

Skin & Allergy News

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CASE OF THE MONTH



COURTESY DR. RICHARD P. MCCLINTOCK JR.

A 47-year-old woman with a previously reported biopsy diagnosis of pityriasis rubra pilaris presented with aggravation of a scaling, papular eruption. *What's your diagnosis?* 31

Groups Unite Under Stop Medical Taxes Coalition

BY ALICIA AULT

As the Senate continued to debate the Democrats' health reform proposal, it was not clear whether a proposed 5% tax on elective cosmetic surgery, including injectables, would survive the floor fight and the eventual conference committee to reconcile the House and Senate bills.

Physician groups—not just dermatologists—have united in opposition to the tax, saying that it is discriminatory, and, they point out, it has proven to be an inefficient means of collecting revenue in the only state with such a tax.

Even so, the American Academy of Dermatology expects more states to look at a cosmetic tax as a potential revenue source this year, Dr. David Pariser, presi-

dent of the AAD, said in an interview.

New Jersey has taxed elective cosmetic procedures since 2004, levying a 6% fee at the point of sale—the physician's office—but the state has had a 59% shortfall based on projected revenue estimates, according to the Stop Medical Taxes Coalition. The newly formed group, which is sponsored by Botox maker Allergan Inc., represents 22 medical organizations, the AAD, the American Society for Aesthetic Plastic Surgery (ASAPS), the American Society for Dermatologic Surgery Association, the American Association of Neurologic Surgeons, and the American Society of Breast Surgeons.

The American Medical Association also came out in opposition to the tax. In a letter to Senate Majority Leader

The AAD expects more states to look at a cosmetic tax as a potential revenue source this year.

Harry Reid of Nevada, the AMA said that it "strongly opposes taxes on physician services to fund health care programs or to accomplish health system reform." The organization said that it was concerned that the exceptions outlined in the bill weren't clear enough or broad enough.

And, said the AMA, the tax could be expanded in the future to cover other health care items or services that might not be considered medically necessary.

The Stop Medical Taxes Coalition wrote to all 50 Senators in late November, outlining its objections. A chief argument: The tax would fall disproportionately on working women.

According to survey data collected by the American Society of Plastic Surgeons

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Elastography Delves Deep to ID Skin Cancer

BY PATRICE WENDLING

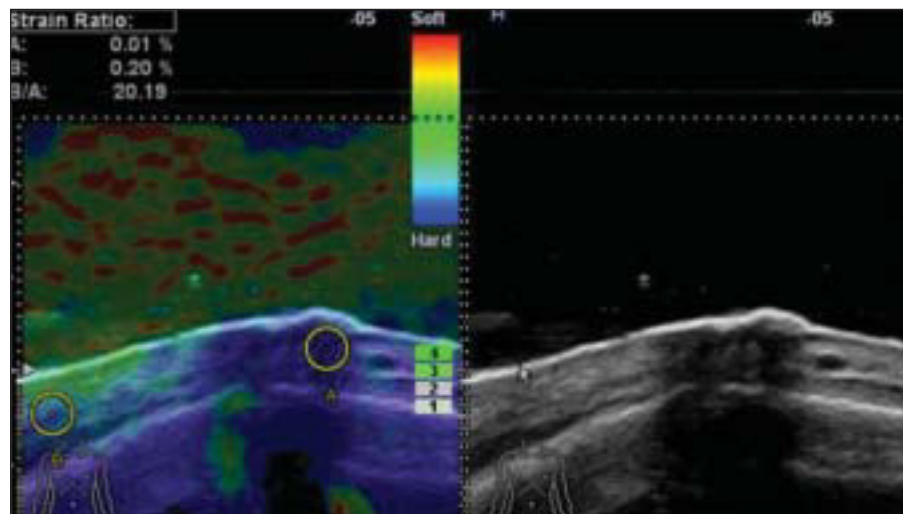
CHICAGO — An ultrasound technique that measures tissue elasticity could dramatically alter the way in which skin cancer is diagnosed.

In a prospective study of 56 patients with proliferative malignant neoplasms or benign skin lesions, the use of ultrasound elastography analysis prior to biopsy correctly differentiated benign from malignant lesions in 100% of cases (*P value equal .0007*), Dr. Eliot Siegel reported at the annual meeting of the Radiological Society of North America.

"We believe that ultrasound has tremendous potential that is completely untapped now to characterize and delineate the extent of skin lesions currently evaluated visually," he said.

"We believe it has tremendous promise to reduce unnecessary biopsies," he added.

Elastography noninvasively estimates the axial tissue strain, or elastic properties of tissue. Cystic lesions demonstrate



An elastogram (left) and ultrasound (right) show squamous cell carcinoma of the skin. The technique could eliminate unnecessary biopsies of benign skin lesions.

high levels of elasticity, while malignant lesions are relatively "hard" with a very low level of elasticity.

Ultrasound with elastography, more so than optical or light images, is unique in its ability to provide the proper depth

at which to analyze lesions—around 5 mm below the surface, said Dr. Siegel, vice chair of radiology and a professor at the University of Maryland in Baltimore. This may be useful in the early

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SKIN & ALLERGY NEWS is changing its look and content to meet your information needs.

Over the last year, we listened as our readers and editorial advisers described how they want to read the news.

You told us that you want a front page that offers information about what's inside each issue.

You want news reports that allow you to see at a glance the article's most salient point as well as the source and strength of the data. You want transparency regarding conflicts of interest.

You value more perspectives on the news from both peers and experts as well as insights on how new findings might affect your practice.

We heard you.

This issue of SKIN & ALLERGY NEWS introduces new features designed to meet your information wants and needs.

The front page now features "What's New," offering one-sentence article sum-

maries to help you to navigate the publication.

Inside, you'll find "Vitals." These handy little boxes give a quick overview of the major finding, data source, and disclosures of an article. You'll see a few "Vitals" boxes in this issue and more in the months to come.

In 2010, "My Take" boxes will accompany many articles; they will underline take-home messages and provide contrasting viewpoints on the news.

SKIN & ALLERGY NEWS is proud to bring you the news you need to stay up to date in dermatology. Please let us know how we can continue to meet your information needs by e-mailing us at sknews@elsevier.com.

Thank you for allowing SKIN & ALLERGY NEWS to be your first choice for specialty news.

—Amy Pfeiffer, *Managing Editor*
—Mary Jo M. Dales, *Editor in Chief*

Tax Would Affect 'Soccer Moms'

Groups Unite from page 1

in 2005, about one-fourth of the women planning to have surgery in the next 2 years reported income of \$30,000-\$60,000 a year, suggesting that the tax would hit middle earners, not high-income women.

"This tax is effectively a 'Soccer Mom' tax that will adversely impact mainstream American wives and mothers, who are the majority of plastic surgery patients," Dr. Renato Saltz, president of the ASAPS, said in a statement.

In a separate letter, the AAD said that the proposed tax would insert the government into the physician-patient relationship "in a new way," partly because it would be in charge of determining what was medically necessary. Under the proposal's language, an HIV-infected patient with lipoatrophy might be taxed for seeking treatment for what is arguably a disfiguring condition, the AAD wrote.

Rather than tax these patients, the AAD suggests that the federal government levy tanning bed users.

"A federal tax on indoor tanning could deter individuals, especially young peo-

ple, from the practice," Dr. Pariser said.

In New Jersey, the tax has led to patients choosing not to have procedures, and it has driven them to seek treatments in neighboring states, said Dr. David Goldberg, a dermatologist with practices in both New Jersey and New York. He said that he had New Jersey patients who went to his New York office to avoid the tax.

Also, "it is not a cost-effective tax," said Dr. Goldberg, because the administrative costs for the program outweigh the revenue. In an interview, he predicted that state legislators would probably succeed in repealing the tax, especially since there is a new Republican governor friendly to the anti-tax effort and the state is seeking to enhance revenues and bolster savings.

For that same reason, Dr. Pariser said that he expects many states in the coming year to look at a cosmetic tax as a source of revenue. It is especially likely in Connecticut and New York, he said.

The AAD is calling on state societies to help mobilize dermatologists against such tax efforts, Dr. Pariser said. ■

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Contributing Writers Christine Kilgore, Mary Ann Moon

Project Manager Susan D. Hite

Assignments Manager Megan Evans

Address Changes Fax change of address (with old mailing label) to 973-290-8245 or e-mail change to subs@elsevier.com

Editorial Offices 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, 877-524-9336, sknews@elsevier.com

Reprints Call 240-221-2419

Director of Information Technology Doug Sullivan

Senior Systems Administrators Lee J. Unger, Kreg M. Williams

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Executive Director, Operations Jim Chicca
Director, Production/Manufacturing Yvonne Evans

Production Manager Judi Sheffer
Production Specialists Maria Aquino, Anthony Draper, Rebecca Slebodnik

Creative Director Louise A. Koenig
Design Supervisor Elizabeth Byrne Lobdell

Senior Designer Sarah L.G. Breeden

Designer Lisa M. Marfori

Photo Editor Catherine Harrell

Sales Director, IMNG

Mark E. Altier, 973-290-8220, m.altier@elsevier.com

National Account Manager

Sally Cioci, 973-290-8215, fax 973-290-8250, s.cioci@elsevier.com

Advertising Offices

60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250

Classified Sales Manager, IMNG

Robert Zwick 973-290-8226, fax 973-290-8250, r.zwick@elsevier.com

Classified Advertising Manager

Andrea LaMonica, 800-381-0569, fax 914-381-0573, a.lamonica@elsevier.com

Classified Advertising Offices

1120 Jensen Avenue, Mamaroneck, NY 10543, 800-381-0569

Sr. Program Manager, Customized Programs Malika Wicks

Circulation Analyst Barbara Cavallaro, 973-290-8253, b.cavallaro@elsevier.com

Program/Marketing Manager Jennifer Eckert

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VITAL SIGNS

Who's to Blame for the Health Care System's Problems?

■ A lot of responsibility □ Some □ Only a little ■ No responsibility

Category	A lot of responsibility	Some	Only a little	No responsibility
Insurance companies	56%	27%	12%	3%
Pharmaceutical companies	54%	26%	13%	5%
Federal government	52%	30%	10%	6%
Hospitals	36%	42%	16%	4%
Physicians	30%	42%	19%	7%
Patients themselves	27%	38%	24%	11%
Employers	20%	35%	31%	11%

Notes: Based on a survey of 1,278 adults conducted Aug. 27-Sept. 13, 2009. "Don't know/Refused" responses not shown. Sources: National Public Radio, Kaiser Family Foundation, Harvard School of Public Health