



# Tandem Solutions

A LOCAL HEALTH NETWORK MARKS ADVANCES IN THE DIAGNOSIS AND TREATMENT OF SKIN CANCER, INCLUDING COMBINING TRADITIONAL DERMATOLOGY WITH RADIATION ONCOLOGY  
 BY JESSICA JONES-GORMAN • PHOTOS BY AMESSE PHOTOGRAPHY

**D**uring the thick of summer, skincare takes on a different meaning: Additional hours in the sun require additional layers of sunblock, but even the most vigilant sunscreen regimen can still result in painful peeling and burns. With the rising incidence of associated skin cancers across the U.S., the medical experts at Hackensack Meridian Health are focused on the prevention, diagnosis, and treatment of the disease.

"There has been a dramatic increase in skin cancer diagnoses in recent years; from 2004 to 2014, incidences of non-melanoma, the most common skin malignancy, increased by 75% in the United States alone," noted Dr. Kenneth Grossman, a board-certified dermatologist who maintains an affiliation with Riverview Medical Center. "And while the mortality rate for skin cancer is actually decreasing as our population grows, the increasing rate of diagnosis is staggering."

Defined broadly as an abnormal growth of skin cells, skin cancer most often develops on areas exposed to the sun's rays. The disease affects people of all colors and races, but those with light skin who burn easily are more at risk. Malignancy is broken down into three categories: basal cell carcinoma is the most common form of skin cancer that begins in the basal cells; squamous cell carcinoma, the second most common, is an uncontrolled growth of abnormal squamous cells; and mel-

noma, the deadliest form, frequently develops in a mole or suddenly appears as a new dark spot on the skin.

"Most people should have annual check-ups at the dermatologist, but it's time to seek out a physician's care the moment you identify a mole with asymmetrical borders, an odd color, or very large diameter," Grossman said. "Remember the ABCDE rule: Asymmetry (one half of the mole doesn't match the other); Border irregularity; Color that is not uniform; Diameter greater than six millimeters (about the size of a pencil eraser); and Evolving size, shape, or color."

And, of course, Grossman advises that all should take precautions before heading outdoors.

"Sun exposure is the most preventable risk factor, so protect yourself," he said. "Seek shade, and always wear protective clothing and sunscreen," adding that brand Sun Protection Factor (SPF) is an important topic.

"SPF is a controversial topic," he said. "But for most people, 30 is sufficient. If you have special circumstances, such as a prior skin cancer diagnosis, a higher number would be beneficial, but under most circumstances, 30 is fine."

If skin cancer is detected, there are several treatment options.

"It is addressed according to several factors," Grossman said. "Cancer size, location, the patient's age and general medical condition, as well as any cosmetic concerns. Curettage is often used to remove basal cell carcinoma, and a wide local excision would be used to remove melanoma. We

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non-invasive, quick, and has an approximately 90% success rate," said Patel. "If the cancer is on the face or when it is quite large, radiation is often the preferred form of treatment because traditional removal may leave a scar which would require grafting and sometimes plastic surgery."

But prevention, self-checks, and awareness are still a patient's greatest defense.

"People need to be vigilant about checking their skin and protecting themselves from the sun," Patel concluded. "But when skin cancer is detected, there are very effective, successful, and rigorous modalities of treatment."



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also sometimes use cryotherapy to freeze and destroy abnormal cells, but there is also some wonderful work being done with radiation oncology."

Dr. Priti Patel, the medical director of radiation oncology at Riverview Medical Center, handles that type of treatment.

"It involves the use of X-ray beams to target the cancer," Patel noted. "Patients seek the care of a radiation oncologist as an alternative to surgery. If the cancer is very big, surgery, radiation, and systemic medication may be necessary to treat it."

Patel said that she predominantly treats squamous and basal cell carcinomas and occasionally melanoma, and that radiation treatment takes a few minutes a day for a range of two to six weeks, depending on the location and size of the cancer.

"What we like to stress about radiation oncology is that it is painless,



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