

POLICY & PRACTICE

WHO Says No to Underage Tanning

No individual under age 18 should use a tanning bed, according to the World Health Organization. Young people who get burned from exposure to UV light will have a greater risk of developing melanoma later in life and studies show a direct link between the use of tanning beds and cancer, according to the organization. The American Academy of Dermatology endorsed the recommendation and called on U.S. states to enact and enforce regulations to prohibit indoor tanning by minors. Currently, 26 states regulate tanning salon operators, but the statutes vary and enforcement is limited, according to AAD. "We know that ultraviolet light is the primary cause of skin cancer and avoiding excessive exposure to the sun and other forms of ultraviolet radiation is the solution," AAD President Clay J. Cockerell, M.D., said in a statement. "Individuals who utilize tanning beds are intentionally putting their health at risk."

Skin Cancer Education

Medical students generally want earlier exposure to how to do a skin cancer exam and how to provide patient education, according to interviews and focus groups of students and dermatology educators from five U.S. medical schools. The research was conducted by Heather A. Brandling-Bennett, M.D., clinical fellow in pediatrics at Massachusetts General Hospital in Boston, and her colleagues and was presented in a poster at the annual meeting of the American Academy of Dermatology. Students said they wanted skin cancer education to be integrated into the clinical years via lectures, rounds, and clinic time with a dermatologist, and they "stressed repetition and more interactive skills development," the investigators said. Dermatology educators frequently cited faculty and student time constraints as a major limitation. Participating medical schools included Boston University, Harvard University, Brown University, the University of Massachusetts, and Dartmouth College.

Rise in Facial Plastic Surgery

There was a 22% increase in overall cosmetic surgical and nonsurgical procedures from 2003 to 2004, according to a study from the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). The most common procedures in 2004 were filler injections, which were up 115%, and Botox injections, which increased by 107%. Looking younger is the primary motivation for men and women who undergo these procedures, according to the AAFPRS. The plastic surgeons who were surveyed said men were likely to report receiving facial cosmetic surgery for work-related reasons, and women opt for surgery to "look less tired" or to look or feel better. Surgeons who responded reported that over half of all patients (54%) have had multiple procedures in the same year. There was also an increase in teens undergoing cosmetic surgery. About 37% of facial plastic surgeons identified this as a trend.

The Cost of Skin Disease

Skin disease cost the United States \$37 bil-

lion each year, according to a study released by the American Academy of Dermatology and the Society for Investigative Dermatology. The most costly skin diseases are skin ulcers and wounds, melanoma, nonmelanoma skin cancer, atopic dermatitis, and acne, which carried a price tag of about \$22 billion in 2004. These cost figures include visits to physicians, over-the-counter and prescription medicine costs, and lost productivity. Last month, dermatologists gathered in Washington, D.C., making an appeal to Congress to increase the overall research fund-

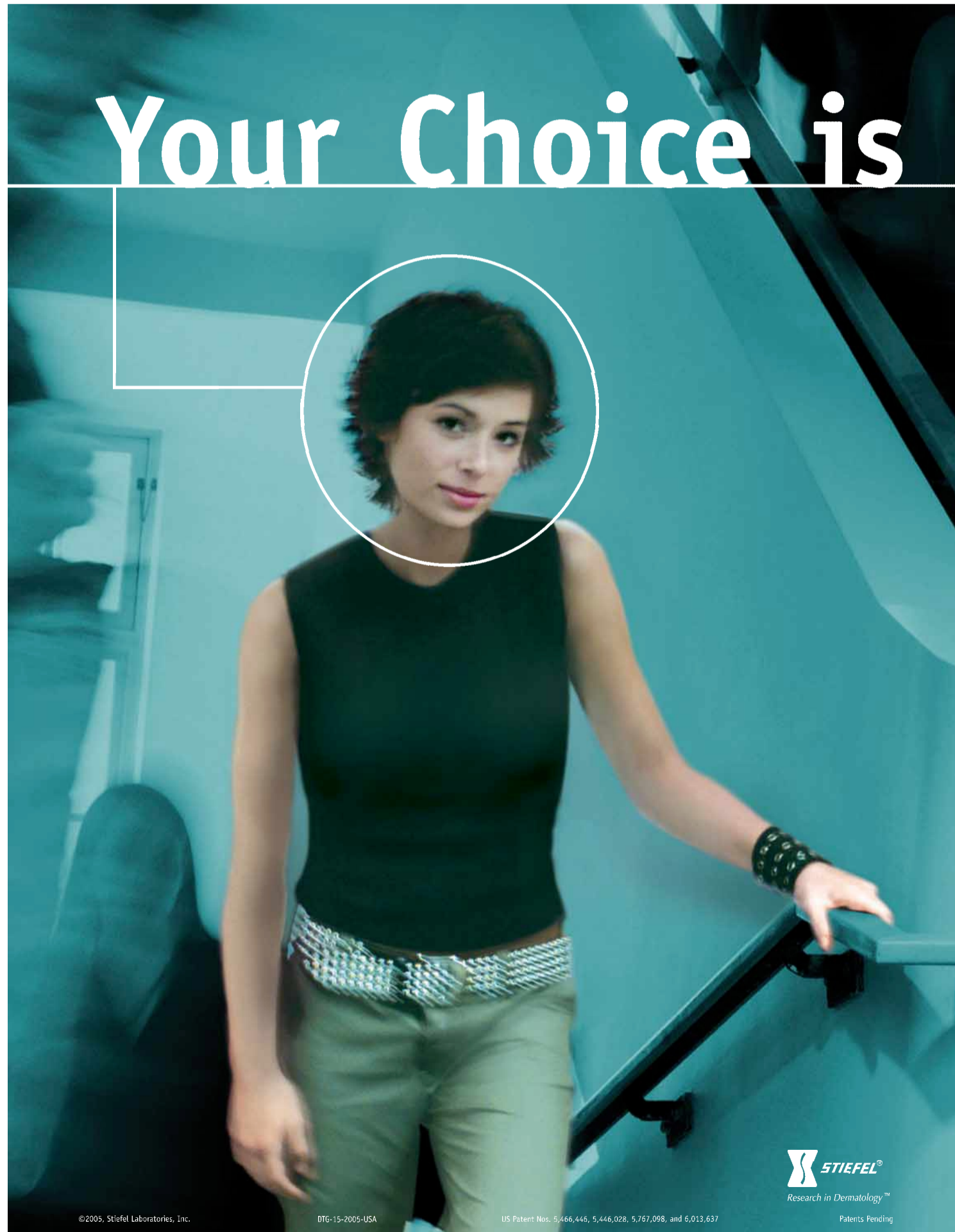
ing for the National Institutes of Health by 6% and to spend more money on research into skin disease. "There are tremendous opportunities to apply technologic advances and translational approaches to skin diseases," Kevin D. Cooper, M.D., president of the Society for Investigative Dermatology said in a statement. "However, without increased funding for research advances, improved treatment methods, and ultimately, potential cures will remain out of reach for dermatologists and their patients."

Discount Cards: Not Created Equal

Some discount medical cards provide val-

ue, while others have serious drawbacks such as high-pressure sales tactics, exaggerated claims of savings, inaccurate promotions, or difficulty finding participating physicians, a survey from the Commonwealth Fund concluded. The cards promise discounts for a range of providers, including physicians and hospitals, as well as for laboratory work, surgical procedures, and other services. Some discount card companies are seeking to reform the market through a trade association and voluntary code of conduct. Because the cards aren't regulated, however, "legislative action is needed that gives state insurance departments the authori-

Your Choice is



ty and resources to have direct oversight of the discount medical card industry," the survey's authors stated.

Researchers tested 5 of 27 cards advertised in the Washington, D.C., area by undergoing the application process, seeking health care services from participating providers, and then canceling the cards.

'Rent-a-Patient' Fraud

Hundreds of patients from across the country underwent unnecessary and sometimes dangerous surgical procedures that resulted in the submission of tens of millions of dollars in fraudulent medical claims, according to a \$30 million

lawsuit filed by 12 Blue Cross and Blue Shield Plans.

The lawsuit was filed against nine California-based outpatient surgery clinics, seven medical management companies, and 34 individuals, in a Los Angeles federal district court.

The Blues Plans allege that paid recruiters enlisted patients to travel to the surgical centers and undergo "needless and sometimes hazardous" surgical procedures and treatments. In return, the patients allegedly received cash payments or cosmetic surgery, and the providers submitted fraudulent insurance claims. These "rent-a-patient" tactics have resulted in

significant financial losses to insurance companies and employee benefit plans since 1999, according to the lawsuit.

Conflict-of-Interest Rules Targeted

People with direct financial conflicts of interest should not be put on committees that advise the Food and Drug Administration, a coalition of public interest groups has recommended. Financial conflicts undermine "the public's faith in the fairness and credibility of the panel's work," the Center for Science in the Public Interest, the National Women's Health Network, the U.S. Cochrane Center Consumer Coalition, and eight other groups

said in a letter to Acting FDA Commissioner Lester Crawford, D.V.M., Ph.D. The groups cited the FDA advisory committee that recently reviewed the safety of cyclooxygenase-2 (COX-2) inhibitors and noted that 10 of the committee's 32 members reported having direct financial conflicts.

In addition to prohibiting scientists, physicians, and clinicians with relevant conflicts of interest from serving on advisory committees, the groups also recommended that people with any industry ties should make up no more than half of a committee.

—Mary Ellen Schneider

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