Malignant Excisions Are Becoming More Common

By Sherry Boschert
San Francisco Bureau

Los Angeles — The proportion of skin excisions for malignant lesions relative to benign lesions increased between 1993 and 2002, according to Marta J. Van Beek and colleagues, in their annual meeting of the Society for Investigative Dermatology.

That finding is “something that we weren’t really expecting to see,” said Dr. Van Beek of the University of Iowa, Iowa City.

She and her associates studied CPT data between 1993 and 2002 from a random sample of 5% of Medicare recipients living in nine regions covered by the National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) database.

They weren’t surprised to find increasing numbers over time for skin biopsies, shave removals, excisions, and other dermatologic procedures, given the rising incidence of skin cancer. In clinical practice, however, a certain number of benign lesions are biopsied over time to ensure complete ascertainment of malignancies. If clinical thresholds for a skin biopsy remain constant, it would be reasonable to expect a constant ratio of benign to malignant episodes of care over time, even in the setting of an increasing incidence of skin cancer, she explained.

Instead, the rate of benign excisions decreased from 45 per 1,000 Medicare bene-
ficiaries in 1993 to 30/1,000 in 2002, Dr. Van Beek said. Malignant excisions increased from 25/1,000 to 27/1,000 in that period.

Skin biopsies increased from 55/1,000 to 90/1,000 beneficiaries, shave removals increased from 22/1,000 to 38/1,000, and Mohs procedures jumped from 5/1,000 to 11/1,000 beneficiaries.

Since some biopsies or lesion removals are performed not because of suspected cancer but for diagnosis of inflammatory eruptions, or because patients find lesions irritating or unsightly, Dr. Van Beek and her associates created categories that they called malignant, benign, or unknown “episodes of care.” The ratio of malignant to benign episodes of care increased from 1.4 in 1993 to 2.2 in 2002, indicating a surge in malignant episodes of care.

Besides the rising incidence of cancer, factors that may have influenced these trends in health care utilization include access to specialist care and changes in coding and billing practices.

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“It’s clear that what we’re doing today is going to be considered barbaric if we look 15-20 years down the road.”

Dr. Ronald Moy, discussing the much more noninvasive future of dermatology, p. 29