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CMAJ headlines:

- Physician procedure volume linked to outcomes after surgical abortion**
- Five things to know about melanoma**

Physician procedure volume linked to outcomes after surgical abortion

Although surgically induced abortion is a low-risk procedure, women whose physician infrequently performs it have almost twice the risk of severe complications, found new research published in *CMAJ (Canadian Medical Association Journal)*.

“A physician who performs more procedures, regularly, most likely gains proficiency, as well as the ability to recognize and troubleshoot potential problems,” say Ms. Ning Liu and Dr. Joel Ray of ICES, Toronto, Ontario. “Experience and practice lower the likelihood of major complications.”

Low physician procedure volume is known to be associated with an increased risk of complications after complex surgery for cardiac, cancer and pelvic conditions, but little was known about its association with a common and technically simpler procedure like surgical abortion.

The study looked at Ontario data over 13 years, on 529 141 induced surgical abortions performed before 20 weeks’ gestation, and compared low-volume and high-volume physicians. Severe adverse events occurred in 194 out of 52 889 procedures (3.7 per 1000 procedures) in the low-volume group and in 656 out of 476 252 procedures (1.4 per 1000 procedures) in the higher-volume group. Adverse events included injury to the mother, organ damage, admission to an intensive care unit and, very rarely, death within 42 days of the procedure.

“As serious adverse events are uncommon, any focus on centralizing procedures must consider geographical access to surgically induced abortion and wait times, so that women who need the procedure can have it within a reasonable time frame,” says Ms. Ning Liu.

In a related commentary, Drs. Wendy Norman and Laura Schummers, Department of Family Practice, University of British Columbia, Vancouver, BC, write, “An induced abortion with the nearest provider may be the safest option for a woman with an abnormal or unintended pregnancy, and may entail lower complication rates than delaying an abortion or carrying a pregnancy to birth.” They note that carrying a

pregnancy to birth carries 8 times higher risk than that the accompanying article found for abortion care.

Drs. Norman and Schummers further note that “Canada needs policies, such as universal free contraception and universal access to medical abortion, that will ensure that all women are equitably supported in the prevention and management of unintended pregnancy.”

“Physician procedure volume and related adverse events after surgically induced abortion: a population-based cohort study” is published May 13, 2019.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181288>

Commentary: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190477>

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Five things to know about melanoma

“Five things to know about ... melanoma” in *CMAJ (Canadian Medical Association Journal)* provides a brief overview of this malignant skin cancer for physicians and patients.

1. Sun exposure is an important factor in the development of melanoma, so it often appears on the face, neck, arms and torso, where sun exposure is common.
2. Melanoma can also occur on areas with minimal sun exposure, such as palms and soles of the feet.
3. A specific mitogen-activated pathway is linked to mutations causing melanoma and genomic sequencing is helping identify markers for diagnosis and treatment.
4. About 10% of melanomas are challenging to diagnose as they may be pink, red, clear or normal skin-coloured.
5. Patients with any suspicious skin lesions should be referred to dermatology. Coloured lesions with any of the ABCDE criteria — Asymmetric shape, irregular Border, Colour variation, Diameter greater than 6 mm (about the size of a pencil eraser) and Evolution (change) — should be considered suspicious.

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Five things to know about: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181500>

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