

Caring For Your Skin



Winter 2020

Daniel P. McCauliffe, M.D. Board Certified Dermatologist

Welcome to the latest issue of the Caring For Your Skin Newsletter. In this issue, I address:

- 1) Coronavirus What we know and don't know
- 2) Improvement in melanoma and other cancer survival rates
- 3) New body-sculpting devices
- 4) Longer lasting botulinum treatments
- 5) Bernie Sanders' Medicare for All plan to outlaw private health insurance

Coronavirus



We are currently in the midst of a worldwide coronavirus (Covid-19) epidemic. Many questions have not yet been answered. It originated in China in December 2019 and has quickly spread to all continents. It is highly contagious and the death rate from infection is still uncertain. As more people are tested we should get a better idea about how deadly it is. It appears to be most deadly for older people with underlying diseases. It is spreading throughout the US as I write this, and there is now a presumptive case in Vermont that is waiting to be confirmed. There is little doubt that more Vermonters will soon become infected.

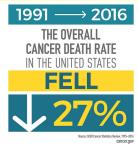
To help insure that our health care system is not overwhelmed with sick coronavirus infected patients, as has happened in other countries, we all need to take measures to try and slow its spread. This will also allow more time to learn how to better treat those infected, and have time to develop an effective vaccine to save lives. Some of the current recommended guidelines to help avoid getting Covid 19 and avoid spreading it to others include:

- 1) Stay home if you are sick with cold or flu-like symptoms. Call your primary care provider for instructions and to determine if you should be examined and tested for the coronavirus.
- 2) Avoid large crowds and close contact with others. Avoid handshaking and hugs.
- 3) Cover coughs and sneezes with several tissues and then throw them away and immediately wash your hands thoroughly for 20 seconds. If there are no tissues available cough or sneeze into your arm.
- 4) Wash countertops and frequently touched surfaces with sanitizers.
- 5) Take measures to protect your skin when touching surfaces in public places.
- 6) Avoid touching your face with your hands and wash hands frequently.

For more details on what to do to try to avoid this infection, and what to do if you or a loved one becomes sick, see the following two web sites:

https://www.cdc.gov/coronavirus/2019-ncov/faq.html For daily Covid-19 updates including the number of cases in VT: https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus Hopefully the summer season will slow the spread, as happens with cold and flu viruses.

Improving melanoma and other cancer survival rates

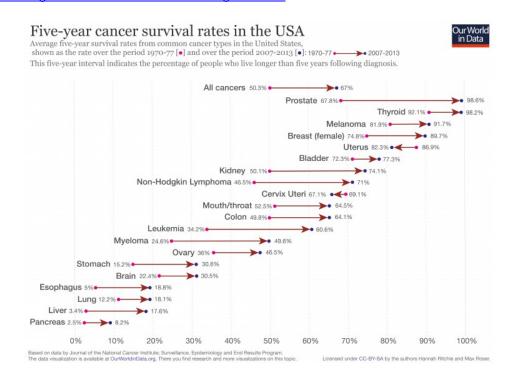


Cancer is the second leading cause of death in the world, second to cardiovascular disease. Fortunately the death rate from cancer in the US continues to decline. Earlier this year the American Cancer Society reported that the U.S. cancer death rate has dropped approximately 26% from 1991 to 2016. Death rates from breast, prostate and colon cancer have dropped by over 40%. These improvements can be attributed to earlier detection and better treatments.

The estimated five-year survival rate for patients whose melanoma is detected an early stage is about 99 percent. The rate falls to 65 percent if the disease has spread to the lymph nodes and 25 percent when the disease spreads (metastasizes) to distant organs. However survival rates for metastatic melanoma have significantly improved in the few years from new immunotherapy treatments (e.g., Opdivo, Keytruda) that stimulates the affected individual's immune system to help fight the cancer. Between 2013 and 2017, the death rate for men with melanoma decreased by 7.6% each year! Lung cancer patients have also benefited from these newer immunotherapies.

Unfortunately the newer treatments are often very expensive and are not available in some countries due to the high cost. The lack of access to newer therapies in part accounts for the lower cancer survival rates in other countries. The age-adjusted cancer death rate is about 20% higher in the U.K and 10% higher in Canada and France than in the U.S.

We still have a long way to go to cure many cancers but we are making progress. http://pressroom.cancer.org/Statistics2019
https://www.cancer.gov/about-cancer/understanding/statistics



New body-toning devices



Recently several companies have introduced non-surgical body toning devices that serve to tone muscles for a more sculpted look. These devices work differently than the fat reducing devices like Cool-Sculpting. *Emsculpt*, *Cooltone* and *truSculpt* are three body-toning devices. These devices work to tone and shape by hyper-stimulating muscles. The ideal candidate is physically fit with minimal body fat. The treatments appear safe but the effects are temporary. Multiple treatments are needed, followed by maintenance treatments at a cost of \$750 to \$1,000 per treatment. All things considered, it appears that these treatments are impractical for most people.

DAXI - Longer lasting botulinum treatment is on the way



Revance Therapeutics, Inc. has developed a longer acting botulinum protein complex called DaxibotulinumtoxinA (Daxi). It contains a stabilizing peptide that prolong the effects of this Botox alternative for approximately 2 additional months. This means that new patients will need only two treatments a year instead of three. Currently there are three competing botulinum products in the U.S.: Botox, Dysport and Xeomin, that last approximately 3-4 months. After multiple treatments with these products patients often experience longer lasting results as the weakened muscles take longer to recover. We will have to wait to see what the price will be on this new product. It will undoubtedly cost more than the currently available products, but this new competition will hopefully cause the prices of the other products to decrease.

https://www.revance.com/aesthetics/

Bernie Sanders' "Medicare for All" plan



Very few countries outlaw private health insurance as Bernie Sanders' Medicare for All plan does, and for good reason. Even the United Kingdom and Scandinavian countries allow private health insurance plans to coexists with the government plans, much like the US Medicare, Medicaid, and VA systems coexist with private health insurance.

Canada is one of the very few countries in the world that outlaws private health insurance. However, unlike Bernie's plan, Canada's single payer health care system <u>does not cover</u>, dental, vision, and prescription medications like Bernies plan proposes to do. Additionally Bernie wants no co-pays, deductibles or other costs that will make his plan much more costly for taxpayers. Thus health care rationing would likely be used to stay within the yearly government health care budget, as done in Canada. We should note that last year in Canada, the median wait time to receive treatment from a specialist, after receiving a referral from a primary care physician was 5 months!

https://oklahoman.com/article/5653985/point-of-view-canada-exposes-the-false-promise-of-medicare-for-all

The best health care systems in the world are not single payer but are mixed payer systems with both public and private funding. Canada is one of the few remaining single payer health care systems in the world, and this may change as the long waiting times are harmful to patients and creating a need to reform the Canadian system to be more like the mixed payer systems of Europe. In a 2010 study on the European and Canadian health care systems, Canada's single payer health system ranked poorly compared to the many mixed payer systems in Europe. Canada ranked 25th compared to 33 European countries. http://www.fcpp.org/files/1/ECHCl2010%20Final.pdf

There is growing pressure on the Canadian system to be more like the mixed payer systems of Europe, and allow a parallel private health care system, yet Bernie proposes a more costly version of the Canadian single payer plan while Canadians have a median wait time of 5 months to see a specialist. Bernie is right that we need to make changes in our health care system due to the high cost, but I argue that outlawing private health insurance is ill-advised. http://blogs.vancouversun.com/2012/08/01/will-canadas-health-care-system-evolve-into-european-parallel-private-model-charter-of-rights-case-will-decide-it/

In closing, I hope you found items of interest in this issue of the *Caring For Your Skin* Newsletter. If you are not on the e-mailing list and would like to receive future newsletters via e-mail, or would like to have a particular topic covered in a future newsletter, e-mail your request to C4YSkin@gmail.com



Please keep updated on the coronavirus situation and take precautionary measures.