Research

Physician Procedures Billed by Mid-Level Clinicians

The numbers of nurse practitioners and physician assistants have grown greatly, and these mid-level clinicians have extended their scope of practice since 1997. In this analysis of the 2012 Medicare data, Coldiron and Ratnarathorn identified the most common procedures performed independently by mid-level practitioners: nearly 55% of these were in the area of dermatology. While the primary care clinician shortage has prompted consideration of widening the scope of practice for mid-level clinicians, it is important to recognize that mid-level clinicians are not limited to primary care and may be important to recognize for which they have little formal training.

Pain and Itch in Skin Cancer

Although skin cancer is the most common form of cancer in the United States, data on frequently encountered dermatologic symptoms are still emerging. In this large prospective clinicopathologic study of patients who filled out questionnaires to assess itch and pain intensity of their skin tumors at the time of excision, Yosipovitch et al demonstrate that itch and pain were common across all skin cancers but were mostly absent in melanoma. Pain was associated with deeper dermal processes, whereas itch was linked with more superficial basal cell carcinoma lesions.

Supply-Demand Discrepancy in Pigmented Lesion Clinics

Melanoma is the most fatal of all skin cancers, and its incidence continues to rise in the United States. Dedicated pigmented lesion clinics (PLCs) offer services that appeal to patients with melanoma, including total body skin examinations, total body digital photography, clinical trials, and multidisciplinary approaches. This retrospective medical record review by Vickery et al reveals that 14.9% of patient visits to a PLC were more frequent than the recommended follow-up schedule. More patients are being diagnosed with melanoma every day, and this current care model of allowing extra visits may not be sustainable in the long-term. Hybrid approaches may combat this supply-demand discrepancy.

BRAF Inhibitor–Induced Epithelial Proliferations

Adverse effects of mutation-specific BRAF inhibitor therapy include induction of epithelial proliferations including cutaneous squamous cell carcinomas. Although RAS mutations are the major contributing pathogenic factor, oncogenic cutaneous viruses have also been hypothesized to play a role. In this retrospective study, Schrama et al demonstrate the presence of both high HPV-6 DNA load and VPI protein expression, suggesting that polyomaviruses may contribute to these epithelial proliferations, although the scale of the impact remains unclear.

Fasciocutaneous Flaps for the Hand

Successful reconstruction of hand defects must allow patients to avoid postoperative hand dysfunction and return quickly to daily activities. Because of the hand's finite reservoir of skin and thin dermis and subcutaneous fat, random pattern flaps have increased risk for necrosis or dehiscence. In this case report, Sobanko et al demonstrate a novel sliding fasciocutaneous flap with blood supply derived from dorsal perforating arteries and that uses bivelvel undermining for improved flap mobility. Four variations of this flap are described, with low complication rates.
Research (continued)

Title
Although hospitalized older adults are often unable to make their own medical decisions, little is known about the frequency of decision making by family members or other surrogate decision makers or about the outcomes of surrogate decision making and its implications for hospital care. Torke and coauthors conducted a prospective observational study in the internal medicine and medical intensive care unit services of 2 hospitals in 1 Midwest city to describe the scope of surrogate decision making and hospital course and outcomes for older adults. They found that 47.4% of older adults required at least some surrogate involvement. More than half required decisions about life-sustaining care (mostly addressing code status), and nearly half needed decisions about procedures and surgical procedures or discharge planning. Patients who required a surrogate experienced a more complex hospital course with greater use of ventilators, artificial nutrition, and greater length of stay. In an Invited Commentary, Schenker and Barnato call for increased attention to the mechanism of surrogate decision making.

Invited Commentary

The challenge presented by warfarin drug-drug interactions with antibiotics has been extensively cited, but available research has been unable to quantify the scope of this problem in a large, real-world warfarin population. Clark and coauthors conducted a retrospective, longitudinal cohort study of 12,000 patients comparing international normalized ratio (INR) effects among 3 distinct groups of prevalent warfarin users—those who (1) purchased an antibiotic, (2) had a medical visit for upper respiratory tract infection but received no antibiotic, and (3) purchased only a warfarin refill. The mean INR change was negligible in all 3 groups, but the risk of a follow-up INR of 5.0 or greater was higher in both the patients who purchased an antibiotic and had an upper respiratory tract infection compared with the patients who only refilled their warfarin. Antibiotics that interfere with warfarin metabolism posed a greater risk of a follow-up INR of 5.0 or greater than antibiotics thought to disrupt vitamin K synthesis or without a known interaction mechanism. Katz provides additional comment in an Editor’s Note.

Editor’s Note

Despite the significant need, there is little decision support available to help older women with decision making around mammography screening. Schonberg and coauthors aimed to develop and evaluate a mammography screening decision aid for women 75 years or older, designing the decision aid using international standards and considering older adults’ decision-making processes. When the decision aid was evaluated among 45 women aged 75 to 86 years recruited from a large academic primary care practice in Boston, Massachusetts, in a pretest/posttest trial, nearly all women found the decision aid helpful and would recommend it to a friend. Receipt of the decision aid led to improved knowledge of mammography risks and benefits and resulted in fewer older women intending to be screened, particularly those with a life expectancy of 9 years or less.

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