Meet Epionce founder Dr. Carl Thornfeldt at AAD and let's talk skin.

Epionce Clinical Skincare

Epionce® Improves the Lives of Your Patients

Skin is just as unique as your patients. That is why Epionce is the perfect fit for your practice. Developed by practicing dermatologist Carl R. Thornfeldt, MD, FAAD, Epionce combines decades of skin barrier research into a powerful, botanically-based, clinically proven skin care line that gets results. From anti-aging to improving the visible appearance of problem skin conditions, discover the positive difference Epionce will make in your practice, and the lives of your patients. Visit Epionce at AAD - FREE PREMIUM SAMPLES.

Visit Epionce at AAD Booth 3759 | (866) 374 6623 | EPIONCE.COM

Carl R. Thornfeldt, MD
Let's Talk Skin – Booth 3759
Ask the right questions...  ...find out what patients think

You’re invited to listen in on a patient’s Inner Dialogue at Booth 1513.

Then change the conversation by joining us at the Renaissance Washington, DC Downtown Hotel on Saturday, March 5th at 6:30 pm for Enhancing HCP-Patient Dialogue to Optimize Treatment.

Notice: This event is conducted in accordance with the Pharmaceutical Research and Manufacturers of America® (PhRMA) Code on Interactions with Healthcare Professionals and is limited to healthcare professionals (HCPs). Attendance by guests or spouses is not appropriate. Government employees are subject to state and federal laws and ethics rules that may limit their ability to receive any gifts, including meals, from pharmaceutical companies. If you are a state or federal employee, it is your responsibility to seek guidance and prior approval from your employer or site ethics counselor to attend this or any Pfizer event. Your attendance will be considered confirmation to Pfizer that you have obtained any necessary approvals to attend this event.

This program is independent and is not part of the official American Academy of Dermatology (AAD) Annual Meeting, as planned by its Scientific Assembly Committee.

This program does not qualify for Continuing Medical Education Credit (CME).
Welcome to the Meeting

4 President’s welcome
7 Welcome from the Chair
12 What you need to know to navigate AAD 2016
18 Daily highlights
22 AAD honors + awards

Educational information

27 Poster information

Exhibit Hall

30 Exhibit hall floor plan
32 Exhibitors alphabetically
37 Exhibitors by booth number

Maps

40 Walter E. Washington Convention Center floor plans
46 Marriott Marquis floor plans

City information + notes

48 Safety tips
52 Washington, D.C. attractions + restaurants
57 Notes

Ad index

Allergan ........................................................................................................................... 8-11
AMGEN ............................................................................................................................ 20
Carilion Clinic .................................................................................................................. 34
Celgene Corporation ....................................................................................................... 5, 42-44
CRC Press - Taylor & Francis ........................................................................................ 6
Episciences, Inc. ............................................................................................................... Inside front cover
MCI Nordics | Stockholm / Beauty through Science Congress arranged by Akademiklinken .......................................................... 35
Modernizing Medicine, Inc. .......................................................................................... Back cover
Novartis Pharmaceuticals Corporation ........................................................................... 56
Pfizer .................................................................................................................................. 1
Promius Pharma ............................................................................................................... 25, 26, Inside back cover
Valeant Pharmaceuticals North America LLC ............................................................... 17, 28-29, 49, 50
Zeltiq .................................................................................................................................. 3

This advertiser index is provided for the reader’s convenience and is not part of the advertising contract. While every attempt is made to provide accurate information, the publisher cannot be held responsible for errors or omissions.
ZELTIQ®, the maker of the one and only CoolSculpting® system introduces the CoolAdvantage™ applicator. It’s an all new 3-in-1 applicator that can revolutionize your practice.

Now only 35 minutes to treat
Enhanced comfort
Better patient outcomes
Broader range of patients

VISIT US AT AAD BOOTH 3545 TO LEARN MORE!

Results and patient experience may vary.
In the U.S., the CoolSculpting procedure is FDA-cleared for the treatment of visible fat bulges in the submental area, thigh, abdomen and flank. In Taiwan, the CoolSculpting procedure is cleared for the breakdown of fat in the flanks, love handles, and abdomen. Outside the U.S. and Taiwan, the CoolSculpting procedure for non-invasive fat reduction is available worldwide. ZELTIQ, CoolSculpting, the CoolSculpting logo, and the Snowflake design are registered trademarks, and CoolAdvantage is a trademark of ZELTIQ Aesthetics, Inc. © 2016. All rights reserved. IC2177 A
Welcome to the 74th Annual Meeting in Washington, D.C. I am particularly proud to be at the helm when our eyes are focused on the largest dermatology meeting of the year.

I’m no stranger to Washington. Last July, I had the privilege to travel to Capitol Hill with our colleague and fellow dermatologist, Steve Katz, MD, the director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). In our meetings with key U.S. senators and representatives, we educated these leaders about the importance of funding medical research and the role this research has played in developing treatments and cures for so many of our patients.

I made this the AAD/A’s “Year of the Patient,” and a substantial part of that has involved strengthening our relationships with patient organizations during this year. I’ve been encouraged that so many of the patient organizations have partnered with us in our advocacy efforts on Capitol Hill. The importance of patient organizations in forwarding our goals cannot be overstated as they offer the real-life perspectives that are so critically important in helping show that our advocacy efforts are not so much about us, but about our patients. So I want to take this opportunity to again thank the patient groups for supporting our efforts.

Our AAD/A Washington office has been a strong resource — in coalition with other powerful groups like the AMA — to help secure numerous federal and state policy victories this year, including: permanent repeal of Medicare’s flawed sustainable growth formula (SGR), preservation of global periods, the introduction of narrow networks legislation, advancements in patient access to treatments, and restrictions on minors’ access to indoor tanning. We all owe our D.C. office a great debt of thanks, and I think it’s fitting that we are having our Annual Meeting on its home turf.

On Thursday, there will be an International Day dedicated to hearing from invited speakers from around the world. We expect them to leave us with valuable pearls of knowledge from their home countries. I’m pleased, as I know you will be, with the contents of the scientific program, and this is in no small part due to the wonderful and resourceful efforts of Ilona Frieden, MD, in planning the scientific program. She and the Scientific Assembly Committee have provided a program that is comprehensive in scope and designed to meet the needs of all those individuals who associate themselves with the superb specialty of dermatology. I appreciate the opportunity to have served as your president. I’m proud of what I’ve accomplished and look forward to the many exciting things the Academy has set as goals for the future.
Join Us for an Industry Expert Session

LEARN ABOUT
OTEZLA

March 5, 2016 / 12:15 PM - 1:00 PM / The Walter E. Washington Convention Center, Washington, DC / Exhibit Hall

PROGRAM FACULTY

Jeffrey Sobell, MD
SkinCare Physicians
Chestnut Hill, Massachusetts

This Industry Expert Session is a promotional activity and is not approved for continuing education credit. The content of this session and opinions expressed by presenters are those of the Presenting Company or presenters and do not represent an endorsement by, nor imply that the products have been evaluated or approved by the American Academy of Dermatology.

Pursuant to the PhRMA Code on Interactions with Healthcare Professionals, attendance at this promotional program is restricted to healthcare professionals. Accordingly, spouses and other guests who are not healthcare professionals may not attend this event. Celgene will report transfers of value made to US healthcare professionals to the extent required by federal and state laws, as applicable. To learn about how Celgene Corporation complies with the Physician Payments Sunshine Act visit http://www.celgene.com/about/compliance/sunshine-act/.

Access the QR code on your mobile device to register, or register at: http://www.celgeneprogram.com

Otezla® is a registered trademark of Celgene Corporation. ©2016 Celgene Corporation 01/16 USII-APR160024
Add These Premier DERMATOLOGY Books to Your Library!

Stop by CRC Press Booth #1409 to Browse and Save on Our Latest Books and Learn How Litt’s Drug Eruption Database Can Help Your Clinical Practice

Mention this ad and save 25% OFF your purchase on books only.

PREFER TO ORDER ONLINE?
Use promo code CMQ07 and SAVE 25% plus get FREE Standard Shipping Worldwide

www.CRCPRESS.com
Welcome from the Chair

As Chair of the Scientific Assembly Committee, I would like to welcome you to the 74th Annual Meeting of the American Academy of Dermatology. We have an exciting meeting planned for you. Washington, D.C. is replete with historical landmarks and monuments, wonderful museums, and superb restaurants, and we are confident that the educational sessions at the Meeting will live up to the setting.

The Plenary session on Sunday will again be a highlight of the Meeting with a “star-studded” cast of speakers. Amy Paller, MD, is presenting “Bedside to Bench and Back to the Bedside” and will highlight the tremendous revolution in our understanding of genomics and other “omics” which have begun to shape our practice and will continue to do so at a rapid pace. Jeffrey A. Klein, MD, who pioneered tumescent anesthesia, will present “Tumescent Drug Delivery: Lidocaine & Beyond” and will discuss our emerging appreciation of the pharmacokinetics of subcutaneous tumescent infiltration, not just for anesthesia, but also for other therapeutic indications with potential applications for novel drug delivery. Paul A. Khavari, MD, PhD, will discuss new insights into the pathogenesis of common skin cancers, including squamous cell carcinoma, basal cell carcinoma, and malignant melanoma. Itch is a symptom that plagues a substantial number of our patients. The Marion B. Sulzberger, MD Lectureship will be given by one of the emerging world leaders in itch research, Gil Yosipovitch, MD. Most types of itch result from interactions between nerves connecting the skin to the brain. He will explore the complex and intricate link between these two organs and new insights into this complex interplay. Last, but certainly not least, Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases of the NIH, will address us. Dr. Fauci is one of the most famous physician scientists in the world and has served as a key advisor to the White House and Department of Health and Human Services on numerous issues, including the global pandemic of HIV infection and public health preparedness against emerging infectious disease threats, such as influenza and Ebola. You won’t want to miss his talk.

As you have come to expect, there are courses, symposia, forums, and focus sessions on myriad topics, including dermatopathology; medical, pediatric, and surgical dermatology; late-breaking advances; and hot topics. There are also several new sessions, including two more procedural hands-on sessions that will address wound closures and leg vein treatments, and one-on-one sessions that will mimic a true patient encounter to practice your communication skills. We are offering procedural hands-on workshops on suture techniques, dermal fillers, and nail surgery. There will also be new video demonstration sessions on basic and advanced botulinum toxin injection techniques.

I invite you to enjoy the Annual Meeting, as it is filled with the finest education you will see all year.
Indications

- **Glabellar Lines**
  BOTOX® Cosmetic (onabotulinumtoxinA) for injection is indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult patients.

- **Lateral Canthal Lines**
  BOTOX® Cosmetic is indicated for the temporary improvement in the appearance of moderate to severe lateral canthal lines associated with orbicularis oculi activity in adult patients.

IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING

**WARNING: DISTANT SPREAD OF TOXIN EFFECT**

Postmarketing reports indicate that the effects of BOTOX® Cosmetic and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urination incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but can also occur in adults treated for spasticity and other conditions, particularly in those patients who have an underlying condition that would predispose them to these symptoms. In unapproved uses, including spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cerebral dystonia and upper limb spasticity and at lower doses.

**CONTRAINDICATIONS**

BOTOX® Cosmetic is contraindicated in the presence of infection at the proposed injection site(s) and in individuals with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation.

**WARNINGS AND PRECAUTIONS**

- **Lack of Interchangeability between Botulinum Toxin Products**
  The potency Units of BOTOX® Cosmetic are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products and, therefore, units of biological activity of BOTOX® Cosmetic cannot be compared to nor converted into units of any other botulinum toxin products assessed with any other specific assay method.

- **Spread of Toxin Effect**
  Please refer to Boxed Warning for Distant Spread of Toxin Effect.

  No definitive serious adverse event reports of distant spread of toxin effect associated with dermatologic use of BOTOX® Cosmetic at the labeled dose of 20 Units (for glabellar lines), 24 Units (for lateral canthal lines), 44 Units (for simultaneous treatment of lateral canthal lines and glabellar lines) have been reported.

- **Serious Adverse Reactions With Unapproved Use**
  Serious adverse reactions, including excessive weakness, dysphagia, and aspiration pneumonia, with some adverse reactions associated with fatal outcomes, have been reported in patients who received BOTOX® injections for unapproved uses. In these cases, the adverse reactions were not necessarily related to distant spread of toxin, but may have resulted from the administration of BOTOX® to the site of injection and/or adjacent structures. In several of the cases, patients had pre-existing dysphagia or other significant disabilities. There is insufficient information to identify factors associated with an increased risk for adverse reactions associated with the unapproved uses of BOTOX®. The safety and effectiveness of BOTOX® for unapproved uses have not been established.

- **Hypersensitivity Reactions**
  Serious and/or immediate hypersensitivity reactions have been reported. These reactions include anaphylaxis, serum sickness, urticaria, soft-tissue edema, and dyspnea. If such reactions occur, further injection of BOTOX® Cosmetic should be discontinued and appropriate medical therapy immediately instituted. One fatal case of anaphylaxis has been reported in which lidocaine was used as the diluent and, consequently, the causal agent cannot be reliably determined.

**Cardiovascular System**

There have been reports following administration of BOTOX® of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including pre-existing cardiovascular disease. Use caution when administering to patients with pre-existing cardiovascular disease.

**Pre-existing Neuromuscular Disorders**

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (eg, myasthenia gravis or Lambert-Eaton syndrome) should be monitored when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including generalized muscle weakness, diplopia, ptosis, dysphonia, dysarthria, severe dysphagia, and respiratory compromise from onabotulinumtoxinA (see Warnings and Precautions).

**Dysphagia and Breathing Difficulties**

Treatment with BOTOX® and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or oropharyngeal muscles that control swallowing or breathing (see Boxed Warning).

**Pre-existing Conditions at the Injection Site**

Caution should be used when BOTOX® Cosmetic treatment is used in the presence of inflammation at the proposed injection site(s) or when excessive weakness or atrophy is present in the target muscle(s).

**Human Albumin and Transmission of Viral Diseases**

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases, including Creutzfeldt-Jakob disease (CJD). A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for albumin.

**ADVERSE REACTIONS**

- The most frequently reported adverse event following injection of BOTOX® Cosmetic for glabellar lines was eyelid ptosis (3%).
- The most frequently reported adverse event following injection of BOTOX® Cosmetic for lateral canthal lines was eyelid edema (1%).

**DRUG INTERACTIONS**

- Co-administration of BOTOX® Cosmetic and amnoglycosides or other agents interfering with neuromuscular transmission (eg, curare-like compounds) should only be performed with caution as the effect of the toxin may be potentiated. Use of anticholinergic drugs after administration of BOTOX® Cosmetic may potentiate systemic anticholinergic effects.

**USE IN SPECIFIC POPULATIONS**

- BOTOX® Cosmetic is not recommended for use in children or pregnant women. It is not known whether BOTOX® Cosmetic is excreted in human milk. Caution should be exercised when BOTOX® Cosmetic is administered to a nursing woman.

Please see brief summary of full Prescribing Information on the adjacent pages. Please visit BotoxCosmetic.com for more information or call 1-800-BOTOXMID.

*Data collected through December 2014.

Reference:

© 2015 Allergan. All rights reserved. *and™ marks owned by Allergan.
BotoxCosmetic.com  BotoxCosmetic.com/Men  1-800-BOTOXMID
APC46011S  153236
Men are ready
It’s time to introduce them

The first and only FDA-approved treatment to temporarily improve moderate to severe lateral canthal lines* AND glabellar lines in adult patients.

*Commonly called crow’s feet.

Men may already be in your office and ready to talk.

Visit the Allergan booth to learn more.

Actual patient treated for moderate to severe crow’s feet and glabellar lines. Results may vary.
INDICATIONS AND USAGE

BOTOX® Cosmetic for injection is indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult patients.

BOTOX® Cosmetic is indicated for the temporary improvement in the appearance of moderate to severe lateral canthal lines associated with orbicularis oculi activity in adult patients.

CONTRAINDICATIONS

BOTOX® Cosmetic is contraindicated in the presence of infection at the proposed injection site(s) and in individuals with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation.

WARNINGS AND PRECAUTIONS

Lack of Interchangeability between Botulinum Toxin Products

The potency Units of BOTOX® Cosmetic are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products and, therefore, units of biological activity of BOTOX® Cosmetic cannot be compared to nor converted into units of any other botulinum toxin products assessed with any other specific assay method.

Spread of Toxin Effect

Postmarketing safety data from BOTOX® Cosmetic and other approved botulinum toxins suggest that botulinum toxin effects may, in some cases, be observed beyond the site of local injection. The symptoms are consistent with the mechanism of action of botulinum toxin and may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have an underlying condition that would predispose them to these symptoms. In unapproved uses, including spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cervical dystonia and upper limb spasticity and at lower doses.

ADVERSE REACTIONS

The following adverse reactions are reported with the use of BOTOX® Cosmetic for glabellar lines (onabotulinumtoxinA) for injection.

Serious Adverse Reactions with Unapproved Use

Serious adverse reactions, including excessive weakness, dysphagia, and aspiration pneumonia, with some adverse reactions associated with fatal outcomes, have been reported in patients who received BOTOX® injections for unapproved uses. In these cases, the adverse reactions were not necessarily related to distant spread of toxin, but may have resulted from the administration of BOTOX® to the site of injection and/or adjacent structures. In several of the cases, patients had pre-existing dysphagia or other significant disabilities. There is insufficient information to identify factors associated with an increased risk for adverse reactions associated with the unapproved uses of BOTOX®. The safety and effectiveness of BOTOX® for unapproved uses have not been established.

Hypersensitivity Reactions

Serious and/or immediate hypersensitivity reactions have been reported. These reactions include anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea. If such a reaction occurs, further injection of BOTOX® Cosmetic should be discontinued and appropriate medical therapy immediately instituted. One fatal case of anaphylaxis has been reported in which lidocaine was used as the diluent, and consequently the causal agent cannot be reliably determined.

Cardiovascular System

There have been reports following administration of BOTOX® of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including pre-existing cardiovascular disease. Use caution when administering to patients with pre-existing cardiovascular disease.

Pre-Existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junctional disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) should be monitored when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including generalized muscle weakness, diplopia, ptosis, dysphonia, dysarthria, severe dysphagia and respiratory compromise from onabotulinumtoxinA (see Warnings and Precautions).

Dysphagia and Breathing Difficulties

Treatment with BOTOX® and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakness of muscles in the area of injection that are involved in breathing or oropharyngeal muscles that control swallowing or breathing (see Warnings and Precautions).

Deaths as a complication of severe dysphagia have been reported after treatment with botulinum toxin. Dysphagia may persist for several months, and require use of a feeding tube to maintain adequate nutrition and hydration. Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised.

Treatment with botulinum toxins may weaken neck muscles that serve as accessory muscles of ventilation. This may result in a critical loss of breathing capacity in patients with respiratory disorders who may have become dependent upon these accessory muscles. There have been postmarketing reports of serious breathing difficulties, including respiratory failure. Patients with smaller neck muscle mass and patients who require bilateral injections into the sternomediastinal muscle for the treatment of cervical dystonia have been reported to be at greater risk for dysphagia. Limiting the dose injected into the sternomediastinal muscle may reduce the occurrence of dysphagia. Injections into the levator scapulae may be associated with an increased risk of upper respiratory infection and dysphagia.

Patients treated with botulinum toxin may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. These reactions can occur within hours to weeks after injection with botulinum toxin (see Warnings and Precautions).

Pre-existing Conditions at the Injection Site

Caution should be used when BOTOX® Cosmetic treatment is used in the presence of inflammation or infection at the proposed injection site(s). The use of BOTOX® Cosmetic in these cases, the adverse reactions were not always possible to reliably estimate their frequency or establish a causal relationship to the use of BOTOX® Cosmetic.

Post-marketing experience with botulinum toxin products may be misleading.

Corneal Exposure and Ulceration in Patients Treated with BOTOX® for Blepharospasm

Reduced blinking from BOTOX® Cosmetic injection of the orbicularis muscle can lead to corneal exposure, persistent epithelial defect, and corneal ulceration, especially in patients with VII nerve disorders. Vigorous treatment of any epithelial defect should be employed. This may require protective drops, ointment, therapeutic soft contact lenses, or closure of the eye by patching or other means.

Spatial Disorientation, Double Vision or Past-pointing in Patients Treated for Strabismus

Inducing paralysis in one or more extraocular muscles may produce spatial disorientation, double vision or past pointing. Covering the affected eye may alleviate these symptoms.

Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been reported for albumin.

ADVERSE REACTIONS

The following adverse reactions to BOTOX® Cosmetic (onabotulinumtoxinA) for injection are discussed in greater detail in other sections of the labeling:

- Spread of Toxin Effect (see Warnings and Precautions)
- Hypersensitivity (see Contraindications and Warnings and Precautions)
- Dysphagia and Breathing Difficulties (see Warnings and Precautions).

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

There have been reports following administration of BOTOX® of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including pre-existing cardiovascular disease. Use caution when administering to patients with pre-existing cardiovascular disease.
**Table 2: Adverse Reactions Reported by ≥1% of the BOTOX® Cosmetic treated Patients and More Frequent than in Placebo-treated Patients in Double-blind, Placebo-controlled Clinical Studies of Treatment of Glabellar Lines**

<table>
<thead>
<tr>
<th>Organ Class</th>
<th>Adverse Reactions by System</th>
<th>BOTOX® Cosmetic (N=505)</th>
<th>Placebo (N=510)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Disorders and Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial pain</td>
<td>6 (1%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial paresis</td>
<td>5 (1%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>Eye Disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyelid ptosis</td>
<td>13 (3%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal and Connective Tissue Disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular Weakness</td>
<td>6 (1%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
</tbody>
</table>

**Lateral Canthal Lines**

Table 3 lists selected adverse reactions reported within 90 days following injection by ≥1% of BOTOX® Cosmetic treated subjects (N=526) aged 18 to 75 who were evaluated in two randomized, double-blind, placebo-controlled clinical studies to assess the use of BOTOX® Cosmetic in the improvement of the appearance of lateral canthal lines alone.

**Table 3: Adverse Reaction Reported by ≥1% of BOTOX® Cosmetic treated Patients and More Frequent than in Placebo-treated Patients Within 90 Days, in Double-blind, Placebo-controlled Clinical Studies of Treatment of Lateral Canthal Lines**

<table>
<thead>
<tr>
<th>Organ Class</th>
<th>Adverse Reactions by System</th>
<th>BOTOX® Cosmetic (N=526)</th>
<th>Placebo (N=530)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyelid edema</td>
<td>5 (1%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
</tbody>
</table>

**Immunogenicity**

As with all therapeutic proteins, there is a potential for immunogenicity. Treatment with botulinum toxins may result in the formation of neutralizing antibodies that may reduce the effectiveness of subsequent treatments by inactivating biological activity of the toxin.

In three Lateral Canthal Line trials, 916 subjects (517 subjects at 24 Units and 399 subjects at 44 Units) treated with BOTOX® Cosmetic had specimens analyzed for antibody formation. Among the 916 BOTOX® Cosmetic treated subjects, 14 subjects (1.5%) developed binding antibodies and no subjects (0%) developed the presence of neutralizing antibodies.

The data reflect the subjects whose test results were considered positive or negative for neutralizing activity to BOTOX® Cosmetic in a mouse protection assay. The results of these tests are highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to BOTOX® Cosmetic with the incidence of antibodies to other products may be misleading.

The critical factors for neutralizing antibody formation have not been well characterized. The results from some studies suggest that botulinum toxin injections at more frequent intervals or at higher doses may lead to greater incidence of antibody formation. The potential for antibody formation may be minimized by injecting with the lowest effective dose given at the longest feasible intervals between injections.

**Post-marketing Experience**

Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

There have been spontaneous reports of death, sometimes associated with dysphagia, pneumonia, and/or other significant debility or anaphylaxis, after treatment with botulinum toxin (see Warnings and Precautions).

There have also been reports of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including cardiovascular disease.

New onset or recurrent seizures have also been reported, typically in patients who are predisposed to experiencing these events.

The following adverse reactions by System Organ Class have been identified during post-approval use of BOTOX®/BOTOX® Cosmetic:

**Ear and labyrinth disorders**
- Hypoaacusis; tinnitus; vertigo

**Eye disorders**
- Diplopia; lagophthalmos; strabismus; visual disturbances; vision blurred

**Gastrointestinal disorders**
- Abdominal pain; diarrhea; dry mouth; nausea; vomiting

**General disorders and administration site conditions**
- Dermatitis; malaise; pyrexia

**Metabolism and nutrition disorders**
- Anorexia

**Musculoskeletal and connective tissue disorders**
- Muscle atrophy; myalgia

**Nervous system disorders**
- Brachial plexopathy; dysarthria; facial palsy; hypoesthesia; localized numbness; myasthenia gravis; paresthesia; peripheral neuropathy; radiculopathy; syncope

**Respiratory, thoracic and mediastinal disorders**
- Aspiration pneumonia; dyspnea; respiratory depression and/or respiratory failure

**Skin and subcutaneous tissue disorders**
- Alopecia, including madarosis; hyperhidrosis; pruritus; skin rash (including erythema multiforme, dermatitis psoriasiform, and psoriasisform eruption)

**Drug Interactions**

No formal drug interaction studies have been conducted with BOTOX® Cosmetic (onabotulinumtoxinA) for injection.

**Aminoglycosides and Other Agents Interfering with Neuromuscular Transmission**

Co-administration of BOTOX® Cosmetic and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like compounds) should only be performed with caution as the effect of the toxin may be potentiated.

**Anticholinergic Drugs**

Use of anticholinergic drugs after administration of BOTOX® Cosmetic may potentiate systemic anticholinergic effects.

**Other Botulinum Neurotoxin Products**

The effect of administering different botulinum neurotoxin products at the same time or within several months of each other is unknown. Excessive neuromuscular weakness may be exacerbated by administration of another botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin.

**Muscle Relaxants**

Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of BOTOX® Cosmetic.

**USE IN SPECIFIC POPULATIONS**

**Pregnancy**

Teratogenic Effects: Pregnancy Category C.

There are no adequate and well-controlled studies in pregnant women. BOTOX® Cosmetic should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers**

It is not known whether BOTOX® Cosmetic is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when BOTOX® Cosmetic is administered to a nursing woman.

**Pediatric Use**

Safety and effectiveness in patients below the age of 18 years have not been established.

**Geriatric Use**

**Glabellar Lines**

In the two initial glabellar lines clinical studies of BOTOX® Cosmetic, the responder rates appeared to be higher for subjects younger than age 65 than for subjects 65 years or older (see Clinical Studies).

**Lateral Canthal Lines**

In the two lateral canthal lines clinical studies of BOTOX® Cosmetic, the responder rates appeared to be higher for subjects younger than age 65 than for subjects 65 years or older.

**OVERDOSAGE**

Excessive doses of BOTOX® Cosmetic (onabotulinumtoxinA) for injection may be expected to produce neuromuscular weakness with a variety of symptoms.

Symptoms of overdose are likely not to be present immediately following injection. Should accidental injection or oral ingestion occur or overdose be suspected, these patients should be considered for further medical evaluation and appropriate medical therapy immediately instituted, which may include hospitalization. The person should be medically supervised for several weeks for signs and symptoms of systemic muscular weakness which could be local, or distant from the site of injection (see Boxed Warning and Warnings and Precautions).

If the musculature of the oropharynx and esophagus are affected, aspiration may occur which may lead to development of aspiration pneumonia. If the respiratory muscles become paralyzed or sufficiently weakened, intubation and assisted respiration may be necessary until recovery takes place. Supportive care could involve the need for a tracheostomy and/or prolonged mechanical ventilation, in addition to other general support care.

In the event of overdose, antitoxin raised against botulinum toxin is available from the Centers for Disease Control and Prevention (CDC) in Atlanta, GA. However, the antitoxin will not reverse any botulinum toxin-induced effects already apparent by the time of antitoxin administration. In the event of suspected or actual cases of botulinum toxin poisoning, please contact your local or state Health Department to process a request for antitoxin through the CDC. If you do not receive a response within 30 minutes, please contact the CDC directly at 1-770-488-7100. More information can be obtained at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5208a8.htm.

Manufactured by: Allergan Pharmaceuticals Ireland a subsidiary of: Allergan.

2525 Dupont Dr.
Irvine, CA 92612
© 2015 Allergan. All rights reserved.
*“and” marks owned by Allergan.

Based on 71823US20
AP07/DW15
WHAT YOU NEED TO KNOW
Navigate AAD 2016

Welcome to the 74th Annual Meeting. We have made several improvements to your meeting experience at the Walter E. Washington Convention Center, so we wanted to explain some of these changes. In addition, several popular elements of previous meetings are returning, and you can learn about them on the following pages.

CHANGES MADE TO ANNUAL MEETING’S SCHEDULE
Several changes — listed below — have been made to the 74th Annual Meeting’s traditional schedule so attendees can attend more events.

General Sessions
The Annual Meeting will now end on Tuesday; the final two events are general sessions that will conclude at 12 p.m. The sessions are “What’s New in Dermatology” (S068), from 8 to 10 a.m., and “Therapeutic and Diagnostic Pearls” (S067), from 10 a.m. to 12 p.m.

Sessions changes
Focus sessions now last one hour, and all afternoon courses will now take place between 1 and 4 p.m.

Exhibit hall
Location: Halls A, B, and C
The exhibit hall will be open Friday, Saturday, and Sunday. Guest access to the exhibit hall is limited to Sunday.

SCHEDULE
Friday .......................10 a.m. to 5 p.m.
Saturday ...................10 a.m. to 5 p.m.
Sunday .....................10 a.m. to 3 p.m.

WHAT’S NEW AT THE ANNUAL MEETING?
More than 375 educational sessions divided into 10 tracks based on content areas make it easier for you to customize your educational experience. See below for some of the new sessions that we have added to our lineup.

Basic and advanced botulinum toxin video demonstrations
Similar to the popular Live Demonstration sessions, botulinum toxin video demonstrations instead feature expert faculty who have performed injections at their practices and videoed the procedures before, during, and after to allow attendees to see actual results.

Hands-on workshops
The Academy has expanded its series of popular procedural workshops to include Nail Surgery (W009/W016), Dermal Filler Injections (W013/W020), Innovative Suturing Techniques Update (W012/W019), Wound Closures (New!) (W010/W017), and Varicose and Telangiectatic Leg Veins (New!) (W011/W018). Expert faculty will demonstrate a variety of procedures in each of these topic areas and allow attendees to practice techniques using cadaveric specimens or simulation models.

Standardized patient workshops
Sharpen your patient communication skills with these unique workshops offered in a one-on-one setting. Interact with an actor-patient to practice real topics such as medication management, difficult patients, total body skin exam, and/or breaking bad news.

Board prep for residents
Residents will have the opportunity to take a mock exam by reviewing histopathologic slides on microscopes and answering a series of multiple-choice questions. In the afternoon,

See the latest products and services offered by more than 400 exhibitors in the exhibit hall.
expert faculty will review a mock exam to help residents gain a better understanding of what to expect on the real board certification exam.

**Improve psoriasis comorbidity screening while earning MOC credit**
This educational session will provide an overview on the quality improvement process as well as a discussion regarding the appropriate history-taking of the lifestyle behaviors of patients with psoriasis. This course has been approved by the ABD to meet Part IV of Maintenance of Certification.

**New way to claim CME credit**
All attendees will be able to complete their session evaluations and claim CME credits online through My Events in the Online Learning Center at aad.org/evals or by selecting the CME/evaluation icon on the mobile app. All attendees must verify attendance to access My Events in the Online Learning Center. Once you have logged in and selected the Meeting, search for the sessions attended, complete evaluations, and then claim credit. Credit is calculated on a 1/4-hour basis and will be reflected on AAD member transcripts at the conclusion of the Meeting, or if post-meeting, immediately thereafter. Non-member physicians who attend the Meeting can also receive a CME Award Certificate, which includes documentation of the total CME credits claimed.

**HOT TOPICS SYMPOSIUM**
Location: Hall D
Attend the “Hot Topics” symposium (S018) from 1 to 4 p.m. Friday, led by the session director, David Eric Cohen, MD. The symposium will review new and emerging therapies for the treatment of the broad extent of dermatological diseases and aesthetic challenges in clinical practice. This session will provide information about cutting-edge treatments that have recently become available or will likely become part of the therapeutic armamentarium in the future.

**NEW EDUCATION SESSIONS**
Several new education courses will be presented during the Annual Meeting.

**Two new courses about the use of botulinum toxin**
Locations: Room 102, Ballroom A
These two courses will be presented Friday and Sunday.
- “Basic Botulinum Toxin: Video Instruction and Live Panel Discussion” (C001) will take place from 9 a.m. to 12 p.m. Friday in Room 102. It will review basic concepts regarding botulinum toxin A to safely achieve optimal results.
- “Advanced Botulinum Toxin: Video
Navigate, cont.

Instruction and Live Panel Discussion” (C019) will be presented from 1 to 4 p.m. Sunday in Ballroom A. The faculty member will demonstrate techniques and results while the panel/audience will weigh in on the discussion.

Thirty-minute sessions of “Hands-on: The Standardized Patient” Location: Hall D These sessions will be presented throughout the day on Friday, Saturday, Sunday, and Monday. Each day, sessions start at 7:30 a.m. with the last sessions starting at 4:45 p.m. — except for Sunday, as they will not be offered between 8 a.m. and 1 p.m. while the Plenary is presented.

Each session will include a one-on-one simulated clinical encounter with a patient-actor where the attendee will perform the topic of the session. The four presentations are:
- The Difficult Patient
- Medication Management
- Breaking Bad News
- The Total Body Skin Exam

“Board Prep for Residents AKA Conquer the Boards: An Experiential Review” Location: Room 143 Course C004 will be presented from 9 a.m. to 4 p.m. Friday. The course will allow attendees a hands-on experience of taking a simulated, shortened version of the ABD certification exam. Residents attending this course should walk away with a better understanding of the pace and structure of the exam.

“Improve Psoriasis Comorbidity Screening While Earning MOC PI (Performance Improvement) Credit” Location: Room 208 Course W007 will be presented from 1 to 3 p.m. Sunday. Participants will identify notes from 10 recent unique psoriasis patient encounters and bring de-identified copies to the session for abstraction. It will include a brief didactic presentation on the quality improvement process, Part IV MOC requirements, and information regarding the appropriate history-taking of the lifestyle behaviors of patients with psoriasis.

Hands-on sessions Locations: Salon G, Salon H, Salon I, Room 102, Room 103 Annual Meeting hands-on sessions have been expanded to include two new sessions, with each session offered twice on Monday — from 9 a.m. to 12 p.m., and again from 1 to 4 p.m.
- 9 a.m. to 12 p.m.: The new sessions are “Varicose and Telangiectatic Leg Veins” (W011) in Salon G and “Wound Closures” (W010) in Salon I. The returning sessions are “Innovative Suture Techniques Update” (W012) in Room 102, “Nail Surgery” (W009) in Salon H, and “Dermal Fillers” (W013) in Room 103.
- 1 to 4 p.m.: “Varicose and Telangiectatic Leg Veins” (W018) in Salon G; “Wound Closures” (W017) in Salon I; “Innovative Suture Techniques Update” (W019) in Room 102; “Nail Surgery” (W016) in Salon H, and “Dermal Fillers” (W020) in Room 103.

INDUSTRY EXPERT SESSIONS Location: Exhibit hall These unique sessions provide exhibiting companies the opportunity to:
- Present new research findings on products
- Detail products
- Conduct demonstrations
- Highlight new products

These sessions are solely promotional, and are not eligible for continuing medical education credit.

SCHEDULE Friday, 11 to 11:45 a.m.
Discover the Possibilities of Newly-Approved Enstilar® (calcipotriene and betamethasone dipropionate) Foam, 0.005%/0.064%
Join an expert to learn more about Enstilar®. This interactive session will feature the efficacy and safety data, as well as describe the vehicle.
Hosted by: Leo Pharma Inc.

Friday, 12:15 to 1 p.m.
In Atopic Dermatitis, Looks Can Be Deceiving
Atopic dermatitis is the most common, chronic inflammatory skin disease. Current evidence demonstrates that nonlesional skin is not normal due to persistent subclinical inflammation throughout the body. This underlying chronic inflammation manifests primary signs and symptoms of AD. Th2 cytokines, IL-4, and IL-13 are key drivers of this inflammatory process.
Hosted by: Regeneron Pharmaceuticals/Sanoﬁ

Saturday, 11 to 11:45 a.m.
Cosentyx for the Treatment of Psoriatic Disease
This presentation will feature an expert speaker presenting COSENTYX® (secukinumab) clinical trial data and discussing the use of COSENTYX in appropriate patients.
Hosted by: Novartis
WELCOME TO THE MEETING

For the most current, up-to-date session information, go to aad.org/AM16 or download the meeting mobile app.

Saturday, 12:15 to 1 p.m.
Psoriasis Treatment Options: “Then and Now”
Hosted by: Celgene Corporation

Saturday, 1:30 to 2:15 p.m.
NeoGraft Technology
Learn the history, opportunity, and advances in hair restoration with the distinct technology of the NeoGraft system for both patients and physicians. Hear from three renowned dermatologists: Ronald Moy, MD; Shawn Allen, MD; and Malik Aheer, MD, on the topics of hair restoration, low level light therapy, and auxiliary products.
Hosted by: NeoGraft

GROSS AND MICROSCOPIC SYMPOSIUM
Location: Room 149
The “Gross and Microscopic” Symposium (S009) will feature six speakers discussing a variety of dermatologic cases with clinical, surgical, and pathological correlations. It will be presented from 9 a.m. to 5 p.m. Friday and Saturday.

The two-day symposium entails 192 presentations, which will cover the gamut of clinical dermatology, predicated on clinical/pathological correlation, with attention to new and interesting observations. Presentations will be grouped into clinical categories allowing attendees to focus on particular conditions/entities. Each presentation will be five minutes. Presentations will be clinically germane and applicable to patient care. The symposium is open to all AAD members, non-members, residents/fellows, and medical students.

THE AAD CAREER NETWORKING EVENT
Location: Marriott Marquis, Marquis Ballroom 5
Explore and learn about various practice-setting opportunities at the AAD Career Networking Event. Talk with employers who are looking to hire dermatologists. Also meet with AAD representatives and gain tips for how to take advantage of AAD’s online career center, AADCareerCompass.org.

HOURS
Friday ....................... 5 to 7 p.m.

VISIT THE CONNECTION
Location: Hall D
The Connection is the central location for Annual Meeting attendees to come together, attend the Plenary Session, view e-Posters, hear e-Poster authors, take part in simulated patient encounters, and visit the AAD Resource Center. The Connection will be open from 7 a.m. to 5:30 p.m. Friday through Monday, where you will find:
- Networking Lounges: Make new connections, catch up with colleagues, check email, or charge your phone.
- Plenary Session: Hear from Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases; other noteworthy speakers, including AAD award recipients; and AAD representatives during the Plenary Session from 8 to 11:30 a.m. Sunday.

2016 HOT TOPICS SCHEDULE
Friday, 1 to 4 p.m.
Hall D
Hot topics address the “hottest” issues in the field of dermatology. Topics are created by the Scientific Assembly Committee chair and are voted on by attendees. Top-voted sessions are then presented at the Meeting.

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 p.m.</td>
<td>Introductions and Contact Dermatitis</td>
</tr>
<tr>
<td></td>
<td>David E. Cohen, MD, Session Director</td>
</tr>
<tr>
<td>1:15 p.m.</td>
<td>Melanoma/Cutaneous Oncology Update</td>
</tr>
<tr>
<td></td>
<td>Allan C. Halpern, MD</td>
</tr>
<tr>
<td>1:35 p.m.</td>
<td>Sunscreens/Photoprotection</td>
</tr>
<tr>
<td></td>
<td>Henry W. Lim, MD</td>
</tr>
<tr>
<td>1:50 p.m.</td>
<td>New and Emerging Therapies for Psoriasis</td>
</tr>
<tr>
<td></td>
<td>Kenneth B. Gordon, MD</td>
</tr>
<tr>
<td>2:10 p.m.</td>
<td>Health Care Reform: How It Will Affect Us</td>
</tr>
<tr>
<td></td>
<td>Brett Coldiron, MD</td>
</tr>
<tr>
<td>2:30 p.m.</td>
<td>Drug Reaction: New Drugs and Reactions</td>
</tr>
<tr>
<td></td>
<td>Neil Shear, MD</td>
</tr>
<tr>
<td>2:50 p.m.</td>
<td>Facial Sculpting and Fillers</td>
</tr>
<tr>
<td></td>
<td>Derek Jones, MD</td>
</tr>
<tr>
<td>3:10 p.m.</td>
<td>Acne: What’s New</td>
</tr>
<tr>
<td></td>
<td>Diane M. Thiboutot, MD</td>
</tr>
<tr>
<td>3:30 p.m.</td>
<td>New and Emerging Therapies for Atopic Dermatitis/Eczema</td>
</tr>
<tr>
<td></td>
<td>Eric Simpson, MD</td>
</tr>
<tr>
<td>3:50 p.m.</td>
<td>Questions</td>
</tr>
</tbody>
</table>

AAD RESOURCE CENTER
Location: The Connection, Hall D
Take time to check out the AAD Resource Center, now in a new location. Stop by and renew or apply for AAD membership; find new tools for running your practice; enroll in AAD’s nationwide dermatology clinical data registry, DataDerm®, receive 10 percent off select AAD products; shop AAD apparel; and learn about Affinity Partner programs.

HOURS
Friday ...... 7 a.m. to 5 p.m.
Saturday.. 7 a.m. to 5 p.m.
Sunday .... 7 a.m. to 5 p.m.
Monday... 7 a.m. to 5 p.m.

- e-Poster Viewing Centers: Get a more in-depth view of new and innovative research as you explore any of the more than 1,100 electronic poster exhibits.
- Poster Presentation Theaters: Listen to e-Poster authors discuss their work while you discover pearls from their posters.
- Standardized Patient Workshops: Register for a one-on-one Standardized Patient Workshop, where you’ll gain feedback and sharpen your patient communication skills.

For the most current, up-to-date session information, go to aad.org/AM16 or download the meeting mobile app.
Navigate, cont.

GRAB LUNCH AT THE AAD BISTRO
Location: Hall C
After taking in a morning of learning and meeting with representatives in the exhibit hall, dine, meet, and network with fellow attendees in the comfortable café setting of the AAD Bistro. The all-inclusive, delicious buffet-style lunch — which changes selections each day — includes a variety of soups, salads, entrees, seasonal vegetables, side items, desserts, and beverages. Tickets are $24 each, and are available online at bistrotickets.com/aad and at the AAD Bistro entrance. The Bistro team also provides free restaurant reservation services for both exhibitors and attendees.

HOURS
Friday....................11 a.m. to 2:30 p.m.
Saturday..................11 a.m. to 2:30 p.m.
Sunday....................11 a.m. to 2:30 p.m.

ACCESS THE ENTIRE MEETING PROGRAM AT YOUR FINGERTIPS
The Academy has made it easier than ever to access and search the online program by offering multiple viewing options under the “Education” tab on the Annual Meeting Web page at aad.org/AM16 or on the meeting app.
In addition to a searchable, updated program where attendees can search all scientific sessions by specific keywords at aad.org/scientificsessions/am2016, there also is a digital flipbook that allows attendees to flip through pages of the program, zoom into interesting content, and view or print a PDF from the digital link.

GET CONNECTED WITH THE MEETING MOBILE APP
Navigating the Annual Meeting is easy with the AAD Meeting Mobile App. With this easy-to-use app, you'll gain access to:
• Session Schedule: Listing of sessions by day, type, category, and speaker. Bookmark sessions you like, take notes, or access select session handouts.
• Exhibitors: Search by name and category, or view the exhibit hall floor plan.

GET INVOLVED IN AAD
A number of the Councils, Committees, Task Forces, and Affiliate and Reunion Groups of the AAD will meet and hold events during the Annual Meeting. Go to the Annual Meeting website, aad.org/meetings/annual-meeting, and click on the General Information link to download the list of events, which will be held at the Walter E. Washington Convention Center or Marriott Marquis, unless otherwise listed.

FOLLOW AAD ON TWITTER
If you’re not following AAD Meeting News on Twitter yet (@AADMtgts), now is the perfect time to do so. Twitter is your main source for updated news and information throughout the Meeting. All attendees are encouraged to join the conversation and share their experiences with #AAD16 for all meeting-related tweets.

RIDE THE SHUTTLE
Get the full shuttle schedule from the Annual Meeting mobile app.

VOTING OPENS SATURDAY
The 2016 AAD Election opens on Saturday at 12:01 a.m. (ET). You can conveniently access the Academy Election site at aad.org/aadelection or use the direct link at esc-vote.com/aad2016 to vote online — anywhere, anytime.

Get to know the candidates
Visit aad.org/aadelection to view the candidates’ background materials, including optional letters and the ballot book, and see information about the proposed bylaws amendments.

The president-elect speeches presented at the Annual Business Meeting and candidate statements will be posted to the election site by Monday.
Introducing

The next generation of healing ointment

Its unique formulation is hypoallergenic, non-comedogenic, and protects and soothes the skin.

NON-GREASY FEEL

Visit us at the Valeant booth #2919 for a full size sample of new CeraVe Healing Ointment

CeraVe Healing Ointment

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>CeraVe Healing Ointment</th>
<th>Aquaphor® Healing Ointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petrolatum base</td>
<td>46.5%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Ceramides 1, 3, &amp; 6-II</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Contains dimethicone</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Accepted by the National Eczema Association</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lanolin free</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fragrance free</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dye free</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

www.CeraVe.com
Daily highlights

THURSDAY

8 a.m. to 6 p.m.
International Day of Dermatology
(pre-registration required.
Visit aad.org/AM16InternationalDay)

12 to 6 p.m.
AAD Registration open
Location: Grand Lobby, Street Level

FRIDAY

7 a.m. to 5 p.m.
AAD Resource Center open
Location: The Connection, Hall D

7 a.m. to 5:30 p.m.
AAD Registration open
Location: Grand Lobby, Street Level

7:30 to 8:30 a.m.
The Impact of Drug Pricing on Access to Care: Demystifying the Landscape
Location: Room 140B

9 a.m. to 12 p.m.
What’s New in Dermatopathology
Location: Room 103B

9 a.m. to 5 p.m.
Gross & Microscopic Dermatology
Symposium
Location: Room 149

10 a.m. to 5 p.m.
Exhibit hall open

9 a.m. to 5:30 p.m.
AAD Registration open
Location: Grand Lobby, Street Level

10 a.m. to 12 p.m.
Boards and Beyond
Location: Room 203

10 a.m. to 12 p.m.
Late-breaking Research: 1 of 4
Location: Room 146C

10 a.m. to 5 p.m.
Exhibit hall open

11 to 11:45 a.m.
Industry Expert Session
Location: Exhibit Hall A

12 to 1 p.m.
Unopposed exhibit time

12:15 to 1 p.m.
Industry Expert Session: In Atopic Dermatitis, Looks Can Be Deceiving
Location: Exhibit Hall A

1 to 4 p.m.
Hot Topics
Location: Hall D

5 to 6:30 p.m.
Residents Reception
Location: Marriott Marquis, Marquis Ballroom 1 - 4

International Member Reception
Location: Marriott Marquis, Marquis Ballroom 6

Young Physician and New Member Reception
Location: Marriott Marquis, Marquis Ballroom 7 - 10

5 to 7 p.m.
Career Networking Event
Location: Marriott Marquis, Marquis Ballroom 5

SATURDAY

12:01 a.m. (ET)
AAD Election opens

7 a.m. to 5 p.m.
AAD Resource Center open
Location: The Connection, Hall D

10 a.m. to 12 p.m.
Boards and Beyond
Location: Room 203

10 a.m. to 12 p.m.
Late-breaking Research: 2 of 4
Location: Room 146C

1:30 to 2:15 p.m.
Industry Expert Session: NeoGraft Technology
Location: Exhibit Hall A

3:30 to 5:30 p.m.
Late-breaking Research: 3 of 4
Location: Room 146C

10 a.m. to 12 p.m.
Boards and Beyond
Location: Room 203

10 a.m. to 12 p.m.
Late-breaking Research: 3 of 4
Location: Room 146C

10 a.m. to 5 p.m.
Exhibit hall open

11 to 11:45 a.m.
Industry Expert Session: Cosentyx for the Treatment of Psoriatic Disease
Location: Exhibit Hall A

12 to 1 p.m.
Unopposed exhibit time

12:15 to 1 p.m.
Industry Expert Session: Psoriasis Treatment Options: “Then and Now”
Location: Exhibit Hall A

1 to 3 p.m.
Late-breaking Research: 2 of 4
Location: Room 146C

1:30 to 2:15 p.m.
Industry Expert Session: NeoGraft Technology
Location: Exhibit Hall A

3:30 to 5:30 p.m.
Late-breaking Research: 3 of 4
Location: Room 146C
EXPLORING A NEW SOCIAL MEDIA APP

**Download Periscope now.**

Watch live video from the AAD Meeting on your smartphone.

To follow along, download the Periscope app on your smartphone (on iOS or android) and search for the AAD Meeting News Twitter feed at @AADMtgs to be in on all the action.

Be sure to also follow us on Twitter @AADMtgs to find out when we’ll be broadcasting throughout the Annual Meeting.

For the most current, up-to-date session information, go to aad.org/AM16 or download the meeting mobile app.

---

**SUNDAY**

7 a.m. to 5 p.m.
AAD Resource Center open
Location: The Connection, Hall D

7 a.m. to 5:30 p.m.
AAD Registration open
Location: Grand Lobby, Street Level

8 to 11:30 a.m.
Plenary Session
Location: Hall D

10 a.m. to 3 p.m.
Exhibit hall open

12 to 5 p.m.
Rock Climbing Wall event to support Skin Cancer, Take a Hike™
Location: Hall D

12 to 1 p.m.
Unopposed exhibit time

**MONDAY**

1 to 3 p.m.
Late-breaking Research: 4 of 4
Location: Room 146C

1 to 4 p.m.
Boards Blitz
Location: Room 207A

Resident and Fellows Symposium
Location: Room 102

**TUESDAY**

7 a.m. to 12 p.m.
AAD Registration open
Location: Grand Lobby, Street Level

8 to 10 a.m.
General Sessions: Therapeutic and Diagnostic Pearls
Location: Ballroom A

10 a.m. to 12 p.m.
What’s New in Dermatology
Location: Ballroom A

Meeting ends at 12 p.m.
Biosimilars

Obtaining Clarity Amongst Confusion

March 4, 2016
6:30 PM – 7:00 PM
Registration and Dinner

7:00 PM – 9:00 PM
Presentation and Q&A

Marriott Marquis
901 Massachusetts Avenue NW
Washington, DC 20001
Room: Independence DE

Jeffrey J. Crowley, MD, FAAD
Bakersfield Dermatology

Vibeke Strand, MD, MACR, FACP
Stanford University & Biopharmaceutical Consultant

Richard Warren, MBChB, PhD
University of Manchester

This program is independent and is not part of the official AAD Annual Meeting, as planned by its Scientific Assembly Committee. This program does not qualify for Continuing Medical Education (CME) Credit.
Attend a Non-CME Promotional Information Program (PIP)* in Washington, D.C.!

Don't miss out on attending a Non-CME Promotional Information Program (PIP) being held in the evening from March 3 – March 6, 2016, in Washington, DC. At the sponsoring company’s discretion, these programs may be promotional or educational (i.e. non-promotional) in nature.

Held conveniently at the Marriott Marquis Washington, DC and/or Renaissance Washington, DC Downtown Hotel, programs are sponsored by the following companies and cover a range of topics:

**THURSDAY, MARCH 3**
- Anacor Pharmaceuticals
- Novartis Pharmaceuticals Corporation

**FRIDAY, MARCH 4**
- SkinMedica®, an Allergan Company
- Amgen

**SATURDAY, MARCH 5**
- Allergan, Inc.
- Pfizer Inc.
- PharmaDerm, a division of Fougera Pharmaceuticals Inc.

**SUNDAY, MARCH 6**
- AbbVie
- Galderma Laboratories, L.P.

*The programs do not qualify for CME credit, and all content is under the control of the sponsoring company. The events are independent and are not part of the official AAD Annual Meeting, as planned by the Scientific Assembly Committee.

Programs are subject to change and new programs may be added. For the latest information on program titles, times, locations, and registration go to aad.org/pips.
AAD honors + awards

PAST PRESIDENTS

1938 Howard Fox, MD*
1939 Paul A. O'Leary, MD*
1940 Harry R. Forster, MD*
1941 Richard S. Weiss, MD*
1942-46 George M. MacKee, MD*
1947 Edward A. Oliver, MD*
1948 Clyde L. Cummer, MD*
1949 Francis E. Senear, MD*
1950 Earl D. Osborne, MD*
1951 Donald M. Pillsbury, MD*
1952 C. Guy Lane, MD*
1953 Michael H. Elbert, MD*
1954 Fred D. Weidman, MD*
1955 Arthur C. Curtis, MD*
1956 George M. Lewis, MD*
1957 Nelson P. Anderson, MD*
1958 James R. Webster, MD*
1959 Anthony C. Cipollaro, MD*
1960 Francis W. Lynch, MD*
1961 Wiley M. Sams, Sr., MD*
1962 J. Walter Wilson, MD*
1963 Robert R. Kierland, MD*
1964 Clinton W. Lane, MD*
1965 Carl T. Nelson, MD*
1966 Herman Beerman, MD*
1967 Clarence S. Livingood, MD*
1968 Stanley E. Huff, MD*
1969 Walter C. Lobitz Jr., MD*
1970 Edward C. Cawley, MD*
1971 J. Lamar Callaway, MD*
1972 Walter B. Shelley, MD*
1973 John R. Hasserick, MD*
1974 Frederick A.J. Kingery, MD*
1975 Rudolf L. Baer, MD*
1976 Harry L. Arnold Jr., MD*
1977 John M. Shaw, MD*
1978 Rees B. Rees, MD*
1979 Robert W. Goltz, MD*
1980 Alfred W. Kopf, MD
1981 Harold O. Perry, MD*
1982 John H. Epstein, MD
1983 John S. Strauss, MD*
1984 Richard L. Dobson, MD
1985 Clayton E. Wheeler Jr., MD*
1986 Samuel L. Moschella, MD
1987 Richard B. Odom, MD
1988 Samuel L. Moschella, MD
1989 Edgar B. Smith, MD*
1990 J. Graham Smith Jr., MD*
1991 Stephen B. Webster, MD
1992 Wilma F. Bergfeld, MD
1993 Mark V. Dahl, MD
1994 Peyton E. Weary, MD*
1995 Rex A. Amonette, MD
1996 W. Mitchell Sams Jr, MD
1997 Roger L. Ceilley, MD
1998 Lynn A. Drake, MD
1999 Darrell S. Rigel, MD
2000 Richard K. Scher, MD
2001 Ronald G. Wheeler, MD
2002 Fred F. Castrow II, MD
2003 Raymond L. Comelson Jr., MD
2004 Boni E. Eleewski, MD
2005 Clay J. Cockrell, MD
2006 Stephen P. Stone, MD*
2007 Diane R. Baker, MD
2008 C. William Hanke, MD, MPH
2009 David M. Pariser, MD
2010 William D. James, MD
2011 Ronald L. Moy, MD
2012 Daniel M. Siegel MD
2013 Dirk M. Elston, MD
2014 Brett M. Coldiron, MD
2015 Mark Lebwohl, MD

PAST VICE PRESIDENTS

1938 Paul A. O’Leary, MD*
1939 Harther L. Kems, MD*
1940 Clark W. Finnerud, MD*
1941 J. G. Downing, MD*
1942-46 Everett C. Fox, MD*
1947 William H. Guy, MD*
1948 Frances E. Senear, MD*
1949 Frank C. Combes, MD*
1950 Francis W. Lynch, MD*
1951 James L. Pipkin, MD*
1952 Michael H. Ebert, MD*
1953 Maurice J. Costello, MD*
1954 John F. Madden, MD*
1955 Carroll S. Wright, MD*
1956 Samuel W. Becker, MD*
1957 Arthur G. Schoch, MD*
1958 Everett R. Seale, MD*
1959 Norman M. Wrong, MD*
1960 C. Ferrd Lehman, MD*
1961 Thomas Butterworth, MD*
1962 Lamuel P. Freaumx, MD*
1963 Louis H. Winer, MD*
1964 Frederic J. Saymanis, MD*
1965 Harry L. Arnold Jr., MD*
1966 Rees B. Rees, MD*
1967 Anthony N. Domonkos, MD*
1968 Otis F. Jillson, MD*
1969 Victor H. Witter, MD*
1970 Hermann Pinkus, MD*
1971 Harold N. Cole Jr., MD*
1972 John L. Fromer, MD*
1973 Margaret A. Storkan, MD*
1974 Adolph Rostenberg jr., MD*
1975 Herbert Mescon, MD*
1976 Harold O. Perry, MD*
1977 Morris Waisman, MD*
1978 Donald J. Birmingham, MD*
1979 Richard L. Dobson, MD*
1980 Gordon C. Sauer, MD*
1981 James H. Graham, MD*
1982 Samuel L. Moschella, MD*
1983 Victor D. Newcomer, MD*
1984 Denny L. Tuffanelli, MD*
1985 Harry L. Wechsler, MD*
1986 Milton Orkin, MD*
1987 Edward A. Krull, MD*
1988 Marian A. Chernosky, MD*
1989 Frederic D. Mallinson, MD*
1990 Diane R. Baker, MD*
1991 Paul M. Lazar, MD*
1992 Peter J. Lynch, MD
1993 W. Mitchell Sams Jrs., MD*
1994 Lawrence A. Norton, MD*
1995 Alan R. Shalita, MD*
1996 Paul S. Russell, MD*
1997 Antonette F. Hood, MD
1998 Richard K. Scher, MD
1999 Roy S. Rogers III, MD*
2000 Marianne N.
2001 Boni E. Eleewski, MD
2002 Neil A. Swanson, MD
2003 Joseph L. Jorizzo, MD
2004 Jeffrey P. Callen, MD
2005 Bruce H. Thiers, MD
2006 William P. Coleman III, MD
2007 Henry W. Lim, MD
2008 James S. Taylor, MD
2009 Evan R. Farmer, MD
2010 Andrew P. Lazar, MD, MPH
2011 Suzianne M. Connolly, MD
2012 Zoe D. Draelos, MD
2013 Lisa A. Garner, MD
2014 Elise A. Olsen, MD
2015 Timothy G. Berger, MD

PAST SECRETARY-TREASURERS

1938-41 Clyde L. Cummer, MD, Treasurer*
1938-41 Earl D. Osborne, MD, Secretary*
1946-49 Earl D. Osborne, MD, Treasurer*
1949-50 Frank L. Rauschkolb, MD
1950-53 John E. Rauschkolb, MD
1953-57 Ronald J. Rauschkolb, MD
1957-61 Ronald L. Rauschkolb, MD
1961-63 Ronald J. Rauschkolb, MD
1963-67 Ronald L. Rauschkolb, MD
1967-73 Ronald J. Rauschkolb, MD
1973-80 Ronald L. Rauschkolb, MD
1980-82 Franklin Pass, MD
1983-85 G. Thomas Jansen, MD*
1986-88 Stephen B. Webster, MD
1989-91 Paul S. Russell, MD
1992-94 Fred F. Castrow II, MD
1995-97 Darrell S. Rigel, MD
1998-00 June K. Robinson, MD
2001-03 Clay J. Cockrell, MD
2004-06 David M. Pariser, MD
2007-09 Mary E. Maloney, MD
2010-11 Robert D. Greenberg, MD
2012-15 Suzanne M. Olbricht, MD

HONORARY MEMBERS

1939 Andrew Bride, MD*
1940-46 William J. Corlett, MD*
1941 William A. Pusey, MD*
1942 Charles J. White, MD*
1949 Fred Wise, MD*
1958 Clyde L. Cummer, MD*
1968 Henry E. Michelson, MD*
1969 Donald M. Pillsbury, MD*
1970 Marion B. Sulzberger, MD*
1972 Harry R. Foerster, MD*
1973 Hamilton Montgomery, MD*
1974 Samuel Ayres Jr. MD*
1975-79 J. Lamar Callaway, MD*
1976 Everett C. Fox, MD*
1977 Clinton W. Lane, MD*
1978-80 Wiley M. Sams, MD*
1979 Richard L. Sutton, Jr. MD*
1980 J. Walter Wilson, MD*
1982 Robert R. Kierland, MD*
1983 Francis W. Lynch, MD*
1984 J. Lewis Pipkin, MD*
1985 Samuel J. Zakon, MD*
1986-88 Andrew P. Lazar, MD, MPH
1989-91 Jerry L. Stewart, MD
1992-94 Fred F. Castrow II, MD
1995-97 Darrell S. Rigel, MD
1998-00 June K. Robinson, MD
2001-03 Clay J. Cockrell, MD
2004-06 David M. Pariser, MD
2007-09 Mary E. Maloney, MD
2010-11 Robert D. Greenberg, MD
2012-15 Suzanne M. Olbricht, MD

* deceased
MARION B. SULZBERGER, MD, MEMORIAL AWARD AND LECTURESHIP
(Lila Gruber Fund Award of the AAD)
1984 Stephen I. Katz, MD, PhD
1985 Robert A. Briggaman, MD
1986 Gerald S. Lazarus, MD
1987 Douglas R. Lowy, MD
1988 John A. Parrish, MD
1989 Eugene A. Bauer, MD
1990 Thomas T. Provost, MD*
1991 Kirk D. Wuepper, MD*
1992 David R. Bickers, MD
1993 Jouni J. Uitto, MD
1994 Thomas J. Lawley, MD
1995 Jouni J. Uitto, MD
1996 William M. Narva, MD
1997 Victor D. Newcomer, MD*
1998 Elizabeth I. McBurney, MD
1999 Maria L. Chanco Turner, MD
2000 Donald P. Lookingbill, MD
2001 Irwin H. Braverman, MD
2002 Rex A. Amonette, MD
2003 Gloria F. Graham, MD
2004 Jeffrey P. Callen, MD
2005 Roy S. Rogers III, MD
2006 Samuel L. Moschella, MD
2007 William D. James, MD
2008 Jean L. Bolognia, MD
2009 Frances J. Storrs, MD
2010 Libby Edwards, MD
2011 Timothy M. Johnson, MD
2012 H. W. Lim, MD
2013 Mark Lebwohl, MD
2014 Timothy G. Berger, MD
2015 James S. Taylor, MD

EUGENE J. VAN SCOTT
AWARD FOR INNOVATIVE
THERAPY OF THE SKIN AND
PHILLIP FROST LEADERSHIP
LECTURE
2008 Douglas R. Lowy, MD
2009 John J. Voorhees, MD
2010 R. Rox Anderson, MD
2011 Anton Stuetz, PhD
2012 Alastair Carruthers, MD and
Jean D.A. Carruthers, MD
2013 Jouni Uitto, MD, PhD
2014 Ervin H. Epstein Jr., MD
2015 James G. Krueger, MD, PhD

THOMAS G. PEARSON, E.D.D.,
MEMORIAL EDUCATION AWARD
2003 Mary E. Maloney, MD
2004 Elizabeth I. McBurney, MD
2005 Roy S. Rogers III, MD
2006 Jean L. Bolognia, MD
2007 Thomas L. Ray, MD
2008 Jeffrey P. Callen, MD
2009 Peter J. Lynch, MD
2010 Maria L. Chanco Turner, MD
2011 Christie Travelute
2012 Erik J. Stratman, MD
2013 Timothy G. Berger, MD
2014 Ilona J. Frieden, MD
2015 Robert S. Kirsner, MD, PhD

EVERETT C. FOX, MD,
MEMORIAL LECTURESHIP
1994 Harry J. Hurley, MD*
1995 G. Thomas Jansen, MD*
1996 William M. Narva, MD
1997 Victor D. Newcomer, MD*
1998 Elizabeth I. McBurney, MD
1999 Maria L. Chanco Turner, MD
2000 Donald P. Lookingbill, MD
2001 Irwin H. Braverman, MD
2002 Rex A. Amonette, MD
2003 Gloria F. Graham, MD
2004 Jeffrey P. Callen, MD
2005 Roy S. Rogers III, MD
2006 Samuel L. Moschella, MD
2007 William D. James, MD
2008 Jean L. Bolognia, MD
2009 Frances J. Storrs, MD
2010 Libby Edwards, MD
2011 Timothy M. Johnson, MD
2012 H. W. Lim, MD
2013 Mark Lebwohl, MD
2014 Timothy G. Berger, MD
2015 James S. Taylor, MD

MASTERS IN DERMATOLOGY
1984 Rudolf L. Baer, MD*
1985 Harold O. Perry, MD*
1985 Clarence S. Livingood, MD*
1985 Harvey Blank, MD*
1986 Rees B. Rees, MD*
1987 Walter B. Shelley, MD*
1987 J. Lamar Callaway, MD*
1987 Harry L. Arnold Jr., MD*
1988 Herman Beerman, MD*
1988 Walter C. Lobitz Jr., MD*
1989 Alexander A. Fisher, MD*
1989 Richard L. Sutton Jr., MD*
1990 Thomas B. Fitzpatrick, MD, PhD*
1990 Robert W. Goltz, MD*
1991 John H. Epstein, MD*
1991 G. Thomas Jansen, MD*
1992 Richard L. Dobson, MD
1992 Samuel L. Moschella, MD
1993 Clayton E. Wheeler Jr., MD*
1993 Irwin M. Braverman, MD
1994 Albert M. Kligman, MD, PhD*
1994 Lowell A. Goldsmith, MD
1994 Alfred W. Kopf, MD
1995 Marie-Louise Johnson, MD, PhD
1995 John A. Kenney Jr., MD*
1996 Eugene Farber, MD*
1996 J. B. Howell, MD*
1997 Victor D. Newcomer, MD*
1997 Eugene J. Van Scott, MD
1998 John S. Strauss, MD*
1998 Aaron B. Lerner, MD
1999 Harry J. Hurley, MD*
1999 Peyton E. Weary, MD*
2003 J. Graham Smith Jr., MD*
2003 Frances J. Storrs, MD
2004 A. Bernard Ackerman, MD*
2005 Stephen I. Katz, MD, PhD
2006 Mark V. Dahl, MD
2007 Jon M. Hamlin, MD
2008 Nancy Esterly, MD
2009 Edward A. Krull, MD*
2010 John J. Voorhees, MD
2011 James J. Nordlund, MD
2012 Libby Edwards, MD
2013 Howard I. Maibach, MD
2014 Barbara Ann Gilchrest, MD
2015 Roy S. Rogers, III, MD

PROFESSIONALISM AWARD
2014 Lionel Bercovitch, MD, FAAD
2014 Jane Grant-Kels, MD, FAAD

CLARENCE S. LIVINGOOD, MD, AWARD AND LECTURESHIP
1993 John S. Strauss, MD*
1994 Irwin M. Freedberg, MD*
1995 M. Roy Schwarz, MD
1996 Philip C. Anderson, MD*
1997 Bradford W. Claxton, CAE
1998 Edward A. Krull, MD*

EUGENE A. KRULL, MD
Lecture and Award
1996 Philip C. Anderson, MD*
1995 M. Roy Schwarz, MD
1994 Irwin M. Freedberg, MD*
1993 John S. Strauss, MD*
1992 Richard L. Dobson, MD
1991 Samuel L. Moschella, MD
1990 Thomas B. Fitzpatrick, MD, PhD*
1989 Eugene A. Bauer, MD
1988 John A. Parrish, MD
1987 Douglas R. Lowy, MD
1986 Gerald S. Lazarus, MD
1985 Robert A. Briggaman, MD
1984 Stephen I. Katz, MD, PhD

PROFESSIONALISM AWARD
2014 Lionel Bercovitch, MD, FAAD
2014 Jane Grant-Kels, MD, FAAD

GET CONNECTED WITH
THE MEETING MOBILE APP
Use the app to find:
• Session schedule
• Exhibitors
• Speakers
• Maps
• Frequently asked questions
• Event listing
• City Guide
• Attendees
• Audience Response sessions
Download from the App Store or visit aad.org/mobile.
BIG for Widespread Inflammatory Dermatoses

Trianex® 0.05%
(Triamcinolone Acetonide Ointment, USP)

Where size and cosmetic elegance meet

- 430g size, great for patients with widespread inflammatory dermatoses
- Nongreasy, cream-like formulation

INDICATION AND IMPORTANT SAFETY INFORMATION

Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. The most common adverse events with Trianex Ointment include burning, itching, irritation, dryness, and folliculitis. Trianex Ointment is contraindicated in patients who are hypersensitive to any of the ingredients of this product. As with all topical corticosteroids, systemic absorption can produce reversible HPA-axis suppression.

Please See Full Prescribing Information on reverse side.

Trianex is a registered trademark of CNP Pharma, Inc. ©2015 Promius Pharma, LLC. All rights reserved.
Trianex® 0.05%
(Triamcinolone Acetonide Ointment, USP)
Proprietary Hydrous Emulsified Base
Rx Only

DESCRIPTION
Topical corticosteroids, such as Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP), constitute a class of primarily synthetic steroids used as anti-inflammatory and antipruritic agents. Each gram of Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) contains 0.5 mg of Triamcinolone Acetonide USP in a water-in-oil emulsion composed of Light Mineral Oil NF, Purified Water USP, White Petroleum USP, Heavy Mineral Oil USP, Mineral Wax, and Lanolin Alcohol NF. The white ointment is for topical use only.

Trianex Acetonide has the molecular formula of C₂₃H₂₃F₂O₆ and is designated chemically as 9-Fluoro-11, 21-dihydroxy - 16, 17-[(1-methylethylene)bis (oxy)] - (11β, 16α) -. It has a molecular weight of 434.30 and the following structural formula:

CLINICAL PHARMACOLOGY
Topical corticosteroids share anti-inflammatory, antipruritic, and vasoconstrictive actions. The mechanism of anti-inflammatory activity of the topical corticosteroids is unclear. Various laboratory methods, including vasoconstrictor assays, are used to compare and predict potencies and/or clinical efficacies of the topical corticosteroids. There is some evidence to suggest that a recognizable correlation exists between vasoconstrictor potency and therapeutic efficacy in man.

Pharmacokinetics
The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle, the integrity of the epidermal barrier, and the use of occlusive dressings. Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids. Thus, occlusive dressings may be a valuable therapeutic adjunct for treatment of resistant dermatoses (see DOSAGE AND ADMINISTRATION). Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins in varying degrees. Corticosteroids are metabolized primarily in the liver and are then excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also excreted into the biliary system.

INDICATIONS AND USAGE
Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatoses.

CONTRAINDICATIONS
Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) is contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

PRECAUTIONS
General
Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing’s syndrome, hyperglycemia, and glucosuria in some patients. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Therefore, patients receiving a large dose of a potent topical steroid applied to a large surface area or under an occlusive dressing should be evaluated periodically for evidence of HPA axis suppression if by using the urinary free cortisol and ACTH stimulation tests. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid.

Recovery of HPA axis function is generally prompt and complete upon discontinuation of the drug. Infrequently, signs and symptoms of steroid withdrawal may occur, requiring supplemental systemic corticosteroids.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity (see PRECAUTIONS-Pediatric Use).

If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted.

In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

Information for the Patient
Patients using topical corticosteroids should receive the following information and instructions:

1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.

2. Patients should be advised not to use this medication for any disorder other than that for which it was prescribed.

3. The treated skin area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician.

4. Patients should report any signs of local adverse reactions especially under occlusive dressing.

5. Parents of pediatric patients should be advised not to use tight-fitting diapers or plastic pants on a child being treated in the diaper area, as these garments may constitute occlusive dressings.

Laboratory Tests
The following tests may be helpful in evaluating the HPA axis suppression:

Urinary free cortisol test
ACTH stimulation test

Carcinogenesis, Mutagenesis and Impairment of Fertility
Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of topical corticosteroids. Studies to determine mutagenicity with prednisolone and hydrocortisone have revealed negative results.

Pregnancy Category C
Corticosteroids are generally teratogenic in laboratory animals when administered systemically at relatively low dosage levels. The more potent corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well-controlled studies in pregnant women on teratogenic effects from topically applied corticosteroids. Therefore, topical corticosteroids should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Nursing Mothers
It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids are secreted into breast milk in quantities not likely to have a deleterious effect on the infant. Nevertheless, caution should be exercised when topical corticosteroids are administered to a nursing woman.

Pediatric Use
Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing’s syndrome than mature patients because of a larger skin surface area to body weight ratio.

Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing’s syndrome and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include linear growth retardation, delayed weight gain, low plasma cortisol levels, and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema.

Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of children.

ADVERSE REACTIONS
The following local adverse reactions are reported infrequently with topical corticosteroids, but may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence:

Burning, Itching, Irritation, Dryness, Foul Odor, Hyperirritability, Acneform erupions, Hypopigmentation, Perioral dermatitis, Allergic contact dermatitis, Maceration of the skin, Secondary infection, Skin atrophy, Shine, and Miliaria

OVERDOSAGE
Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects (see PRECAUTIONS).

DOSAGE AND ADMINISTRATION
Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) is generally applied to the affected area as a thin film from two to four times daily depending on the severity of the condition.

In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

HOW SUPPLIED
Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) is supplied in 430 g jars (NDC 67857-806-19).

KEEP THIS AND ALL DRUGS OUT OF THE REACH OF CHILDREN.
You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to Promius Pharma, LLC at 1-888-966-8766.

STORE AT CONTROLLED ROOM TEMPERATURE 15°– 30° C (59°– 86° F).

DISPENSE IN A WELL-CLOSED CONTAINER.

CAUTION: Federal law prohibits dispensing without prescription
For external use only. Not for ophthalmic use.

Distributed by:
Promius Pharma, LLC
Princeton, NJ 08540
Manufactured by:
CMP Pharma, Inc.
Farmville, NC 27828
Trianex is a registered trademark of CMP Pharma, Inc.

006735

Revised 0115
Poster presentations
Select poster authors will conduct brief presentations of their e-Posters at the Poster Presentation Centers.
A full listing of the posters and a schedule of presentations is available at aad.org and on site at the Walter E. Washington Convention Center.

Posters are searchable
Electronic poster (e-Poster) exhibits are searchable by the following categories:
- Acne
- Aesthetic Dermatology
- Aging/Geriatrics
- Arts, History, & Humanities of Dermatology
- Basic Science
- Clinical Dermatology & Other Cutaneous Disorders
- Connective Tissue Diseases
- Dermatitis, Contact, Allergic & Irritant
- Dermatitis, Atopic
- Dermatopathology
- Digital/Electronic Technology
- Education & Community Service
- Epidemiology & Health Services Administration
- Genodermatoses
- Hair & Nail Disorders
- Immunodermatology & Blistering Disorders
- Infection — Bacterial & Parasitic
- Infection — Fungal
- Infection — Viral
- Internal Medicine Dermatology
- Lymphoma, Cutaneous/Mycosis Fungoides
- Melanoma & Pigmented Lesions
- Non-Melanoma Skin Cancer
- Pediatric Dermatology
- Pharmacology
- Photobiology, Phototherapy & Photosensitivity Diseases
- Pigmentary Disorders & Vitiligo
- Psoriasis & Other Papulosquamous Disorders
- Surgery — Cosmetic
- Surgery — Dermatologic
- Surgery — Laser
- Wound Healing & Ulcers

E-POSTER HOURS
Viewing stations for e-Posters will be open during the following hours:
Friday ....................... 7 a.m. to 5:30 p.m.
Saturday ................... 7 a.m. to 5:30 p.m.
Sunday ..................... 7 a.m. to 5:30 p.m.
Monday ..................... 7 a.m. to 5:30 p.m.
Tuesday .................... 7 a.m. to 12 p.m.

Location: Hall D
BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION FOR LUZU (luliconazole)

This Brief Summary does not include all the information needed to use LUZU safely and effectively. See full Prescribing Information for LUZU.

LUZU (luliconazole) Cream, 1% for topical use
Initial U.S. Approval: 2013

Rx Only

INDICATIONS
LUZU (luliconazole) Cream, 1% is an azole antifungal indicated for the topical treatment of interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organisms Trichophyton rubrum and Epidermophyton floccosum, in patients 18 years of age and older.

DOSAGE AND ADMINISTRATION
For topical use only. LUZU Cream, 1% is not for ophthalmic, oral, or intravaginal use.

When treating interdigital tinea pedis, a thin layer of LUZU Cream, 1% should be applied to the affected area and approximately 1 inch of the immediate surrounding area(s) once daily for two (2) weeks.

When treating tinea cruris or tinea corporis, LUZU Cream, 1% should be applied to the affected area and approximately 1 inch of the immediate surrounding area(s) once daily for one (1) week.

ADVERSE REACTIONS
Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug, and may not reflect the rates observed in practice.

In three Phase 3 clinical trials, 616 subjects were exposed to LUZU Cream, 1%: 305 with interdigital tinea pedis and 311 subjects with tinea cruris. Subjects with interdigital tinea pedis or tinea cruris applied LUZU Cream, 1% or vehicle cream once daily for 14 days or 7 days, respectively, to affected and adjacent areas. During clinical trials with LUZU Cream, 1% the most common adverse reactions were application site reactions which occurred in less than 1% of subjects in both the LUZU and vehicle arms. Most adverse reactions were mild in severity.

Post-Marketing Experience
The following adverse reactions have been identified during postmarketing use of luliconazole cream, 1%: contact dermatitis and cellulitis. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

DRUG INTERACTIONS
The potential of luliconazole to inhibit cytochrome P-450 (CYP) enzymes 1A2, 2C9, 2C19, 2D6, and 3A4 was evaluated in vitro. Based on in vitro assessment, luliconazole at therapeutic doses, particularly when applied to areas that are substrates of CYP2C19 and CYP3A4. However, no in vivo drug interaction trials have been conducted to evaluate the effect of luliconazole on other drugs that are substrates of CYP2C19 and CYP3A4.

Luliconazole is not expected to inhibit CYPs 1A2, 2C9 and 2D6 based on in vitro assessment. The induction potential of luliconazole on CYP enzymes has not been evaluated.

USE IN SPECIFIC POPULATIONS

Pregnancy: Pregnancy Category C.

There are no adequate and well-controlled studies of LUZU Cream, 1% in pregnant women. LUZU Cream, 1% should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

The animal multiples of human exposure calculations were based on daily dose body surface area (BSA) comparisions (mg/m²) for the reproductive toxicology studies described in this section and in Section 13.1 of the prescribing information. The Maximum Recommended Human Dose (MRHD) was set at 8 g 1% cream per day (1.33 mg/kg/day for a 60 kg individual which is equivalent to 49.2 mg/m²/day).

Systemic embryofetal development studies were conducted in rats and rabbits. Subcutaneous doses of 1, 5 and 25 mg/kg/day luliconazole were administered during the period of organogenesis (gestational days 7-17) to pregnant female rats. No treatment related effects on maternal toxicity or malformations were noted at 25 mg/kg/day (3 times the MRHD based on BSA comparisons). Increased incidences of skeletal variation (14th rib) were noted at 25 mg/kg/day. No treatment related effects on skeletal variation were noted at 5 mg/kg/day (0.6 times the MRHD based on BSA comparisons).

Subcutaneous doses of 4, 20 and 100 mg/kg/day luliconazole were administered during the period of organogenesis (gestational days 6-18) to pregnant female rabbits. No treatment related effects on maternal toxicity, embryofetal toxicity or malformations were noted at 100 mg/kg/day (24 times the MRHD based on BSA comparisons).

In a pre- and post-natal development study in rats, subcutaneous doses of 1, 5 and 25 mg/kg/day luliconazole were administered from the beginning of organogenesis (gestation day 7) through the end of lactation (lactation day 20). In the presence of maternal toxicity, embryofetal toxicity (increased prenatal pup mortality, reduced live litter sizes and increased postnatal pup mortality) was noted at 25 mg/kg/day. No embryofetal toxicity was noted at 5 mg/kg/day (0.6 times the MRHD based on BSA comparisons). No treatment effects on postnatal development were noted at 25 mg/kg/day (3 times the MRHD based on BSA comparisons).

Nursing Mothers
It is not known whether luliconazole is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when LUZU Cream, 1% is administered to women who are breastfeeding.

Pediatric Use
The safety and effectiveness of LUZU Cream, 1% in pediatric patients have not been established. The number of pediatric patients ≥12 years of age were too small to adequately assess safety and efficacy.

Geriatric Use
Of the total number of subjects in clinical studies of LUZU Cream, 1%, 8 percent were 65 and over, while 1.4 percent were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility
Long-term studies to evaluate the carcinogenic potential of LUZU Cream, 1% have not been conducted.

Luliconazole revealed no evidence of mutagenic or clastogenic potential based on the results of two in vitro genotoxicity tests (Ames assay and Chinese hamster lung cell chromosomal aberration assay) and one in vivo genotoxicity test (mouse bone marrow micronucleus test).

In a fertility study in rats, subcutaneous doses of 1, 5 and 25 mg/kg/day luliconazole were administered prior to and during mating and through early pregnancy. Treatment related effects on reproductive function were noted in females (decreased live embryos and decreased corpus luteum) at 5 and 25 mg/kg/day and males (decreased sperm counts) at 25 mg/kg/day. No treatment related effects on fertility or reproductive function were noted at 1 mg/kg/day (0.1X MRHD based on BSA comparisons).

PATIENT COUNSELING INFORMATION
See FDA-approved patient labeling (Patient Information)

Inform patients that LUZU Cream, 1% is for topical use only. LUZU Cream, 1% is not intended for intravaginal or ophthalmic use.

Manufactured for:
Medicus, a division of Valeant Pharmaceuticals North America LLC, Bridgewater, NJ 08807

Valeant Pharmaceuticals North America LLC

Manufactured by: DPT Laboratories, Ltd., San Antonio, TX  78215

Product of Japan

Issued: 8/2014

9386401

DM/LUZ/15/0007
TINEA
Due to *Trichophyton rubrum* and *Epidermophyton floccosum* in adults

STRIKE NOW. TREAT FAST.

2 weeks, 14 doses for tinea pedis; efficacy seen at 4 weeks post-treatment
1 week, 7 doses for tinea cruris and tinea corporis; efficacy seen at 3 weeks post-treatment

LUZU® STRENGTH (luliconazole) Cream, 1%

LUZU may help some patients with interdigital tinea pedis become fungus free. Individual results may vary.

**Indications and Usage**
LUZU (luliconazole) Cream, 1% is indicated for the topical treatment of interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organisms *Trichophyton rubrum* and *Epidermophyton floccosum* in patients 18 years of age and older.

**Important Safety Information**
LUZU is indicated for topical use only and is not indicated for ophthalmic, oral or intravaginal use.
LUZU should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Caution should be exercised when LUZU is prescribed for nursing mothers.
The most common adverse reactions in clinical trials were application site reactions, which occurred in less than 1% of subjects in both LUZU and vehicle arms. Most adverse reactions were mild in severity.

Please see Brief Summary of Full Prescribing Information for LUZU on adjacent page.
Exhibit hall floor plan

**ORIENTATION NOTES**

- The Exhibit Hall is located in Halls A, B, and C on the Lower Level of the Walter E. Washington Convention Center.
- You can access the Exhibit Hall via escalators from the Street Level entrance (see page 40).
- The AAD Resource Center is on Level 2, Hall D (see page 41).

**AAD Bistro**

Booths 137-945

Booths 1000-1915

Hall C Entrance

Hall B Entrance

Escalators

Escalators
While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.
Exhibitors alphabetically

Exhibitors are located in Halls A, B, and C.

# 21st Century Oncology 4311
# 3Gen, Inc./DermLite 1101
# SCC (S-Continent-Congress) 623

A

AAD Bistro 137
AAD Exhibitor Space Selection Lounge 4257
AbbVie 3537, 2723, 3459
Aciclovir 2848
Accurate Manufacturing Inc. 4144
AccuTEC Blades 3055
AccuVein 516
Aclaris Therapeutics, Inc. 3115
Actelion Pharmaceuticals US 519
Action Bag Company 210
Acuderm 3911
AD Surgical 3162
Advalight 1246
Advanced Dermatology & Cosmetic Surgery 1108
Advanced MD, Inc. 602
Advanced Skin & Hair 3945
Aerolase 1915
The Aesthetic Guide 918
Affiliated Dermatology 327
Agnes formerly Gowoonsesang
Cosmetics 406
Allie BioDerma 4045
Allergan 2701
Alma Lasers 2607
Alphaeon Corporation 3625
American Board of Dermatology 2309
American Express OPEN 3159
American Institute of Aesthetic Medicine 200
American Society for Dermatologic Surgery 3819
American Society for Mohs Surgery 2121
Amgen, Inc. 2401
Anthony Products/Gio Pelle 1100
Aqua Pharmaceuticals 3325
Aquavit Pharmaceuticals, Inc. 2817
Asclepion Laser Technologies 1419
Aurora Diagnostics 4137
B

Baltic Association of Dermatovenerologists 311
Bank of America Practice Solutions 819
Bayer Healthcare 2737
Baylor Scott & White Health 4341
Beiersdorf, Inc. 1801
Beijing Anchorfree Technology Co., Ltd. 310
Beijing Sincoheren S&T Development Co., LTD. 2256
Beijing Syntech Laser Co., Ltd. 608
Bellaire Industry/Mesopen 4056
Bellus Medical 621
Benev Company Inc. 3661
Bio-Oil 1127
Biodermis 2554
Biologica Technologies 1037
Bios SRL 3758
bioskin GmbH 2954
Biotech Italia SRL 409
Bison Medical 209
Blaine Labs, Inc. 508
Boehringer Ingelheim Pharmaceuticals, Inc. 4345
Boiron 3946
Bovie Medical 600
brandMD Skin Care 915
Brazilian Society for Dermatological Surgery 1013
Brymill Cryogenic Systems 2400
BTL Industries 2355
Buzzy MMJ Labs 3058
C

Caliber Imaging & Diagnostics 4019
Canfield Scientific 3823
CareCredit 527
Castle Biosciences, Inc. 500
Cellgene Corporation 4221
Chemistry Rx 308
Chemotechnique Diagnostics/ Dermor Laboratories 1401
Chen/LeeMD Sensitive Skin Care 4350
Chromogenex 1245
CHUNGWOO 721
Church & Dwight/ Arm & Hammer 1136
Cipher Pharmaceuticals Inc. 3153
Circadia by Dr. Pugliese 3953
Clinical Resolution Lab, Inc. 927
Clinique 1201
CLN Skin Care (TopMD Skin Care) 1441
CNH Pillow, Inc. 3843
Coalition of Skin Diseases 2408
Cobalt Medical Supply, Inc. 3261
CoLabs Intl Corp. 3255
Collagen P.I.N. 3059
Compulink Business Systems, Inc. 2717
Connamed 1810
ContextMedia Health 4202
COOLA Suncare 2161
Coolibar, Sun Protection You Wear 2660
Coronna LLC 2157
Cortex Technology Aps 3811
COSMED Dermaceuticals, Inc. 1026
CosMedical Technologies, LLC 606
Cosmofrance Inc. 619
CRC Press - Taylor & Francis 1409
Crown Laboratories, Inc. 2305
CryoProbe 2459
Crystal Clear Digital Marketing 526
Cu-Tech 2855
CureMD Healthcare 2955
Cutera 2413
Cuts & Cosmetic Dermatology 1510
Cynosure 1821
D

D-Path Dermatopathology 3015, 3114
Daavlin 3937
DEKA Medical 737
Dermatology News 1508
Dermatology Solutions Group 222
Dermatology Times 1007
DermAvance Pharmaceuticals 3149
Dermelect Cosmeceuticals 306
DermaSweep 3053
DermLink, Inc. 415
Dermomedica SRL 3758
Dermpath Diagnostics 3637
Dermpath Lab of Central States 2555
DermPRO 3163
DermResources, LLC 801
DermSpectra, LLC 501
DermTech 4349
Dermwise 207
<table>
<thead>
<tr>
<th>Company</th>
<th>Booth Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designs for Vision, Inc.</td>
<td>401</td>
</tr>
<tr>
<td>Dino-Lite Scopes (BigC)</td>
<td>3942</td>
</tr>
<tr>
<td>Diplomat Specialty Pharmacy</td>
<td>1524</td>
</tr>
<tr>
<td>Doctor.com</td>
<td>224</td>
</tr>
<tr>
<td>Dow Development Laboratories</td>
<td>907</td>
</tr>
<tr>
<td>DrDisabilityQuotes.Com LLC</td>
<td>4161</td>
</tr>
<tr>
<td>DRE Medical Inc.</td>
<td>407</td>
</tr>
<tr>
<td>eClinicalWorks</td>
<td>4339</td>
</tr>
<tr>
<td>Eclipse Aesthetics. LLC</td>
<td>3745</td>
</tr>
<tr>
<td>Elekta</td>
<td>4310</td>
</tr>
<tr>
<td>Eli Lilly &amp; Co.</td>
<td>845</td>
</tr>
<tr>
<td>Ellipse, Inc.</td>
<td>2461</td>
</tr>
<tr>
<td>Ellis Instruments</td>
<td>1536</td>
</tr>
<tr>
<td>Elsevier</td>
<td>2601</td>
</tr>
<tr>
<td>EltaMD Skincare</td>
<td>1637, 1737</td>
</tr>
<tr>
<td>Emvera Technologies, LLC</td>
<td>720</td>
</tr>
<tr>
<td>EndyMed Medical Ltd.</td>
<td>301</td>
</tr>
<tr>
<td>Envy Medical</td>
<td>1119</td>
</tr>
<tr>
<td>Epionce</td>
<td>3759</td>
</tr>
<tr>
<td>Equipment USA-DermapenWorld</td>
<td>4307</td>
</tr>
<tr>
<td>Ermis Labs, LLC</td>
<td>3057</td>
</tr>
<tr>
<td>EunSung Global Corp.</td>
<td>2251</td>
</tr>
<tr>
<td>European Academy of Dermatology and Venereology</td>
<td>2406</td>
</tr>
<tr>
<td>Exeltis USA</td>
<td>4353</td>
</tr>
<tr>
<td>EZ Derm, LLC</td>
<td>2151</td>
</tr>
<tr>
<td>Femdale Pharma Group</td>
<td>3425</td>
</tr>
<tr>
<td>FibroTx LLC</td>
<td>505</td>
</tr>
<tr>
<td>FIGS</td>
<td>4050</td>
</tr>
<tr>
<td>FineMec Co, Ltd.</td>
<td>318</td>
</tr>
<tr>
<td>Focus Medical</td>
<td>1445</td>
</tr>
<tr>
<td>Forefront Dermatology</td>
<td>520</td>
</tr>
<tr>
<td>Fotofinder Systems, Inc.</td>
<td>827</td>
</tr>
<tr>
<td>Fotona Lasers</td>
<td>1107</td>
</tr>
<tr>
<td>Galderma Laboratories, LP</td>
<td>2901</td>
</tr>
<tr>
<td>Genentech, a Member of the Roche Group</td>
<td>2101</td>
</tr>
<tr>
<td>Genesco</td>
<td>212</td>
</tr>
<tr>
<td>GliSODin Skin Nutrients</td>
<td>3657</td>
</tr>
<tr>
<td>GlitterTots</td>
<td>414</td>
</tr>
<tr>
<td>GMC Medical</td>
<td>4301</td>
</tr>
<tr>
<td>Gold Bond Ultimate</td>
<td>4245</td>
</tr>
<tr>
<td>Grand Aespio Inc.</td>
<td>3954</td>
</tr>
<tr>
<td>Gunderson Health System</td>
<td>1006</td>
</tr>
<tr>
<td>HairCheck</td>
<td>4209</td>
</tr>
<tr>
<td>HairMax-Lexington International</td>
<td>1405</td>
</tr>
<tr>
<td>Hans Biomed USA, Inc.</td>
<td>514</td>
</tr>
<tr>
<td>Hansderma</td>
<td>3148</td>
</tr>
<tr>
<td>Hayden Medical Instruments</td>
<td>2751</td>
</tr>
<tr>
<td>Heine USA Ltd.</td>
<td>1004</td>
</tr>
<tr>
<td>Henry Schein</td>
<td>1000</td>
</tr>
<tr>
<td>HIDEX GmbH</td>
<td>4048</td>
</tr>
<tr>
<td>Hill Dermaceuticals, Inc.</td>
<td>2736</td>
</tr>
<tr>
<td>Hill Laboratories Co.</td>
<td>4119</td>
</tr>
<tr>
<td>Hill Top Research</td>
<td>3056</td>
</tr>
<tr>
<td>HK Surgical</td>
<td>405</td>
</tr>
<tr>
<td>Honeywell Safety Products</td>
<td>3752</td>
</tr>
<tr>
<td>Hopewell Pharmacy &amp; Compounding Center</td>
<td>3063</td>
</tr>
<tr>
<td>HRA Healthcare Research &amp; Analytics</td>
<td>4215</td>
</tr>
<tr>
<td>HydraFacial MD - Edge Systems LLC</td>
<td>1027</td>
</tr>
<tr>
<td>HydroPeptide</td>
<td>3861</td>
</tr>
<tr>
<td>Iagnosis Inc./DermatologistOnCall</td>
<td>1147</td>
</tr>
<tr>
<td>Ibero Latin American Collage of Dermatology/CILAD</td>
<td>507</td>
</tr>
<tr>
<td>iDoc24 Inc.</td>
<td>821</td>
</tr>
<tr>
<td>IFC SA</td>
<td>3359</td>
</tr>
<tr>
<td>Industra Technologies</td>
<td>307</td>
</tr>
<tr>
<td>INFINITE TRADING INC.</td>
<td>3214</td>
</tr>
<tr>
<td>Inga Elsey Billing Companies</td>
<td>403</td>
</tr>
<tr>
<td>InMode</td>
<td>3561</td>
</tr>
<tr>
<td>Innovaderm Research</td>
<td>3654</td>
</tr>
<tr>
<td>Innovative Optics Laser Eye Protection</td>
<td>2011</td>
</tr>
<tr>
<td>Integrated Dermatology Group</td>
<td>837</td>
</tr>
<tr>
<td>Interderma, S.L.</td>
<td>228</td>
</tr>
<tr>
<td>International Psoriasis Council</td>
<td>227</td>
</tr>
<tr>
<td>International Society of Dermatology</td>
<td>901</td>
</tr>
<tr>
<td>ISDIN</td>
<td>2257</td>
</tr>
<tr>
<td>JADS International, LLC</td>
<td>3248</td>
</tr>
<tr>
<td>The JAMA Network</td>
<td>329</td>
</tr>
<tr>
<td>Jan Marini Skin Research</td>
<td>2619</td>
</tr>
<tr>
<td>Janssen Biotech, Inc.</td>
<td>3801</td>
</tr>
<tr>
<td>Jaypee Highlights Medical Publisher</td>
<td>4224</td>
</tr>
<tr>
<td>JetPeel USA</td>
<td>3354</td>
</tr>
<tr>
<td>JHUN PROVINCE KING LASER TECHNOLOGY CO., LTD.</td>
<td>518</td>
</tr>
<tr>
<td>Johnson &amp; Johnson Consumer Products Company</td>
<td>3301</td>
</tr>
<tr>
<td>Journal of Clinical and Aesthetic Dermatology</td>
<td>911</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>601</td>
</tr>
<tr>
<td>KAMEDIS Bio-Herbal Skin Care</td>
<td>4313</td>
</tr>
<tr>
<td>Karger Publishers</td>
<td>700</td>
</tr>
<tr>
<td>KCD Medical</td>
<td>429</td>
</tr>
<tr>
<td>Kernel Medical Equipment Co., Ltd.</td>
<td>1540</td>
</tr>
<tr>
<td>KINESYS, a Terei Healthcare Co.</td>
<td>702</td>
</tr>
<tr>
<td>La Roche-Posay</td>
<td>3037</td>
</tr>
<tr>
<td>Laboratoires Filorga</td>
<td>4145</td>
</tr>
<tr>
<td>LASERING SRL</td>
<td>627</td>
</tr>
<tr>
<td>Laseroptek Co., LTD.</td>
<td>545</td>
</tr>
<tr>
<td>Laservision</td>
<td>823</td>
</tr>
<tr>
<td>Lautus Pharmaceuticals, LLC</td>
<td>510</td>
</tr>
<tr>
<td>LC Cell</td>
<td>203</td>
</tr>
<tr>
<td>Le Mieux Clinical</td>
<td>504</td>
</tr>
<tr>
<td>LEO Pharma Inc.</td>
<td>1501</td>
</tr>
<tr>
<td>Light Age, Inc.</td>
<td>3754</td>
</tr>
<tr>
<td>LightScalpel</td>
<td>2455</td>
</tr>
<tr>
<td>LIGHTWAVE LED Based Light Therapy &amp; ABI</td>
<td>3258</td>
</tr>
<tr>
<td>Locks of Love, Inc.</td>
<td>1522</td>
</tr>
<tr>
<td>Lumenis</td>
<td>2125</td>
</tr>
<tr>
<td>Lutronic</td>
<td>613</td>
</tr>
<tr>
<td>M.A. Dermaceuticals</td>
<td>4044</td>
</tr>
<tr>
<td>Mayne Pharma</td>
<td>2562</td>
</tr>
<tr>
<td>McGraw-Hill Medical</td>
<td>417</td>
</tr>
<tr>
<td>MD Solar Sciences</td>
<td>945</td>
</tr>
<tr>
<td>MDRejuvena, Inc.</td>
<td>321</td>
</tr>
<tr>
<td>Medac Pharma Inc.</td>
<td>2001</td>
</tr>
<tr>
<td>MedCo Data</td>
<td>903</td>
</tr>
<tr>
<td>MediGain</td>
<td>1526</td>
</tr>
<tr>
<td>Medimetrics Pharmaceuticals</td>
<td>920</td>
</tr>
<tr>
<td>Mediplay, Inc.</td>
<td>1741</td>
</tr>
<tr>
<td>MELA Sciences</td>
<td>2001</td>
</tr>
<tr>
<td>The Mentholatum Company</td>
<td>411</td>
</tr>
<tr>
<td>Merck</td>
<td>2558</td>
</tr>
<tr>
<td>Mercy</td>
<td>225</td>
</tr>
<tr>
<td>Merz</td>
<td>2109</td>
</tr>
<tr>
<td>Mesoesthetic SL</td>
<td>4155</td>
</tr>
<tr>
<td>Mesoesthetic USA</td>
<td>1425</td>
</tr>
<tr>
<td>MetaOptima Technology Inc.</td>
<td>4159</td>
</tr>
<tr>
<td>Microsurgery Instruments, Inc.</td>
<td>4228</td>
</tr>
<tr>
<td>Midmark Corporation</td>
<td>4051</td>
</tr>
<tr>
<td>Mihm Cutaneous Pathology Consulting Service</td>
<td>3659</td>
</tr>
<tr>
<td>Milteux, an Integra Company</td>
<td>423</td>
</tr>
<tr>
<td>Miraca Life Sciences</td>
<td>727</td>
</tr>
<tr>
<td>Miramar Labs, Inc.</td>
<td>2945</td>
</tr>
<tr>
<td>Miravex Limited</td>
<td>1423</td>
</tr>
<tr>
<td>Mission Pharmacal Company</td>
<td>3156</td>
</tr>
<tr>
<td>MJD Patient Comm/TopDocs.com</td>
<td>1001</td>
</tr>
</tbody>
</table>
Exhibitors alphabetically

Exhibitors are located in Halls A, B, and C.

Modernizing Medicine, Inc. 701
MoleSafe 816
MotherToBaby Pregnancy Studies conducted by OTIS 1504
MPA Crystal Corp. 4146
MTI, Inc. 4025
My Derm Recruiter 322
mybody Skincare 844
Myriad Genetic Laboratories, Inc. 4352
New Beauty Magazine 2654
New Medical Technology, Inc. 717
Nextech 1525
NIA24 3944
NIAMS 1818
Noir Laser Shields 2221
NovaCuts, Inc. 2961
Novartis Pharmaceutical Corporation 2137
Novartis/Genentech 2319
Novoxel Ltd. 3150
NutraStim 2460
Omni Bioceutical Innovations 2637
On Call Medical Coats 528
Ontos, Inc. 4218
Otto Trading Inc. 511, 4047

National Biological Corp. 1723
Nelly De Vuyst 711
NeoGraft 4308
NeoStrata Company, Inc. 3923
Neutrogena 3501
Oculo-Plastik Inc. 524
OCuSOFT Skin Care 3855
Officite 3910

P

PatientPoint 309
PCA Skin 1337
PCCA 3060
Perigee 2861
Perimed Inc. 416
Perrigo 1840
Person & Covey 2639
Pfizer Inc. 1513
Philips Respironics 419
PhotoMedex 2005

GENERAL AND MEDICAL DERMATOLOGIST AT CARILION CLINIC AND THE VIRGINIA TECH CARILION SCHOOL OF MEDICINE
ROANOKE, VIRGINIA

The Division of Dermatology and Mohs Surgery is seeking a ABMS/AOA-BE/BC Dermatologist. The current practice offers medical/general dermatology, Mohs surgery, and dermatopathology in an academic setting that includes an ACGME accredited dermatology residency program. A pulsed dye laser, blue light unit, narrow band ultraviolet light booth, and hand and foot unit are available. The ideal candidate should have a strong interest in medical/general dermatology and teaching. Opportunities for clinical research, lasers and cosmetics are available if desired. Carilion has a large primary care referral base of 200+ physicians throughout southwest Virginia.

For more information or to submit your CV for consideration please contact Andrea Henson, physician recruiter, at ahenson@carilionclinic.org or 540-224-5241.

You can meet with Andrea at the AAD Career Networking event on March 4, 5 - 7 p.m.
SAY CHEESE!
Enter the new Meeting News Twitter photo contest

We’re featuring a photo contest for attendees through the official AAD Meeting News Twitter feed @AADmtgs. Snap shots at the Meeting and submit them in one of four categories:

- **Best Group Photo.** Grab your colleagues and smile.
- **Mentor Appreciation.** Take a photo of yourself with someone who has significantly impacted your dermatology career.
- **How Many Meetings?** Submit an image that creatively shows the number of times you’ve attended an AAD Annual Meeting.
- **Best Photo Bomb.** Sneak up in somebody else’s photo and submit it to the contest.

To be entered in the contest, simply mention @AADmtgs in your tweets and include #AAD16photo in your submissions. Indicate which category you’re submitting.

- **Photos can be selfies or taken by others.**
- There’s no limit on how many photos you can submit.
- There’s no limit on how many categories you can enter.
- Prizes are given as gift cards.

---

While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.
### Exhibitors alphabetically

Exhibitors are located in Halls A, B, and C.

<table>
<thead>
<tr>
<th>Exhibitor</th>
<th>Booth</th>
</tr>
</thead>
<tbody>
<tr>
<td>SummerSkin</td>
<td>2463</td>
</tr>
<tr>
<td>Sun Pharma</td>
<td>2655</td>
</tr>
<tr>
<td>Sun Products</td>
<td>2625</td>
</tr>
<tr>
<td>Sun Protection Zone</td>
<td>544</td>
</tr>
<tr>
<td>The Sunbib by Accent Sunwear</td>
<td>2963</td>
</tr>
<tr>
<td>Sunova Medical</td>
<td>3049</td>
</tr>
<tr>
<td>SurgiTel/General Scientific Corp.</td>
<td>1719</td>
</tr>
<tr>
<td>Swiss-American Manufacturing &amp; Product Development</td>
<td>4217</td>
</tr>
<tr>
<td>Symbio LLC</td>
<td>909</td>
</tr>
<tr>
<td>Syneron Candela</td>
<td>2421</td>
</tr>
<tr>
<td>Syris Scientific</td>
<td>2220</td>
</tr>
<tr>
<td>taberna pro medicum</td>
<td>2320</td>
</tr>
<tr>
<td>Tagi Pharma, Inc.</td>
<td>226</td>
</tr>
<tr>
<td>TeleVox</td>
<td>2037</td>
</tr>
<tr>
<td>TEMPTU, Inc.</td>
<td>219</td>
</tr>
<tr>
<td>Tergus Pharma, LLC</td>
<td>4343</td>
</tr>
<tr>
<td>Thermi</td>
<td>937</td>
</tr>
<tr>
<td>ThermoTek, Inc.</td>
<td>723</td>
</tr>
<tr>
<td>Tiemann-Bernisco</td>
<td>2019</td>
</tr>
<tr>
<td>Tilley Endurables</td>
<td>3918</td>
</tr>
<tr>
<td>Tizo by Fallene, Ltd.</td>
<td>1323</td>
</tr>
<tr>
<td>TKL Research</td>
<td>1345</td>
</tr>
<tr>
<td>Topix Pharmaceuticals, Inc.</td>
<td>2845</td>
</tr>
<tr>
<td>Ultralite Enterprises, Inc.</td>
<td>4118</td>
</tr>
<tr>
<td>Unilever</td>
<td>3337</td>
</tr>
<tr>
<td>Upsher-Smith Laboratories, Inc.</td>
<td>4011</td>
</tr>
<tr>
<td>UV Skinz, Inc.</td>
<td>1045</td>
</tr>
<tr>
<td>Valeant Pharmaceuticals North America LLC</td>
<td>2919</td>
</tr>
<tr>
<td>Venus Concept USA Inc.</td>
<td>4109</td>
</tr>
<tr>
<td>Viora</td>
<td>1021</td>
</tr>
<tr>
<td>Viscot Medical LLC</td>
<td>4105</td>
</tr>
<tr>
<td>VisionMed LTD.</td>
<td>324</td>
</tr>
<tr>
<td>VisualDx</td>
<td>803</td>
</tr>
<tr>
<td>VivoSight</td>
<td>3753</td>
</tr>
<tr>
<td>Wallaroo Hat Company</td>
<td>1008</td>
</tr>
<tr>
<td>WCD 2019 Milan</td>
<td>3054</td>
</tr>
<tr>
<td>Wiley</td>
<td>4101</td>
</tr>
<tr>
<td>Wolters Kluwer</td>
<td>2745</td>
</tr>
<tr>
<td>WON TECH Co, Ltd.</td>
<td>3961</td>
</tr>
<tr>
<td>Xoft-a subsidiary of iCAD, Inc.</td>
<td>2645</td>
</tr>
<tr>
<td>Zanderm</td>
<td>317</td>
</tr>
<tr>
<td>ZELTIQ</td>
<td>3545, 3653</td>
</tr>
<tr>
<td>Zimmer Medizin Systems</td>
<td>921</td>
</tr>
<tr>
<td>ZO Skin Health, Inc.</td>
<td>3351</td>
</tr>
<tr>
<td>Zocular</td>
<td>214</td>
</tr>
<tr>
<td>Young Pharmaceuticals, Inc.</td>
<td>1223</td>
</tr>
</tbody>
</table>

Exhibitors by booth number

Exhibitors are located in Halls A, B, and C.

100s

137  AAD Bistro
200  American Institute of Aesthetic Medicine
201  Samumed LLC
203  LC Cell
204  DermaStart
207  Dermwise
209  Bison Medical
210  Action Bag Company
212  Genesco
214  Zocular
216  SciVision BioTech Inc.
219  TEMPTU, Inc.
222  Dermatology Solutions Group
224  Doctor.com
225  Mercy
226  Tagi Pharma, Inc.
227  International Psoriasis Council
228  Interderma, S.L.
300  Rejuvapen
301  EndyMed Medical Ltd.
306  Dermelect Cosmeceuticals
307  Industra Technologies
308  Chemistry Rx
309  PatientPoint
310  Beijing Anchorfree Technology Co., Ltd.
311  Baltic Association of Dermatovenerologists
313  Solutionreach
317  Zanderm
318  FineMec Co., Ltd.
321  MDRejuvena, Inc.
322  My Derm Recruiter
324  VisionMed LTD.
326  Precision Medical Devices, LLC
327  Affiliated Dermatology
328  Rose Micro Solutions
329  The JAMA Network
333  Designs for Vision, Inc.
343  Inga Ellzey Billing Companies
345  HK Surgical
346  Agnes formerly Gowoonsesang Cosmetics
347  DRE Medical Inc.
349  Biotech Italia SRL
350  RegimenMD, LLC
351  The Mentholatum Company
354  GlitterTots
355  DermoScan GmbH
356  Permed Inc.

417  McGraw-Hill Medical
419  Philips Respironics
423  Mitex, an Integra Company
426  Dermatologic Cosmetic Laboratories
427  Specialty Consulting Services
429  KCD Medical
500  Castle Biosciences, Inc.
501  DermSpectra, LLC
504  Le Mieux Clinical
505  FibroTx LLC
507  Ibero Latin American College of Dermatology/CILAD
508  Blaine Labs, Inc.
509  Restorsea, Inc.
510  Lautus Pharmaceuticals, LLC
511  Otto Trading Inc.
512  Hans Biomed USA, Inc.
516  AccuVein
518  JILIN PROVINCE KING LASER TECHNOLOGY CO., LTD.
519  Actelion Pharmaceuticals US
520  Forefront Dermatology
524  Oculo-Plastik Inc.
526  Crystal Clear Digital Marketing
527  CareCredit
528  On Call Medical Coats
544  Sun Protection Zone
545  Laseroptek Co., LTD.
600  Bovie Medical
601  Kaiser Permanente
602  Advanced MD, Inc.
606  CosMedical Technologies, LLC
607  SharpLight Technologies LTD.
608  Beijing Syntech Laser Co., Ltd.
613  Lutronic
619  Cosmofrance Inc.
621  Bellus Medical
623  5CC (S-Continent-Congress)
627  LASERING SRL
645  Silhouette Lift
700  Karger Publishers
701  Modernizing Medicine, Inc.
702  KINeSYS, a Terei Healthcare Co.
711  Nelly De Vuyst
718  New Medical Technology, Inc.
720  Emvera Technologies, LLC
721  CHUNGWOO
723  ThermoTek, Inc.
727  Miraca Life Sciences
737  DEKA Medical
745  SkinGen International Inc.
801  DermResources, LLC
803  VisualDx
807  Quanta USA

816  MoleSafe
819  Bank of America Practice Solutions
820  Quintessence Skin Science
821  iDoc24 Inc.
823  Laservision
827  Fotofinder Systems, Inc.
837  Integrated Dermatology Group
844  mybody Skincare
845  Eli Lilly & Co.
900  Skin & Cancer Associates/Advanced Dermatology Mgmt
901  International Society of Dermatology
903  MedCo Data
907  Dow Development Laboratories
909  Symbo LLC
911  Journal of Clinical and Aesthetic Dermatology
915  brandMD Skin Care
918  The Aesthetic Guide
920  Medimetriks Pharmaceuticals
921  Zimmer Medizin Systems
927  Clinical Resolution Lab, Inc.
937  Thermi
945  MD Solar Sciences

1000s

1000  Henry Schein
1001  MJDF Patient Comm/TopDocs.com
1003  PhytoCeuticals, Inc.
1004  Heine USA Ltd.
1006  Gunderesen Health System
1007  Dermatology Times
1008  Wallaroo Hat Company
1009  Rose Micro Solutions
1013  Brazilian Society for Dermatological Surgery
1021  Viora
1026  COSMED Dermaceuticals, Inc.
1027  HydraFacial MD - Edge Systems LLC
1037  Biologica Technologies
1045  UV Skinz, Inc.
1100  Anthony Products/Gio Pelle
1101  3Gen, Inc./DermLite
1107  Fotona Lasers
1108  Advanced Dermatology & Cosmetic Surgery
1119  Envy Medical
1127  Bio-Oil
1136  Church & Dwight/Arm & Hammer
1137  Revision Skincare
1147  Iagnosis Inc./DermatologistOnCall

While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.
Exhibitors by booth number

Exhibitors are located in Halls A, B, and C.

1201 Clinique  
1211 Sesderma  
1223 Young Pharmaceuticals, Inc.  
1237 Springer  
1259 SciBase  
1245 Chromogenex  
1246 Advalight  
1301 ProPath Dermatopathology  
1323 Tizo by Fallene, Ltd.  
1336 Ra Medical Systems, Inc.  
1337 PCA Skin  
1345 TKL Research  
1401 Chemotechnique Diagnostics/ Dorman Laboratories  
1405 HairMax-Lexington International  
1409 CRC Press - Taylor & Francis  
1419 Asclepion Laser Technologies  
1423 Miravex Limited  
1425 Mesoesthetic USA  
1429 Quanticare  
1437 Society of Dermatology Physician Assistants  
1441 CLN Skin Care (TopMD Skin Care)  
1445 Focus Medical  
1500 Dermatology Foundation  
1501 LEO Pharma Inc.  
1504 MotherToBaby Pregnancy Studies conducted by OTIS  
1506 Skin Disease Education Foundation  
1508 Dermatology News  
1510 Cutis & Cosmetic Dermatology  
1513 Pfizer Inc.  
1522 Locks of Love, Inc.  
1524 Diplomat Specialty Pharmacy  
1525 Nextech  
1526 MediGain  
1536 Ellis Instruments  
1537 Sciton  
1540 Kernel Medical Equipment Co., Ltd.  
1637 EltaMD Skincare  
1701 Delasco  
1711 SmartPractice  
1719 SurgiTel/General Scientific Corp.  
1723 National Biological Corp.  
1737 EltaMD Skincare  
1741 Mediplay, Inc.  
1801 Beiersdorf, Inc.  
1810 Conmed  
1815 Rohrer Aesthetics, LLC  
1818 NIAMS  
1821 Cynosure  
1836 The Skin Cancer Foundation  
1837 Pierre Fabre USA  
1840 Perrigo  
1915 Aerolase  
2000s  
2001 MELA Sciences  
2005 PhotoMedex  
2011 Innovative Optics Laser Eye Protection  
2119 Tiemann-Bernsсо  
2037 TeleVox  
2101 Genetech, a Member of the Roche Group  
2109 Merz  
2110 Shantel Medical Supply  
2121 American Society for Mohs Surgery  
2125 Lumenis  
2137 Novartis Pharmaceutical Corporation  
2151 EZ DERM, LLC  
2157 Corrona LLC  
2161 COOLA Suncare  
2220 Syris Scientific  
2221 Noir Laser Shields  
2251 EunSung Global Corp.  
2256 Beijing Sincoheren S&T Development Co., LTD.  
2257 ISDIN  
2301 Robbins Instruments  
2305 Crown Laboratories, Inc.  
2309 American Board of Dermatology  
2319 Novartis/Genetech  
2320 taberna pro medicum  
2355 BTI Industries  
2400 Brymill Cryogenic Systems  
2401 Ament, Inc.  
2406 European Academy of Dermatology and Venereology  
2408 Coalition of Skin Diseases  
2413 Cutera  
2421 Syneron Candela  
2437 Procter & Gamble  
2455 LightScalpel  
2459 CryoProbe  
2460 NutraStim  
2461 Ellipse, Inc.  
2463 SummerSkin  
2554 Biodermis  
2555 Dempath Lab of Central States  
2558 Merck  
2560 Sawgio, LLC  
2561 Regen Lab  
2562 Mayne Pharma  
2601 Elsevier  
2607 Alma Lasers  
2619 Jan Marini Skin Research  
2625 Sun Products  
2601 Elsevier  
2607 Alma Lasers  
2619 Jan Marini Skin Research  
2625 Sun Products  
2637 Omni Biocutical Innovations  
2639 Person & Covey  
2645 Xoft-a subsidiary of iCAD, Inc.  
2654 New Beauty Magazine  
2655 Sun Pharma  
2660 Coolibar, Sun Protection You Wear  
2701 Allergan  
2717 Compulink Business Systems, Inc.  
2723 AbbVie  
2736 Hill Dermaceuticals, Inc.  
2737 Bayer Healthcare  
2745 Wolters Kluwer  
2747 StrataDx  
2751 Hayden Medical Instruments  
2754 SanovaWorks (including JDD)  
2763 Sebamed USA  
2767 Varinex  
2769 Accredo  
2829 CureMD Healthcare  
2839 Schweiger Dermatology Group  
2961 NovaCutis, Inc.  
2963 The Sunbibs by Accent Sunwear  
2000s  
2001 MELA Sciences  
2005 PhotoMedex  
2011 Innovative Optics Laser Eye Protection  
2119 Tiemann-Bernsсо  
2109 Merz  
2110 Shantel Medical Supply  
2121 American Society for Mohs Surgery  
2125 Lumenis  
2137 Novartis Pharmaceutical Corporation  
2151 EZ DERM, LLC  
2157 Corrona LLC  
2161 COOLA Suncare  
2220 Syris Scientific  
2221 Noir Laser Shields  
2251 EunSung Global Corp.  
2256 Beijing Sincoheren S&T Development Co., LTD.  
2257 ISDIN  
2301 Robbins Instruments  
2305 Crown Laboratories, Inc.  
2309 American Board of Dermatology  
2319 Novartis/Genetech  
2320 taberna pro medicum  
2355 BTI Industries  
2400 Brymill Cryogenic Systems  
2401 Ament, Inc.  
2406 European Academy of Dermatology and Venereology  
2408 Coalition of Skin Diseases  
2413 Cutera  
2421 Syneron Candela  
2437 Procter & Gamble  
2455 LightScalpel  
2459 CryoProbe  
2460 NutraStim  
2461 Ellipse, Inc.  
2463 SummerSkin  
2554 Biodermis  
2555 Dempath Lab of Central States  
2558 Merck  
2560 Sawgio, LLC  
2561 Regen Lab  
2562 Mayne Pharma  
2601 Elsevier  
2607 Alma Lasers  
2619 Jan Marini Skin Research  
2625 Sun Products  
2637 Omni Biocutical Innovations  
2639 Person & Covey  
2645 Xoft-a subsidiary of iCAD, Inc.  
2654 New Beauty Magazine  
2655 Sun Pharma  
2660 Coolibar, Sun Protection You Wear  
2701 Allergan  
2717 Compulink Business Systems, Inc.  
2723 AbbVie  
2736 Hill Dermaceuticals, Inc.  
2737 Bayer Healthcare  
2745 Wolters Kluwer  
2747 StrataDx  
2751 Hayden Medical Instruments  
2754 SanovaWorks (including JDD)  
2763 Sebamed USA  
2767 Varinex  
2769 Accredo  
2829 CureMD Healthcare  
2839 Schweiger Dermatology Group  
2961 NovaCutis, Inc.  
2963 The Sunbibs by Accent Sunwear
While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.
Convention center floor plans

= Rooms/areas used by AAD

**LOWER LEVEL**

**ORIENTATION NOTES**

This floor contains the exhibit halls.

**STREET LEVEL**

**ORIENTATION NOTES**

This floor contains Rooms 101-103 and 140-160, AAD Registration, Salons A-I, and the Business Center.
While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.
IMPORTANT SAFETY INFORMATION

Contraindications

- Otezla® (apremilast) is contraindicated in patients with a known hypersensitivity to apremilast or to any of the excipients in the formulation.

Warnings and Precautions

- Depression: Treatment with Otezla is associated with an increase in adverse reactions of depression. During clinical trials, 1.3% (12/920) of patients treated with Otezla reported depression compared to 0.4% (2/506) on placebo. One patient treated with Otezla attempted suicide; one patient on placebo committed suicide.

- Carefully weigh the risks and benefits of treatment with Otezla for patients with a history of depression and/or suicidal thoughts/behavior, or in patients who develop such symptoms while on Otezla. Patients, caregivers, and families should be advised of the need to be alert for the emergence or worsening of depression, suicidal thoughts or other mood changes, and they should contact their healthcare provider if such changes occur.

- Weight Decrease: Body weight loss of 5-10% occurred in 12% (96/784) of patients treated with Otezla and in 5% (19/382) of patients treated with placebo. Body weight loss of >10% occurred in 2% (16/784) of patients treated with Otezla compared to 1% (3/382) of patients treated with placebo. Monitor body weight regularly; evaluate unexplained or clinically significant weight loss, and consider discontinuation of Otezla.

- Drug Interactions: Apremilast exposure may decrease when Otezla is co-administered with rifampin, a strong CYP450 enzyme inducer; loss of Otezla efficacy may occur. Concomitant use of Otezla with CYP450 enzyme inducers (e.g., rifampin, phenobarbital, carbamazepine, phenytoin) is not recommended.
Otezla® (apremilast) is contraindicated in patients with a history of depression and/or suicidal thoughts/behavior, or in patients who committed suicide or attempted suicide; one patient on placebo. One patient treated with Otezla committed suicide and one patient on Otezla attempted suicide; one patient on placebo. One patient treated with Otezla attempted suicide; one patient on placebo. One patient treated with Otezla became depressed and one patient on placebo. One patient treated with Otezla became depressed compared to none in placebo-treated patients (0/506). Suicidal behavior was observed in 0.1/uni0025 (1/1308) of patients treated with Otezla and in 1.3/uni0025 (12/920) of patients treated with placebo. Body weight loss of 5-10/uni0025 occurred in 2/uni0025 (16/784) of patients treated with Otezla compared to 1/uni0025 (3/382) on placebo. Body weight loss of ≥10/uni0025 occurred in 2/uni0025 (16/784) of patients treated with Otezla compared to 1/uni0025 (3/382) on placebo. Monitor weight regularly; evaluate unexplained weight loss and clinically significant weight loss, and consider discontinuation of Otezla therapy. Patients, caregivers, and families should be advised of the need to be alert for the emergence or worsening of depression, suicidal thoughts or other mood changes, and they should contact their healthcare provider if such changes occur.
OTELLA® (apremilast) tablets, for oral use

The following is a Brief Summary; refer to Full Prescribing Information for complete product information.

INDICATIONS AND USAGE

OTELLA® (apremilast) is indicated for the treatment of patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

CONTRAINDICATIONS

OTELLA is contraindicated in patients with a known hypersensitivity to apremilast or to any of the excipients in the formulation [see Adverse Reactions (6.1)].

WARNINGS AND PRECAUTIONS

Depression: Treatment with OTELA is associated with an increase in adverse reactions of depression. Before using OTELA in patients with a history of depression and/or suicidal thoughts or behavior prescribers should carefully weigh the risks and benefits of treatment with OTELA in such patients. Patients, their caregivers, and families should be advised of the need to be alert for the emergence or worsening of depression, suicidal thoughts or other mood changes, and if such changes occur to contact their healthcare provider. Prescribers should carefully evaluate the risks and benefits of continuing treatment with OTELA if such events occur. During the 0 to 16 week placebo-controlled period of the 3 controlled clinical trials, 1.3% (12/920) of patients treated with OTELA reported depression compared to 0.4% (2/506) treated with placebo. During the clinical trials, 0.1% (1/1308) of patients treated with OTELA discontinued treatment due to depression compared with none in placebo-treated patients (0/506). Depression was reported as serious in 0.1% (1/1308) of patients exposed to OTELA, compared to none in placebo-treated patients (0/506). Incidences of suicidal behavior have been observed in 0.1% (1/1308) of patients while receiving OTELA, compared to 2.1% (5/230) in placebo-treated patients. In the clinical trials, one patient treated with OTELA attempted suicide while one who received placebo committed suicide.

Weight Decrease: During the controlled period of the trials in psoriasis, weight decrease between 5%-10% of body weight occurred in 12% (96/824) of patients treated with OTELA compared to 5% (19/382) treated with placebo. Weight decrease of ≥10% of body weight occurred in 2% (16/384) of patients treated with OTELA 30 mg twice daily compared to 1% (3/382) patients treated with placebo. Patients treated with OTELA should have their weight monitored regularly. If unexplained or clinically significant weight loss occurs, weight loss should be evaluated, and discontinuation of OTELA should be considered.

Drug Interactions: Co-administration of strong cytochrome P450 enzyme inducer, rifampin, resulted in a reduction in systemic exposure of apremilast, which may result in a loss of efficacy of OTELA. Therefore, the use of cytochrome P450 enzyme inducers (e.g., rifampin, phenobarbital, carbamazepine, phenytoin) with OTELA is not recommended [see Drug Interactions (7.1) and Clinical Pharmacology (12.3)].

ADVERSE REACTIONS

Clinical Trials Experience in Psoriasis: Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trial of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. Diarrhea, nausea, and upper respiratory tract infection were the most commonly reported adverse reactions. The most common adverse reactions leading to discontinuation for patients taking OTELA were nausea (1.6%), diarrhea (1.0%), and headache (0.8%). The proportion of patients with psoriasis who discontinued treatment due to any adverse reaction was 6.1% for patients treated with OTELA 30 mg twice daily and 4.1% for placebo-treated patients.

Table 3: Adverse Reactions Reported in ≥1% of Patients on OTELA and With Greater Frequency Than in Patients on Placebo; up to Day 112 (Week 16)

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>Placebo (N=506) n (%)</th>
<th>OTELA 30 mg BID (N=920) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>32 (6)</td>
<td>160 (17)</td>
</tr>
<tr>
<td>Nausea</td>
<td>35 (7)</td>
<td>155 (17)</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>31 (6)</td>
<td>84 (9)</td>
</tr>
<tr>
<td>Tension headache</td>
<td>21 (4)</td>
<td>75 (8)</td>
</tr>
<tr>
<td>Headache</td>
<td>19 (4)</td>
<td>55 (6)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>11 (2)</td>
<td>39 (4)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>8 (2)</td>
<td>35 (4)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>9 (2)</td>
<td>29 (3)</td>
</tr>
</tbody>
</table>

* Two subjects treated with OTELA experienced serious adverse reaction of abdominal pain.

Severe worsening of psoriasis (rebound) occurred in 0.3% (4/1184) patients following discontinuation of treatment with OTELA (apremilast).

DRUG INTERACTIONS

Strong CYP 450 Inducers: Apremilast exposure is decreased when OTELA is co-administered with strong CYP450 inducers (such as rifampin) and may result in loss of efficacy [see Warnings and Precautions (5.3) and Clinical Pharmacology (12.3)].

USE IN SPECIFIC POPULATIONS

Pregnancy: Pregnancy Category C. OTELA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Pregnancy Exposure Registry: There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to OTELA during pregnancy. Information about the registry can be obtained by calling 1-877-311-8972.

Nursing Mothers: It is not known whether OTELA or its metabolites are present in human milk. Because many drugs are present in human milk, caution should be exercised when OTELA is administered to a nursing woman. Pediatric use: The safety and effectiveness of OTELA in pediatric patients less than 18 years of age have not been established. Geriatric use: Of the 1257 patients who enrolled in two placebo-controlled psoriasis trials (PSOR1 and PSOR2), a total of 108 psoriasis patients were 65 years of age and older, including 9 patients who were 75 years of age and older. No overall differences were observed in the efficacy and safety in elderly patients ≥65 years of age and younger adult patients ≥65 years of age in the clinical trials. Renal Impairment: OTELA pharmacokinetics were not characterized in patients with mild (creatinine clearance of 60-89 mL per minute estimated by the Cockcroft–Gault equation) or moderate (creatinine clearance of 30-59 mL per minute estimated by the Cockroft–Gault equation) renal impairment. The dose of OTELA should be reduced to 30 mg once daily in patients with severe renal impairment (creatinine clearance of less than 30 mL per minute estimated by the Cockroft–Gault equation) [see Dosage and Administration (2.2) and Clinical Pharmacology (12.3)]. Hepatic Impairment: Apremilast pharmacokinetics were characterized in patients with moderate (Child Pugh B) and severe (Child Pugh C) hepatic impairment. No dose adjustment is necessary in these patients.

OVERDOSAGE

In case of overdose, patients should seek immediate medical help. Patients should be managed by symptomatic and supportive care should there be an overdose.

Manufactured for: Celgene Corporation, Summit, NJ 07901

OTELLA® is a registered trademark of Celgene Corporation.

Pat. http://www.celgene.com/therapies
©2014 Celgene Corporation, All Rights Reserved.

Based on APRPL003

OTZ_PsO_HCP_BSv.003_09_2014
In Recognition of Our
2016 ANNUAL MEETING SUPPORTERS

The American Academy of Dermatology gratefully acknowledges the following Corporate Partners for providing support of the Academy’s 2016 Annual Meeting.

Through their generosity, we are able to provide the following:

**AMGEN**
- Mingle Zone
- WiFi

**AQUA PHARMACEUTICALS**
- International Member Reception

**Celgene**
- Committed to improving the lives of patients worldwide
- Attendance Verification Monitors
- Leadership and Mentoring Reception
- Press Office and Media Appreciation Luncheon
- Residents’ Breakfast: (Thursday)

**Cutanea**
- Revitalizing Skin Health
- Sharing Mentoring Experiences
- Breakfast

**Lilly**
- Annual Meeting News Post Edition
- Annual Meeting News Preview Edition
- Hotel Key Cards
- Mobile App
- Pocket Guide
- Residents’ Reception (at Reception Row)
- Young Physician and New Member Reception

**Janssen**
- Partial Support:
  - Resident Access to Education Program at Annual Meeting

**L’Oreal Research & Innovation**
- Partial Support:
  - World Congress Scholarships

**MERZ**
- Partial Support:
  - Resident Access to Education Program at Annual Meeting

**Neutrogena**
- Partial Support:
  - Resident Access to Education Program at Annual Meeting

**THANK YOU!**

Current contributors at time of publication
Marriott Marquis floor plans
CITY INFORMATION

GETTING AROUND

Safety tips

Remember to allow plenty of time when traveling to and from any of the three Washington, D.C. airports — Ronald Reagan Washington National Airport, Dulles International Airport, or Baltimore/Washington International Thurgood Marshall Airport.

The Transportation Security Administration advises attendees to arrive a minimum of 90 minutes before domestic flight departures, which gives you the time needed to check in for your flight, check your baggage, go through security screening, and board your flight. Airlines typically begin boarding 30 minutes before flights depart.

Keep in mind that you’ll want to add extra time if you are returning a rental car or riding a shuttle that stops at multiple hotels and airport terminals. Also, don’t wait until you arrive at the airport to check in. The majority of airlines offer online check-in 24 hours prior to departure.

PLA...
THE CHALLENGE IS ON...
“ShowYourFace”
- AT -
BOOTH 2919

INDICATION
ONEXTON (clindamycin phosphate and benzoyl peroxide) Gel, 1.2%/3.75% is indicated for the topical treatment of acne vulgaris in patients 12 years of age or older.

IMPORTANT SAFETY INFORMATION
• ONEXTON Gel is contraindicated in patients with a known hypersensitivity to clindamycin, benzoyl peroxide, any component of the formulation, or lincomycin, and in patients with a history of regional enteritis, ulcerative colitis, or antibiotic-associated colitis.
• Orally and parenterally administered clindamycin has been associated with severe colitis, which may result in death. Diarrhea, bloody diarrhea, and colitis (including pseudomembranous colitis) have been reported with the use of topical and systemic clindamycin, and ONEXTON Gel should be discontinued if significant diarrhea occurs.
• ONEXTON Gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. A decision should be made whether to use ONEXTON Gel while nursing, taking into account the importance of the drug to the mother.
• This is not all the safety information you need to prescribe ONEXTON Gel safely and effectively; please see Brief Summary of full Prescribing Information on adjacent page.

Onexton.com

ONEXTON®
(clindamycin phosphate and benzoyl peroxide)
Gel, 1.2%/3.75%
BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use ONEXTON Gel safely and effectively. See full prescribing information for ONEXTON Gel.

ONEXTONTM (clindamycin phosphate and benzoyl peroxide) Gel, 1.2%/3.75%, for topical use

Initial U.S. Approval: 2000

CONTRAINDICATIONS
Hypersensitivity

ONEXTON Gel is contraindicated in those individuals who have shown hypersensitivity to clindamycin, benzoyl peroxide, any components of the formulation, or lincomycin. Anaphylaxis, as well as allergic reactions leading to hospitalization, has been reported in postmarketing use with ONEXTON Gel [see Adverse Reactions].

WARNINGS AND PRECAUTIONS
Colitis/Enteritis

Systemic absorption of clindamycin has been demonstrated following topical use of clindamycin. Diarrhea, bloody diarrhea, and colitis (including pseudomembranous colitis) have been reported with the use of topical and systemic clindamycin. If significant diarrhea occurs, ONEXTON Gel should be discontinued.

Severe colitis has occurred following oral and parenteral administration of clindamycin with an onset of up to several weeks following cessation of therapy. Antiperistaltic agents such as opiates and diphenoxylate with atropine may prolong and/or worsen severe colitis. Severe colitis may result in death.

Studies indicate toxin(s) produced by Clostridium is one primary cause of antibiotic-associated colitis. The colitis is usually characterized by severe persistent diarrhea and severe abdominal cramps and may be associated with the passage of blood and mucus. Stool cultures for Clostridium difficile and stool assay for C. difficile toxin may be helpful diagnostically.

Ultraviolet Light and Environmental Exposure

Minimize sun exposure (including use of tanning beds or sun lamps) following drug application [see Nonclinical Toxicology].

ADVERSE REACTIONS
The following adverse reaction is described in more detail in the Warnings and Precautions section of the label:

Colitis [see Warnings and Precautions].

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates observed in the clinical trials of another drug and may not reflect the rates observed in clinical practice. These adverse reactions occurred in less than 0.5% of subjects treated with ONEXTON Gel: burning sensation (0.4%); contact dermatitis (0.4%); pruritus (0.4%); and rash (0.4%).

During the clinical trial, subjects were assessed for local cutaneous signs and symptoms of erythema, scaling, itching, burning and stinging. Most local skin reactions either were the same as baseline or increased and peaked around week 4 and were near or improved from baseline levels by week 12. The percentage of subjects that had symptoms present before treatment (at baseline), during treatment, and the percent with symptoms present at week 12 are shown in Table 1.

Table 1: Local Skin Reactions - Percent of Subjects with Symptoms Present. Results from the Phase 3 Trial of ONEXTON Gel 1.2%/3.75% (N = 243)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Before Treatment (Baseline)</th>
<th>Maximum During Treatment</th>
<th>End of Treatment (Week 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Erythema</td>
<td>20</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Scaling</td>
<td>10</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Itching</td>
<td>14</td>
<td>3</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Burning</td>
<td>5</td>
<td>&lt;1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Stinging</td>
<td>5</td>
<td>&lt;1</td>
<td>0</td>
</tr>
</tbody>
</table>

*Mod. = Moderate

Postmarketing Experience

Because postmarketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Anaphylaxis, as well as allergic reactions leading to hospitalizations, has been reported in postmarketing use of products containing clindamycin phosphate/benzoyl peroxide.

DRUG INTERACTIONS
Erythromycin

Avoid using ONEXTON Gel in combination with topical or oral erythromycin-containing products due to its clindamycin component. In vitro studies have shown antagonism between erythromycin and clindamycin. The clinical significance of this in vitro antagonism is not known.

Concomitant Topical Medications

Concomitant topical acne therapy should be used with caution since a possible cumulative irritant effect may occur, especially with the use of peeling, desquamating, or abrasive agents. If irritancy or dermatitis occurs, reduce frequency of application or temporarily interrupt treatment and resume once the irritation subsides. Treatment should be discontinued if the irritation persists.

Neuromuscular Blocking Agents

Clindamycin has been shown to have neuromuscular blocking properties that may enhance the action of other neuromuscular blocking agents. ONEXTON Gel should be used with caution in patients receiving such agents.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category C.

There are no adequate and well-controlled studies in pregnant women treated with ONEXTON Gel. ONEXTON Gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Animal reproductive/developmental toxicity studies have not been conducted with ONEXTON Gel or benzoyl peroxide. Developmental toxicity studies of clindamycin performed in rats and mice using oral doses of up to 600 mg/kg/day (240 and 120 times amount of clindamycin in the highest recommended adult human dose based on mg/m², respectively) or subcutaneous doses of up to 200 mg/kg/day (60 and 40 times the amount of clindamycin in the highest recommended adult human dose based on mg/m², respectively) revealed no evidence of teratogenicity.

Nursing Mothers

It is not known whether clindamycin is excreted in human milk after topical application of ONEXTON Gel. However, orally and parenterally administered clindamycin has been reported to appear in breast milk. Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to use ONEXTON Gel while nursing, taking into account the importance of the drug to the mother.

Pediatric Use

Safety and effectiveness of ONEXTON Gel in pediatric patients under the age of 12 have not been evaluated.

Geriatric Use

Clinical trials of ONEXTON Gel did not include sufficient numbers of subjects aged 65 and older to determine whether they respond differently from younger subjects.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenicity, mutagenicity and impairment of fertility testing of ONEXTON Gel have not been performed.

Benzoyl peroxide has been shown to be a tumor promoter and progression agent in a number of animal studies. Benzoyl peroxide in acetone at doses of 5 and 10 mg administered topically twice per week for 20 weeks induced skin tumors in transgenic Tg.AC mice. The clinical significance of this is unknown.

Carcinogenicity studies have been conducted with a gel formulation containing 1% clindamycin and 5% benzoyl peroxide. In a 2-year dermal carcinogenicity study in mice, treatment with the gel formulation at doses of 900, 2700, and 15000 mg/kg/day (1.8, 5.4, and 30 times amount of clindamycin and 2.4, 7.2, and 40 times amount of benzoyl peroxide in the highest recommended adult human dose of 2.5 g ONEXTON Gel based on mg/m², respectively) did not cause any increase in tumors. However, topical treatment with a different gel formulation containing 1% clindamycin and 5% benzoyl peroxide at doses of 100, 500, and 2000 mg/kg/day caused a dose-dependent increase in the incidence of keratoacanthoma at the treated skin site of male rats in a 2-year dermal carcinogenicity study in rats. In an oral (gavage) carcinogenicity study in rats, treatment with the gel formulation at doses of 300, 900 and 3000 mg/kg/day (1.2, 3.6, and 10 times amount of clindamycin and 1.6, 4.8, and 16 times amount of benzoyl peroxide in the highest recommended adult human dose of 2.5 g ONEXTON Gel based on mg/m², respectively) for up to 97 weeks did not cause any increase in tumors. In a 52-week dermal photocarcinogenicity study in hairless mice, (40 weeks of treatment followed by 12 weeks of observation), the median time to onset of skin tumor formation decreased and the number of tumors per mouse increased relative to controls following chronic concurrent topical administration of the higher concentration benzoyl peroxide formulation (5000 and 10000 mg/kg/day, 5 days/week) and exposure to ultraviolet radiation. Clindamycin phosphate was not genotoxic in the human lymphocyte chromosome aberration assay. Benzoyl peroxide has been found to cause DNA strand breaks in a variety of mammalian cell types, to be mutagenic in S. typhimurium tests by some but not all investigators, and to cause sister chromatid exchanges in Chinese hamster ovary cells.

Fertility studies have not been performed with ONEXTON Gel or benzoyl peroxide, but fertility and mating ability have been studied with clindamycin. Fertility studies in rats treated orally with up to 300 mg/kg/day of clindamycin (approximately 120 times the amount of clindamycin in the highest recommended adult human dose of 2.5 g ONEXTON Gel, based on mg/m²) revealed no effects on fertility or mating ability.

PATIENT COUNSELING INFORMATION

See FDA-approved patient labeling (Patient Information).

Distributed by:

Valeant Pharmaceuticals North America LLC, Bridgewater, NJ 08807

Manufactured by:

Contract Pharmaceuticals Limited Mississauga, Ontario, Canada L5N 6L6

U.S. Patents 5,733,886 and 8,288,434

Issued 11/2014

9359300

DM/ONEX/14/0031(1)
The all new AAD Resource Center comes alive with 15-minute product demos that matter most to you! Stop by the AAD Resource Center to receive first hand-access to AAD’s DataDerm™, AADCodingToday, VisualDx, CareerCompass, Online Learning Center, and much more!

<table>
<thead>
<tr>
<th>TIME</th>
<th>FRIDAY, MARCH 4</th>
<th>SATURDAY, MARCH 5</th>
<th>SUNDAY, MARCH 6</th>
<th>MONDAY, MARCH 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 a.m. – 10:45 a.m.</td>
<td>AAD’s DataDerm™ New Clinical Data Registry</td>
<td>Online Learning Center Claiming CME Credit Online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 p.m. – 12:45 p.m.</td>
<td>Online Learning Center Claiming CME Credit Online</td>
<td>AAD’s DataDerm™ New Clinical Data Registry</td>
<td>AAD Insurance What You Need to Know</td>
<td>How to use AADCodingToday</td>
</tr>
<tr>
<td>1:00 p.m. – 1:15 p.m.</td>
<td>DRB Student Loan Best Practices</td>
<td>Henry Schein Get to Know GPO's</td>
<td>CareCredit Talks Patient Financing</td>
<td>Officite Website Best Practices</td>
</tr>
<tr>
<td>2:00 p.m. – 2:15 p.m.</td>
<td>How to use AADCodingToday</td>
<td>AADCareer Compass.org Job Seekers Professional CV Review</td>
<td>AAD’s DataDerm™ New Clinical Data Registry</td>
<td></td>
</tr>
<tr>
<td>3:00 p.m. – 3:15 p.m.</td>
<td>AADCareer Compass.org Employers—Finding the Right Fit</td>
<td>AAD’s DataDerm™ New Clinical Data Registry</td>
<td>Online Learning Center Claiming CME Credit Online</td>
<td>AAD’s DataDerm™ New Clinical Data Registry</td>
</tr>
<tr>
<td>4:00 p.m. – 4:15 p.m.</td>
<td>AAD’s DataDerm™ New Clinical Data Registry</td>
<td>Get to know the new VisualDX</td>
<td>AAD’s DataDerm™ New Clinical Data Registry</td>
<td>How to use AADCodingToday</td>
</tr>
</tbody>
</table>

VISIT THE AAD RESOURCE CENTER IN HALL D!
Friday, March 4 – Monday, March 7 • 7 a.m. – 5 p.m. daily
WASHINGTON, D.C.

Attractions

We asked three D.C.-based dermatologists what their favorite attractions are throughout the nation’s capital. Here are their choices for top spots to enjoy when you’re done with sessions for the day.

**Arlington National Cemetery**
arlingtoncemetery.mil
Suggested by Dr. Toombs
There are no words to describe the patriotic feelings engendered by the exhibits and events this place has to offer — including the Tomb of the Unknown Soldier, John F. Kennedy’s gravesite, and the Changing of the Guard Ritual. Admission is free and open to the public 365 days a year.

**CityCenterDC®**
citycenterdc.com
Suggested by Dr. Naga and Dr. Alster
Close to the convention center, this shopping and dining destination is perfect for the fashionista. Shops include Dior, Gucci, Hermes, Loro Piana, and Louis Vuitton.

**Franklin Delano Roosevelt Memorial**
nps.gov/frde
Suggested by Dr. Toombs
This tribute to our 32nd president is indeed a lesson in American history — from the Great Depression to the man himself. Admission is free and open to the public.

**Ford’s Theatre and Petersen House**
fordstheatre.org
Suggested by Dr. Naga and Dr. Alster
This is an ideal site for history buffs. View the box where President Lincoln was assassinated and, across the street, visit the Petersen House where Lincoln died, now an educational center.

**Howard Theatre**
thehowardtheatre.com
Suggested by Dr. Toombs
Originally opened in 1910, the renovated Howard Theatre is a uniquely trendy spot with weekly entertainers from various music genres (jazz, rock, 60s, today, and more). Each Sunday they offer an enjoyable gospel brunch.

**Ice Skating**
washington.org/DC-focus-on/places-ice-skate
Suggested by Dr. Naga and Dr. Alster
Weather permitting, don your mittens and hat and go ice skating at either the National Gallery of Art Sculpture Garden Ice-Skating Rink or the Washington Harbour Ice Rink — where the fountain is converted into a skating rink every winter.

**Japan Information and Culture Center**
us.emb-japan.go.jp/jicc
Suggested by Dr. Toombs
As part of the embassy of Japan, this center offers a variety of entertaining and enjoyable programs, including movies, games, and artisan teachings. Admission is free and open to the public.

**John F. Kennedy Center for the Performing Arts**
kennedy-center.org/calendar
Suggested by Dr. Naga and Dr. Alster
Take in a show and make sure to step onto the terrace during your intermission for a beautiful view of D.C. and the Potomac River.

**The National Archives Museum**
archives.gov/museum
Suggested by Dr. Naga and Dr. Alster
For a history lesson you won’t forget, visit this museum to view the original U.S. Declaration of Independence, Constitution, and the Bill of Rights.
National Bonsai & Penjing Museum
usna.usda.gov/Gardens/collections/bonsai.html
Suggested by Dr. Toombs
One of the largest bonsai collections in North America, this museum is located at the U.S. National Arboretum. The grounds are open every day from 8 a.m. to 5 p.m. and admission is free.

National Building Museum
nbm.org/exhibitions-collections/current-exhibitions.html
Suggested by Dr. Naga and Dr. Alster
If you’re tired of traditional tours, visit this unique museum of architecture, engineering, and design. The Great Hall features 75-foot-tall Corinthian columns and a 1,200-foot terra cotta frieze.

National Gallery of Art
nga.gov/content/ngaweb.html
Suggested by Dr. Toombs
Visit here to appreciate the superb collections of contemporary and neoclassical art. Admission is free and the gallery is open daily.

National Portrait Gallery
npg.si.edu
Suggested by Dr. Naga and Dr. Alster
Stroll to the National Portrait Gallery (within walking distance of the convention center) to view the exhibition of portraits of people who have made significant contributions to American history and culture.

Newseum
newseum.org
Suggested by Dr. Toombs
This is a museum about news. It’s filled with interactive exhibits of past and current news stories from worldwide news outlets. Exhibits include a gallery on the Berlin Wall, an “Inside Today’s FBI” exhibit, and a Pulitzer Prize photography gallery.

The Phillips Collection
phillipscollection.org
Suggested by Dr. Toombs
Described as America’s first museum of modern art, The Phillips Collection features works from Renoir and Rothko, O’Keeffe to Bonnard — confirming that Duncan Phillips was truly a man before his time. Open daily, except Monday.

Reginald F. Lewis Museum of African American History & Culture
lewismuseum.org
Suggested by Dr. Toombs
Located in Baltimore, this museum — the largest African American museum on the East Coast — is definitely worth the drive. Reginald Lewis grew up in Baltimore, attended Harvard Law, and ultimately became a highly-recognized philanthropist. The museum has activities for all ages and offers the opportunity to explore your genealogy.

Renwick Gallery of the Smithsonian American Art Museum
renwick.americanart.si.edu
Suggested by Dr. Toombs
The Smithsonian American Art Museum has re-opened their newly renovated Renwick Gallery, which showcases a collection of contemporary craft and decorative art. The gallery is open daily and admission is free.

Smithsonian National Zoological Park
nationalzoo.si.edu
Suggested by Dr. Naga and Dr. Alster
For those with kids, visit the National Zoo — an expansive park housing more than 1,500 animals. Make sure to check out Bei Bei, the baby giant panda, while you’re there.

U.S. Capitol and Library of Congress
loc.gov
Suggested by Dr. Naga and Dr. Alster
Visit the U.S. Capitol and — if it’s in session — watch the Senate in action. Passes can be provided by your senator. While you’re there, cross the street to the Library of Congress and admire the elaborate decorations and ornate ceiling.

War Memorials
Suggested by Dr. Toombs
Veterans of World War II, Korea, and Vietnam are remembered with memorials that will leave you speechless. Admission is free and open to the public 24 hours a day.

Washington, D.C. Segway Tours
dc.citysegwaytours.com/tours
Suggested by Dr. Naga and Dr. Alster
For a unique way to view the sights, take a tour of D.C.’s monuments on a Segway. In addition to the Washington Monument and the White House, visit the memorials around the Tidal basin. Don’t miss two of Dr. Alster’s favorites: the Vietnam Veterans Memorial — designed by Maya Lin — and the Albert Einstein Memorial, hidden in a grove across from the Vietnam Veterans Memorial.

The Grand Foyer at the John F. Kennedy Center for the Performing Arts is 60 feet tall and 630 feet long — and is one of the largest rooms in the world.
Two dermatologists from the Washington, D.C. area submitted their picks for the best restaurants in town. Here are some of their favorites that they wanted to share with attendees at the 74th Annual Meeting.

**WASHINGON, D.C.**

**Restaurants**

An extensive wine menu offers wines by the glass, with a special emphasis on wines from the lesser-known regions in Spain and Portugal.

**Bourbon Steak at the Four Seasons Hotel**

- **Cuisine:** Steak and seafood
- **Hours:** Sunday through Thursday, 6-10 p.m.; Friday and Saturday, 6-10:30 p.m.
- **Price:** $$$
- **Distance from convention center:** 2 miles

This stylish and modern steakhouse is located at the Four Seasons Hotel in trendy Georgetown. Showcasing corn-fed, all-natural meats and line-caught seafood, there’s something for everyone on the dinner menu. For a more relaxing environment, visit The Lounge at Bourbon Steak DC. Have a drink before dinner or gather here with your colleagues after a day at the Meeting.

**Café Milano**

- **Cuisine:** Italian
- **Hours:** Sunday, Tuesday, Wednesday, Thursday: 5-10 p.m.; Friday and Saturday: 5-11 p.m.
- **Price:** $$$
- **Distance from convention center:** 2.5 miles

Located in the Georgetown neighborhood, Café Milano serves southern coastal Italian fare. The setting reflects a Milan boutique, complete with fine Italian scarves on the wall as a nod to Italian fashion. The menu offers a wide variety of meat dishes, pizzas, pastas, and seafood. Options include linguine with sautéed lobster in spicy tomato sauce, sesame-crusted tuna with celery root crema and caper berries, and crispy flat chickpea tortillas with fresh black pepper.

**Chez Billy Sud**

- **Cuisine:** French
- **Hours:** Sunday, Tuesday, Wednesday, Thursday: 5-10 p.m.; Friday and Saturday: 5-11 p.m.
- **Price:** $$$
- **Distance from convention center:** 2.5 miles

This restaurant — located in Georgetown — features the best of Southern French fare. Find favorites such as sautéed trout with fingerling potatoes, steamed mussels with leeks and bacon, and red wine-braised beef cheek with pearl onions and button mushrooms on the menu.

**Fig & Olive**

- **Cuisine:** Mediterranean
- **Hours:** Sunday through Wednesday: 11 a.m. to 10 p.m.; Thursday: 11 a.m. to 11 p.m.; Friday and Saturday: 11 a.m. to 1 a.m.
- **Price:** $$$
- **Distance from convention center:** 1 mile

Offering upscale Mediterranean fare, Fig & Olive’s menu is centered on the best olive oils from Spain, Italy, and the South of France. The restaurant’s wide array of oils are used instead of butter in all dishes, and are available for tasting at the beginning of each meal.

**Barcelona Wine Bar and Restaurant**

- **Cuisine:** Tapas
- **Hours:** Monday: 4 p.m. to 12 a.m.; Tuesday through Thursday: 4 p.m. to 2 a.m.; Friday: 2 p.m. to 2 a.m.; Saturday: 3 p.m. to 2 a.m.; Sunday: 3 p.m. to 12 a.m.
- **Price:** $$$
- **Distance from convention center:** 1 mile

Located in the trendy arts and dining neighborhood of Logan Circle, the Barcelona Wine Bar and Restaurant recreates the feel of an evening on the Ramblas, a popular tree-lined promenade in central Barcelona. Offering brunch, dinner and a late-night menu, the restaurant serves tapas, salads, and dishes meant to be shared by two people.
Le Diplomate
lediplomatedc.com
Cuisine: French
Hours: Sunday through Tuesday: 5 to 10 p.m.; Wednesday and Thursday: 5 to 11 p.m.; Friday and Saturday: 5 p.m. to 12 a.m.
Price: $$$
Distance from convention center: 1 mile
Step into the ambiance of France, all without leaving Washington. Le Diplomate mimics a French cafe. The menu offers a variety of regional food, including onion soup gratinée, steak frites, escargot, and bouillabaisse, as well as house-made baguettes and a wide variety of French cheeses.

Plume at the Jefferson Hotel
plumedc.com
Cuisine: New American
Hours: Tuesday through Saturday: 5:30 to 9 p.m.
Price: $$$
Distance from convention center: 1 mile
With a menu inspired by the harvest from Thomas Jefferson’s kitchen gardens at Monticello, Plume is Washington, D.C.’s only Forbes five-star rated restaurant. Menu selections include roasted filet of turbot, pan-seared duck breast, and bison strip loin. Top it all off with raspberry red poppy opaline and yuzu ice cream for dessert.

Rasika West End
rasikarestaurant.com
Cuisine: Indian
Hours: Monday through Thursday: 5:30 to 10:30 p.m.; Friday and Saturday: 5 to 11 p.m.; Sunday: 5 to 10 p.m.
Price: $$$
Distance from convention center: 1.5 miles
Rasika offers both modern and traditional Indian cuisine, including tandoori and regional dishes. The restaurant was named on the 20 Top-Rated Restaurants Across America in Zagat’s 2014 America’s Top Resaturants Survey. This is Dr. Alster’s favorite.

Rogue 24
rogue24.com
Cuisine: American
Hours: Wednesday through Saturday: 6 to 10 p.m.; Sunday: 6 to 9 p.m.
Price: $$$
Distance from convention center: .5 mile
Dining here is an experience like no other. From the showpiece open kitchen, award-winning chef and owner RJ Cooper serves up modern American cuisine in a series of several inventive, unique dishes that add up to one unique meal. The drinks are also out of the ordinary as you can imbibe on hand-crafted spirits, house-made bitters and perfumed ice.

Rose’s Luxury
rosesluxury.com
Cuisine: New American
Hours: Monday through Saturday: 5 to 10 p.m.
Price: $$$
Distance from convention center: 3 miles
While this restaurant is small in size — and seating is offered on a first-come, first-served basis — the menu is big on taste. Dishes are served as small dishes or in family style, and the menu includes options such as caviar service, grilled quail with brussels sprouts, and confit goat with BBQ sea island red peas. The full dinner menu is also available in the upstairs bar. Rose’s was named No. 1 on “Bon Appetit”’s list of Best New Restaurants in America 2014.

Zaytinya
zaytinya.com
Cuisine: Mediterranean
Hours: Sunday and Monday: 11 a.m. to 10 p.m.; Tuesday through Thursday: 11 a.m. to 11 p.m.; Friday and Saturday: 11 a.m. to 12 a.m.
Price: $$$
Distance from convention center: .5 mile
This restaurant offers an updated twist on the classical recipes of Turkey, Greece, and Lebanon. Prepared with customary Mediterranean techniques and served in an upscale, modern setting, dishes are served as small plates, allowing everyone in the party an opportunity to sample it all. This restaurant is Dr. Naga’s favorite.
Visit the COSENTYX booth to learn more

Booth #2137
Notes

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Notes
COMING SOON
A whole new way to cover psoriasis
Sometimes, thinking forward requires sideways thinking.

Innovators pave the road to the future. The rest just follow. That's why we took a different approach. We began as a specialty-specific company focused on drastically changing the EHR game. And now—well now we’re ready to transform the clinical, financial and operational aspects of your business.

Introducing your modmed Dermatology™ suite:

- modmed EMA™
- modmed PM™
- modmed RCM™
- modmed Telehealth™
- modmed Pathology™
- and so much more

Because getting it right the first time is better than getting there first.