Sunday Plenary

Five science lectures, presidential addresses among highlights

The Sunday Plenary will feature five scientific lectures that will focus on the influence of genetics on skin disease, tumescent drug delivery, how gene networks influence skin cancer, neurological causes of itch, and HIV/AIDS. It 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, Memorial Award and Lectureship

Genomics and other “-omics” are becoming increasingly available, and they are rapidly expanding our understanding of the underlying basis for inflammatory, neoplastic, and inherited skin disorders. This growing knowledge is leading to pathogenesis-based therapies — both gene-directed and pharmacologic — and is allowing us to track how intervention normalizes biological function.

During “Bedside to Bench and Back
See PLENARY, page 3

Amy S. Paller, MD

“Pearls and Pitfalls” addresses challenges of beginning practice

Speakers urge attendees to educate patients on which vaccines are appropriate and which should be avoided

Although primary care providers (PCPs) traditionally are considered the first line of defense to talk with patients about vaccinations for varicella, mumps, measles, rubella, and the human papillomavirus, dermatologists also play a vital role in the fight against these viruses.

“Vaccination is a neglected area of quality improvement,” said Misha M. Mutizwa, MD, director of Saturday’s “Vaccines in Dermatology” (U028). “Don’t assume PCPs are going to be solely responsible for your patients’ vaccinations.”

He called on attendees to take responsibility for educating patients on which vaccines are appropriate and which should be avoided, for example, in patients who are immunosuppressed due to their inflammatory conditions.

“Measles is a dermatological disease. HPV is a dermatologic disease. We should take some ownership for these patients, and it’s a way we can hope to stimulate better vaccination rates,” said Dr. Mutizwa, MD, assistant professor of dermatology and director of HIV dermatology at Temple University School of Medicine, Atlanta.

Sonal D. Shah, MD, assistant clinical professor of dermatology at the University of California, San Francisco, outlined vaccines for varicella, MMR, and HPV. She described the clinical features, transmission, and prevalence of the viruses, as well as the dosing, research, safety, and efficacy of the vaccinations.

Before the varicella vaccine was released in 1995, more than 4 million cases were reported each year, with a majority in children younger than 15 years. Per year, there were more than 10,000 hospitalizations, and 44 percent were children under 5 years. By 2006, a two-dose regimen became the protocol, leading to a significant decrease in varicella rates. A 14-year prospective study published in “Pediatrics” in 2013 found a ninefold to tenfold decrease in the incidence of infection.

“I’ve only seen varicella a handful of times, and I think that’s a function of how effective vaccines are,” said Dr. Mutizwa.

See VACCINES, page 25

Misha M. Mutizwa, MD, (right) fields questions about vaccines in dermatology.
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.

Sunburn Alert: This product contains an alpha-hydroxy acid (AHA) that may increase your skin’s sensitivity to sunburn. Be sun smart: use sunscreen, wear protective clothing, and limit sun exposure while using this product and for a week afterward. © 2015 Upsher-Smith Laboratories, Inc., Maple Grove, MN 55369
Question of the Day

How do you counsel your patients about tanning beds?

“I focus on why they are using the tanning bed. If it is for cosmetic reasons, I talk to them about other options, such as spray tans. If it is because they have a seasonal affective disorder, I talk to them about healthy ways, like exercise, to give them that same lift, as opposed to tanning beds.”

Holly Gunn, MD
Florence, Kentucky

“Normally, I talk to patients about how ultraviolet radiation is a known carcinogen and increases the risk for skin cancer. Depending on their age and risk, I also try to appeal to their sense of vanity by telling them how ultraviolet radiation can age the skin.”

Carl Washington Jr., MD
Decatur, Georgia

“To Bedside,” Amy S. Paller, MS, MD, Walter J. Hamlin Professor and Chair of Dermatology and a professor of pediatrics at Northwestern University, Chicago, will highlight how decoding of the genetic, epigenetic, and transcriptomic features of common and rare skin diseases is defining new phenotypic classifications and beginning to shape practice.

“The future is bright for our patients in terms of the options they’ll have,” she said. “This is not just for the treatment of the unusual patient with a rare genetic disorder. The discoveries that are being made are going to be applied to a wide swath of our patients — even with common skin disorders. We need to be ready for and incorporate them into our practice.”

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

Tumescent lidocaine anesthesia (TLA) has been used as a local anesthetic in liposuction for 30 years, but Jeffrey A. Klein, MD, sees potential for its use in other surgical procedures and the delivery of new treatments for painful conditions.

Dr. Klein, a dermatologist from San Juan Capistrano, California, will discuss his self-funded research of TLA when he presents “Tumescent Drug Delivery: Lidocaine and Beyond.”

“I will talk about how we got to the current situation — the FDA-approved concentrations for lidocaine and how we got to the more liberal use of tumescent lidocaine anesthesia,” he said. “The potential new applications for tumescent drug delivery include tumescent antibiotic delivery for preventing surgical site infections and tumescent infiltration of acyclovir for treating Herpes zoster.”

Lila and Murray Gruber Memorial Cancer Research Award and Lectureship

Understanding all of the nuances of genetic research is a challenge, but when all of that research on skin cancers is put together, the message is clear: Sunlight is the major factor driving normal cells to mutate into skin cancer cells. Paul A. Khavari, MD, PhD, professor and chairman of the department of dermatology at Stanford University School of Medicine, will explain sunlight-induced damage to the genome, especially in squamous cell carcinoma, when he presents “Pathogenesis of Skin Cancer.”

“The general principles of what we have learned in the field of cancer biology over the last three decades are now integrating with what we have been learning about skin cancer,” Dr. Khavari said. “An increasingly clear understanding is emerging of which genes are mutated by sunlight and how they cooperate to convert normal skin into cancer.”

Marion B. Sulzberger, MD, Memorial Award and Lectureship

Itch has long been associated with several dermatologic conditions, but it is also a disease all by itself. Gil Yosipovitch, MD, has studied itch for decades, and he has unique insights into its causes and treatments.

Dr. Yosipovitch, professor and chair of the department of dermatology and director of the Temple Itch Center at the Lewis Katz School of Medicine, Temple University, will present a lecture simply titled “Itch.”

“The idea of itch as a neuronal target is the major theme of my talk,” he said. “I will talk about the fundamental behavior of itch and scratch. All two- and four-legged animals scratch and itch. Chronic itch is a disease state.”

Guest speaker

More than 1.2 million people in the United States are living with the HIV infection, according to the CDC. That number of new infections has stabilized at about 50,000 per year in recent years, and there are signs the virus may be under control.

Guest Speaker Anthony S. Faucci, MD, will discuss progress in controlling the disease when he presents “Ending the HIV/AIDS Pandemic: An Achievable Goal.” He is the director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health.

“I will not be talking about the dermatologic manifestations of HIV,” Dr. Faucci said. “I will talk about something that is somewhat historic, namely the fact that due to the investment in basic and clinical biomedical research related to HIV/AIDS, we have the tools to essentially end the HIV/AIDS pandemic as we know it in our lifetime.”

Watch for our complete coverage of the plenary in Monday’s eDaily.
Controversies move to front burner
Drug costs, non-physician providers discussed

Several speakers debated the impact of medications and mid-level providers on costs during Friday’s “Controversies in Dermatology” (F046).

Mark Lebwohl, MD, and Charles W. Stiefel presented “Cost of Medications Is Outrageous.” William Abramovits, MD, and Mark S. Nestor, MD, PhD, presented “PAs and NPs Are Overused.” Raymond L. Cornelison Jr., MD, of OKC Dermatology Associates, Oklahoma City, was the director of the session.

“We all went into this to make patients better, and a lot of our colleagues in the pharmaceutical industry did too,” said Dr. Lebwohl, the Sol and Clara Kest Professor and chairman of the department of dermatology at the Icahn School of Medicine at Mount Sinai Hospital, New York.

Drug costs
Dr. Lebwohl expressed concern about rebates to pharmacy benefit managers, step therapy practices, and prior authorizations. He said the size of rebates is going up. Adding to physician and patient consternation is that health plans seeking to manage medications typically focus more on rheumatology and dermatology than other specialties. This is evident in the way they set controls through step therapy and prior authorizations.

Stiefel, a pharmaceutical industry expert, discussed the impact of generic drugs.

“To get approved by the FDA, a generic only has to prove that it’s bioequivalent to the brand. Generic drugs rely on the brand’s dossier to get approval,” Stiefel said. “As a result, it’s much cheaper and quicker to get a generic drug approved, and it costs almost nothing to market. Consequently, brand sales typically decrease more than 90 percent a few months after a generic is approved.”

PAs and NPs
In his remarks, Dr. Abramovits noted that NPs and PAs undergo far less education and training than physicians. Yet, a shortage of more than 90,000 physicians is expected by 2020, while 30,000 NPs train each year.

The best solution is to provide training and make sure you don’t put NPs and PAs in situations where they treat patients without proper instructions, Dr. Abramovits said.

Dr. Nester showed how a care team approach has helped overcome manpower issues in his office, which employs four PAs and two medical assistants. Such an approach can increase care and efficiency, make physicians more efficient, and improve office patient contact times, he said.

“They can be our hands, eyes, and ears to some degree and the vehicle to maximize our time,” said Dr. Nester, director of the Center for Cosmetic Enhancement at the Center for Clinical and Cosmetic Research, Avantura, Florida. “Dermatologists can flourish, if they learn to maximize their practices. Our patients want to be treated by this care team approach. I think mid-level providers can be an integral part of this team and make dermatology better for the future.”

Clearing the first hurdles
‘Pearls and Pitfalls’ addresses challenges of beginning practice
Youthful physicians entering their first years of practice are treading on new turf, but a session presented Monday is designed to help them take those first steps on solid ground rather than tumbling down a slope.

“Young Physician Pearls and Pitfalls: A Survival Guide for the First 10 Years,” (F124) co-directed by Nina Botto, MD, and Bethanne Schlissel, MD, PhD, will offer presentations covering health care regulations, overcoming practice mistakes, health system reform, dermatoscopy, and increasing participation in the AAD. “We want to highlight the issues that young physicians face, particularly issues that may have changed within the last year,” said Danette D. Bentley, MD, course co-director.

“We will focus on issues that will be helpful to younger dermatologists just out of residency, but even those who have been in practice for 20 years can get something out of the session.”

Scheduled presentations:
- “Regulatory Hurdles in Dermatology” will feature Mark D. Kaudmann, MD, presenting updates on Meaningful Use, Maintenance of Certification, ICD-10, and other evolving regulatory issues.
- “Lessons Learned in Academic Surgery” will offer tips to improve surgical outcomes by Marah C. Brown, MD, who will also discuss errors. “It is reassuring for people to hear they are not the only ones making mistakes,” Dr. Bentley said.
- “Those eat on you, so it is nice to hear that other people are in your position. As we get older, I think we learn how to deal with errors, but when you are just out of residency and are trying so hard to do a good job, it is hard.”

Marta Van Beek, MD, MPH, the AAD delegate to the American Medical Association, will review changes to dermatology and how the specialty relates to the overall house of medicine.

Top challenges for practice management
Dealing with regulatory requirements (PGMS, Meaningful Use) 62%
Hiring and retaining good support staff 41%
Electronic Health Record (EHR) management and optimization 36%
Insurance claims submissions (billing/coding/reimbursement) 31%
Office administrative management 29%
Managing derm care staff (NPs, PAs, medical assistants) 28%
Dealing with Medicare and Medicaid 25%
Educating patients about their payment options/health insurance plans 25%

Source: 2015 AAD Young Physicians Survey
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%/0.064% 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
Hypercalcemia 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 Cushings’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 subjects 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 fetotoxic 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 before 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
[Advise 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.

Manufactured by:
Cope Laupheim GmbH & Co. KG
Fockestraße 12
88477 Laupheim
Germany (DE)

Distributed by:
LEO Pharma Inc.
88471 Laupheim
Parsippany, NJ 07054

LEO, the LEO Lion Design and Enstilar are registered trademarks of LEO Pharma A/S.
©2015 LEO Pharma Inc. All rights reserved. November 2015 MAT-01533
THE POWER PLAYERS OF SKINCARE HAVE

INTRODUCING

Vitamin C Lotion 30% +
Retinol Complete™
Power of 2 Set

Next-generation Retinol formula combined with the most advanced form of Vitamin C for powerful results:

100% of clinical study participants showed an improvement in radiance and fine lines.*

86% of clinical study participants showed an improvement in firmness and wrinkles.*

Before

After 12 weeks*

*As assessed by an expert grader, n=44, 35-60 years of age. Vitamin C Lotion 30% used once daily in A.M. in combination with Retinol Complete™ used once daily in P.M. Data on file. Results may vary.

Visit us at booth #1137.
800.385.6652
revisionskincare.com
Skin Cancer

Field cancerization
Emerging science transforming SCC diagnosis, treatment

The emerging science of field cancer is changing the paradigm for diagnosing and treating skin cancer by targeting entire skin regions. Dermatologic surgeon Sean R. Christensen, MD, PhD, addressed the most recent scientific insights Saturday during “Field Cancerization and Multiple SCC: New Molecular Insights and Evidence-Based Clinical Management” (UO37).

“Squamous cell carcinoma (SCC) often presents not as a single lesion, but as multiple lesions within an area or ‘field’ where genetic damage has occurred, usually from sunlight exposure,” said Dr. Christensen, assistant professor of dermatology at Yale University School of Medicine. “Approaching SCC lesion-by-lesion is not really effective and is failing our patients with multiple lesions.” Recent genetic sequencing technology has enabled researchers to prove the concept of field cancer by discovering that the same mutations driving SCC development also arise in normal-appearing skin within the same field as SCC lesions. Treating only visible skin cancers ignores precancerous changes of skin in the same field.

Exposure to the sun’s ultraviolet rays is the prime culprit triggering genetic mutations that lead to SCC. Researchers have discovered a particular type of signature genetic lesion seen in skin cancer caused by ultraviolet light, Dr. Christensen said. Not only does ultraviolet light produce the genetic insult causing skin cancer, but it also stimulates SCC precursors to grow and progress. Heavy sun exposure, a history of previous SCCs, the presence of precancerous actinic keratoses, and taking immunosuppressives for organ transplantation all are risk factors for the development of multiple SCCs within a genetically damaged field.

Rigorous sun protection and a treatment ladder are Dr. Christensen’s proposed strategies for addressing field cancer in the setting of multiple SCCs. “Any treatment directed at field cancer needs to occur in combination with rigorous sun protection,” he said. “There is data to show that sun protection alone can decrease the formation of new skin cancers. It’s a zero-risk therapy.”

One-stop melanoma care
Multidisciplinary approach conveys collaborative approach to patients

A patient slated for aggressive melanoma surgery decided to first seek out a second opinion from a multidisciplinary melanoma care center. When the center’s dermatopathologists reviewed her lymph node biopsy slides, they discovered the cells were not melanoma, but rather harmless intranodal nevus cells, sparing the patient needless surgery. This case dramatically demonstrated the focus of Saturday’s session, “Utility and Value of Multidisciplinary Melanoma Care: From Initial Diagnosis to Follow-up Care” (F093). It emphasized that a collaborating team of dermatologists, dermatopathologists, surgical oncologists, and medical oncologists brings a level of expertise to melanoma care that clinicians in isolation find difficult to match.

“Medicine as a whole is heading toward consolidating care, so it has become important in cancer care — including melanoma — to approach it from a multidisciplinary perspective, which is a form of personalized care. And this is in parallel to personalized therapy where the molecular drivers of a tumor can aid in best treatment algorithms,” said course director Suraj S. Venna, MD, medical director of the Melanoma Skin Cancer Program at the Inova Schar Cancer Institute in Fairfax, Virginia. “Multidisciplinary melanoma care is an efficient, comprehensive way to manage patients with newly diagnosed melanoma, and it conveys to patients that melanoma is a serious disease.”

In contrast to patients making a series of appointments with dermatologists, surgeons, oncologists, and other care providers on their own, the multidisciplinary melanoma care clinic is a one-stop shop. In one morning, a patient’s case is evaluated from start to finish by a team of melanoma experts. A patient care coordinator manages future visits to specialists along the melanoma care continuum, said Dr. Venna.

The melanoma care team follows best practices by adhering to national practice guidelines, examining pathology for accurate diagnosis, applying the most effective treatments for specific diagnoses, and having longitudinal follow-up plans for periodic skin checks. A pivotal moment in the care continuum involves a second opinion of the initial biopsy slides by dermatopathologists. “Accurate diagnosis and microstaging of the primary melanoma are the strongest predictors of patient outcomes, so there is great value in second opinions about the pathology of the melanoma,” Dr. Venna said. “In 10 to 15 percent of cases, there is a change in the diagnosis or the microstaging of the melanoma that can affect treatment recommendations and outcomes.”

Saturday’s session also addressed guidelines from the seventh edition of the American Joint Committee on Cancer staging system and from the updated National Comprehensive Cancer Network. Dr. Venna encourages dermatologists to apply national guidelines as essential starting points in treatment decisions. However, it is important to weigh all variables.

He also encourages dermatologists in all walks of the specialty to be partners in life-saving early melanoma detection. “Patients are looking to us to help detect all forms of skin cancer, most especially melanoma. The literature clearly shows that of all ‘detectors’ of melanoma — from patient self-detection to primary care — dermatologists are best at catching melanoma early,” Dr. Venna said. “But we’re only able to do this if we’re looking for melanoma.

“We should implement opportunistic screenings whenever possible. A skin check does not take as much time as we think. Multidisciplinary care, when done correctly, will engage the referring dermatologist to convey to the patient that we are all in this together and that the patient has a care team.”
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

Otezla® is a registered trademark of Celgene Corporation.
© 2016 Celgene Corporation 02/16 USII-APR160036
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

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/.
Interested in being an Investigator in a Psoriasis trial for an Investigational Biologic?

Visit booth 4345 today, for information on how to participate in our clinical trial program.

Boehringer Ingelheim
“Embracing Change is the Key to Skincare Success”

- The past decade has seen unprecedented changes in professional skincare. Increasing demand, better results, and distribution that left the control of the physician.
- That’s why I left Obagi Medical Products and founded ZO®. We have advanced skincare protocols based on my philosophy of skin health. And our zero-tolerance of product diversion keeps physicians in control.
- Over 7,000 physicians have already made the change. Experience the ZO® Difference.

DR. ZEIN OBAGI
Dermatologist and ZO Medical Director

BOOTH #3351
The ZO® Difference
Better Results | More Referrals | Patient Loyalty | Enhanced Revenue

ZO Skin Health, Inc. and Dr. Obagi have no business relationship with Obagi Medical Products, and Obagi Medical products do not sell or endorse using ZO products. "ZO" is a registered trademark of ZO Skin Health, Inc. "Obagi" and "Obagi Nu-Derm" are registered trademarks of Obagi Medical Products, Inc.
INTRODUCING AN ALL NEW OPPORTUNITY FOR YOUR PRACTICE!

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 breakdown of fat in the flank (love handle) 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
Ask the right questions... ...find out what Really patients think

You’re invited to listen in on a patient’s Inner Dialogue at Booth 1513.
Soft tissue augmentation
Learn about latest products, techniques being used

Using the face as a medium for their art
Beauty is in the eyes of the beholder, and the dermatologist

Gel manicure lamps may be dangerous

Gel manicures have revolutionized the nail cosmetics industry because they are so durable, but the ultraviolet nail lamps used to cure the gels emit potentially harmful UVA rays.

A presentation
Monday will review concerns about the lamps and some possible solutions.

“Nail Cosmetics: What Are Our Patients Doing and What We Need to Know,” (S057) presented by Chris Adigun, MD, a dermatologist from Chapel Hill, North Carolina, who specializes in nails, is one of 10 presentations planned for this session.

Gel manicures have grown in popularity in the last 10 years, with studies showing that 85 percent of nail salon customers request gel manicures because they are almost as convenient as a traditional manicure, but considerably more durable.

“The nail industry has grown over $1 billion since 2011,” Dr. Adigun said. “There is no question that the nail industry is growing because of the wonderful new technology of the gel manicure.”

“By applying an artist’s principles of proportion to the human face, we as dermatologists are able to sculpt a more beautiful human face.”

Gel manicure lamps may have been added to the nail lamps to shorten the time needed to cure the gel manicures. Until recently, it was not generally known that the nail lamps with LED bulbs still emitted UV rays, so calling these lamps “LED lamps” rather than “UV lamps” is a misnomer, Dr. Adigun said. Nail lamps with LED bulbs still emit UVA rays, but of greater intensity compared to nail lamps with traditional bulbs.

This is a major cosmetic issue. Without long-term data, we can’t say UVA rays cause cancer, but the lamps emit strong UVA rays that can have cosmetically detrimental effects on the skin, such as photaging. Therefore, we need to use appropriate protection. I will talk about quick, easy, and economical ways for women and men who get gel manicures to protect their skin so they can have it all.”

Aesthetics

Soft tissue augmentation
Learn about latest products, techniques being used

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

selecting the correct products to deal with anatomic defects in the middle of the face, hands, neck, and chest, and demonstrations of techniques for appropriate procedures will be presented by a faculty of six experts during a three-hour symposium Monday.

“The Soft Tissue Augmentation: The Nasolabial Fold and Beyond” (S064) will be presented from 1 to 4 p.m. in Room 150A. Attendees will take home the latest information on treatment tips to enhance your existing treatment paradigm; and advanced

“Health is in the eyes of the beholder, and the dermatologist...”

Dr. Yag-Howard noted. For instance, historically and culturally, one society might place enormous value on “beauty marks,” while another might abhor even the slightest skin mark or blemish.

“We use lasers to remove what we consider to be imperfections, but that’s simply a cultural preference that we share with our patients,” she said. Yet, there are principles of beauty that endure far longer than passing cultural fads. “The proportions that define beauty are much more fundamental.”

Artists and scholars have attempted to define beauty for millennia, typically by referring to harmonious proportions. In the sixth century B.C., proportions were measured using the length of the distal phalanx of the fifth digit. In the 16th century, Leonardo da Vinci and other artists focused on the mathematical calculation of pi, believing it to be the key to divine proportion, also known as “the golden mean.”

Using the golden mean allowed artists of the Renaissance to construct visually pleasing paintings and sculptures emphasizing balance and beauty. In the late 20th century, L.G. Farkas, MD, developed anthropometric proportion indices based on actual facial measurements. Applying the norms of those measurements to art produces an aesthetically pleasing, if not beautiful, well-proportioned face.

“Beauty is all about balance and proportion,” Dr. Yag-Howard said. “I define beauty as the harmonious composition of lines, angles, curves, contours, colors, and lighting in pleasing proportions. You know beauty when you see it, but it can be hard to define in concrete terms.”

Using examples of famous and not-so-famous works of art dating from Ancient Egypt to the present, Dr. Yag-Howard examined beauty over time and applied principles of proportion to the works. She

The before and after images of a patient of Cyndi Yag-Howard, MD, who said, “By applying an artist’s principles of proportion to the human face, we as dermatologists are able to sculpt a more beautiful human face.”

Also discussed was how an individual’s facial appearance affects self-image, the effects of one’s facial appearance on others, and the pivotal role dermatologists can play as artists of facial sculpting and enhancement.

“Plastic surgeons tend to focus on art more than dermatologists do,” she said. “Yet, we in dermatology created many of the instruments and the procedures that we use in medicine to create that art. Dermatologists can build a relationship with art and use those tools we have in our clinic-studios to create the harmonious, well-balanced proportions that we recognize as beauty.”

“By applying an artist’s principles of proportion to the human face, we as dermatologists are able to sculpt a more beautiful human face.”

Aesthetics

Soft tissue augmentation
Learn about latest products, techniques being used

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S

S
Stop the Clock
ON THE APPEARANCE OF AGING SKIN

I love seeing the same patients time and again and with Forever Young BBL™, they look younger year after year. Patients who maintain a regular regimen of BBL can expect skin that looks better today than it did a decade ago.

Jill S. Waibel, MD
Dermatologist

VISIT US AT AAD BOOTH #1537

ONLY FOREVER YOUNG BBL IS CLINICALLY PROVEN to fight the aging process at a deeper level

Photos Courtesy of Patrick Bitter, Jr., MD, FAAD

- Long-term study shows that regular treatments reveal skin that looks younger than it did before starting treatments—up to ten years younger and counting!
- See improvements in skin discoloration, tone and texture.
- Appropriate for most skin types to improve and maintain the appearance of young, healthy skin.

Results Now. Results Forever.

LEARN MORE AT: foreveryoungbbl.com
925 Commercial Street, Palo Alto, California USA 94303
Phone: (888) 646-6999 • Email: info@sciton.com
www.sciton.com

©2018 Sciton, Inc. All rights reserved. Sciton is a registered trademark and BBL and Forever Young BBL are trademarks of Sciton, Inc.
It's a self-pay jungle out there. CareCredit can help tame payment challenges for your patients.

Mighty Co-pays

Patients are asking to delay or scale back treatment due to climbing self-pay costs. In fact, 98% of dermatologists say they experience cost objections from patients.

Come see how the CareCredit healthcare credit card can help patients tame payment challenges. With CareCredit, your patients can:

- Apply quickly and get an immediate credit decision.
- Pay for deductibles, co-pays, and medical dermatology procedures.
- Fit payment into their monthly budget.

* Limit one per practice for completed enrollment application or Customized Practice Review. US doctors only. While supplies last. Exhibitors not eligible. Campaign Code: AAD0316CA

800-300-3046
www.carecredit.com

Pandas and Lions and Elephants, Oh My!

Get to Booth #527 and get a FREE Pillow Pet by completing a practice review or getting started with CareCredit.*

Looking for a wildly fun souvenir? Visit our FREE digital photo booth. Plus, don’t miss the Panda Cam and “Name that Epidermis” game!

THANK YOU!

The American Academy of Dermatology honors its corporate partners that support the profession and specialty of dermatology. Because of their generosity in supporting 2015 programs and services, the Academy is able to further its educational goals and mission in service to our members, their patients and the public.

2015 Corporate Partner Circle Members

Membership is awarded to Corporate Partners who have provided support at the Ruby Level and above for three consecutive years.

2015 Corporate Partners

DIAMOND - $500,000+
Amgen
Bristol-Myers Squibb Company

SAPPHIRE - $250,000+
AbbVie
Celgene Corporation
Pfizer Inc.

RUBY - $100,000+
Anacor Pharmaceuticals, Inc.
Eli Lilly and Company
Galdema Laboratories, L.P.
Genentech
LEO Pharma Inc.
Murad
Neutrogena Corporation
Novartis Pharmaceuticals Corporation

EMERALD - $50,000+
Aqua Pharmaceuticals, an Almirall Company
The Physicians Foundation

BRONZE - $25,000+
Actavis Pharma, Inc.
Allergan plc
Bayer HealthCare
Mary Kay Inc.
Merz North America, Inc.
ZO Skin Health, Inc. by Zein Obagi, MD

Supporters Up to $24,999
The Allergan Foundation
Aurora Diagnostics
Caliber Imaging & Diagnostics, Inc.
CareCredit
DUSA Pharmaceuticals, a Sun Pharma Company
Exeltis USA Dermatology
Great Lakes Advisors
JP Morgan
L’Oreal
Promius Pharma, LLC
Revance Therapeutics, Inc.
Sagis
Scott & White Healthcare — Round Rock
Xoft, a subsidiary of iCAD, Inc.

Visit the Leaders in Giving Recognition Display to see a list of all our generous donors!

Current contributors at time of publication
It’s a self-pay jungle out there.

CareCredit can help tame payment challenges for your patients.

Patients are asking to delay or scale back treatment due to climbing self-pay costs. In fact, 98% of dermatologists say they experience cost objections from patients. Come see how the CareCredit healthcare credit card can help patients tame payment challenges. With CareCredit, your patients can:

- Apply quickly and get an immediate credit decision.
- Pay for deductibles, co-pays, and medical dermatology procedures.
- Fit payment into their monthly budget.

Pandas and Lions and Elephants, Oh My!

Get to Booth #527 and get a FREE Pillow Pet by completing a practice review or getting started with CareCredit.*

Looking for a wildly fun souvenir? Visit our FREE digital photo booth. Plus, don’t miss the Panda Cam and “Name that Epidermis” game!

*Limit one per practice for completed enrollment application or Customized Practice Review. US doctors only. While supplies last. Exhibitors not eligible. Campaign Code: AAD0316CA

800-300-3046
www.carecredit.com
The science of heat.  
The beauty of control.

THERMI®RF  
One device. Multiple applications.

THERMI®250™  
Body contouring from head to toe.

THERMI®Va™  
Non-surgical vulvovaginal rejuvenation.

NOW FDA APPROVED!

ACZONE® Gel 7.5%

Visit Allergan booth 2701 to learn more
The AAD knows residents are well-known for their competitive nature, which is why the Academy is bringing back “Resident Jeopardy” to the 74th Annual Meeting from 9 a.m. to noon Monday in Room 146B. Thrill as residents team up with their colleagues to assess core competencies across numerous dermatology domains by answering Jeopardy-style queries in a friendly, engaging format. It is a great opportunity to be recognized and identify knowledge gaps before the board exam, while ultimately determining which team is the “best of the best” for 2016. Be sure to attend this event for a chance to play along and test your own Jeopardy prowess. Here are the teams for 2016:

- Emperipoletic Yalies, Yale University
- Wildcats, University of Arizona
- Christie Alexander, MD
- Team NYU, New York University
- Shields Callahan, MD, Chasno Orme, MD, PhD
- Wildcats, University of Arizona
- Drexel Dragons, Drexel Dermatology
- Emperipoletic Yalies, Yale University
- Jonathan Leventhal, MD (chief), Lauren Levy, MD
- Y92.241, injured while at the library
- UC-Davis; Danielle Tartar, MD, PhD; Yong He, MD

Residents face many challenges as they prepare for the next phase of their careers, and Saturday, they were treated to words of wisdom related to many of those challenges, from preparing for board exams to choosing career paths, with an added dash of the difficulties of life balance thrown into the mix. Opening “Boards and Beyond” (F055) was Thomas Horn, MD, executive director of the American Board of Dermatology, who filled in many of the blanks about the dermatology certifying exam, from the number of questions (144) and images (160) to breakdowns of questions (55 percent are clinical and 10 percent are basic science).

Arthur Saber, MD, professor of dermatology at Harvard Medical School, reviewed the Maintenance of Certification (MOC) process, stressing that it is voluntary, but that those who do not complete it can lose their certification.

Residents are automatically enrolled in MOC after being certified. Every 10 years, they need to pass a closed-book exam as well as other MOC modules. Residents also were reminded that they need to earn 25 hours of Category 1 CME credits annually, but that some states require more hours. For example, Massachusetts requires 50 hours of CME.

Michael Heffernan, MD, looked beyond the pressures of certification to talk about career opportunities after residency, saying, “Be open to the opportunities that come. You are high-achievers, super-competent individuals.” After traveling several career paths, from serving in the U.S. Air Force to being an academic to working in research for a Fortune 500 company, Dr. Heffernan opened a practice in San Luis Obispo, California.

“My first advice when talking about career options is to find where your passions lie,” he said. “Find opportunities in your everyday life to feed your passion, grow it, and evolve as a person.”

Residents are automatically enrolled in MOC after being certified. Every 10 years, they need to pass a closed-book exam as well as other MOC modules. Residents also were reminded that they need to earn 25 hours of Category 1 CME credits annually, but that some states require more hours. For example, Massachusetts requires 50 hours of CME. Residents also were reminded that they need to earn 25 hours of Category 1 CME credits annually, but that some states require more hours. For example, Massachusetts requires 50 hours of CME.

Michael Heffernan, MD, looked beyond the pressures of certification to talk about career opportunities after residency, saying, “Be open to the opportunities that come. You are high-achievers, super-competent individuals.” After traveling several career paths, from serving in the U.S. Air Force to being an academic to working in research for a Fortune 500 company, Dr. Heffernan opened a practice in San Luis Obispo, California.

“My first advice when talking about career options is to find where your passions lie,” he said. “Find opportunities in your everyday life to feed your passion, grow it, and evolve as a person.”

Opportunities lie within the AAD, which offers a leadership program, and connections with smaller groups with diverse focuses, such as subspecialties.

“The average American is going to have five to six jobs in a lifespan,” Dr. Heffernan said. “There is never a wrong time to change your path and explore new opportunities. You should always have an eye out for the next thing you want to be doing.”

Kavita Marwah, MD, steered residents into a different area, talking about different ways to be involved in the specialty after residency. She owns a practice in West Islip, New York, while also raising three children.

“Paths are not linear,” Dr. Marwah said, as she explained how she merges her busy career with her even busier personal life.

She offered tips on how residents can build contacts through the AAD and begin to establish themselves as speakers at all types of professional meetings.

Finally, Nathaniel Miletta, MD, the course director, closed the session with the topic most on the minds of residents — studying for the certification exam. He offered resources for studying as well as a timetable to follow, seeking personal support, and even how to prepare for the day of the test.

## Resident Jeopardy

Eight teams to wage battle for championship

### Fox Award, masters series on tap

Learn from the masters

Residents can learn from leaders at a special panel discussion featuring experts in their chosen subspecialties of dermatology "Masters of Dermatology" will share inspiring messages and key lessons from their careers.

The session is an opportunity to learn from and meet role models in your profession. Panelists will remain for 30 minutes following the session for an informal meet-and-greet with residents.

See the latest research from residents and fellows for the pathophysiology and treatment of cutaneous disease at “The Resident and Fellow Symposium” (S034).

All 26 presentations in the session will be made by finalists for the Everett C. Fox Memorial Award. The award was developed through an endorsement from Dr. Fox, a leading dermatologist in Dallas and a faculty member at Baylor University and UT Southwestern University.

**The Resident and Fellow Symposium** (S034)

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 p.m.</td>
<td>Room 102</td>
</tr>
</tbody>
</table>

### Masters of Dermatology (S040)

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 p.m.</td>
<td>Room 102</td>
</tr>
</tbody>
</table>

### ‘Power Hour’ addresses up-to-the-minute training

Residents took home answers to key training questions, following Saturday’s “High Yield ‘Power Hour’ for Residents (F081). Six faculty members used image-based learning to share information about allergens associated with contact dermatitis, inherited and immunobullous disorders of the epidermal basement membrane and key concepts in pediatric and neonatal dermatology, to name a few.

**‘Power Hour’ addresses up-to-the-minute training**

Residents took home answers to key training questions, following Saturday’s “High Yield ‘Power Hour’ for Residents (F081). Six faculty members used image-based learning to share information about allergens associated with contact dermatitis, inherited and immunobullous disorders of the epidermal basement membrane and key concepts in pediatric and neonatal dermatology, to name a few.

**‘Power Hour’ addresses up-to-the-minute training**

Residents took home answers to key training questions, following Saturday’s “High Yield ‘Power Hour’ for Residents (F081). Six faculty members used image-based learning to share information about allergens associated with contact dermatitis, inherited and immunobullous disorders of the epidermal basement membrane and key concepts in pediatric and neonatal dermatology, to name a few.

**‘Power Hour’ addresses up-to-the-minute training**

Residents took home answers to key training questions, following Saturday’s “High Yield ‘Power Hour’ for Residents (F081). Six faculty members used image-based learning to share information about allergens associated with contact dermatitis, inherited and immunobullous disorders of the epidermal basement membrane and key concepts in pediatric and neonatal dermatology, to name a few.

**‘Power Hour’ addresses up-to-the-minute training**

Residents took home answers to key training questions, following Saturday’s “High Yield ‘Power Hour’ for Residents (F081). Six faculty members used image-based learning to share information about allergens associated with contact dermatitis, inherited and immunobullous disorders of the epidermal basement membrane and key concepts in pediatric and neonatal dermatology, to name a few.

**‘Power Hour’ addresses up-to-the-minute training**

Residents took home answers to key training questions, following Saturday’s “High Yield ‘Power Hour’ for Residents (F081). Six faculty members used image-based learning to share information about allergens associated with contact dermatitis, inherited and immunobullous disorders of the epidermal basement membrane and key concepts in pediatric and neonatal dermatology, to name a few.
Meladec represents a new generation of chemical peel that does not burn, wound or injure the skin. The key to understanding Meladec is to distinguish between ingredients that modify cornocyte cohesion in a non-destructive manner and more traditional peeling agents that promote cellular injury. The former act on desmosomes, complexes that essentially bind together cornocytes in the stratum corneum. Combining such agents with other biologically active compounds may enhance the effects of such compounds due to the resulting barrier modification.

Meladec challenges the belief that cellular injury is required to effectively modulate epidermal renewal.

Virtually painless with very low risk of post-inflammatory hyperpigmentation, Meladec may offer a new aesthetic option for the treatment of higher Fitzpatrick-type complexions.

A unique feature of Meladec is that it is supplied as a kit combining in-office procedure supplies along with comprehensive patient home care. This treatment strategy not only helps minimize potential complications resulting from inappropriate product use but also can improve treatment outcomes by exploiting the reduced epidermal barrier.

For additional information or a demonstration, call (800) 874-9686 or visit www.SkinLuma.com

©2016 SkinLuma, LLC
AAB150N

Visit Booth 1223
Emerging therapies

New treatments emerge for melanoma, BCC, and SCC

In 2016, about twice as many people will die of skin cancer than all other cancers combined in the United States, according to projections from the American College of Surgeons. Friday’s “New and Emerging Therapies” (S011) featured presentations detailing developments in the treatment of melanoma, basal cell carcinoma (BCC), and squamous cell carcinoma (SCC).

Melanoma

With more than 10,000 deaths from melanoma predicted for 2016, gloom hangs over the disease. Still, there is good news; new melanoma treatments, such as vaccines and targeted therapies, are being developed, albeit slowly.

“Melanoma is a worldwide problem,” said Darrell S. Rigel, MD, clinical professor of dermatology at New York University Medical Center. “We are losing the battle. Melanoma is one of few cancers that is still rising in rate compared to other cancers.”

Analysis of melanoma thickness trends show that U.S. surveillance and early detection efforts have not reduced the impact of the disease, he said. This lack of progress means many patients have advanced melanoma, where treatment options are limited.

Established treatments that show varying success are the use of imiquimod, pulsed dye laser treatments with and without imiquimod and/or systemic therapy, and sentinel node biopsy, he said.

A new approach is the use of monovalent vaccines in which melanoma cell antibodies are generated and injected back into the cell. “That is a theory that should work, but the problem is surface antigens in melanoma are constantly in flux,” Dr. Rigel said, adding that a better option may be to combine several common antigens for the vaccine.

The other approach drawing attention is targeted therapies, with a focus on BRAF inhibitors. This is effective only if a BRAF mutation exists, and in blocking the BRAF pathway, the treatment may stimulate mutations in the RAS pathway, he said.

Nonmelanoma skin cancers

Several new options are being studied to treat nonmelanoma skin cancers (NMSC), including photodynamic therapy (PDT), lasers, topical therapies, and smoothened inhibitors, said Abel Torres, MD, JD, professor and chairman of the department of dermatology at Loma Linda University Medical Center.

PDT is effective for low-risk, superficial BCCs, especially when a patient has multiple lesions. The cosmetic results are excellent, he said, but it is not recommended for high-risk BCCs.

With regard to using lasers to treat NMSC, several studies show various laser treatments have been successful. CO2 ablation is effective for superficial BCCs. Curettage + PCO2 lasers and super-pulsed CO2 lasers have been successful in treating superficial and nodular BCCs. A pulsed dye laser was used to treat all types of BCCs, Dr. Torres said.

Topical treatments that have had varying success are fluoracil and imiquimod, both of which have been effective for superficial BCCs, and ingenol mebutate, which “may be effective” and is still being studied, he said.

Medical Dermatology

Skin disorders that affect the fetus

Skin disorders are not only common and add to the discomfort during pregnancy, they can also affect the health of the fetus. A Monday session will focus on diagnostic clues in recognizing these disorders and their impact on the fetus.

Three speakers will present “Cutaneous Disorders of Pregnancy.” Among the topics they will discuss are:

- Diseases with a Th2-immune response, such as lupus erythematosus, that often flare during pregnancy
- Challenging management issues, including psoriasis and serious cutaneous malignancies
- Safety guidelines for topical and systemic dermatologic therapy during pregnancy

The speakers will be Lisa K. Pappas-Taffer, MD; Kelly Tyler, MD; and Jennifer Villasenor-Park, MD, PhD. The course director is Mark A. Bechtel, MD.

Reducing the pain of dermatology procedures

No pain, no gain may work for exercise, but it is not a good approach to take in the treatment of patients. A new Annual Meeting session examines ways to reduce pain related to dermatology procedures.

“Pain-Free Dermatology: Minimizing Discomfort in Procedures for Children and Adults,” (F141), will feature three presentations that will detail research from studies about reducing pain and anxiety for patients.

Speakers will outline several techniques for reducing pain and discomfort and discuss practical applications in a dermatology office setting. The techniques are based on studies demonstrating evidence for managing pain and anxiety in office and emergency department settings. They will discuss the pros and cons of several techniques for dermatology procedures, including skin biopsy, excision, and cryotherapy.

The speakers will be Peter A. Lio, MD, the course director, and Alisa McQueen, MD.

The presentations will be:

- The Science of ‘Pain-Free’
- Practical Pain-Free Techniques
- Technology Tips: The Power of the iPad

Allergen alert!

Allergens that are a threat to patients and a challenge to dermatologists will be discussed during Monday’s “Contact Allergens of the Year” (F144). Five speakers during the session will review the most important allergens as determined by the American Contact Dermatitis Society. Two discussion sessions also are scheduled. The presentations and the speakers are:

- Medications, Salma de la Feld, MD
- Fragrance and Preservatives, Amber R. Atwater, MD
- Emerging Allergens, Michael P. Sheehan, MD
- Cosmetic Ingredients, Cory A. Dunnick, MD
- Metals and Dyes, Heather P. Lampel, MD, MPH
The Connection was the site of Standardized Patient sessions and posters. Attendance was strong in a variety of sessions that featured tips for residents and information about vaccines.

In terms of disease prevention, MMR is effective. The first and second doses, respectively, are 93 percent and 97 percent effective for measles and 78 percent and 88 percent effective for mumps.

With more than 79 million people infected with HPV in the U.S., Dr. Shah outlined a number of HPV vaccines that have been released. A bivalent vaccine for cervical cancer due to HPV 16 and 18 is indicated for females ages 9-26. The quadrivalent vaccine covers females ages 9-26 for HPV 16 and 18, which is causative for about 70 percent of all cervical centers, and HPV 6 and 11, which is responsible for about 90 percent of genital warts. It also is used in males ages 9-26 for prevention of anal cancer and genital warts.

New on the market is the 9-Valent HPV vaccine, which covers five additional HPV types.

Dr. Mutizwa shared his perspectives on a few vaccines, including those for herpes simplex virus 2. A new recombinant subunit two-dose vaccine in phase 3 trials is 97 percent effective in preventing zoster and doesn’t depend on the age of administration, Dr. Mutizwa said.

For patients who are iatrogenically immunosuppressed, he said, live vaccines are generally contraindicated, but when needed should be given two to four weeks prior to initiation of therapy. If a patient needs to get a live vaccine while on therapy, he said a washout period of about one to three months is recommended. If possible, he said, administer inactivated vaccines two to four weeks prior to initiation of therapy. Also, household contacts should be vaccinated.

VACCINES, continued from page 1

ANSWER TO YESTERDAY’S LEG ULCER QUIZ

What is the most useful test to diagnose this ulcer?
Answer: CBC and smear
Diagnosis: Sickle cell anemia related ulcer

ANSWER TO YESTERDAY’S LEG ULCER QUIZ

What is the most useful test to diagnose this ulcer?
Answer: CBC and smear
Diagnosis: Sickle cell anemia related ulcer

In terms of disease prevention, MMR is effective. The first and second doses, respectively, are 93 percent and 97 percent effective for measles and 78 percent and 88 percent effective for mumps.

New on the market is the 9-Valent HPV vaccine, which covers five additional HPV types.

Dr. Mutizwa shared his perspectives on a few vaccines, including those for herpes simplex virus 2. A new recombinant subunit two-dose vaccine in phase 3 trials is 97 percent effective in preventing zoster and doesn’t depend on the age of administration, Dr. Mutizwa said.

For patients who are iatrogenically immunosuppressed, he said, live vaccines are generally contraindicated, but when needed should be given two to four weeks prior to initiation of therapy. If a patient needs to get a live vaccine while on therapy, he said a washout period of about one to three months is recommended. If possible, he said, administer inactivated vaccines two to four weeks prior to initiation of therapy. Also, household contacts should be vaccinated.

ANSWER TO YESTERDAY’S LEG ULCER QUIZ

What is the most useful test to diagnose this ulcer?
Answer: CBC and smear
Diagnosis: Sickle cell anemia related ulcer

In terms of disease prevention, MMR is effective. The first and second doses, respectively, are 93 percent and 97 percent effective for measles and 78 percent and 88 percent effective for mumps.

New on the market is the 9-Valent HPV vaccine, which covers five additional HPV types.

Dr. Mutizwa shared his perspectives on a few vaccines, including those for herpes simplex virus 2. A new recombinant subunit two-dose vaccine in phase 3 trials is 97 percent effective in preventing zoster and doesn’t depend on the age of administration, Dr. Mutizwa said.

For patients who are iatrogenically immunosuppressed, he said, live vaccines are generally contraindicated, but when needed should be given two to four weeks prior to initiation of therapy. If a patient needs to get a live vaccine while on therapy, he said a washout period of about one to three months is recommended. If possible, he said, administer inactivated vaccines two to four weeks prior to initiation of therapy. Also, household contacts should be vaccinated.

In terms of disease prevention, MMR is effective. The first and second doses, respectively, are 93 percent and 97 percent effective for measles and 78 percent and 88 percent effective for mumps.

New on the market is the 9-Valent HPV vaccine, which covers five additional HPV types.

Dr. Mutizwa shared his perspectives on a few vaccines, including those for herpes simplex virus 2. A new recombinant subunit two-dose vaccine in phase 3 trials is 97 percent effective in preventing zoster and doesn’t depend on the age of administration, Dr. Mutizwa said.

For patients who are iatrogenically immunosuppressed, he said, live vaccines are generally contraindicated, but when needed should be given two to four weeks prior to initiation of therapy. If a patient needs to get a live vaccine while on therapy, he said a washout period of about one to three months is recommended. If possible, he said, administer inactivated vaccines two to four weeks prior to initiation of therapy. Also, household contacts should be vaccinated.
**Dataderm debut**

The Academy is launching DataDerm™, its clinical data registry, during the Annual Meeting. Stop by the AAD Resource Center in The Connection to see a demonstration of how to use the registry, which will eventually house the data of millions of dermatology patients nationwide. The 15-minute demonstrations are scheduled for 2 p.m. and 4 p.m. Sunday and 3 p.m. Monday.

Attendees were affected by an Internet service outage that affected the entire D.C. area on Friday. Latest reports are that the problem has been resolved, and you are encouraged to download and use the AAD meeting app. Go to [www.aad.org/mobile](http://www.aad.org/mobile) for more information.

**WE’VE GOT THE POWER!**

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.**

Learn more about biosimilars at [biosimilarsforum.org](http://biosimilarsforum.org). Join the conversation @USBiosimilars.

---

**Promotional Offer Booth 4105**

**E-Z Removable Ink Skin Marker**

- Marking Consultations
- Botox®
- Injectable Fillers

**Promotional Offer:**

Viscot Mini Skin Marker

- Small in size - *Large in value!*
- very economical - save 50%-75% vs a full size marker

**Product Spotlight**

**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

**.results on certain patients may vary.**

© 2016 AbbVie Inc. North Chicago, IL 60064 64V-1831625 January 2016 Printed in U.S.A.

**Welcome**

Enter a new kind of photo contest through the official AAD Meeting News Twitter feed @AADMtgs. The list of categories and winning prizes for each:

- Best Group Photo ($50 Starbucks card)
- Mentor Appreciation ($25 Starbucks card)
- How Many Meetings? ($25 Starbucks card)

Submit a photo that creatively shows the number of times you’ve attended an AAD Annual Meeting.

- Best Photo Bomb (Honorable Mention)
  To be eligible to win, simply mention @AADMtgs in your tweets, and include the hashtag #AAD16photo. Also, please specify which category you are entering.

*Gift card will be awarded to the individual who submits the photo.*
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>Redness</th>
<th>Itch/Burn</th>
<th>Dryness</th>
</tr>
</thead>
<tbody>
<tr>
<td>-0.2</td>
<td>-0.2</td>
<td>-0.2</td>
</tr>
</tbody>
</table>

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

Data on file.

© Johnson & Johnson Consumer Inc. 2016