



Pictured left to right: Jennifer Cooper, M.D., Deborah Englert, M.D., Chris Englert, CRNP

More than one million new cases of skin cancer will be diagnosed in the United States this year. That is greater than any other form of cancer. One in five Americans will develop some form of skin cancer during their lifetime. Patients, friends and family members ask us - "When should I start having full skin exams by a dermatologist?" The answer is simply the sooner the better and especially if you have any suspicious or changing lesions. Often, a patient comes to our office to have an exam because they or their primary care provider has noted a new lesion. Sometimes, the area they were concerned about actually is benign and sometimes, unfortunately, we detect another lesion that is malignant that the patient was unaware of prior to his/her exam. This occurs all too frequently and can be avoided if skin exams are performed at least annually by a dermatology provider and monthly by the patient.

There are several different forms of skin cancer. The most common three are basal cell carcinoma, squamous cell carcinoma and melanoma. The majority of skin cancers diagnosed are non melanoma type with approximately 80% being basal cell carcinoma and 20% being squamous cell carcinoma. The number of melanoma cases have been increasing for the past 30 years and continues to increase

yearly. Melanoma is the most common form of cancer in young adults 25-29 years of age. One American dies of melanoma every hour. This is a cancer that has a 99% five-year survival rate if detected and treated before it spreads to the lymph nodes. Once it spreads out to other organs the five-year survival rate dips to an astonishing 15%. These statistics provide support related to the importance of full body skin cancer exams.

Skin cancer screenings are easy to have done. It simply takes a well-trained eye of an experienced dermatology provider and 15 minutes of time. It does not require any fancy equipment. A thorough history is taken prior to the exam. Risk factors include: if the patient has red or blonde hair, or blue or green eyes, greater than 50 moles, a blood relative who has had skin cancer, a previous history of melanoma or non-melanoma skin cancer and/or a previous history of other cancers such as breast or thyroid. Indoor tanning has been proven to increase your risk of melanoma by 75% if utilized before the age of 35. This is because (as noted in scientific literature) the UV rays from tanning beds lead to damage to the DNA in the skin cells, which results in the formation of skin cancer. During the exam, the trained eye of the dermatology provider assesses the skin for any lesions where the patient has noted changes, or has an abnormal coloration, size or shape. In addition, if an area of skin is not healing, further assessment or biopsy may be warranted.

Last year alone our practice diagnosed over 100 new cases of melanoma. The time from diagnosis to removal of melanoma in our office was 10 days. We are able to diagnose and treat patients in a timely manner because our office has eight providers - two physicians, six mid-level providers (nurse practitioners or physician assistants) and a wonderful support staff. Remember to schedule a skin cancer screening for you and your family. And as always, be sun smart by wearing your sunscreen and protective clothing when appropriate.

Melanoma is the most common form of cancer in young adults 25-29 years of age.

April Skin Care Specials

Free Obagi Nu-Derm[®] Sunscreen (\$50 Value)
with the purchase of Botox[®] or Dysport[®]

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\$50 Off 0.8cc

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Quantities are limited. Offers good while supplies last.
Offers cannot be combined. Offers expire 4/30/14





Ask the Doctors

Dr. Englert & Dr. Cooper answer some frequently asked questions.

Q: I recently had a skin lesion removed for biopsy at your office. Why do I have to make another appointment to come back to your office to get the biopsy results? Can't your office give me the results over the phone like with my lab results?

A: This is a great question and one that we get asked frequently. There are several reasons why it is important to see a patient for followup after a biopsy. First, where the biopsy was taken will leave a wound. It is important for us to make sure that the biopsy site is healing properly. Second, it is imperative that the provider check the biopsy site and correlate what is seen to the information within the biopsy report. Furthermore, unlike many lab reports, biopsy reports are not in a positive/negative or numerical format. They are complex reports and are best discussed and explained by the provider.

Englert Dermatology

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Jennifer Z. Cooper, MD
Christopher Englert, CRNP
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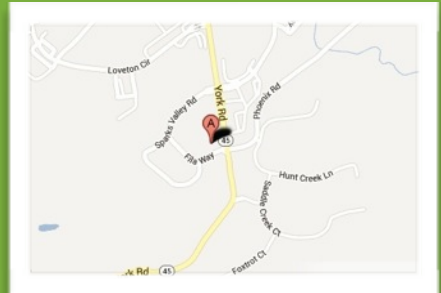
www.DermTeamMd.com

**Office Hours:
8:30 a.m. - 4:30 p.m. M-F**

Office Locations:

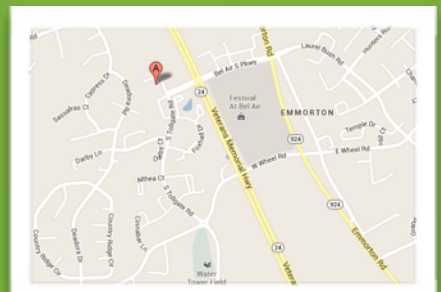
Hunt Valley Area

**North Baltimore Dermatology
10 Fila Way
Suite 205
Sparks, MD 21152
410-472-1006**



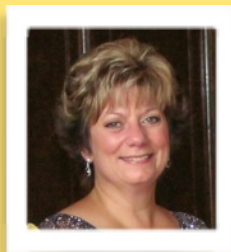
Bel Air

**Advanced Dermatology Bel Air
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Suite 200
Bel Air, MD 21015
410-569-5151**



DermTeam Spotlight

In this edition, our Derm Team spotlight is on Leisa Campbell. Leisa has been a member of the Englert Dermatology Derm Team for over 4 years. Leisa's primary focus is helping patients with questions regarding accounts. She acts as a liaison and an advocate for patients with billing and insurance coverage questions. When asked what she likes most about what she does, Leisa says "I love being able to help patients, and I love our staff. They are the best!"



When not at the office, Leisa prefers being outside and active. Hiking, walking and bike riding are some of her favorite activities.

Leisa also enjoys spending time with her family. She is especially fond of traveling to visit her son, a Captain in the US Army, at the military installations where he has been stationed.