Plan for a day filled with important topics and new formats

Welcome to the first day of the 74th Annual Meeting, where cutting-edge dermatology research will be presented and relevant practice issues examined in an improved meeting format designed to help everyone attend more events.

As you plan your schedule for Friday, be aware that Focus sessions now last one hour and all afternoon courses will take place from 1 to 4 p.m. Also, note that the Exhibit Hall, in Halls A, B, and C, will be open from 10 a.m. to 5 p.m. Friday.

If you are looking for the AAD Resource Center, it is now part of The Connection, in Hall D, and it will be open from 7 a.m. to 5 p.m. The Connection also features networking lounges, ePoster Viewing Centers, Poster Presentation Theaters, and the Standardized Patient Workshops. It also will host the Sunday Plenary.

Don't miss the “Hot Topics” session from 1 to 4 p.m. in Hall D, where nine topics chosen by attendees during early registration will be presented by leaders in the specialty. Another Annual Meeting favorite is the “Gross and Microscopic Symposium” from 9 a.m. to 5 p.m. Friday and Saturday in Room 149. It will feature 192 presentations about clinical dermatology, with attention to new and interesting observations. Presenters will discuss a variety of dermatologic cases with clinical, surgical, and pathological correlations.

Other must-see events on Friday:
- 7:30 to 8:30 a.m.: “The Impact of Drug Pricing on Access to Care: Demystifying the Landscape,” in Room 140B
- 9 a.m. to noon: “What’s New in Dermatopathology,” in Room 103B
- Noon to 1 p.m.: Unopposed exhibit time
- 12:15 to 1 p.m.: “Industry Expert Session: In Atopic Dermatitis, Looks Can Be Deceiving,” in Exhibit Hall A
- Noon to 1 p.m.: Unopposed exhibit time
- 12:15 to 1 p.m.: “Industry Expert Session: Discover the Possibilities of Newly Approved Enstilar® (calcipotriene and betamethasone dipropionate) Foam, 0.005%/0.064%,” in Exhibit Hall A
- Noon to 1 p.m.: Unopposed exhibit time
- 12:15 to 1 p.m.: “Industry Expert Session: 0.005%/0.064%,” in Exhibit Hall A
- Noon to 1 p.m.: Unopposed exhibit time
- 12:15 to 1 p.m.: “Industry Expert Session: Unopposed exhibit time
- 11 to 11:45 a.m.: “Industry Expert Session: Discover the Possibilities of Newly Approved Enstilar® (calcipotriene and betamethasone dipropionate) Foam, 0.005%/0.064%,” in Exhibit Hall A
- Noon to 1 p.m.: Unopposed exhibit time
- 12:15 to 1 p.m.: “Industry Expert Session: In Atopic Dermatitis, Looks Can Be Deceiving,” in Exhibit Hall A
- 5 to 6:30 p.m.: Residents Reception at the Marriott Marquis, Marquis Ballroom 1-4
- 5 to 6:30 p.m.: International Member Reception at the Marriott Marquis, Marquis Ballroom 1-4
- 5 to 7 p.m.: Career Networking Event at the Marriott Marquis, Marquis Ballroom 5

Visit Booth #1501 for a complimentary medical resource voucher while supplies last

Sunday Plenary
Scientific lectures and awards to be presented

The Sunday Plenary will feature a wealth of scientific lectures addressing the influence of genetics on skin disease, tumor necrosis factor delivery, how gene networks influence skin cancer, neurological causes of itch, and HIV/AIDS. The Plenary also will feature addresses by AAD President Mark Lebwohl, MD, and President-Elect Abel Torres, MD, JD, from 8 to 11:30 a.m. in Hall D.

Clarence S. Livingood, MD, Award and Lectureship
Amy S. Paller, MD, will present “Bedside to Bench and Back to the Bedside” in which she will discuss research advances that can improve outcomes for patients with skin disease.

She is the chair of the department of dermatology and the Walter J. Hamlin Professor of Dermatology, and a professor of dermatology and pediatrics at Northwestern University Feinberg School of Medicine.

Dr. Paller will explain how decoding the genetic, epigenetic, and transcriptomic features of both common and rare skin disease is defining new phenotype.
Aging Skin Complaints?
Patient Education Makes A Difference.

As your patients age, they may notice skin changes.

- The skin’s natural renewal cycle may slow down
- Dead cells can build up on the skin’s surface giving it a rougher texture and dull appearance
- Oil glands become less active which can make it harder to retain moisture in the skin.

Help educate them about the natural effects of aging and how using the right daily body lotion can reveal healthy-looking skin.

Visit booth #4011 to receive your AmLactin® samples.

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Finding your bearings
A seasoned fellow shares advice and insights for meeting novices

A dam Friedman, MD, is an associate professor of dermatology, residency program director, and director of translational research at George Washington School of Medicine and Health Sciences in Washington, D.C. After a decade of attending AAD Annual Meetings, he looks back at how he learned to navigate the meeting over the years.

Q: How did you find your way at the first meeting?
A: First, the AAD meeting is an awesome opportunity to interface with mentors. Before my first meeting, I was fortunate that I had been coordinating with some people via email, which is important because being a novice at the meeting, you can get turned around. Identifying mentors and meeting with them is an extraordinary benefit, and that’s what I did. That also leads to ways to get invited to talks, sessions, and committee meetings. Who you know plays a big role.

The good thing about dermatology is that, for the most part, we are cordial, welcoming, and happy to pay it forward. Don’t be shy. I would be surprised if someone would turn you away if you tried to have a conversation with them.

Q: Do you block out time for networking during the meeting?
A: The people you want to meet with in terms of mentorship are booked up well in advance. If there is someone with whom you want to meet in a significant way, hoping to just bump into them is not the best approach. I made that mistake my first time. I learned you can’t assume they will have free time. Reaching out early — a month or more in advance — is important.

Q: Are there other meeting events you like to use to increase your social connections?
A: There are great mentoring sessions and programming for residents and junior faculty that will bring everyone together. At night, there are multiple industry-sponsored, non-CME events, so there are a lot of opportunities to hang out and meet people.

One of the draws for this meeting is just that — to catch up with established friends and make new ones.

Q: Is it a challenge to coordinate everything you need to do at the meeting? How do you prepare for that?
A: Finding balance is one of the hardest things, and it takes time. The way someone junior, like a resident, can break out as a lecturer is through the Gross and Microscopic Symposium, resident research symposia, or poster presentations. It is almost like a snowball effect that grows over time. It takes time, and it won’t happen at your first meeting. That’s why you keep going back, and it is important to keep at it.

If you think someone you want to interface with is interested in your talk or poster, shoot them a message that you are giving a poster presentation and ask them to come check it out. You have to put in the time to work your way up. Early in your career, saying ‘yes’ is a good motto to help you build from there to where you can be more selective.

Q: Do you prefer a type of presentation or topics to get more involved early in your career?
A: The topics on which I speak can vary, but each year I deliver a lecture or two on board preparation and review, an area in which I got involved with right out of residency. That can be an easy entry point for junior faculty, along with other career development programs often organized by the residents and fellows committee. The second topic I always speak on is nanodermatology — nanotechnology as it relates to dermatology. Given the breadth of this subject, it is often easy to deliver a wide array of lectures on the same topic ranging from the prevention/diagnosis/treatment of skin cancer to acne.

Q: Do you have memorable takeaways from past Annual Meetings?
A: There are almost too many memories. The first that comes to mind is a recurring one, which is at the end of the meeting in a cab heading to the airport and issuing a sigh of relief that a) it is over because there was so much to do, and b) being proud and fulfilled by being productive. Another important memory was from my first AAD meeting, where one of my posters won a poster award, an achievement that likely helped me match into this profession. To be recognized by the Academy was validation that I was on track.

Everyone is so bright and accomplished, and you can often feel lost in the herd, but the Academy provides limitless opportunities to make a meaningful contribution.

Hot Topics reflects top choices of meeting attendees

Annual Meeting attendees have spoken by choosing the subjects they most want addressed at “Hot Topics” (S018), one of the meeting’s most popular sessions. Be sure to attend from 1 to 4 p.m. Friday in Hall D to hear about the nine topics chosen. The symposium topics were derived from the recommendations of meeting registrants, who listed their top three subjects.

Led by director David E. Cohen, MD, MPH, the session will be a potpourri of contemporary issues that currently affect the specialty. Expert speakers will tackle the topics in an interactive manner, designed to stimulate debate and minimize controversy.

The topics and speakers:
- 1 p.m. Introductions and Contact Dermatitis, David E. Cohen, MD, MPH
- 1:15 p.m. Melanoma/Cutaneous Oncology Update; Allan C. Halpern, MD
- 1:35 p.m. Sunscreens/Photoprotection; Henry W. Lim, MD
- 1:50 p.m. New and Emerging Therapies for Psoriasis; Kenneth B. Gordon, MD
- 2:10 p.m. Health Care Reform: How It Will Affect Us; Brett Coldiron, MD
- 2:30 p.m. Drug Reaction: New Drugs and Reactions; Neil Shear, MD
- 2:50 p.m. Facial Sculpting and Fillers; Derek Jones, MD
- 3:10 p.m. Acne: What’s New; Diane M. Thiboutot, MD
- 3:30 p.m. New and Emerging Therapies for Atopic Dermatitis/Eczema; Eric Simpson, MD
- 3:50 p.m. Questions
Simulating the patient experience

Topics focus on communication, but could expand in the future role-playing experience with a trained patient-actor who afterward provides feedback on how the participant performed during the exercise. Attendees need to register before attending sessions.

“The participant goes into a simulated clinic setting that looks like a clinic office and has an encounter with this patient,” said Kanade Shinkai, MD, PhD, director of The Standardized Patient. “There are specific goals for encounters that are given to the participant ahead of time. At the end of the encounter, the participant is provided direct feedback and coaching from that patient-actor and gets a checklist filled out by the actor. It goes through some key aspects of the communication and their impressions of the whole encounter.”

The sessions were introduced as a pilot program during last year’s AAD Summer Meeting, where the response was positive, said Dr. Shinkai, associate professor in the department of dermatology at the University of California, San Francisco (UCSF).

The Standardized Patient sessions focus on topics chosen in a needs assessment conducted by the Association of Professors of Dermatology. The assessment concluded that dermatology professionals need additional practice on:

- The Difficult Patient, which is a patient who has his or her own agenda
- Medication Management, which involves counseling a patient with a fear of a medicine (such as isotretinoin) who has a lot of questions
- Breaking Bad News, in which a patient is given a diagnosis of melanoma
- The Total Body Skin Exam, in which a patient wants to be admitted to a hospital

The sessions are becoming a big part of medical education, and that is on display throughout the Annual Meeting in a series of sessions, “Hands-On: The Standardized Patient.”

The 30-minute sessions, presented in Hall D, focus on four topics: The Difficult Patient, Medication Management, Breaking Bad News, and The Total Body Skin Exam. In each session, a participant has a one-on-one encounter with a Standardized Patient, or a Standardized Patient. "There are specific goals for encounters that are given to the participant ahead of time. At the end of the encounter, the participant is provided direct feedback and coaching from that patient-actor and gets a checklist filled out by the actor. It goes through some key aspects of the communication and their impressions of the whole encounter.”

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- The Difficult Patient, which is a patient who has his or her own agenda
- Medication Management, which involves counseling a patient with a fear of a medicine (such as isotretinoin) who has a lot of questions
- Breaking Bad News, in which a patient is given a diagnosis of melanoma
- The Total Body Skin Exam, in which a patient wants to be admitted to a hospital

for a skin condition, which does not require hospitalization.

It is part of the growing trend of using simulations in medical education, especially in school settings, although it also is growing in continuing medical education, said Dr. Shinkai, who is involved with simulation education at UCSF.

“The fact that simulation is well accepted in medical schools and residency training speaks to the value people feel it has for both coaching opportunities and assessment,” she said. “I am excited that the AAD has taken this on. It is a great opportunity for anyone at any stage of their training.”

It is especially difficult for health care professionals to get feedback about their performance from patients in emotional situations, so simulation is a rare opportunity to get that feedback.

“It is clear the direction of the patient experience is valued,” Dr. Shinkai said. “We know that reimbursement is going to be tethered to patient ratings of providers, so this is one way for providers to get feedback about how they are doing, and maybe even develop some skill sets that can help improve their communication skills as well as their reimbursements. It’s a rich opportunity to improve, and that is what it is meant for.”

Limitations of X-rays vs. Mohs

Mohs surgery can provide improved outcomes for many head and neck cancers, but it is less than ideal for some subsets of patients, such as older persons, those on blood thinners, those with comorbidities, or those with lesions in difficult locations.

“In a limited number of select lesions on select patients, radiation may be as good as or better than Mohs,” said Armand Cognetta, MD, professor and chief of dermatology at the Florida State University College of Medicine, adding that superficial X-ray surgery can provide improved outcomes for many head and neck cancers, but it is less than ideal for some subsets of patients, such as older persons, those on blood thinners, those with comorbidities, or those with lesions in difficult locations.

Mohs surgery has an outstanding cure rate, approaching 98 percent, but some patients are not good surgical candidates or, if given a choice, might not want surgery. A 10-year study of superficial X-ray treatment for basal and squamous cell carcinomas showed a cure rate of about 95 percent.

74th Annual Meeting events you don’t want to miss

Friday (Marriott Marquis)
5 to 6:30 p.m.
Residents Reception
Marquis Ballroom 1-4

International Member Reception
Marquis Ballroom 6

Young Physician and New Member Reception
Marquis Ballroom 7-10

5 to 7 p.m.
Career Networking Event
Marquis Ballroom 5

What’s weighing on YOUR mind?

2016 AAD Election • March 5 – April 4

Exercise your member right to vote. The leaders of today will influence how you practice medicine tomorrow.

Vote online at www.aad.org/aadelection or from the 74th Annual Meeting Mobile App

AAD Annual Meeting News • Friday • March 4, 2016


The propellants in Enstilar ® are flammable. Instruct patients to avoid fire, or smoking during and immediately after using this product.

Patients who apply Enstilar ® to exposed skin should avoid excessive sun exposure (sun lamps, etc. You may wish to limit or avoid use of phototherapy in patients who use Enstilar ® .

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INDICATION AND USAGE
Enstilar® (calcipotriene and betamethasone dipropionate) Foam is indicated for the topical treatment of plaque psoriasis in patients 18 years of age and older.

Apply Enstilar® to affected areas once daily for up to 4 weeks. Patients should discontinue use when control is achieved. Instruct patients not to use more than 60 g every 4 days.

IMPORTANT SAFETY INFORMATION
For topical use only. Enstilar® is not for oral, ophthalmic, or intravaginal use. Instruct patients to avoid use on the face, groin, or axillae, or if atrophy is present at the treatment site, and not to use with occlusive dressings, unless directed by a physician.

The propellants in Enstilar® are flammable. Instruct patients to avoid fire, flame, or smoking during and immediately after using this product.

Hypercalcemia and hypercalciuria have been observed with use of Enstilar®. If hypercalcemia or hypercalciuria develop, patients should discontinue treatment until parameters of calcium metabolism have normalized.

Topical corticosteroids can produce reversible hypothalamic pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency. Risk factors include use of high-potency topical corticosteroids, use over a large surface area or on areas under occlusion, prolonged use, altered skin barrier, liver failure, and use in pediatric patients. If HPA axis suppression is documented, gradually withdraw the drug, reduce the frequency of application, or substitute with a less potent steroid. Systemic effects of topical corticosteroids may also include Cushing’s syndrome, hyperglycemia, and glucosuria. Use of more than one corticosteroid-containing product at the same time may increase total systemic corticosteroid exposure.

Adverse reactions reported in <1% of subjects treated with Enstilar® in clinical trials included application site irritation, application site pruritus, folliculitis, skin hypopigmentation, hypercalcemia, urticaria, and exacerbation of psoriasis.

Patients who apply Enstilar® to exposed skin should avoid excessive exposure to either natural or artificial sunlight, including tanning booths, sun lamps, etc. You may wish to limit or avoid use of phototherapy in patients who use Enstilar®.

There are no adequate and well-controlled studies of Enstilar® in pregnant women. Enstilar® should be used during pregnancy only if the potential benefit to the patient justifies the potential risk to the fetus. Because many drugs are excreted in human milk, caution should be exercised when Enstilar® is administered to a nursing woman. Do not use Enstilar® on the breast when nursing.

The safety and effectiveness of Enstilar® in pediatric patients have not been studied.

Please see Brief Summary on following page.
Enstilar® (calcipotriene and betamethasone dipropionate) Foam, 0.005%/0.0.064% for topical use

Initial U.S. Approval: 2006

BRIEF SUMMARY: Please see package insert for full Prescribing Information.

INDICATIONS AND USAGE
Enstilar® (calcipotriene and betamethasone dipropionate) Foam is indicated for the topical treatment of plaque psoriasis in patients 18 years of age and older.

CONTRAINDICATIONS
None.

WARNINGS AND PRECAUTIONS

Flammability
The propellants in Enstilar® Foam are flammable. Instruct the patient to avoid fire, flame, and smoking during and immediately following application.

Hypercalcemia and Hypercalciuria
Hypercacemia and hypercalciuria have been observed with use of Enstilar® Foam. If hypercalcemia or hypercalciuria develop, discontinue treatment until parameters of calcium metabolism have normalized. The incidence of hypercalcemia and hypercalciuria following Enstilar® Foam treatment of more than 4 weeks has not been evaluated.

Effects on Endocrine System
Systemic absorption of topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for clinical glucocorticosteroid insufficiency. This may occur during treatment or upon withdrawal of the topical corticosteroid. Factors that predispose a patient to HPA axis suppression include the use of high-potency steroids, large treatment surface areas, prolonged use, use of occlusive dressings, altered skin barrier, liver failure, and young age. Evaluation for HPA axis suppression may be done by using the adrenocorticotropic hormone (ACTH) stimulation test. If HPA axis suppression is documented, gradually withdraw the drug, reduce the frequency of application, or substitute with a less potent corticosteroid. Systemic effects of topical corticosteroids may also include Cushing’s syndrome, hyperglycemia, and glucosuria.

Pediatric patients may be more susceptible to systemic toxicity due to their larger skin surface to body mass ratios.

Use of more than one corticosteroid-containing product at the same time may increase total systemic corticosteroid exposure.

Allergic Contact Dermatitis
Allergic contact dermatitis has been observed with topical calcipotriene and topical corticosteroids. Allergic contact dermatitis to a topical corticosteroid is usually diagnosed by observing a failure to heal rather than a clinical exacerbation. Corroborate such an observation with appropriate diagnostic patch testing.

Risks of Ultraviolet Light Exposures
Patients who apply Enstilar® Foam to exposed skin should avoid excessive exposure to either natural or artificial sunlight, including tanning booths, sun lamps, etc. Physicians may wish to limit or avoid use of phototherapy in patients who use Enstilar® Foam.

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.

The rates of adverse reactions given below were derived from three randomized, multicenter, prospective vehicle and/or active-controlled clinical trials in subjects with plaque psoriasis. Subjects applied study product once daily for 4 weeks, and the median weekly dose of Enstilar Foam was 24.8 g.

Adverse reactions reported in 1% of patients treated with Enstilar® Foam included: application site irritation, application site pruritus, folliculitis, skin hypopigmentation, hypercalcemia, urticaria, and exacerbation of psoriasis.

Postmarketing Experience
Because 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. Postmarketing reports for local adverse reactions to topical steroids include atrophy, striae, telangiectasia, dryness, perioral dermatitis, secondary infection, and miliaria.

USE IN SPECIFIC POPULATIONS

Pregnancy
Teratogenic Effects: Pregnancy Category C
There are no adequate and well-controlled studies in pregnant women. Pregnant women were excluded from the clinical studies conducted with Enstilar® Foam. Enstilar® Foam should be used during pregnancy only if the potential benefit to the patient justifies the potential risk to the fetus. Animal reproduction studies have not been conducted with Enstilar® Foam. Enstilar® Foam contains calcipotriene that has been shown to be teratogenic and betamethasone dipropionate that has been shown to be teratogenic in animals when given systemically.

Nursing Mothers
Systemically administered corticosteroids appear in human milk and can suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topically administered calcipotriene or corticosteroids could result in sufficient systemic absorption to produce detectable quantities in human milk. Because many drugs are excreted in human milk, caution should be exercised when Enstilar® Foam is administered to a nursing woman. Instruct the patient not to use Enstilar® Foam on the breast when nursing.

Pediatric Use
Safety and effectiveness of the use of Enstilar® Foam in pediatric patients have not been studied. Because of a higher ratio of skin surface area to body mass, children under the age of 12 years are at particular risk of systemic adverse effects when they are treated with topical corticosteroids. They are, therefore, also at greater risk of HPA axis suppression and adrenal insufficiency with the use of topical corticosteroids. Cushing’s syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in pediatric patients treated with topical corticosteroids.

Local adverse reactions including striae have been reported with use of topical corticosteroids in pediatric patients.

Geriatric Use
Of the total number of subjects in the controlled clinical studies of Enstilar® Foam in plaque psoriasis, 97 were 65 years or older, while 21 were 75 years or older. No overall differences in safety or effectiveness of Enstilar® Foam were observed between these subjects versus 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.

PATIENT COUNSELING INFORMATION
[Adviser the patient to read the FDA-approved patient labeling (Patient Information and Instructions For Use)]

Inform patients of the following:
• Instruct patients to shake before use.
• Instruct patients not to use more than 60 g every 4 days.
• Discontinue therapy when control is achieved unless directed otherwise by the physician.
• Avoid use of Enstilar® Foam on the face, underarms, groin or eyes. If this medicine gets on face or in mouth or eyes, wash area right away.
• Wash hands after application.
• Do not occlude the treatment area with a bandage or other covering unless directed by the physician.
• Instruct the patients not to use other products containing calcipotriene or a corticosteroid with Enstilar® Foam without first talking to the physician.
• Instruct patients who use Enstilar® Foam to avoid excessive exposure to either natural or artificial sunlight (including tanning booths, sun lamps, etc.). Physicians may wish to limit or avoid use of phototherapy in patients who use Enstilar® Foam.
• Enstilar® Foam is flammable; avoid heat, flame, or smoking when applying this medication.
• The foam can be sprayed holding the can in any orientation except horizontally.

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Skin Cancer

Stop skin cancer: support proposed under 18 restrictions

The AAD is asking members to support the FDA’s efforts to toughen the regulation of tanning beds. AAD members are encouraged to stop by the AAD Resource Center booth to send a letter to the FDA in support of the proposed indoor tanning rules. Visit the advocacy booth in the Resource Center, part of The Connection in Hall D, Friday through Monday.

Proposed rules would restrict minors from using tanning beds and strengthen warnings on their dangers. The AAD is encouraging the FDA to finalize this proposed rule as it would be a historic victory in our nation’s fight to eradicate skin cancer.

Participate in SPOTme®

Recent scientific evidence in the contribution of ultraviolet light and genetic mutation in squamous cell carcinoma (SCC) pathogenesis sheds new light on the impact of the field cancer model. The session, “Field Cancerization and Multiple SCC: New Molecular Insights and Evidence-Based Clinical Management” (FOC U037) from 7:30 to 8:30 a.m. Saturday in Room 209, exposes attendees to current thinking. Sean Christensen, MD, PhD, leads the session, which is designed for general dermatologists and dermatologic surgeons. Dr. Christensen takes attendees through an overview of the common development of multiple SCCs within areas of actinic damage and the field cancerization paradigm. Specifically, Dr. Christensen will lead a discussion on topical and systemic field treatments, as well as the evidence suggesting that these treatments could possibly prevent the development of SCC.

Session content will instruct attendees on how to identify patients at risk for the development of multiple SCC pathogenesis, recognize the impact of ultraviolet light and genetic mutations to that development within a field of actinic damage, and select and prescribe appropriate field treatment to decrease the incidence and progression of SCC for individual patients. Attendees can earn 1 CME credit for the session; no tuition or ticket is required for the session.

Nonsurgical treatments for skin cancer identified for select cases

Advancements in skin cancer research have given way to nonsurgical treatment methods. Anthony Rossi, MD, shares the latest information in the session, “What’s Next: Nonsurgical and Adjuvant Treatments for Skin Cancers” (FOC U005) from 7:30 to 8:30 a.m. Friday, in Room 103A.

While surgery is the standard of care for most skin cancers, certain cases will allow for nonsurgical therapy, especially when it is not curative or feasible. The session, which is designed for dermatologists, Mohs surgeons, and dermatologic surgeons who treat skin malignancies, will detail specific treatments, including adjuvant radiation for high-risk cancers, imiquimod for lentigo maligna, and intrallesional chemotherapy for squamous cell carcinomas.

Following the session, attendees will have a better understanding of the efficacy and limitations of such therapies, including a look at supporting data. Additionally, attendees are expected to become more skilled at evaluating the role of adjuvant and nonsurgical treatments in the management of skin cancers and utilizing nonsurgical treatment options in select patient populations. Attendees can earn 1 CME credit for the course; no tuition or ticket is required for the session.
Join Us for an Industry Expert Session

YOU’VE GOT OPTIONS: THE CHANGING PARADIGM OF PLAQUE PSORIASIS TREATMENT

Otezla® (apremilast) is indicated for the treatment of:
- patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
- adult patients with active psoriatic arthritis

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PROGRAM FACULTY

Jeffrey Sobell, MD
SkinCare Physicians
Chestnut Hill, Massachusetts

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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/.
New to the AAD Annual Meeting is the Onsite Meeting Guide, available in racks throughout the convention center. It has all the vital information about the meeting:

- What you need to know to navigate AAD 2016
- Daily highlights
- AAD honors and awards
- Education information
- Exhibit hall floor plan and exhibitors
- Convention center maps
- City information

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2007
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Resident Highlights

Conquer the Boards
Residents who will be taking their board exams soon can get hands-on experience in the process by attending “Board Prep for Residents (AKA Conquer the Boards: An Experiential Review)” (CO04) from 9 a.m. to 4 p.m. Friday in Room 143. Participating residents will experience a simulated, shortened version of the American Board of Dermatology certification exam.

Attendees will be able to practice their timing, get familiar with the exam format, and provide high-yield information for the certification exam. This course will offer

Learn a little, enjoy a lot during Resident Jeopardy
Have a little fun, assess your core competencies, and identify knowledge gaps to prepare for the board exam by attending “Resident Jeopardy” (SO47) from 9 a.m. to noon Monday in Room 146B. Presented in a format based on the iconic game show Jeopardy, “Resident Jeopardy” features teams from residency training programs that will compete in answering questions and image-based inquiries in all things dermatology. Audience members are invited to play along and test their own prowess.

Residents, fellows to present research in Fox award competition
See the latest research of talented residents and fellows about the pathophysiology and treatment of cutaneous disease at “The Residents and Fellows Symposium” (SO34) from 1 to 4 p.m. Sunday in Room 102.

All 26 presentations in the session will be made by finalists for the Everett C. Fox Memorial Award, who are fellows and residents with an interest in clinical and basic science research.

The award was developed through the generosity of Dr. Fox, a leading dermatologist in Dallas and a faculty member at Baylor University and UT Southwestern University. Session faculty members will form a panel to judge the presentations and choose the award winner.

Residents, fellows to present research in Fox award competition

‘Power Hour’ to address training topics for residents

Dermatology residents have the opportunity to take home answers to important training questions by attending “High-Yield ‘Power Hour’ for Residents” (PO81) from 3:30 to 5:30 p.m. Saturday in Room 145.

The session will feature six faculty members using image-based learning to share information about:

• Mechanisms of action and side effects of systemic dermatologic therapies
• Infectious disease dermatology
• Allergens associated with contact dermatitis
• Inherited and immunobullous disorders of the epidermal basement membrane
• Key concepts in pediatric and neonatal dermatology

Speakers will use multiple-choice questions to highlight take-home messages.

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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).
Laser and light

Technologies are rapidly evolving

If you were up to date with the latest laser devices last year, you are out of date now. “There has been a significant increase in movement in the laser and light arena in the last year or two,” said Jill S. Waibel, MD, founder and medical director of Miami Dermatology and Laser Institute, chief of dermatology at Baptist Hospital, and clinical assistant professor of dermatology at the University of Miami Miller School of Medicine. “There are new devices, new wavelengths, new uses and new accessories for laser applications.”

Dr. Waibel will direct a special session, “Advances in Lasers and Light Sources: What’s the Truth?” (F022) from 1 to 3 p.m. Friday in Room 207B.

The session includes expert input from academic, community practice and military dermatology. Dr. Waibel said. One of the hot topics is a look at the potential for micro needling to replace lasers for some applications. Microneedles are promising, but the FDA has not looked kindly on all of the microneedle devices that have moved toward marketing.

Dr. Waibel will explore some of the newest laser devices to enter dermatology in the last year. One of the most exciting is the Halo, the first combination fractional laser device approved by the FDA. Halo delivers 2,940 nm plus 1,470 nm from the same applicators.

“The 1,470 penetrates 200 to 700 microns and targets pigment,” she said. “It is great for things like melasma, post-inflammatory hyperpigmentation, brown spots, and sun damage. The 2,940, which is traditional for resurfacing, only penetrates 100 microns. You can do a fairly aggressive treatment for wrinkles, texture, pores, and brown spots on Friday, and the patient can be back at work on Monday. We’ve never had a device where you can get truly great results with so little downtime.”

There also is a class of devices Dr. Waibel calls laser accessories. Interventions such as CoolSculpting and Kybella are not light-based, but they have opened the way to treat submental fat. Complete treatment typically includes lasers along the jowls or for texture. Optical coherence tomography (OCT) is another new laser accessory. “OCT is coming to dermatology,” Dr. Waibel added. “It gives dermatologists live information in areas like oncology, blood vessels, hemangomas, and port-wine stains. Better information will help us to better determine our laser parameters.”

Dermatologists also can expect new wavelengths and new applications. Researchers at Harvard are working on 1,726 nm for acne, and Dr. Waibel participated in a phase II study for laser-activated gold nanoparticle treatment.

Another new development is laser treatment for burn scarring as early as three months after injury. Lasers also are being developed to boost transdermal drug delivery. And look for femtosecond lasers, commonly used in ophthalmology, to move into dermatology with 1026 pulse duration. European researchers have made dramatic strides using indocyanine green, a water-soluble tricarbocyanine dye. ICG is a familiar contrast agent that may also be used to augment the therapeutic effect of diode lasers for port-wine stains, photodynamic therapy for actinic keratosis, and other light-based applications.

“The truth about lasers is that development was pretty quiet during the recession,” Dr. Waibel said. “Research and development are booming, and it is becoming difficult to keep up with new devices and the clinical trials that promise to deliver still more devices and applications in the near future.”

Dr. Waibel is a speaker for Zeitig Aesthetics, which makes CoolSculpting, and a principle investigator for Sciton Inc., which makes Halo.

Lessons in botulinum toxin

Want to learn more about using botulinum toxin? Two courses presented Friday and Sunday can help whether you want to learn the basics or refine skills you already are using. Both courses feature video demonstrations with before and after treatment examples. On Friday, “Basic Botulinum Toxin: Video Instruction and Live Panel Discussion” (C001) will review basic concepts regarding botulinum toxin A, including proper reconstruction, on- and off-label injection techniques, dosing considerations, and strategies to safely achieve optimal results. Attendees also should be able to treat dynamic lines of the glabella, forehead, crow’s feet, lower face, and neck safely and effectively.

On Sunday, “Advanced Botulinum Toxin: Video Instruction and Live Panel Discussion” (C019) will feature 10 renowned experts who will present videos of their patients before treatment so attendees can decide how to treat them. The faculty will then demonstrate their techniques and results while the panel/audience weighs in on the discussion. Challenging areas will be addressed, including the forehead, lower face/lips, jawline, and neck. Other complications also will be discussed. Attendees will decide who earns the title of “Master of Masters 2016.”

Following the course, attendees will be able to demonstrate a mastery of advanced neuromodulator (botulinum toxin) injections on a variety of challenging patients, as well as develop a reproducible plan to evaluate these patients and differentiate their practice from the crowd.

Attendees can earn 3 CME credits per course; tuition fee and ticket will be required for admission.

There are new devices, new wavelengths, new uses and new accessories for laser applications.

Jill S. Waibel, MD
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Protect your assets
If malpractice strikes, are you ready?

Every dermatologist wants to avoid malpractice lawsuits. But lawsuits can’t always be avoided. When the worst happens, it pays to have a strategy in place to protect your assets.

“It doesn’t really matter if something went wrong or if a patient mistakenly believes something went wrong, both can lead to lawsuits,” said David Goldberg, MD, JD, director of Skin Laser & Surgery Specialists of NY/NJ. “You need to protect yourself against the legal perils in the practice of dermatology and protect your assets so you can move on with your life if the worst happens.”

Dr. Goldberg and a panel of experts will explore the legal perils unique to dermatology, strategies to mitigate risks, the outlook for tort reform, and strategies that will explore the legal perils unique to dermatology and dermatopathology.

Another key area is the practice of cosmetic dermatology, especially the use of energy-based devices.

“To the skin, whether energy is being delivered through a laser, through a light source, through microwave, or through ultrasound, it doesn’t matter. In the end, it is all heat. Some instruments have higher incidences of complications than others. Complications are all about how much heating and cooling of the skin you are doing.”

Complications are a given in dermatology, but lawsuits don’t have to be. The best defense against a malpractice suit is good informed consent. Not just a verbal discussion of the procedure and the potential outcomes, but a written, informed consent signed by the patient that emphasizes the same points the dermatologist discusses with the patient.

“If there is a lawsuit and you have only verbal consent, it very quickly becomes a ‘he said, she said’ issue,” Dr. Goldberg explained. “When someone signs that informed consent document, even if they later say they didn’t read it or didn’t understand it, it is assumed that they did read it and that they did understand it. The best defense is clear, written informed consent.”

The best-informed consent can’t prevent a malpractice lawsuit, he said. But a well-written and signed informed consent greatly reduces the odds of losing a suit.

The third presentation will explore how tort reform may, or may not, change the medical malpractice universe after the presidential election this fall. The one certainty in tort reform is that malpractice suits will continue. Dermatologists must act now to protect their assets before a lawsuit happens.

A final lecture will explore proven asset protection strategies specific to dermatology and dermatologists.

“Virtually every other session at the Annual Meeting will teach you the state-of-the-art and the odds of losing a suit.”

Improve your practice

The practice of medicine involves more than keeping up with the latest in science. The AAD offers a variety of tools and resources to help you manage your practice, including information on coding, compliance, quality care, practice models, and guidelines.

To see more about these practice tools, go to www.aad.org/practice-tools, which also is where you can learn more about AAD’s DataDerm™ clinical data registry that collects data on 35 dermatology-specific or applicable measures that you can compare against national benchmarks to help improve your practice.

The resources on AAD’s website designed to help you meet practice management challenges include:

• Coding resources, with access to the Academy’s latest coding information, including ICD-10 and common coding issues

• Practice management webinars, where experts provide a first-hand look at everything from Medicare payment changes to using ICD-10 to what’s new in meaningful use, all presented in one-hour live webinars

• Running a practice, which helps you by providing resources to ensure your practice is efficient, compliant, and productive, including background on ACOs, patient-centered medical homes, and teledermatology

• Quality care and guidelines, with information about clinical guidelines, appropriate use criteria, apps for quality care, quality measures, and patient safety

• AAD Career Compass, which can help you find a position in the specialty at any level of experience

• Affinity partner programs, where members can receive practical, money-saving solutions through partnerships negotiated by the Academy

Rising drug costs barrier to patient care

The age-old question of whether patient care is negatively affected by rising drug costs is the focus of “The Impact of Drug Pricing on Access to Care: Demystifying the Landscape” (U013) from 7:30 to 8:30 a.m. Friday in Room 147A.

Shadi Kourish, MD, Elise A. Olsen, MD, Len M. Nichols, PhD, and Jonathan Jarrow, MD, tackle the tough topic, bringing issues of patient value and outcomes to the forefront of the discussion. Unfortunately, rising medication costs are affecting the way patients are treated, insist the three speakers. Without well-documented value, dermatology patients are often denied coverage, due to more stringent insurance utilization of review tools.

This session will provide attendees with an overview of the hurdles to quality medical care, including narrowing drug formularies, prior authorizations, step therapy, and what’s commonly referred to as “specialty tans.”

Further discussion will focus on possible solutions to the problem by detailing the current health care environment related to drug pricing, legislative and health agency involvement, and strategies on how dermatologists can collaborate with patients and stakeholders to improve the current situation.

Attendees can earn 1.0 CME credit for the session; no tuition or ticket is required.
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Research pays dividends in atopic dermatitis therapies
Psoriasis has gotten most of the attention, until now

For the past dozen years, atopic dermatitis has been studied in more than 120 clinical trials and has been the subject of more than 3,000 papers. This work is paying off with an increased understanding of the disease pathophysiology and the development of topical and systemic treatments.

“The thing I want to highlight the most is that we have an innovative and growing pipeline. Atopic dermatitis is an extraordinarily common condition, yet it was treated almost like an orphan disease with both minimal research and new developments until recently. Now, it has really taken center stage, very similar to what we saw with psoriasis 10 to 15 years ago,” said Adam Friedman, MD, associate professor of dermatology at the George Washington School of Medicine and Health Sciences, D.C.

Dr. Friedman will present “New and Emerging Therapies for Atopic Dermatitis” in Friday’s “New Emerging Therapies” (S011) session, from 1 to 4 p.m. in Ballroom A.

The “new” aspect of the presentation will look at the study of the microbiome and how it relates to skin disease, the increased knowledge of the 500 species of organisms that exist on the skin, and that more than 1 million organisms share each square centimeter of skin.

“Because of the alerted skin topography in atopic dermatitis resulting from the inherent barrier defects, there are documented shifts in the microbial population favoring certain bacteria that can cause significant harm and perpetuate disease, such as Staphylococcus aureus,” said Dr. Friedman.

One school of thought to ameliorate this imbalance is to provide the resources to restore an equilibrium among bacteria, called prebiotics. “The term prebiotic has not hit the mainstream yet, but it is a very hot area that will translate into therapeutics down the road,” Dr. Friedman said.

“The focus has predominantly been on probiotics, which no question has great potential. There is an ongoing NIH-funded clinical trial looking at autologous microbial transplants in stabilizing atopic dermatitis.”

Another important area of research is itch, or pruritus, which in atopic dermatitis can both be a direct result of inflammation, but more often an independent symptom resulting from a broad range of biological factors.

“Understanding itch and developing new therapies is a major thrust in emerging therapies,” Dr. Friedman said.

Other topics Dr. Friedman plans to discuss include:
• Dupilumab is the first biologic agent designed for atopic dermatitis, and it is in phase III trials. It is an IL-4 receptor blocker that is taken weekly.
• Stabilized hypochlorous acid preparations, similar to bleach, which have potent anti-itch properties.
• Crisaborole with 2 percent ointment, a boron-based PDE4 inhibitor is a new, active agent that is in phase III trials and could be on the market in the next few years.
• Apremilast is a PDE4 inhibitor approved for psoriasis and psoriatic arthritis. There is evidence to support its use off-label for atopic dermatitis.

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Learn about latest emerging therapies today

The latest developments in therapies for melanoma and non-melanoma skin cancers and other topics will be covered during “New Emerging Therapies” (S011) from 1 to 4 p.m., Friday in Ballroom A.

Darrell S. Rigler, MD, will present “New and Emerging Therapies for Melanoma” at 2:32 p.m., and Abel Torres, MD, JD, will present “New and Emerging Therapies for Non-Melanoma Skin Cancer” at 2:54 p.m. Both presentations will include a discussion session. Dr. Rigler is a clinical professor in the Ronald O. Perelman department of dermatology, New York University School of Medicine. Dr. Torres is chair and professor of dermatology at Case Western Reserve University School of Medicine.

Other topics and speakers:
- Atopic dermatitis, Adam J. Friedman, MD
- Infectious diseases, Theodore Rosen, MD
- Acne and rosacea, Linda F. Stein Gold, MD
- Psoriasis, Mark Lebwohl, MD
- Wound healing, Robert S. Kirsner, MD, PhD
- Cosmetic and aesthetic dermatology, Joel Lee Cohen, MD
- Psoriatic Arthritis with Case Studies, Alice B. Gottlieb, MD, PhD
- Psoriatic Arthritis with Case Studies, Henry W. Lim, MD
- Non-Melanoma Skin Cancer, Abraham Feldman, MD, PhD
- Prevention of Risk Factors, Joel M. Gelfand, MD, MSCE
- Pathogenesis, Craig A. Elmets, MD
- Treating Psoriasis in the Older Patient, Zachary S. Aronson, MD
- Psoriasis Co-Morbidities, Joel M. Gelfand, MD, MSCE
- DEBATE: Should We Throw Out PASI 75 and Replace It With PASI 90? No! PASI 75 Should Remain the Standard, Robert Bissonnette, MD, MSc
- PASI 90 Should Become the New Standard, David Pariser, MD
- What’s New in Topical Psoriasis Therapy? Linda F. Stein Gold, MD
- New Oral Psoriasis Therapies — Tofacitinib and Apraclonidine, Kim A. Papp, MD
- What You Need To Know about Psoriasis Comorbidities, Joel M. Gelfand, MD, MSCE
- Treatment of Problem Areas: Scalp, Genital Area, Palms and Soles, April W. Armstrong, MD, MPH
- Nail Psoriasis Diagnosis and Treatment, Boni E. Elewski, MD
- Biosimilars or Bioequivalents? What You Need To Know Now Because They Are Here! Characterization of Biosimilars to Optimize Quality and Clinical Performance, Andrew Blauvelt, MD
- Characterization of Biosimilars in the Clinical Setting, Bruce Elliot Strober, MD, PhD
- Biosimilars: How Different is Similar? Paul W. Tebbey, PhD
- Biosimilars: The Science Done Right, Primal Kaur, MD

What’s new in dermatopathology

Get an update in dermatopathology, with an emphasis on clinical correlation and the latest diagnostic tools, during “What’s New in Dermatopathology” (S001), presented from 9 a.m. to noon Friday in Room 103B. Workforce and medical-legal issues in dermatopathology also will be discussed. The presentations and speakers will be:
- Cutaneous Lymphoma, Jinah Kim, MD, PhD
- Medico-legal issues in Dermatopathology, Whitney A. High, MD, JD
- Workforce in Dermatopathology, Dirk Elnston, MD
- What Are You Missing in the Surgical Pathology Literature, Tammy C. Fenniger, MD
- Alopecia, Shawn E. Cowper, MD
- Inflammatory Disease, Nooshin Ketabchi Brinster, MD
- Melanocytic Lesions, Klaus J. Busam, MD
- Inflammatory Disease, Nooshin Ketabchi Brinster, MD
- Melanocytic Lesions, Klaus J. Busam, MD
- Melanocytic Lesions, Klaus J. Busam, MD
classifications. It also has led to the development of pathogenesis-based therapies to help track how intervention normalizes biological function.

Eugene J. Van Scott Award for Innovative Therapy of the Skin and Phillip Frost Leadership Lecture

Jeffrey A. Klein, MD, will present "Tumescent Drug Delivery: Lidocaine & Beyond" in which he will review how tumescent antimicrobial delivery (TAD) helps reduce surgical site infections. He is a dermatologic surgeon from San Juan Capistrano, California, and a clinical professor at the University of California, Irvine. Dr. Klein led the development of liposuction using tumescent lidocaine anesthesia, which has been expanded for other treatment options that have been remarkably safe and efficient.

Lila and Murray Gruber Memorial Cancer Research Award and Lectureship

Paul A. Khavari, MD, PhD, will explain how advances in genome technology have enabled new insights into the development of common skin cancers in "Pathogenesis of Skin Cancer." He is chair and professor of the department of dermatology at Stanford University School of Medicine and co-director of the Stanford Program in Epithelial Biology. Cancers such as squamous cell carcinoma, basal cell carcinoma, and malignant melanoma are characterized by disruption of specific gene networks that are important in normal skin development and health. He will discuss how identification of those networks is providing new insights into skin cancer prevention and therapy.

Marion B. Sulzberger, MD, Memorial Award and Lectureship

Gil Yosipovitch, MD, will share his years of research when he presents "Itch." He is chair and professor of the department of dermatology at Lewis Katz School of Medicine, Temple University. Dr. Yosipovitch will discuss increased knowledge of neurological causes of itch. Many itches, such as pruritis, result from interactions between nerves connecting the skin to the brain. In chronic itch, the neural pathways of itch may be rewired and overamplified.

Guest Speaker

Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health will present "Ending the HIV/AIDS Pandemic: An Achievable Goal." Since his appointment as NIAID director in 1984, Dr. Fauci has overseen an extensive research portfolio devoted to preventing, diagnosing, and treating infectious and immune-mediated diseases.

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**
- Amgen
- SkinMedica®, an Allergan Company

**SATURDAY, MARCH 5**
- Allergan, Inc.
- Pfizer 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.

Annual Meeting schedule has changed

Several changes 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 noon.

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

**Exhibit Hall**
The Exhibit Hall will be open Friday, Saturday, and Sunday in Halls A, B, and C. Guest access to the Exhibit Hall is limited to Sunday.

- **Friday**: 10 a.m. to 5 p.m.
- **Saturday**: 10 a.m. to 5 p.m.
- **Sunday**: 10 a.m. to 3 p.m.

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.
Visit the Resource Center

Take time to check out the AAD Resource Center in Hall D as part of The Connection. Stop by to 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.-5 p.m.
- **Saturday:** 7 a.m.-5 p.m.
- **Sunday:** 7 a.m.-5 p.m.
- **Monday:** 7 a.m.-5 p.m.

### AAD offers MOC self-assessment credits

AD is offering Maintenance of Certification (MOC) self-assessment credits for a variety of sessions at the Annual Meeting. In addition to the traditional methods of self-assessment still offered at the Annual Meeting, these offerings provide members more options and flexibility to meet the MOC self-assessment requirement.

View a list of sessions with the total self-assessment credits available at [www.aad.org/meetings/annual-meeting/education/education](http://www.aad.org/meetings/annual-meeting/education/education).

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**Product Spotlight**

**Promotional Offer Booth 4105**

**E-Z Removable Ink Skin Marker**

- **Marking Consultations:**
  - Botox®
  - Injectable Fillers

**Viscot Mini Skin Marker**

- **Small in size - Large in value!**
  - Perfect for Surgical Procedures
  - Very economical - save 50%-75% vs a full size marker

**Botox®** is a registered trademark of Allergan Inc.

**Why ZELTIQ®**

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. Available in Booth 3537.

**INTRODUCING AN ALL NEW OPPORTUNITY FOR YOUR PRACTICE!**

- **Results in patient reports:**
  - Results in patient reports:
    - Shorter treatment time
    - Enhanced comfort
    - Better patient outcomes
    - Broader range of patients

**Biosimilars will expand your treatment options for psoriasis and may increase access for your patients.**

More than 50 biosimilars are in development for the U.S. market, including multiple biosimilars for psoriasis.

**Be informed. Stay connected.**

You can be part of it. Learn more at
Booth 2723
Booth 3537
Now even sensitive skin patients can stop and smell the coconut.

AS GENTLE AS FRAGRANCE FREE™

Clinically shown* to be as gentle to sensitive skin as a leading fragrance-free therapeutic moisturizing lotion and skin cleanser.

Skin Tolerance Ratings at Week 2

<table>
<thead>
<tr>
<th>Clinical Grading</th>
<th>Redness</th>
<th>Itch/Burn</th>
<th>Dryness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.2</td>
<td>0.1</td>
<td>-0.2</td>
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</tbody>
</table>

A Aveeno SKIN RELIEF Gentle Scent Body Wash

NEW!

A Aveeno SKIN RELIEF Gentle Scent Lotion

*In a clinical study tested on subjects with sensitive skin, n = 44.
Data on file.
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