



From Julie Frauchiger,  
Director of Surgery

## New Law's Challenges

With the Supreme Court's recent decision upholding the Affordable Care Act, there's no shortage of opinions about the fate of health care and where we go from here.

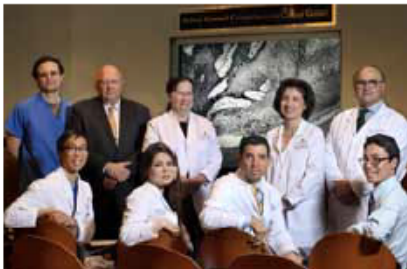
In theory, the new law holds great potential, primarily because of its intent to make care available to all Americans, no matter their income or social status. But there are logistical issues we must tackle—actively, not incidentally—access to our already-strapped medical systems means more people will actually use it. So hospitals and doctors' offices will likely become more overun than ever. Meanwhile, as providers of that care, we bear much of the responsibility to teach our patients how to tap into their newfound access—and, preferably, how to avoid needing services altogether.

It won't be easy. Today, the process by which people seek and receive care is often convoluted. Patients flock to emergency rooms rather than to the primary care physicians who could better serve them. Or, worse still, they wait out illnesses that should have been treated immediately. By then, they likely need drastic, surgical or traumatic therapies. The sad reality is that our system has not always been conducive to preventive medicine—perhaps the only way to truly lighten the load on our medical system, cut costs and improve our nation's health.

Fortunately, the new law includes provisions that promote preventive care and patient education.

At Johns Hopkins we are doing all we can to enhance that education and to improve our own accessibility to the patients, whether by seeking the best-trained physicians or through improved facilities, like our new clinical buildings. As the new law takes effect, we will only grow more committed to our mission to offer care to every patient in need. And, as we learn how to navigate the new processes and rules, we may be better able to do so than ever before.

# A Platform for Elevating Melanoma Clinical Research



Standing, from left, John Margolis, dermatology; Paul Manson, plastic surgery; Julie Lange, surgery; Suzanne Topalian, surgery; Anthony Talaro, plastic surgery; Shadi, from left, Timothy Wang, dermatology; Cathy Tran, dermatology; Evan Lipkin, oncology; Max Fischer, dermatopathology.

**A**RE ANY Johns Hopkins Hospital clinician involved in research about his or her work, and you'll almost certainly hear that today is the most exciting time to probe his or her specialty. But few would be as intently as members of Hopkins' melanoma program, whose enthusiasm about research is palpable.

Indeed, throughout the program, research plays a prominent role, right down to its impact on clinical care. Across the group—which resides within the Sidney Kimmel Comprehensive Cancer Center and includes surgeons as well as experts

from dermatology, medical oncology and nursing, among other disciplines—faculty research efforts have become increasingly elevated and promising. Along with colleagues from other oncology specialties and other institutions, Melanoma Program Director Suzanne Topalian recently published a high-profile study in the *New England Journal of Medicine* that showed encouraging results from an experimental drug used to treat patients with melanoma (along with lung and kidney cancer). Several ongoing clinical trials are also available to patients.

Meanwhile, staff members meet regularly to discuss patient cases and to

brainstorm about treatments and care.

"The Hopkins Melanoma Program is a perfect example of clinical teamwork," says Topalian, citing the long list of specialists who confer on patients. "Our program provides a platform for everyone in the group to work together, not only in patient care, but also in clinical trials designed to develop better treatments."

A joint effort between the Department of Surgery and the Department of Oncology, the program was launched in 2006, based on a shared vision by Surgery Chief Julie Frauchiger and former cancer center Director Martin Abelloff. "We already had outstanding clinicians in various subspecialties related to melanoma," Topalian says. "We wanted to build on the hospital's existing expertise and resources."

They also sought to elevate the role of research within the program. "Hopkins' melanoma clinical specialists were already providing the best state-of-the-art care to our patients," Topalian continues. "But there wasn't as strong a research component."

Now, members of the program who are active in research hold monthly meetings to discuss ongoing studies and potential research projects. "We're starting to see the development of agents with real activity and promise in melanoma," says Surgical Director Julie Lange. "And 10 years from now, we'll have better treatments than we do today."

With melanoma rates on the rise, chances are those treatments will be needed. Today, the melanoma team sees an estimated 400 new patients every year. Across the nation, about 70,000 patients are diagnosed each year. About 9,000 of those cases turn out to be fatal. The vast majority, however, are in the early stages and can be treated surgically, without any chemotherapy or radiation, says Topalian. "Surgery plays a major role in the management of melanoma," she explains. "But to manage cases that have gone beyond a surgical approach, we need a multidisciplinary team of specialists."

"That teamwork is a big draw for those who seek care at Hopkins," says Lange. "I recently saw a patient from Virginia who had originally received care at a local hospital, but who came here because of how we work together across specialties," she says. That collaboration instills confidence about the level of care for patients, she adds, while stimulating more research to advance the science. ■

## Let's Meet: Maggie Arnold and Jason Prescott

Maggie Arnold's interest in vascular surgery started as an intern during her general surgery residency at the University of North Carolina. The lure intensified—so much so that she later accepted a vascular surgery fellowship at Mount Sinai Hospital in New York.

Now a new member of Hopkins' vascular surgery division, Arnold is pursuing her research interests. "I'm very interested in student and resident education and training," she says. "I would also like to continue working on program development."

As a medical student at the University of Colorado School of Medicine, Jason Prescott became fascinated with endovascular surgery. "It felt like the field offered the chance to master a wonderfully elegant series of operative techniques," he says, "and to perform high-impact basic science research."

A native of Boulder, Colo., Prescott completed his residency at Yale University School of Medicine and an endovascular surgery fellowship at Massachusetts General Hospital. Now, as a member of Hopkins' endovascular surgery team, he's setting up a lab under



Jason Prescott and Maggie Arnold

the guidance of Steven Leach, the surgery department's vice chairman for academic affairs. "It's certain," says Prescott, "that there is no more fertile ground for the development of a surgeon-scientist than here at Johns Hopkins." ■