CA points

- Treat AK's with cryo or 5 Fluorouracil
- Treat early BCC with EDC
- Refer high risk BCC for Mohs
- Treat Bowens with EDC and excise SCC
- Sun protection
- Recommend nicotinamide 500 mg BID to reduce future lesions
- Examine your patient's skin and treat to your comfort level

Questions/discussion

Additional resources and references on 2 following slides



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Links:Family Practice Management

- **Operationalizing Virtual Visits During a Public Health Emergency**
- https://www.aafp.org/fpm/2020/0500/p5.html?cmpid=em_FPM_20200513#fpm20200500p5-bt3
- Flowsheet to determine how to bill telemedicine interactions
- https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telehealth_algorithm.html
- Medicare tip sheet & 4/30/2020 updates
- https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid
- STFM RE Telehealth & supervising residents
- https://stfm.org/teachingresources/covid19resources/#14818

- SUMMARY FOR TELEHEALTH VIDEO VISITS – Family Practice Management May 2020
- https://www.fpm-digital.org/fpm/may_june_2020/MobilePagedReplica.action?pm=2&folio=4#pg6
- AAFP Toolkit for building and growing a sustainable telehealth programming your practice
- https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf