



John W. Turner, MD, FCAP

Pathologist Fulfills Vital Patient Need—Timely Screening for Skin Cancer Earns Colleagues’ Respect

“If you notice an underserved market, bring it to the table. It could be an opportunity.”

“This experience has been transformational, because it’s taken me out of the lab and evened the clinical playing field with my colleagues. It’s been transformational not only for me but for our entire group as it has changed our relationship with our hospital as well. I’m now bringing in business to my practice, observed John W. Turner, MD, FCAP.

Dr. Turner works in a full service pathology practice just outside of the Richmond, Virginia, metropolitan area. Over the past few years, he noticed that high demand for cosmetic procedures was pushing out more traditional dermatology services such as screening for skin cancer. Yet some patients were waiting up to six months from their initial screening for a biopsy, triage, and a final diagnosis of melanoma. Long enough that it might endanger a patient’s life.

What dermatologists saw as a growing problem, Dr. Turner saw as an opportunity.

Recently, he has stepped in to fill this vital patient need—and the dermatologists are not threatened, instead they are thanking him for providing the service to patients in need.

Today, he serves as medical director of the Skin Cancer Screening Clinic at Thomas Johns Cancer Center, a fee-based skin cancer clinic in Richmond, which now brings biopsy and triage business into his group practice as well as surgeons in his institution. Now considered a rainmaker, Dr. Turner finds colleagues who wouldn’t “give him the time of day” bringing him coffee, stopping by his office to brainstorm, and recognizing him as a core part of the patient care team.

“If you see an underserved market, bring it to the table. It could be an opportunity for you as a pathologist to become central to the patient care team,” Dr. Turner said. “It might also raise the perception of pathologists among your fellow clinical colleagues and help your group’s visibility in your institution as it’s done for us.”

Here’s how the process started.

During his dermatopathology fellowship, Dr. Turner performed over a thousand skin cancer screenings on patients at the Veterans Administration hospital. Dermatopathology fellowships have pathologists and dermatologists working side-by-side—both specialties learning how to screen, diagnose skin cancer, and recommend treatment to patients.

“I was required to see a lot of patients during my fellowship—over one thousand. I’d look at their lesions, perform a biopsy if needed, look at it under the microscope, make a diagnosis, and then sometimes deliver bad news to the patient,” Dr. Turner said. “I learned how to biopsy, recognize when further work-ups were needed, and how to better communicate with patients.”

As his career progressed, Dr. Turner found himself more in front of the microscope than out in front of patient care. He missed the patient interaction, something he realized as the Thomas Johns Cancer Center broke ground next to his daily practice. As construction grew, so did Dr. Turner’s interest, particularly when the new center’s leadership told him that all pieces were coming together except the skin cancer clinic where they could not entice dermatologists in the area to serve in the medical director role.

“This is not a free clinic; this is a fee-based clinic, and still they could not find dermatologists interested in skin cancer screening and diagnosis,” Dr. Turner said. “I realized that I had the experience, skills, and interest in pursuing the position. Too many people take their skin lesion questions to their primary care physician, who sometimes has only limited training. Yet I had one full year of training, so it hit me that as a pathologist, I bring more expertise that can really help the patient.”

“Pathologists who have a subspecialty in dermatopathology know how to screen a bump, lesion, or pigment in question from a patient and can do a basic grossing, if needed. Pathologists also have a unique differentiator: we can take the patients’ tissue to the pathology practice, look at it under the microscope, and make a diagnosis, Dr. Turner observed.

“We are the lab,” Dr. Turner notes. “I can do a screening, gross the sample, walk over to my microscope, make a diagnosis, and deliver the news to the patient in my role as a pathologist,” Dr. Turner said. “Now I’m also the one who does the initial consult.”

When the Clinic ran its first commercial this summer to open its doors to skin cancer screening, over 30 people called that night. Demand keeps growing.”

Dr. Turner has been interviewed on local NBC stations and in newspapers interviews, fast becoming recognized as a skin cancer expert in the Richmond, Virginia, area.

“It’s all because I saw an underserved market, knew I could fill the need, and offered up my services to make it happen. It brings me back to patient care, which I enjoy and has unexpected benefits such as raising the image of my group in my institution.”

“Today, I refer patients to our clinical colleagues if a biopsy or a specialist is needed. All work together to provide better patient care, timely results, and raises the image of pathologists with my clinical colleagues,” Dr. Turner said.

“Last year, one plastic surgeon wouldn’t give a joint talk with me, because he didn’t want to do ‘lumps and bumps,’” Dr. Turner said. “Now that same colleague asks me for my insight. That’s transformation.”