

James A. Solomon, MD, PhD



Dr. James Solomon is the Director of Ameriderm Research, the Advanced Dermatology & Cosmetic Surgery (ADCS) Clinical Research Division in Florida. He has been an active member of multiple medical societies including serving on several committees. These include the American Academy of Dermatology, the American Society for Laser Medicine and Surgery, the International Society for Hair Replacement Surgery, and many more. Dr. Solomon maintains academic appointments at University of Illinois College of Medicine, Urbana-Champaign (UIUC) and University of Central Florida, College of Medicine. Having researched and written extensively on the topic of skin cancer, ahead Dr. Solomon shares his insights on the state of non-melanoma skin cancer (NMSC) therapy, what the future holds for research, and how to offer comfort patients undergoing treatment.

We've seen a lot of activity on the therapy front for NMSC. How does this bode for the future of NMSC treatment?

Dr. Solomon views the recent developments in NMSC treatment positively for several reasons. "Not only are new, more effective treatments on the therapy front, but also these treatments are bringing out the recognition of the seriousness of neglected and/or aggressive variants of NMSC," says Dr. Solomon. He observes that the lack of treatment for these patients with more advanced NMSC may well have led to them dropping out of the healthcare system. "With the new medicines available and/or on the therapy front, the public awareness is growing, which will allow these people access to treatment," says Dr. Solomon. Still, despite the great strides made recently, barriers remain in the realm of research. "A major obstacle is the necessity to recognize NMSCs as 'smart' tumors, which can and will adapt to their environment through complex and fluctuating biological growth patterns," he says. "Thus, inhibiting one growth pathway will push the NMSC to adapt another; the clinician has to anticipate these adaptive changes and use a combined treatment plan that successfully encompasses the inhibition of these processes," Dr. Solomon observes.

What have you learned from your encounters with patients about how to comfort and assure them as they undergo treatment?

According to Dr. Solomon, the new and developing treatments of NMSC are for patients with advanced variants of these diseases, at this time. "Until recently, these patients

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had little hope of any successful treatment. Now there are treatments on the market and others in the pipeline," he observes. There is a more general point, however, underscored in the recent advances in research and treatment, according to Dr. Solomon. "Medical research, especially oncology research, is finally beginning to recognize what patients have been explaining forever; which is that cancers behave differently in each individual and thus, each individual needs individualized treatments," says Dr. Solomon. "Medical research is finally beginning to follow the advice of Dr. William Osler (who set up Johns Hopkins Medical School). He says, 'If all else fails, listen to the patient.'"

If you could offer some advice to fellow clinicians who see patients day-in and day-out for NMSC, what would it be?

"These new medications are there to treat patients with serious disease and have serious side effects. These patients are scared and sick. Treat the patient not the disease. Talk to the patient, think and respond to their individual needs," says Dr. Solomon. Finally, he notes, think of the patient as a member of your family. "They are family, after all." ■