Answering the Tough Questions in Melanoma Care

A comprehensive guide to management of intermediate risk melanoma.

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Recession-Proof Your Practice
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How to Anticipate, Encourage, and Respond to Patients’ Questions

A patient who does the right research tends to make better decisions and is typically more satisfied with cosmetic therapies. Here’s a look at questions they should ask…and you should answer.

Without doubt, non-qualified individuals offer cosmetic services in every region of this country. Whether they be physicians whose specialty falls well outside the realm of dermatology or plastic surgery, generally well-meaning entrepreneurs and/or aestheticians recognizing an opportunity, or (thankfully in rare cases) outright charlatans seeking to bilk the public, these individuals create competition for cosmetic dermatology practices.

In most cases, savvy patients recognize that good cosmetic results depend on the skill and expertise of the treating physician and won’t be fooled by the allure of lower prices, add-on services, or other marketing gimmicks that less qualified treatment administrators may offer. Nonetheless, as we see in media reports, symposia presentations, and sadly often in the damaged and disfigured patients who present to our own practices seeking to undo the harm, many folks in our communities do subject themselves to sub-par treatment from unqualified providers.

I firmly believe that the best cosmetic education we can give current and potential patients is a solid basis for evaluating the qualifications of a cosmetic physician and the quality of services he/she provides. In my mind, this is a two-part process. The potential patient must first identify what to look for in a suitable physician and ultimately select will be a qualified individual who provides safe and effective treatments and will not subject the patient to potential harm.

Asked and Answered

In one-on-one conversations, in handouts and newsletters, and on my practice website, I consistently outline the characteristics of a qualified cosmetic service provider. I reiterate to patients that, “When it comes to treating your face, you deserve and should demand only the highest quality and safest laser and cosmetic treatments.” Key qualities are outlined in the following “Questions to Ask” that I have posted on my website (Crutchfield dermatology.com):

- Does a board certified physician (MD) actually perform the treatments?
- Is the doctor a Board Certified: Dermatologist, Plastic Surgeon, Ophthalmologist or Otolaryngologist?
- If a patient has a complication or unwanted side effect, what happens?
- How long has your clinic been providing these treatments?
- How many treatments has your clinic provided by a Board
Thoughts on Cosmetic Deposits and Cancellation Policies

There are several schools of thought regarding the role of cosmetic service deposits and cancellation fees. Some dermatologists argue such fees just "aren't worth the hassle," while others view them as potentially off-putting for patients. We have found that deposits encourage patients to keep their appointments or cancel in a timely manner that facilitates recruitment of new patients to fill that time spot. Patients generally do not voice opposition to the policy, which we clearly define on our website, as follows:

All cosmetic consultations are $75. In order to reserve an appointment time, we require that you pay a $75 deposit. This fee will be deducted from the cost of a cosmetic treatment performed at the initial appointment, or a cosmetic treatment received within one year of the consultation. If you choose to cancel your consultation appointment and do not wish to reschedule, you must contact us at least 24 hours prior to your scheduled appointment time in order to receive a full refund. The cancellation must be verified with one of our schedulers. This policy also applies to all future cosmetic appointments, and for that reason, we are required to keep this credit card number on file.

Certified physician?
- Can you view before and after pictures of actual patients treated in your office?
- Does the medical director/doctor have any recognition awards from Botox Cosmetic or Restylane, as an indication of a superior level of experience and can you see the certificates/awards with their name on it?
- Who is the medical director of your clinic and are they a Board Certified: Dermatologist, Plastic Surgeon, Ophthalmologist or Otolaryngologist?
- Can you have a consultation with a board certified Dermatologist, Plastic Surgeon, Ophthalmologist or Otolaryngologist at your appointment?
- Does the medical director actually see and treat patients at your clinic or does your clinic/medispa use their name, Drug Enforcement Agency number and medical license to purchase medically controlled products/lasers and medications (like Botox Cosmetic and Restylane) in exchange for financial compensation?
- When coming in for a medical or laser treatment is a complete medical history taken and reviewed

NEW In Your Practice

Fat Erasure. Billed as both an alternative and a complement to traditional liposuction fat-removing procedures, Syneron Medical’s Lipolite recently received FDA clearance. The device is cleared for minimally invasive laser assisted lipolysis and additional dermatologic procedures. Lipolite allows for the treatment of large portions of the body, as well as smaller areas. Featuring OptiPulse technology, Lipolite optimizes the mechanical breakdown of target tissue and the thermal destruction of fat cell membranes, Syneron says. The procedure requires local anesthetic and has little downtime.

Expect Delays. After meeting with the FDA, Medarex and Bristol-Myers Squibb recently announced they will delay the BLA submission for ipilimumab, an investigational immunotherapy for patients with advanced metastatic melanoma. The FDA has requested additional overall survival data to further demonstrate the benefit of the drug. A phase 3 trial is still ongoing, and the companies are in discussions with the FDA to change the primary endpoint of the trial from progression free survival to overall survival. A potential submission for melanoma would include survival data from patients in the phase 2 second-line studies and the phase 3 trial.
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Paul Winnington, Editor-in-Chief:
pwinnington@avondalemedical.com