EXPERIENCE AAD in San Diego

See inside for:

- General information p10
- Daily highlights p16
- Exhibitor information p33

DOWNLOAD THE AAD ANNUAL MEETING MOBILE APP to find scientific programming information and the most up-to-date information about the Annual Meeting. Available in the App store.
Discover how Epionce clinical skin care improves the lives of your patients, and your practice.

- **Fights Signs of Aging**
  Clinically Proven Equal to 0.05% Tretinoin for Anti-Aging

- **Helps Clear Problem Skin**
  Clinically Proven Equal to 10% Benzoyl Peroxide for Blemish-Prone Skin

- **Reduces Dark Spots**
  Clinically Proven Equal to 4% Hydroquinone for Hyperpigmentation

For more information, visit booth #4955 | epionce.com | 866 374 6623

Clinical study data on file. ©2017 Epionce, Inc.
The #1 nonsurgical fat reduction treatment*

THAT’S COOL!

See what else is cool at Allergan booth 4039

*CoolSculpting® is the treatment doctors use most for nonsurgical fat reduction.

In the US, the CoolSculpting® procedure is FDA-cleared for the treatment of visible fat bulges in the submental area, thigh, abdomen and flank, along with bra fat, back fat, underneath the buttocks (also known as banana roll), and upper arm. It is also FDA-cleared to affect the appearance of lax tissue with submental area treatments.
# WHAT’S INSIDE?

## WELCOME
Greetings from the AAD president 4  
Welcome from the Scientific Assembly Committee chair 6  
Key elements of the meeting 10  
Daily highlights 16  
Honors and awards 21

## EDUCATION
Learning opportunities 28  
Poster information 29

## EXHIBIT HALL
Exhibit Hall floor plan 32  
Exhibitors alphabetically 33  
Exhibitors by booth number 36  
Exhibitors by product category 39

## MAPS
San Diego Convention Center floor plans 44  
Marriott Marquis floor plans 46

## CITY GUIDE
San Diego: By the numbers 50  
Safety tips 51  
Apps make travel easy 52  
Notes 53  
Advertiser index 63

---

The official American Academy of Dermatology Onsite Meeting Guide: Experience AAD in San Diego guide is published by AAD as an exclusive service to meeting attendees. While every effort is made to ensure accuracy, AAD makes no warranties, expressed or implied, related to the information. Information contained herein is subject to change without notice. No part of this publication may be reproduced, stored or transmitted without written permission from AAD. © 2018. All rights reserved.

---

**AMERICAN ACADEMY of DERMATOLOGY | ASSOCIATION**

930 E. Woodfield Road  
Schaumburg, IL 60173  
(866) 503-7546

**San Diego Convention Center**

111 W. Harbor Drive  
San Diego, CA 92101  
visitsandiego.com

**Publishing partner for AAD**

Ascend Integrated Media LLC  
7171 W. 95th St., Suite 300  
Overland Park, KS 66212  
(913) 469-1110
WELCOME TO
AAD ANNUAL MEETING 2018
VISIT BOOTH 4521
Welcome to the 2018 AAD Annual Meeting in San Diego!

This is our 76th Annual Meeting, and I am proud and delighted to be president of the Academy at a time when advances in our specialty are at an all-time high. In my Plenary address last year as the newly elected president of the Academy, I said that “our Washington agenda has never been more challenging, but our Academy is prepared to meet that challenge.” With that challenge, I can think of no better way to take in the depth and breadth of dermatology, stay up to date, and learn the best ways to adapt to change than by attending the AAD Annual Meeting, the world’s largest national society dermatology meeting.

The AAD Annual Meeting not only provides high-quality CME, it offers an unparalleled opportunity to talk face-to-face with your peers, to network, and to challenge and celebrate with each other. Live events like the AAD meetings transcend what we learn online and in books. It is an exciting environment that creates a collective energy and reinforces our commitment to our profession. By gathering together, we are reminded that we are not alone, that we are all in this together, and supporting each other.

And what better place to be in February than San Diego? Each time we visit, there’s more to experience here: Balboa Park, the Gaslamp Quarter, La Jolla, Little Italy, Pacific Beach, the zoo, and the USS Midway Museum are just a few of the many attractions that, combined with perfect weather, make this destination so attractive.

I am truly honored having served as your president this past year, and I’m so proud of all that we — all of us — have accomplished. Many of you know I enjoy ballroom dancing, and I have stated previously that I am confident that dermatology will continue to be a “bright star on the dance floor.” I encourage you to come and join the dance in 2018 and experience the spirit of 76 years!

HENRY W. LIM, MD

President
American Academy of Dermatology
EXPERIENCE THE BIGGEST ADVANCE IN AQUAPHOR® SINCE AQUAPHOR AT BOOTH #2623

NEW AQUAPHOR OINTMENT BODY SPRAY
FIRST & ONLY SPRAYABLE OINTMENT

Effective, long-lasting relief of dry, rough skin in patients with xerosis

<table>
<thead>
<tr>
<th>% SUBJECTS IMPROVED</th>
<th>96% dryness</th>
<th>91% scaling</th>
<th>80% cracks</th>
</tr>
</thead>
</table>

Statistically significant improvement from baseline

Beiersdorf
Data on file. Beiersdorf Inc. ©2017
WELCOME from the chair

Get ready for the educational “cavalcade”

With more than 350 sessions designed to address the educational needs and hot topics facing dermatology, the 2018 AAD Annual Meeting is shaping up to be an educational cavalcade. With a growing number of hands-on sessions, patient simulation assessments, and audience participation sessions that offer both CME and MOC credit, now, more than ever, dermatologists are able to learn by “doing” through active, adult-centered learning styles. Our technical exhibition will also feature more than 400 companies representing the best products and services that dermatology has to offer.

As always, our Plenary session will be another can’t-miss event, with some of the most interesting speakers in dermatology and medicine. The Eugene J. Van Scott Award for Innovative Therapy of the Skin and Phillip Frost Leadership Lecture will be presented by Jan T. Vlcek, MD, PhD. His lecture tells us the story of “Infliximab: How a TNF Inhibitor Advanced from Modest Beginnings to Unforeseen Therapeutic Successes.”

Mary Margaret Chren, MD, an expert in quality-of-life measurement in dermatology, will talk about “The State of (Measuring) the Art of Dermatology” when she gives the Clarence S. Livingood, MD, Memorial Award and Lectureship. The Lila and Murray Gruber Memorial Cancer Research Award and Lectureship will be given by Jennifer Doudna, PhD, who will address “CRISPR Systems: Nature’s Toolkit for Genome Editing,” and Alan Irvine, MD, will present the Marion B. Sulzberger, MD, Memorial Award and Lectureship on “Atopic Dermatitis.”

Our keynote guest speaker for the meeting is the 2015 Humanities Medalist, Abraham Verghese, MD. Dr. Verghese is a national best-selling author of such books as Cutting for Stone, and is a prominent voice in medicine with a uniquely humanistic view of the future of health care. We look forward to his presentation, “The Pathology Within: Burnout, Wellness, and the Search for Meaning in a Professional Life.”

Be sure to enjoy this outstanding lineup of education delivered by top experts in the field!

ERIK J. STRATMAN, MD
Chair
AAD Scientific Assembly Committee
For the treatment of mild-to-moderate atopic dermatitis (AD) in patients 2 and older

TREATMENT
SAME
MANY
BODY PARTS

For topical use only. Not for ophthalmic, oral, or intravaginal use.

The specific mechanism(s) of action of crisaborole in atopic dermatitis is not well defined.
PDE4 = phosphodiesterase 4.

Visit us at booth 5139

INDICATION
EUCRISA is indicated for topical treatment of mild-to-moderate atopic dermatitis in patients 2 years of age and older.

IMPORTANT SAFETY INFORMATION
Contraindications
EUCRISA is contraindicated in patients with known hypersensitivity to crisaborole or any component of the formulation.

Warnings and Precautions
Hypersensitivity reactions, including contact urticaria, have occurred in patients treated with EUCRISA and should be suspected in the event of severe pruritus, swelling and erythema at the application site or at a distant site. Discontinue EUCRISA immediately and initiate appropriate therapy if signs and symptoms of hypersensitivity occur.

STUDY DESIGN AND RESULTS
Two multicenter, randomized, double-blind, vehicle-controlled trials (Trial 1 and Trial 2) treating 1522 patients (1016 EUCRISA; 506 vehicle) with mild-to-moderate atopic dermatitis. The primary efficacy endpoint was success in Investigator’s Static Global Assessment (ISGA) at Day 29. Success in ISGA, a stringent metric, is defined as Clear (0) or Almost Clear (1) AND at least a 2-grade improvement from baseline. In the pooled results from the 2 pivotal trials, success in ISGA at Day 29 was 32.1% for EUCRISA and 21.8% for vehicle. The most common adverse reaction occurring in ≥1% of subjects in clinical trials (1012 EUCRISA vs 499 vehicle) was application site pain, such as burning or stinging.

Adverse Reactions
The most common adverse reaction occurring in ≥1% of subjects in clinical trials was application site pain, such as burning or stinging.

Please see brief summary of Full Prescribing Information on adjacent page.

Adverse Reactions

Learn more at www.EucrisaHCP.com

EUCRISA® (crisaborole) ointment, 2%

Brief Summary of Prescribing Information

INDICATIONS AND USAGE
EUCRISA is indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older.

DOSE AND ADMINISTRATION
Apply a thin layer of EUCRISA twice daily to affected areas. EUCRISA is for topical use only and is not for ophthalmic, oral, or intravaginal use.

DOSAGE FORMS AND STRENGTHS
Ointment: 20 mg of crisaborole per gram (2%) of white to off-white ointment.

CONTRAINDICATIONS
EUCRISA is contraindicated in patients with known hypersensitivity to crisaborole or any component of the formulation. [see Warnings and Precautions]

WARNINGS AND PRECAUTIONS
Hypersensitivity Reactions
Hypersensitivity reactions, including contact urticaria, have occurred in patients treated with EUCRISA. Hypersensitivity should be suspected in the event of severe pruritus, swelling and erythema at the application site or a distant site. If signs and symptoms of hypersensitivity occur, discontinue EUCRISA immediately and initiate appropriate therapy.

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

In two double-blind, vehicle-controlled clinical trials (Trial 1 and Trial 2), 1012 subjects 2 to 79 years of age with mild to moderate atopic dermatitis were treated with EUCRISA twice daily for 4 weeks. The adverse reaction reported by ≥1% of EUCRISA-treated subjects is listed in Table 1. Table 1: Adverse Reaction Occurring in ≥1% of Subjects in Atopic Dermatitis Trials through Week 4

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>EUCRISA N=1012 n (%)</th>
<th>Vehicle N=499 n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application site paina</td>
<td>45 (4)</td>
<td>6 (1)</td>
</tr>
</tbody>
</table>

a Refers to skin sensations such as burning or stinging. Less common (<1%) adverse reactions in subjects treated with EUCRISA included contact urticaria [see Warnings and Precautions].

USE IN SPECIFIC POPULATIONS
Pregnancy
Risk Summary
There is no available data with EUCRISA in pregnant women to inform the drug-associated risk for major birth defects and miscarriage. In animal reproduction studies, there were no adverse developmental effects observed with oral administration of crisaborole in pregnant rats and rabbits during organogenesis. In rabbits, the maximum recommended human dose (MRHD) [see Data]. The background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies carry some risk of birth defect, loss, or other adverse outcomes. The background risk of major birth defects in the U.S. general population is 2% to 4% and of miscarriage is 15% to 20% of clinically recognized pregnancies. Data Animal Data: Rat and rabbit embryo-fetal development was assessed after oral administration of crisaborole. Crisaborole did not cause adverse effects to the fetus at oral doses up to 300 mg/kg/day in pregnant rats during the period of organogenesis (3 times the MRHD on an AUC comparison basis). No treatment-related fetal malformations were noted after oral treatment with crisaborole in pregnant rats at doses up to 600 mg/kg/day (13 times the MRHD on an AUC comparison basis) during the period of organogenesis. Maternal toxicity was produced at the high dose of 600 mg/kg/day in pregnant rats and was associated with findings of decreased fetal body weight and delayed skeletal ossification. Crisaborole did not cause adverse effects to the fetus at oral doses up to the highest dose tested of 100 mg/kg/day in pregnant rabbits during the period of organogenesis (2 times the MRHD on an AUC comparison basis). In a prenatal/postnatal development study, pregnant rats were treated with crisaborole at doses of 150, 300, and 600 mg/kg/day by oral gavage during gestation and lactation (from gestation day 7 through day 20 of lactation). Crisaborole did not have any adverse effects on fetal development at doses up to 600 mg/kg/day (13 times the MRHD on an AUC comparison basis). Maternal toxicity was produced at the high dose of 600 mg/kg/day in pregnant rats and was associated with findings of stillbirths, pup mortality, and reduced pup weights.

Lactation
Risk Summary
There is no information available on the presence of EUCRISA in human milk, the effects of the drug on the breastfed infant or the effects of the drug on milk production after topical application of EUCRISA to women who are breastfeeding. EUCRISA is systemically absorbed. The lack of clinical data during lactation precludes a clear determination of the risk of EUCRISA to a breastfed infant. Therefore, the developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for EUCRISA and any potential adverse effects on the breastfed infant from EUCRISA or from the underlying maternal condition.

Pediatric Use
The safety and effectiveness of EUCRISA have been established in pediatric patients age 2 years and older for topical treatment of mild to moderate atopic dermatitis. Use of EUCRISA in this age group is supported by evidence from two multicenter, randomized, double-blind, parallel-group, vehicle-controlled 28-day trials which included 1,313 pediatric subjects 2 years and older [see Adverse Reactions and Clinical Studies in Full Prescribing Information]. The safety and effectiveness of EUCRISA in pediatric patients below the age of 2 years have not been established.

Geriatric Use
Clinical studies of EUCRISA did not include sufficient numbers of subjects age 65 and over to determine whether they respond differently from younger subjects.

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility
In an oral carcinogenicity study in Sprague-Dawley rats, oral doses of 30, 100, and 300 mg/kg/day crisaborole were administered to rats once daily. A drug-related increased incidence of benign granular cell tumors in the uterus with cervix or vagina (combined) was noted in 300 mg/kg/day crisaborole treated female rats (1 times the MRHD on an AUC comparison basis). The clinical relevance of this finding is unknown. In a dermal carcinogenicity study in CD-1 mice, topical doses of 2%, 5%, and 7% crisaborole ointment were administered once daily. No drug-related neoplastic findings were noted at topical doses up to 7% crisaborole ointment (2 times the MRHD on an AUC comparison basis). Crisaborole revealed no evidence of mutagenic or clastogenic potential based on the results of two in vitro genotoxicity tests (Ames assay and human lymphocyte clastogenicity test). No effects on fertility were observed in male or female rats that were administered oral doses up to 600 mg/kg/day crisaborole (13 times the MRHD on an AUC comparison basis) prior to and during early pregnancy.

PATIENT COUNSELING INFORMATION
Advise the patient or caregivers to read the FDA-approved patient labeling (Patient Information). Hypersensitivity Reactions: Advise patients to discontinue EUCRISA and seek medical attention immediately if signs or symptoms of hypersensitivity occur [see Warnings and Precautions]. Administration Instructions: Advise patients or caregivers that EUCRISA is for external use only and is not for ophthalmic, oral, or intravaginal use.

Rx only This Brief Summary is based on EUCRISA prescribing information, issued October 2017.
Lumenis invites you to join us at booth # 2229 for a unique 3D Adventure!

Acoustics & Heat

Learn how the power of acoustics and heat is transforming the Aesthetic industry!

Take a 3D journey through astounding dermatological results. Deliver more with Lumenis.

Limited spots for our 3D journey
Reserve your spot & claim your GIFT

information.lumenis.com/aad-2018

Lumenis booth # 2229
AAD has invited researchers to submit abstracts describing their most recent results; the researchers whose submissions receive the top scores will discuss findings in a brief oral presentation during one of the themed forums.

These forums will highlight the latest observations in clinical, surgical, pediatric, and basic research. After attending these sessions (shown below), attendees will be able to accurately describe cutting-edge scientific developments in dermatologic research, and apply information from recent investigations into their own clinical practices.

### Basic Science/Cutaneous Oncology/Pathology (F057)
- **Saturday, 9-11 a.m.**
- **Room 4**

### Procedural Dermatology (F055)
- **Saturday, 9-11 a.m.**
- **Room 6D**

### Clinical Trials (F061)
- **Saturday, 1-3 p.m.**
- **Ballroom 20A**

### Clinical Studies/Pediatric (F076)
- **Saturday, 3:30-5:30 p.m.**
- **Room 5B**

### LATE-BREAKING RESEARCH

The can’t-miss Plenary will feature some of the most interesting speakers presenting cutting-edge research in dermatology and medicine. See page 28 for complete details.

- **AAD and AAD Association Annual Business Meetings**
- **The State of (Measuring) the Art of Dermatology**
  Mary-Margaret Chren, MD | Clarence S. Livingood, MD, Memorial Award and Lectureship
- **Infliximab: How a TNF Inhibitor Advanced from Modest Beginnings to Unforeseen Therapeutic Successes**
  Jan T. Vlcek, MD, PhD | Eugene J. Van Scott Award for Innovative Therapy of the Skin and Phillip Frost Leadership Lecture
- **CRISPR Systems: Nature’s Toolkit for Genome Editing**
  Jennifer Doudna, PhD | Lila and Murray Gruber Memorial Cancer Research Award and Lectureship
- **Atopic Dermatitis**
  Alan Irvine, MD | Marion B. Sulzberger, MD, Memorial Award and Lectureship
- **The Pathology Within: Burnout, Wellness and the Search for Meaning in a Professional Life**
  Abraham Verghese, MD, MACP | Guest Speaker

### EXHIBIT HALL

**HALL A: THE CONNECTION (AAD RESOURCE CENTER AND POSTERS)**

**HALLS B-H: TECHNICAL EXHIBITS**

Discover more than 400 exhibitors showcasing the latest products and services in the specialty of dermatology.

**Technical Exhibit Hall hours**

- **Friday, 10 a.m.-5 p.m.** ..........Unopposed hours: 12-1 p.m.
- **Saturday, 10 a.m.-5 p.m.** ..........Unopposed hours: 12-1 p.m.
- **Sunday, 10 a.m.-3 p.m.** ..........Unopposed hours: 12-1 p.m.

*Guest access to the Exhibit Hall is limited to Sunday.*
Top-notch programming at 2018 Annual Meeting

Hands-on workshops
MONDAY, VARIOUS ROOMS
Don’t miss the engaging workshops, including the popular “Hands-on: Fire and Ice! Electrosurgery and Cryosurgery” (W003). Other topics include:
• Practical anatomy for dermal fillers, lasers, wound closures, nail surgery, scar revision, varicose and telangiectatic veins, innovative suture techniques update, and wounds and ulcers.

Live Demonstration sessions
The Annual Meeting offers two Live Demonstration sessions.

Soft Tissue Augmentation and Neuromodulators – Simultaneous Cadaver Prosection and Live Patient Injections (C001)
FRIDAY, 9 A.M.-12 P.M., ROOM 6D
Learning objectives:
• Recognize and identify facial and neck anatomy as it relates to the use of cosmetic injections.
• Assess and avoid complications injecting at various face and neck locations and depths.
• Develop a therapeutic rejuvenation plan utilizing a combination of nonsurgical treatments.

The State of the Art of Aesthetic Dermatology (C008)
FRIDAY, 1-4 P.M., ROOM 6D
Learning objectives:
• Assess the aging face and neck and choose the most appropriate injection techniques.
• Identify soft tissue fillers and their appropriate uses.
• Recognize and identify facial and neck anatomy as it relates to the use of cosmetic injections.

Hot Topics (S048)
MONDAY, 9 A.M.-12 P.M., ROOM 6D
Areas of focus include cosmetic, medical, pediatric, and surgical.

Educational highlights
Derm Exam Prep Course: Refresher (C006)
FRIDAY, 9 A.M.-4 P.M., ROOM 11B
Learning objectives:
• Diagnose general dermatologic conditions and diseases within the American Board of Dermatology standards for competency.
• Identify areas needing additional study in preparation for the General Dermatology module of the MOC Recertification Examination.
• Self-assess current knowledge and reflection on clinical practice as stimulated by the dermatologic images, anonymous benchmarking feedback, and discussion at the course.

NEW! The Patient Encounter: Giving Feedback
FRIDAY-SUNDAY, VARIOUS TIMES, ROOM 10
Learning objectives:
• Practice giving feedback to a professional colleague that you supervise in a realistic simulated workplace scenario.
• Receive feedback on communication skills.
• Describe personal reflections after the encounter and identify areas for individualized improvement.

NEW! Advanced Cosmetic Procedures:
Lipo, Lifts, and Lids (S034)
SATURDAY, 1-4 P.M., ROOM 25B
Learning objectives:
• Manage the necklift patient, the facelift patient, the...
blepharoplasty patient, and the liposuction patient. 
• Discuss the treatment options for the patient with loose neck skin, loose lower face skin, loose upper eyelid skin, baggy lower eye skin, and liposuction as an option for fat contouring.
• Select the ideal patients for a necklift, facelift, and blepharoplasty.

**Hands-on: Practical Anatomy for Dermal Fillers (W003)**
MONDAY, 9 A.M.-12 P.M., ROOM 9 
Learning objectives:
• Identify structural and functional facial anatomy relevant to filler injections.
• Use proper techniques for soft tissue augmentation pan-facially.
• Implement periprocedural assessment and strategies for avoidance and management of complications.

**Hands-on: Scar Revision (W007)**
MONDAY, 1-4 P.M., ROOM 8
Learning objectives:
• Recognize when a z-plasty, geometric broken line closure, or w-plasty can be used to improve scar outcome.
• Design and execute repair of ectropion, eclairion, alar notching, melolabial fold distortion, vermilion border distortion, brow distortion, and tenting/webbing.

**Resident track**

**Resident Jeopardy (S037)**
SUNDAY, 1-4 P.M., ROOM 6D
Contestants representing various residency training programs will face Jeopardy-style queries that encompass the breadth of dermatology in a friendly competition.

**Boards Blitz (S046)**
MONDAY, 9 A.M.-12 P.M., ROOM 6A
Attendees will have the opportunity to view numerous digital images with associated questions preparing them for the kodachrome portion of the certification/recertification exams.

**Not-to-be-missed Tuesday sessions**
The final two sessions, taking place Tuesday morning, will highlight new advances in dermatology care and important diagnostic and therapeutic procedures.

**What’s New in Dermatology (S067)**
TUESDAY, 8:10 A.M., ROOM 6B
Learning objectives:
• Identify cutaneous manifestations of viral diseases more effectively.

**Therapeutic and Diagnostic Pearls (S068)**
TUESDAY, 10:30 A.M.-12:30 P.M., ROOM 6B
Learning objectives:
• Discuss pragmatic therapeutic and diagnostic points that can be incorporated into practice.
• Describe useful, new, or evolving therapeutic interventions for skin disorders.

**EARN CME AND MOC CREDITS**
The American Board of Dermatology has expanded the number of sessions eligible for MOC self-assessment credits, including all hands-on and most audience response sessions.

Claim your CME credits online at [aad.org/evals](http://aad.org/evals) or visit the kiosks in registration.

**NETWORKING**
There’s no better time to learn from colleagues, reconnect with friends, and build new relationships.

**The AAD Career Networking Event**
FRIDAY, 4:30-6:30 P.M., PACIFIC BALLROOM 18/19, MARRIOTT MARQUIS
Visit with employers looking to hire dermatologists and learn about AAD’s online career center ([aadcareercompass.org](http://aadcareercompass.org)) from AAD representatives.

**Networking Lounges in The Connection**
FRIDAY-MONDAY, 8 A.M.-5 P.M., HALL A
Chat with colleagues, check email, charge your phone, vote in the AAD election, claim CME credits, and more.
WELCOME

AAD Resource Center
FRIDAY-MONDAY, 8 A.M.-5 P.M., HALL A
• Learn about AAD services and new products.
• Enroll and demo AAD’s DataDerm™.
• Discover the new Practice Management Center, featuring resources designed to help you navigate the ever-changing practice management landscape.
• Polish your CV/resume with advice from professionals, or post a CV or job on the AAD job board.
• Get a professional head shot taken for free.
• Renew or apply for membership.
• Pre-order Annual Meeting On-Demand recordings.
• Receive customized financial solutions for your short- and long-term aspirations.

The Connection
FRIDAY-MONDAY, 8 A.M.-5 P.M., HALL A
The Connection serves as the central hub of all things AAD at the Annual Meeting.
• Networking Lounge: Take a break with colleagues and use interactive service stations.
• e-Poster Viewing Centers: Get an in-depth view of new and innovative research as you explore electronic poster exhibits.
• Poster Presentation Theaters: Listen to e-Poster authors discuss their work.
• AAD Board of Directors Meet and Greet: 12-1 p.m., Friday and Saturday

Mobile app
Available at aad.org/mobile, the AAD Meeting Mobile App provides everything you need to navigate the meeting. You can:
• Organize your schedule by day, type of session, category, and speaker.
• Bookmark sessions you like, take notes, and access select session handouts.
• View the Exhibit Hall floor plan and search exhibitors by name.
• Search speakers.
• Discover answers to frequently asked questions.
• Browse listings for on-site events, Industry Expert Sessions, and Industry Non-CME programs.
• Search ePosters by author, title, category, keyword, or number.
• Participate in Audience Response Sessions.

Join the AAD conversation on social media
Use hashtag #AAD18 while at the meeting.

On-site events
Several AAD councils, committees, task forces, and affiliate and reunion groups will hold events during the Annual Meeting. Find the list of events at aad.org/AM18 (on the General Information page), or on the AAD Meeting Mobile App.

All events will be held at the San Diego Convention Center or Marriott Marquis San Diego Marina, unless otherwise noted.

AAD Election
OPENS SATURDAY, FEB. 17, AT 12:01 A.M. (ET)
Visit the Academy Election site at aad.org/aadelection where you can learn about the candidates.
• All ballots must be received or electronically posted at aad.org/aadelection by 11:59 p.m. (ET), March 3.
• President-elect speeches presented at the Annual Business Meeting will be posted to the election site.

TAKE AAD HOME
Review the sessions you attended or catch ones you missed.

Mobile app
Available at aad.org/mobile, the AAD Meeting Mobile App provides everything you need to navigate the meeting. You can:
• Organize your schedule by day, type of session, category, and speaker.
• Bookmark sessions you like, take notes, and access select session handouts.
• View the Exhibit Hall floor plan and search exhibitors by name.
• Search speakers.
• Discover answers to frequently asked questions.
• Browse listings for on-site events, Industry Expert Sessions, and Industry Non-CME programs.
• Search ePosters by author, title, category, keyword, or number.
• Participate in Audience Response Sessions.

Location
Purchase at the AAD Resource Center in Hall A.

Cost
• $99: On-site
• $149: Before Feb. 21
• $179: After Feb. 21
WHEN TREATING ATOPIC DERMATITIS PATIENTS

Tolerability Matters

WILL YOUR PATIENTS GET A TREATMENT WITH:

► Deep experience in clinical practice?
► A patient-friendly formulation?

Learn More
Visit Ortho Dermatologics Booth #3217

Ortho Dermatologics is a trademark of Ortho Dermatologics’ affiliated entities. © All Rights Reserved. NPR.0523.USA.17
To combat the various signs of aging, a balanced, effective skincare regimen is essential. IMAGE MD is formulated with cutting edge ingredients and delivery systems, and utilizes the latest advancements in skincare technology. Unlike many other skincare programs, this collection can be used as a daily, ongoing skincare protocol. It supports the skin’s natural defense mechanisms and helps fight environmental stress.

To combat the various signs of aging, a balanced, effective skincare regimen is essential. IMAGE MD is formulated with cutting edge ingredients and delivery systems, and utilizes the latest advancements in skincare technology. Unlike many other skincare programs, this collection can be used as a daily, ongoing skincare protocol. It supports the skin’s natural defense mechanisms and helps fight environmental stress.

If you are interested in partnering with IMAGE MD, a collection formulated by plastic surgeons, call 1-800-796-7546 or visit www.imageskincare.com
## DAILY

### THURSDAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.-6 p.m.</td>
<td>Global Education Day</td>
<td></td>
</tr>
<tr>
<td>12-6 p.m.</td>
<td>AAD onsite registration open</td>
<td>Location: Lobby D</td>
</tr>
</tbody>
</table>

### FRIDAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a.m.-5:30 p.m.</td>
<td>AAD registration open</td>
<td>Location: Lobby D</td>
</tr>
<tr>
<td>8 a.m.-5 p.m.</td>
<td>AAD Resource Center open</td>
<td>Location: Hall A</td>
</tr>
<tr>
<td>9 a.m.-5 p.m.</td>
<td>Gross and Microscopic Symposium</td>
<td>(S001) Location: Room 9</td>
</tr>
<tr>
<td>11-11:45 a.m.</td>
<td>Industry Expert Session</td>
<td>• Spotlight on Mild-to-Moderate Atopic Dermatitis: An Update on a Steroid-Free Topical Prescription Therapy Location: Exhibit Hall Hosted by Pfizer Inc.</td>
</tr>
<tr>
<td>12-1 p.m.</td>
<td>Unopposed exhibit time</td>
<td></td>
</tr>
<tr>
<td>12-1 p.m.</td>
<td>Board Meet and Greet</td>
<td>Location: The Connection, Hall A</td>
</tr>
<tr>
<td>12:15-1 p.m.</td>
<td>Industry Expert Session</td>
<td>• Moving Beyond Topicals: Perspectives on Systemic Treatment for Psoriasis Location: Exhibit Hall Hosted by Celgene Corp.</td>
</tr>
<tr>
<td>1-3 p.m.</td>
<td>Boards and Beyond (F016)</td>
<td>Location: Room 1A</td>
</tr>
<tr>
<td>1:30-2:15 p.m.</td>
<td>Industry Expert Session</td>
<td>• The Importance of Facial Erythema of Rosacea Location: Exhibit Hall Hosted by Allergan</td>
</tr>
<tr>
<td>3:30-5:30 p.m.</td>
<td>Young Physician Pearls and Pitfalls: A Survival Guide for the First 10 Years (F042)</td>
<td>Location: Room 5B</td>
</tr>
<tr>
<td>4:30-6:30 p.m.</td>
<td>AAD Career Networking Event</td>
<td>Location: Pacific Ballroom 18/19, Marriott Marquis</td>
</tr>
<tr>
<td>5-6:30 p.m.</td>
<td>Resident Reception</td>
<td>Location: Grand Ballroom 5-6, Marriott Marquis</td>
</tr>
<tr>
<td>5-6:30 p.m.</td>
<td>Young Physician and New Member Reception</td>
<td>Location: Grand Ballroom 3-4, Marriott Marquis</td>
</tr>
</tbody>
</table>

### SATURDAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:01 a.m. (ET)</td>
<td>AAD Election opens</td>
<td></td>
</tr>
<tr>
<td>7 a.m.-5:30 p.m.</td>
<td>AAD registration open</td>
<td>Location: Lobby D</td>
</tr>
<tr>
<td>8 a.m.-5 p.m.</td>
<td>AAD Resource Center open</td>
<td>Location: Hall A</td>
</tr>
<tr>
<td>9 a.m.</td>
<td>Late-breaking Research: Procedural Dermatology (F055)</td>
<td>Location: Room 6D</td>
</tr>
<tr>
<td>9-11 a.m.</td>
<td>Late-breaking Research: Basic Science/Cutaneous Oncology/Pathology (F057)</td>
<td>Location: Room 4</td>
</tr>
<tr>
<td>9 a.m.-12 p.m.</td>
<td>Residents and Fellows Symposium</td>
<td>(S024) Location: Room 5B</td>
</tr>
</tbody>
</table>
HIGHLIGHTS

11-11:45 a.m.
Industry Expert Session
• DUPIXENT® (dupilumab):
  FDA-Approved
  Location: Exhibit Hall
  Hosted by Regeneron/Sanofi Genzyme

12-1 p.m.
Board Meet and Greet
Location: The Connection, Hall A

12-1 p.m.
Unopposed exhibit time

12:15-1 p.m.
Industry Expert Session
• You’ve Got Options: The Changing Paradigm of Plaque Psoriasis Treatment
  Location: Exhibit Hall
  Hosted by Celgene Corp.

1-3 p.m.
Late-breaking Research:
Clinical Trials (F061)
Location: Ballroom 20A

1:30-2:15 p.m.
Industry Expert Session
• COSENTYX® (secukinumab) for Psoriatic Diseases: Managing Your Adult Patients With Moderate to Severe Plaque Psoriasis and Active Psoriatic Arthritis
  Location: Exhibit Hall
  Hosted by Novartis Pharmaceuticals Corp.

3:30-5:30 p.m.
Late-breaking Research:
Clinical Studies/Pediatric (F076)
Location: Room 5B

7 a.m.-5:30 p.m.
AAD registration open
Location: Lobby D

8 a.m.-5 p.m.
AAD Resource Center open
Location: Hall A

8-11:30 a.m.
Plenary session
Location: Ballroom 20B

11-11:45 a.m.
Industry Expert Session
• COSENTYX® (secukinumab):
  A Comprehensive Approach to Treating Moderate to Severe Plaque Psoriasis
  Location: Exhibit Hall
  Hosted by Novartis Pharmaceuticals Corp.

12-1 p.m.
Unopposed exhibit time

1-4 p.m.
Resident Jeopardy (S037)
Location: Room 6D

1:30-2:15 p.m.
Industry Expert Session
• Novartis Pharmaceuticals Corp.
  Location: Exhibit Hall

SUNDAY

7 p.m. (6:30 p.m. registration)
Industry Non-CME Programs
• Treating Advanced Basal Cell Carcinoma Through Hedgehog Pathway Inhibition
  Location: Hilton Bayfront, Indigo AB, EF
  Hosted by Genentech

• A Comprehensive Review of Taltz
  Location: Manchester Grand Hyatt, Seaport DE
  Hosted by Lilly USA, LLC

• Atopic Dermatitis Disease Control – Do We Formally Assess or Do We Assume?
  Location: Hilton Bayfront, Aqua Salon CD
  Hosted by Regeneron and Sanofi Genzyme

MONDAY

7 a.m.-5:30 p.m.
AAD registration open
Location: Lobby D

8 a.m.-5 p.m.
AAD Resource Center open
Location: Hall A

9 a.m.-12 p.m.
Hot Topics (S048)
• Melanoma: The Future is Now (S054)
  Location: Room 30B

TUESDAY

7:30 a.m.-12:30 p.m.
AAD registration open
Location: Lobby D

8-10 a.m.
What’s New in Dermatology (S067)
Location: Room 6B

10:30 a.m.-12:30 p.m.
Therapeutic and Diagnostic Pearls (S068)
Location: Room 6B
IMPORTANT SAFETY INFORMATION

Contraindications

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

Warnings and Precautions

Diarrhea, Nausea and Vomiting: Cases of severe diarrhea, nausea, or vomiting may be at a higher risk of complications from severe diarrhea, nausea, or vomiting. Monitor patients who are more susceptible to complications of diarrhea or vomiting; advise patients to contact their healthcare provider. Consider Otezla dose reduction or suspension if patients develop severe diarrhea, nausea, or vomiting.

Depression: Treatment with Otezla is associated with an increase in depression. During clinical trials 1.3% (12/920) of patients reported depression, compared to 0.4% (2/506) on placebo. Suicidal behavior was observed in 0.1% (1/1308) of patients on Otezla, compared to 0.2% (1/506) on placebo. Carefully weigh the risks and benefits of treatment with Otezla for patients with a history of depression and/or suicidal thoughts/behavior, or in patients who develop such symptoms while on Otezla.

Patients, caregivers, and families should be advised of the need to be alert for the emergence or worsening of depression, suicidal thoughts or other mood changes, and they should contact their healthcare provider if such changes occur.

Weight Decrease: Body weight loss of 5-10% occurred in 12% (96/816) of patients treated with Otezla and in 5% (19/382) of patients treated with placebo. Monitor body weight regularly; evaluate unexplained or clinically significant weight loss, and consider discontinuation of Otezla.

Drug Interactions: Apremilast exposure was decreased when Otezla was administered to a nursing woman. Caution should be exercised when Otezla is co-administered with rifampin, a strong CYP450 enzyme inducer; loss of Otezla efficacy may occur. Concomitant use of Otezla with CYP450 enzyme inducers (eg, rifampin, phenobarbital, carbamazepine, phenytoin) is not recommended.

Otezla® is a registered trademark of Celgene Corporation.

Otezla® (apremilast) is the first and only non-biologic, oral phosphodiesterase 4 (PDE4) inhibitor approved for the treatment of patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

**Oral therapy has a different look**

**PASI-75 response**
- Significant PASI-75 response vs placebo (33% vs 5%), primary endpoint, P < 0.00011,2

**Mean PASI scores**
- 55% improvement in mean PASI scores vs 18% for those on placebo; data as observed1,3,4,5

**Scalp response**
- 47% achieved an ScPGA score of clear or minimal vs 18% on placebo (P < 0.0001)1,2,3,4,5

The Full Prescribing Information for Otezla has no requirement for routine lab monitoring.

The most common (≥5%) adverse reactions were diarrhea, nausea, upper respiratory tract infection, tension headache, and headache.1

The majority of patients reporting nausea and diarrhea did so within the first 2 weeks; the events tended to resolve over time with continued dosing.3

Postmarketing reports of severe diarrhea, nausea, and vomiting have been associated with the use of Otezla. In some cases patients were hospitalized. Monitor patients who are more susceptible to complications of diarrhea or vomiting.1

**STUDY DESIGN**
- Otezla was evaluated in 2 multicenter, double-blind, placebo-controlled trials of similar design. Patients with moderate to severe plaque psoriasis (N = 1257) were randomized 2:1 to Otezla 30 mg or placebo twice daily for 16 weeks, after a 5-day titration1

**Adverse Reactions**
- Adverse reactions reported in ≥5% of patients were (Otezla®, placebo®): diarrhea (17, 6), nausea (17, 7), upper respiratory tract infection (9, 6), tension headache (8, 4), and headache (6, 4)

**Use in Specific Populations**
- Pregnancy and Nursing Mothers: Otezla is Pregnancy Category C; it has not been studied in pregnant women. Use during pregnancy only if the potential benefit justifies the potential risk to the fetus. It is not known whether apremilast or any of its metabolites are present in human milk. Caution should be exercised when Otezla is administered to a nursing woman

- Renal Impairment: Otezla dosage should be reduced in patients with severe renal impairment (creatinine clearance less than 30 mL/min); for details, see Dosage and Administration, Section 2, in the Full Prescribing Information

Please turn the page for Brief Summary of Full Prescribing Information.
OTIZELA® (apremilast) tablets, for oral use

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

INDICATIONS AND USAGE

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

CONTRAINDICATIONS

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

WARNINGs AND PRECAUTIONS

Diarrhea, Nausea, and Vomiting: There have been postmarketing reports of severe diarrhea, nausea, and vomiting associated with the use of OTIEZLA. Most events occurred within the first few weeks of treatment. In some cases patients were hospitalized. Patients 65 years of age or older and patients taking medications that may lead to volume depletion or hypotension may be at a higher risk of complications from severe diarrhea, nausea, or vomiting. Monitor patients who are more susceptible to complications of diarrhea or vomiting. Patients who reduced dosage or discontinued OTIEZLA generally improved quickly. Consider OTIEZLA dose reduction or suspension if patients develop severe diarrhea, nausea, or vomiting.

Depression: Treatment with OTIEZLA is associated with an increase in adverse reactions of depression. Before using OTIEZLA in patients with a history of depression and/or suicidal thoughts or behavior prescribers should carefully weigh the risks and benefits of treatment with OTIEZLA in such patients. Patients, their caregivers, and families should be advised of the need to be alert for the emergence or worsening of depression suicidal thoughts or other mood changes, and if such changes occur to contact their healthcare provider. Prescribers should carefully evaluate the risks and benefits of continuing treatment with OTIEZLA if such events occur. During the 0 to 16 week placebo-controlled period of the 3 controlled clinical trials, 1.3% (12920) of patients treated with OTIEZLA reported depression compared to 0.4% (2506) treated with placebo. During the clinical trials, 0.1% (1/1308) of patients treated with OTIEZLA discontinued treatment due to depression compared with none in placebo-treated patients (0/506). Depression was reported as serious in 0.1% (1/1308) of patients exposed to OTIEZLA, compared to none in placebo-treated patients (0/506). Instances of suicidal behavior have been observed in 0.1% (1/1308) of patients while receiving OTIEZLA, compared to 0.2% (1/506) in placebo-treated patients. In the clinical trials, one patient treated with OTIEZLA attempted suicide while one who received placebo committed suicide.

Weight Decrease: During the controlled period of the trials in psoriasis, weight decrease between 5%-10% of body weight occurred in 12% (96784) of patients treated with OTIEZLA compared to 5% (19382) treated with placebo. Weight decrease of ≥10% of body weight occurred in 2% (16784) of patients treated with OTIEZLA 30 mg twice daily compared to 1% (3382) patients treated with placebo. Patients treated with OTIEZLA should have their weight monitored regularly. If unexplained or clinically significant weight loss occurs, weight loss should be evaluated, and discontinuation of OTIEZLA should be considered.

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

ADVERSE REACTIONS

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

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

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>Placebo (N=506) n (%)</th>
<th>OTIEZLA 30 mg BID (N=920) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>32 (6)</td>
<td>160 (17)</td>
</tr>
<tr>
<td>Nausea</td>
<td>35 (7)</td>
<td>155 (17)</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>31 (6)</td>
<td>84 (9)</td>
</tr>
<tr>
<td>Tension headache</td>
<td>21 (4)</td>
<td>75 (8)</td>
</tr>
<tr>
<td>Headache</td>
<td>19 (4)</td>
<td>55 (6)</td>
</tr>
<tr>
<td>Abdominal pain*</td>
<td>11 (2)</td>
<td>39 (4)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>8 (2)</td>
<td>35 (4)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>9 (2)</td>
<td>29 (3)</td>
</tr>
<tr>
<td>Decrease appetite</td>
<td>5 (1)</td>
<td>26 (3)</td>
</tr>
<tr>
<td>Insomnia</td>
<td>4 (1)</td>
<td>21 (2)</td>
</tr>
<tr>
<td>Back pain</td>
<td>4 (1)</td>
<td>20 (2)</td>
</tr>
<tr>
<td>Migraine</td>
<td>5 (1)</td>
<td>19 (2)</td>
</tr>
<tr>
<td>Frequent bowel movements</td>
<td>1 (0)</td>
<td>17 (2)</td>
</tr>
<tr>
<td>Depression</td>
<td>2 (0)</td>
<td>12 (1)</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>2 (0)</td>
<td>12 (1)</td>
</tr>
<tr>
<td>Tooth abscess</td>
<td>0 (0)</td>
<td>10 (1)</td>
</tr>
<tr>
<td>Folliculitis</td>
<td>0 (0)</td>
<td>9 (1)</td>
</tr>
<tr>
<td>Sinus headache</td>
<td>0 (0)</td>
<td>9 (1)</td>
</tr>
</tbody>
</table>

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

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

DRUG INTERACTIONS

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

USE IN SPECIFIC POPULATIONS

Pregnancy: Pregnancy Category C. OTIEZLA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Pregnancy Exposure Registry: There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to OTIEZLA during pregnancy. Information about the registry can be obtained by calling 1-877-311-8972. Nursing Mothers: It is not known whether OTIEZLA or its metabolites are present in human milk. Because many drugs are present in human milk, caution should be exercised when OTIEZLA is administered to a nursing woman.

Pediatric use: The safety and effectiveness of OTIEZLA in pediatric patients less than 18 years of age have not been established. Geriatric use: Of the 1257 patients who enrolled in two placebo-controlled psoriasis trials (PSOR 1 and PSOR 2), a total of 108 psoriasis patients were 65 years of age and older, including 9 patients who were 75 years of age and older. No overall differences were observed in the efficacy and safety in elderly patients ≥65 years of age and younger adult patients <65 years of age in the clinical trials.

Renal impairment: Apremilast pharmacokinetics were characterized in subjects with mild, moderate, and severe renal impairment as defined by a creatinine clearance of 60-89, 30-59, and less than 30 mL per minute, respectively, by the Cockcroft–Gault equation. While no dose adjustment is needed in patients with mild or moderate renal impairment, the dose of OTIEZLA should be reduced to 30 mg once daily in patients with severe renal impairment [see Dosage and Administration (2.2) and Clinical Pharmacology (12.3)].

Hepatic Impairment: Apremilast pharmacokinetics were characterized in patients with moderate (Child Pugh B) and severe (Child Pugh C) hepatic impairment. No dose adjustment is necessary in these patients.

OVERDOSAGE

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

Manufactured for: Celgene Corporation, Summit, NJ 07901

OTIEZLA® is a registered trademark of Celgene Corporation.

Pat. http://www.celgene.com/therapies

©2014-2017 Celgene Corporation, All Rights Reserved.

Based on APRII.006

OTZ_PsO_HCP_BSv.006 06_2017
HONORS and awards

* Indicates Deceased Members

FORMER PRESIDENTS

1938 Howard Fox, MD*
1939 Paul A. Cleary, MD*
1940 Harry R. Foerster, MD*
1941 Richard S. Weiss, MD*
1942–46 George M. Mackee, MD*
1947 Edward A. Olver, MD*
1948 Clyde L. Cummner, MD*
1949 Francis E. Seneor, MD*
1950 Earl D. Osborne, MD*
1951 Donald M. Pillsbury, MD*
1952 C. Guy Lane, MD*
1953 Michael H. Ebert, MD*
1954 Fred D. Weidman, MD*
1955 Arthur C. Curtis, MD*
1956 George M. Lewis, MD*
1957 Nelson P. Anderson, MD*
1958 James R. Webster, MD*
1959 Anthony C. Cipolara, MD*
1960 Francis W. Lynch, MD*
1961 William S. Smuts, Sr., MD*
1962 J. Walter Wilson, MD*
1963 Robert R. Kierland, MD*
1964 Clinton W. Lane, MD*
1965 Walter B. Shelley, MD*
1966 John L. Fromer, MD*
1967 J. Lamar Callaway, MD*
1968 Stanley E. Huff, MD*
1969 Victor H. Witten, MD*
1970 Herman Pinkus, MD*
1971 Harold N. Cole Jr., MD*
1972 John L. Froner, MD*
1973 Margaret A. Storkan, MD*
1974 Adolph Rosenberg Jr., MD*
1975 Herbert Mescon, MD*
1976 Harold O. Perry, MD*
1977 Morris Wiseman, MD*
1978 Donald J. Birmingham, MD*
1979 Richard L. Dobson, MD
1980 Gordon C. Sauer, MD*
1981 James H. Graham, MD*
1982 Samuel L. Moschella, MD*
1983 Victor D. Newcomer, MD*
1984 Denny L. Tufanelli, MD*
1985 Harry L. Wechsler, MD*
1986 Milton Orkin, MD*
1987 Edward A. Krull, MD*
1988 Marvin A. Chernosky, MD
1989 Frederick D. Malkinson, MD*
1990 Diane R. Baker, MD*
1991 Paul M. Lazar, MD*
1992 Peter J. Lynch, MD*
1993 W. Mitchell Sams Jr., MD
1994 Lawrence A. Norton, MD*
1995 Alan R. Shalita, MD*
1996 Paul S. Russell, MD
1997 Antoinette F. Hood, MD*
1998 Richard K. Scher, MD
1999 Roy S. Rogers III, MD*
2000 Marianne N. O'Donoghue, MD*
2001 Boni E. Elevski, MD*
2002 Neil A. Swanson, MD*
2003 Joseph L. Borzoi, MD*
2004 Jeffrey P. Callen, MD*
2005 Bruce H. Thiers, MD*
2006 William P. Coleman III, MD*
2007 Virgil S. Rust, MD*
2008 James S. Taylor, MD*
2009 Evan R. Farmer, MD*
2010 Andrew P. Lazor, MD, MPH
2011 Suzanne M. Connolly, MD*
2012 Zoe D. Draelos, MD
2013 Lisa A. Garner, MD
2014 Elise A. Olsen, MD
2015 Timothy G. Berger, MD
2016 Kenneth J. Tomecki, MD
2017 Brian Berman, MD, PhD

FORMER SECRETARY

1938–41 Clyde L. Cummener, MD, Treasurer*
1938–41 Earl D. Osborne, MD, Secretary*
1946–49 Earl D. Osborne, MD*
1950–53 John E. Rauschkolb, MD*
1954–57 Robert R. Kierland, MD*
1958–62 Robert R. Kierland, MD*
1963–67 Stanley E. Huff, MD*
1968–73 Robert P. Hammond, MD*
1974–76 John M. Shav, MD*
1977–81 John H. Epstein, MD
1982–86 Arthur C. Curtis, MD*
1987–88 Stephen B. Webster, MD
1989–91 Paul S. Russell, MD
1992–94 Fred F. Castrow II, MD
1995–97 Darrell S. Rigal, MD
1998–2000 June K. Robinson, MD
2001–03 Clay J. Cockerell, MD
2004–06 David M. Pariser, MD
2007–09 Mary E. Maloney, MD
2010–11 Robert D. Greenberg, MD
2012–15 Suzanne M. Olbricht, MD

HONORARY MEMBERS

1939 Andrew Biddle, MD*
1940 William T. Corlett, MD*
1941 William A. Pusey, MD*
1942 Charles J. White, MD*
1949 Fred Wise, MD*
1958 Clyde L. Cummener, MD*
1968 Henry E. Michelson, MD*
1972 Herman Beerman, MD*
1974 Samuel Ayres Jr., MD*
1975 James R. Webster, MD*
1976 Robert P. Hammond, MD*
1977 Robert P. Hammond, MD*
1978 John M. Shav, MD*
1979 Harry L. Arnold Jr., MD*
1980 Rudolf L. Baer, MD*
1981 Hermann Pinkus, MD*
1982 Rees B. Rees, MD*
1983 William Montagna, PhD*
1984 Harold O. Perry, MD*
1985 Walter B. Shelley, MD*
1986 Edward P. Cawley, MD*
1987 Robert W. Goltz, MD*
1988 Edward P. Cawley, MD*
1989 Robert R. Kierland, MD*
1990 A. B. Lander, MD*
1991 Harvey Blank, MD*
1992 William M. Narva, MD
1993 J. B. Howell, MD*
1994 G. Thomas Jansen, MD*
1995 Edward A. Krull, MD*
1996 J. A. Kline, MD*
1997 John S. Strauss, MD*
1998 E. William Rosenberg, MD
1999 Philip C. Anderson, MD*
2000 Richard L. Dobson, MD*
2001 James Hepbert Graham, MD*
2002 Alfred W. Kopf, MD
2003 Peter E. Weary, MD*
2004 E. William Rosenberg, MD
2005 C. Ferd Lehmann, MD*
2006 J. M. Webster, MD*
2007 E. William Rosenberg, MD
2008 H. R. Foerster, MD*
2009 S. B. Webster, MD
2010 A. B. Lander, MD*
2011 S. B. Webster, MD
2012 R. R. Kierland, MD*
2013 L. A. Olsen, MD
2014 A. B. Lander, MD*
2015 T. W. Hanke, MD*
2016 M. S. Sams, MD*
2017 B. Berman, MD, PhD
2018 R. R. Kierland, MD*
2019 L. A. Olsen, MD
2020 A. B. Lander, MD*
2021 S. B. Webster, MD
2022 A. B. Lander, MD*
2023 L. A. Olsen, MD
2024 A. B. Lander, MD*
2025 S. B. Webster, MD
2026 A. B. Lander, MD*
2027 L. A. Olsen, MD
2028 A. B. Lander, MD*
2029 S. B. Webster, MD
2030 A. B. Lander, MD*
2031 L. A. Olsen, MD
2032 A. B. Lander, MD*
2033 S. B. Webster, MD
2034 A. B. Lander, MD*
2035 L. A. Olsen, MD
2036 A. B. Lander, MD*
2037 S. B. Webster, MD
2038 A. B. Lander, MD*
2039 L. A. Olsen, MD
2040 A. B. Lander, MD*
2041 S. B. Webster, MD
2042 A. B. Lander, MD*
2043 L. A. Olsen, MD
2044 A. B. Lander, MD*
2045 S. B. Webster, MD
2046 A. B. Lander, MD*
2047 L. A. Olsen, MD
2048 A. B. Lander, MD*
2049 S. B. Webster, MD
2050 A. B. Lander, MD*
2051 L. A. Olsen, MD
2052 A. B. Lander, MD*
2053 S. B. Webster, MD
2054 A. B. Lander, MD*
2055 L. A. Olsen, MD
2056 A. B. Lander, MD*
2057 S. B. Webster, MD
2058 A. B. Lander, MD*
2059 L. A. Olsen, MD
2060 A. B. Lander, MD*
2061 S. B. Webster, MD
## Meet the Board of Directors

**Friday 12-1 p.m.**  
**Saturday 12-1 p.m.**  
**Location:** The Connection, Hall A

Come and meet the AAD Board of Directors between educational sessions on Friday and Saturday during the Annual Meeting. Stop by to interact with the Board and ask questions.

<table>
<thead>
<tr>
<th>Year</th>
<th>President</th>
<th>Vice President</th>
<th>Secretary</th>
<th>Treasurer</th>
<th>Member 1</th>
<th>Member 2</th>
<th>Member 3</th>
<th>Member 4</th>
<th>Member 5</th>
<th>Member 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Victor D. Newcomer, MD*</td>
<td>Herschel S. Zackheim, MD*</td>
<td>Mark V. Dahl, MD</td>
<td>Harry J. Hurley, MD*</td>
<td>Peter J. Lynch, MD</td>
<td>Stephen W. Clark, MD</td>
<td>John H. Epstein, MD</td>
<td>Paul M. Lazarchuk, MD*</td>
<td>Cheryl K. Nardi, CAE</td>
<td>Edgar B. Smith, MD*</td>
</tr>
<tr>
<td>2002</td>
<td>Bradford W. Claxton, CAE</td>
<td>Mark V. Dahl, MD</td>
<td>Harry J. Hurley, MD*</td>
<td>Peter J. Lynch, MD</td>
<td>Stephen W. Clark, MD</td>
<td>John H. Epstein, MD</td>
<td>Paul M. Lazarchuk, MD*</td>
<td>Cheryl K. Nardi, CAE</td>
<td>Edgar B. Smith, MD*</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Stephen W. Clark, MD</td>
<td>John H. Epstein, MD</td>
<td>Paul M. Lazarchuk, MD*</td>
<td>Cheryl K. Nardi, CAE</td>
<td>Edgar B. Smith, MD*</td>
<td>Mark A. Everett, MD*</td>
<td>Samuel L. Moschella, MD</td>
<td>Paul S. Russell, MD</td>
<td>Rex A. Amornette, MD</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>Mark A. Everett, MD*</td>
<td>Samuel L. Moschella, MD</td>
<td>Paul S. Russell, MD</td>
<td>Rex A. Amornette, MD</td>
<td>David R. Bickers, MD</td>
<td>Robert A. Briggaman, MD</td>
<td>Irwin M. Freedberg, MD*</td>
<td>Gloria F. Graham, MD</td>
<td>Richard B. Odom, MD</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>Rex A. Amornette, MD</td>
<td>David R. Bickers, MD</td>
<td>Robert A. Briggaman, MD</td>
<td>Irwin M. Freedberg, MD*</td>
<td>Gloria F. Graham, MD</td>
<td>Richard B. Odom, MD</td>
<td>Paul S. Russell, MD</td>
<td>Rex A. Amornette, MD</td>
<td>David R. Bickers, MD</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>Fred F. Castrovillo, MD</td>
<td>George W. Hambright, Jr., MD</td>
<td>Coleman Jacobson, MD*</td>
<td>A. Bernard Ackerman, MD*</td>
<td>Wilma F. Bergfeld, MD</td>
<td>Marshall L. Blankenship, MD</td>
<td>Nancy B. Esterly, MD</td>
<td>Roy S. Rogers III, MD</td>
<td>Stephen B. Webster, MD</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>A. Bernard Ackerman, MD*</td>
<td>Wilma F. Bergfeld, MD</td>
<td>Marshall L. Blankenship, MD*</td>
<td>Nancy B. Esterly, MD</td>
<td>Roy S. Rogers III, MD</td>
<td>Stephen B. Webster, MD</td>
<td>Marie-Louise Johnson, MD</td>
<td>Walter G. Larsen, MD</td>
<td>Jerome Z. Zitelli, MD</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Marie-Louise Johnson, MD</td>
<td>Walter G. Larsen, MD</td>
<td>Jerome Z. Zitelli, MD</td>
<td>Lawrence A. Norton, MD*</td>
<td>W. Mitchell Sams Jr., MD</td>
<td>Beverly B. Sanders Jr., MD*</td>
<td>Alan R. Shalita, MD*</td>
<td>Frances J. Stors, MD</td>
<td>Lynn A. Drake, MD</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Lynn A. Drake, MD</td>
<td>James D. Mabery, MD</td>
<td>Arthur L. Norins, MD</td>
<td>Darrell S. Rigal, MD</td>
<td>E. Dorinda Shelley, MD</td>
<td>Ronald G. Wheeland, MD</td>
<td>Gerd Plewig, MD</td>
<td>Jean D.A. Caruthers, MD</td>
<td>Martin M. Black, MD</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>Gerd Plewig, MD</td>
<td>Jean D.A. Caruthers, MD</td>
<td>Martin M. Black, MD</td>
<td>Paul R. Gross, MD</td>
<td>Robert Jackson, MD</td>
<td>Charles N. Ellis, MD</td>
<td>Stephen I. Katz, MD, PhD</td>
<td>Elizabeth I. McBurney, MD</td>
<td>Charles J. McDonald, MD</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>Martin M. Black, MD</td>
<td>Paul R. Gross, MD</td>
<td>Robert Jackson, MD</td>
<td>Charles N. Ellis, MD</td>
<td>Stephen I. Katz, MD, PhD</td>
<td>Elizabeth I. McBurney, MD</td>
<td>Charles J. McDonald, MD</td>
<td>Vera H. Price, MD</td>
<td>Roger I. Geisley, MD</td>
<td></td>
</tr>
</tbody>
</table>

### MARION B. SULZBERGER INTERNATIONAL LECTURESHIP

- **Sponsored by Miles Pharmaceuticals**
- (Formerly Miles Pharmaceuticals Lectureship)

- **1965** - Marion B. Sulzberger, MD*
- **1966** - Eugene M. Farber, MD*
- **1967** - Herman Beerman, MD*
- **1968** - Walter C. Lobitz Jr., MD*
- **1969** - Carl T. Nelson, MD*
- **1970** - Alfred W. Kopf, MD*
- **1971** - Richard K. Winkelmann, MD*
- **1972** - Harvey Blank, MD*
- **1973** - Walter B. Shelley, MD*
- **1974** - Rees B. Rees, MD*
- **1975** - Harry L. Arnold Jr., MD*
- **1976** - Rudolf L. Baer, MD*
- **1977** - Robert W. Goltz, MD*
- **1978** - Richard L. Dobson, MD*
- **1979** - Thomas B. Fitzpatrick, MD*
- **1980** - Aaron B. Lerner, MD
- **1981** - Hermann Pinkus, MD*
- **1983** - Howard I. Mabach MD
- **1984** - J. Graham Smith Jr., MD*
- **1985** - John H. Epstein, MD
- **1986** - Harold O. Perry, MD*
- **1987** - John S. Strauss, MD*
- **1988** - Samuel L. Moschella, MD
- **1989** - Irwin M. Braverman, MD
- **1990** - Richard B. Odom, MD
- **1991** - G. Thomas Jansen, MD*
- **1992** - Edgar B. Smith, MD*

### LILA AND MURRAY GRUBER MEMORIAL CANCER RESEARCH AWARD AND LECTURESHIP

- (Previously Lila Gruber Memorial Cancer Research Award and Lectureship)

- **1972** - Sol Spiegelman, PhD
- **1973** - Professor Jacques Monod

### GOLD MEDAL

- **1962** - Henry E. Michelson, MD*
- **1963** - Stephen Rothman, MD*
- **1966** - Donald M. Pillsbury, MD*
- **1967** - Marion B. Sulzberger, MD
- **1972** - J. Lamar Callaway, MD*
- **1975** - Clarence S. Livingood, MD*
- **1978** - Rudolf L. Baer, MD*
- **1984** - Walter C. Lobitz Jr., MD*
- **1986** - Naom M. Kanof, MD*
- **1991** - Robert W. Goltz, MD*
- **1992** - Walter B. Shelley, MD*
- **1993** - Clayton E. Wheeler Jr., MD*
- **1995** - John S. Strauss, MD*
- **1996** - Edward A. Krull, MD*
- **1997** - G. Thomas Jansen, MD*
- **1998** - Harold O. Perry, MD*
- **1999** - E. William Jansen, MD*
- **2000** - Alfred W. Kopf, MD
- **2001** - John A. Kenney Jr., MD*
- **2002** - Mark V. Dahl, MD
- **2003** - Edgar B. Smith, MD*
- **2004** - Paul S. Russell, MD
- **2005** - Rex A. Amornette, MD
- **2006** - Coleman Jacobson, MD*
- **2007** - Stephen B. Webster, MD
- **2008** - Frances J. Stors, MD
- **2010** - J. Graham Smith Jr., MD*
- **2011** - Richard B. Odom, MD
- **2012** - C. William Harke, MD, MPH
- **2013** - Alan R. Shafran, MD*
- **2014** - William D. James, MD
- **2015** - C. William Hanke, MD, MPH
- **2016** - David M. Pariser, MD
- **2017** - June K. Robinson, MD
- **2018** - Douglas R. Lowy, MD
Did you know:
Over 15 million Americans are living with hyperhidrosis?¹

Primary hyperhidrosis
is an idiopathic condition marked by excessive sweating regardless of temperature, exercise or situation.¹,² Hyperhidrosis is shown to have the highest prevalence in younger sufferers.*¹

70%
say it frequently interferes with their daily activities.¹ The impact on quality of life has been equated to psoriasis and dermatitis.²

Approximately
50%
of those with hyperhidrosis never consult an HCP¹
• 60% do not know it is a medical condition
• 47% do not believe there are treatment options available

Up to
86%
experience moderate to severe emotional impact such as feeling unhappy and reduced confidence.³

Could there be more behind your patients’ excessive sweating?
Join the conversation.
Dermira Booth 4947 at the AAD Annual Meeting

* Ages 18-39.

Welcome

2018 Onsite Meeting Guide
EVERY DAY, THEIR WAY
See for yourself with once-daily ACZONE® Gel 7.5%.

VISIT ALLERGAN BOOTH 4039 TO LEARN MORE

INDICATIONS AND USAGE
ACZONE® (dapsone) Gel 7.5% is indicated for the topical treatment of acne vulgaris in patients aged 12 years and older.

IMPORTANT SAFETY INFORMATION
WARNINGS AND PRECAUTIONS
Hematological Effects
Methemoglobinemia: Cases of methemoglobinemia with resultant hospitalization have been reported post marketing in association with twice-daily dapsone gel 5% treatment. Patients with glucose-6-
phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Avoid use of ACZONE® Gel 7.5% in patients with congenital or idiopathic methemoglobinemia.

Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate-gray cyanosis seen in eg, buccal mucous membranes, lips, and nail beds. Advise patients to discontinue ACZONE® Gel 7.5% and seek immediate medical attention in the event of cyanosis.

Dapsone can cause elevated methemoglobin levels, particularly in conjunction with methemoglobin-inducing agents.

Hemolysis: Oral dapsone treatment has produced dose-related hemolysis and hemolytic anemia. Individuals with glucose-6-phosphate dehydrogenase (G6PD) deficiency are more prone to hemolysis with the use of certain drugs. G6PD deficiency is most prevalent in populations of African, South Asian, Middle Eastern, and Mediterranean ancestry.

In clinical trials, there was no evidence of clinically relevant hemolysis or hemolytic anemia in subjects treated with topical dapsone. Some subjects with G6PD deficiency using dapsone gel 5% twice daily developed laboratory changes suggestive of hemolysis.

Discontinue ACZONE® Gel 7.5% if signs and symptoms suggestive of hemolytic anemia occur. Avoid use of ACZONE® Gel 7.5% in patients who are taking oral dapsone or antimalarial medications because of the potential for hemolytic reactions. Combination of ACZONE® Gel 7.5% with trimethoprim/sulfamethoxazole (TMP/SMX) may increase the likelihood of hemolysis in patients with G6PD deficiency.

Peripheral Neuropathy
Peripheral neuropathy (motor loss and muscle weakness) has been reported with oral dapsone treatment. No events of peripheral neuropathy were observed in clinical trials with topical dapsone treatment.

Skin Reactions
Skin reactions (toxic epidermal necrolysis, erythema multiforme, morbilliform and scarlatiniform reactions, bullous and exfoliative dermatitis, erythema nodosum, and urticaria) have been reported with oral dapsone treatment. These types of skin reactions were not observed in clinical trials with topical dapsone treatment.

ADVERSE REACTIONS
The most common adverse reactions of ACZONE® Gel 7.5% are dryness and pruritus at the application site. Methemoglobinemia has been identified during postmarketing use of topical dapsone.

DRUG INTERACTIONS
Topical application of dapsone gel followed by benzoyl peroxide in patients with acne vulgaris may result in a temporary local yellow or orange discoloration of the skin and facial hair.

Please see Brief Summary of ACZONE® Gel 7.5% full Prescribing Information on following page.
ACZONE® (dapsone) Gel 7.5%  

BRIEF SUMMARY—PLEASE SEE THE ACZONE® PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

INDICATIONS AND USAGE
ACZONE® Gel 7.5% is indicated for the topical treatment of acne vulgaris in patients aged 12 years and older.

DOSEAGE AND ADMINISTRATION
For topical use only. Not oral, ophthalmic, or intranasal use. After the skin is gently washed and patted dry, apply approximately a pea-sized amount of ACZONE® Gel 7.5% in a thin layer to the entire face once daily. In addition, a thin layer may be applied to other affected areas once daily. Rub in ACZONE® Gel 7.5% gently and completely. If there is no improvement after 12 weeks, treatment with ACZONE® Gel 7.5% should be reassessed.

CONTRAINDICATIONS
None.

WARNINGS AND PRECAUTIONS
Hematologic Effects
Methemoglobinemia
Cases of methemoglobinemia, with resultant hospitalization, have been reported post marketing in association with twice-daily dapsone gel, 5%, treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Avoid use of ACZONE® Gel 7.5% in those patients with congenital or idiopathic methemoglobinemia.

Signs and symptoms of methemoglobinemia may be delayed some hours to a few days. Initial signs and symptoms of methemoglobinemia are characterized by a slate-gray cyanosis seen in, eg, buccal mucous membranes, lips, and nail beds. Advise patients to discontinue ACZONE® Gel 7.5% if they develop these immediate medical attention in the event of cyanosis. Dapsone can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents (see Drug Interactions).

Hemolysis
Oral dapsone treatment has produced dose-related hemolysis and hemolytic anemia. Individuals with glucose-6-phosphate dehydrogenase (G6PD) deficiency are more prone to hemolysis with the use of certain drugs. G6PD deficiency is most prevalent in populations of African, South Asian, Middle Eastern, and Mediterranean ancestry.

In clinical trials, there was no evidence of clinically relevant hemolysis or hemolytic anemia in subjects treated with topical dapsone. Some subjects with G6PD deficiency using dapsone gel, 5%, twice daily developed laboratory changes suggestive of hemolysis (see Use In Specific Populations).

Discontinue ACZONE® Gel 7.5% if it signs and symptoms suggestive of hemolysis are noted. Avoid use of ACZONE® Gel 7.5% in patients who are taking oral dapsone or antimalarial medications because of the potential for hemolytic reactions. Combination of ACZONE® Gel 7.5% with trimethoprim-sulfamethoxazole (TMP/SMX) may increase the likelihood of hemolysis in patients with G6PD deficiency (see Drug Interactions).

Peripheral Neuropathy
Peripheral neuropathy (molar loss and muscle weakness) has been reported with oral dapsone treatment. No events of peripheral neuropathy were observed in clinical trials with topical dapsone treatment.

Skin Reactions
Skin reactions (toxic epidermal necrolysis, erythema multiforme, maculopapular and scarlatiniform reactions, bullous and exfoliative dermatitis, erythema nodosum, and ulceration) have been reported with oral dapsone treatment. These types of skin reactions were not observed in clinical studies with topical dapsone treatment.

ADVERSE REACTIONS
Clinical Studies 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.

A total of 2161 patients were treated with ACZONE® Gel 7.5% for 12 weeks in 2 controlled clinical studies. The population ranged in age from 12 to 63 years, and was 56% female and 55% Caucasian. Adverse drug reactions were reported in at least 0.9% of subjects treated with ACZONE® Gel 7.5% included:

Adverse Reactions Occurring in At Least 0.9% of Subjects With Acne Vulgaris in 12-Week Controlled Clinical Trials

<table>
<thead>
<tr>
<th>ACZONE® Gel 7.5%</th>
<th>Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N = 2161)</td>
<td>(N = 2175)</td>
</tr>
<tr>
<td>Application site</td>
<td>Oncosis</td>
</tr>
<tr>
<td>Skirry</td>
<td>24 (1.1%)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>21 (1.0%)</td>
</tr>
<tr>
<td>Application site</td>
<td>Oncosis</td>
</tr>
<tr>
<td>Pruritus</td>
<td>20 (0.9%)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>11 (0.5%)</td>
</tr>
</tbody>
</table>

Experience With Oral Use of Dapsone
Although not observed in the clinical trials with topical dapsone, serious adverse reactions have been reported with oral use of dapsone, including agranulocytosis, hemolytic anemia, peripheral neuropathy (molar loss and muscle weakness), and skin reactions (toxic epidermal necrolysis, erythema multiforme, maculopapular and scarlatiniform reactions, bullous and exfoliative dermatitis, erythema nodosum, and ulceration).

Postmarketing Experience
The following adverse reactions have been identified during postapproval use of topical dapsone. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Methemoglobinemia has been identified during postmarketing use of topical dapsone (see Warnings and Precautions).

DRUG INTERACTIONS
No formal drug-drug interaction studies were conducted with ACZONE® Gel 7.5%.

Trimethoprim-Sulfamethoxazole
A drug-drug interaction study evaluated the effect of the use of dapsone gel, 5%, in combination with double-strength (60 mg/400 mg) trimethoprim-sulfamethoxazole (TMP/SMX). During co-administration, systemic levels of TMP and SMX were essentially unchanged, however, levels of dapsone in the plasma increased in the presence of TMP/SMX. The systemic exposure from ACZONE® Gel 7.5% is expected to be about 1% of that from the 100 mg oral dose, even when co-administered with TMP/SMX.

Topical Benzoyl Peroxide
Topical application of dapsone gel followed by benzoyl peroxide in patients with acne vulgaris may result in a temporary local yellow or orange discoloration of the skin and topical hair.

Drug Interactions With Oral Dapsone
Certain concomitant medications (such as rifampin, anticonvulsants, St. John’s wort) may increase the formation of dapsone hydroxyamine, a metabolite of dapsone associated with hemolysis. With oral dapsone treatment, folic acid antagonists, such as pyrimethamine, have been noted to passively increase the likelihood of hemolytic reactions.

Concomitant Use With Drugs That Induce Methemoglobinemia
Concomitant use of ACZONE® Gel 7.5% with drugs that induce methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, analine dyes, benzocaine, chloroquine, dapsone, diphtheria, nitrates and nitrates, nitrofurantoin, nitroglycerin, nitroprusside, paromomycin, primaquine, and quinine may increase the risk of developing methemoglobinemia (see Warnings and Precautions).

USE IN SPECIFIC POPULATIONS
Pregnancy
Teratogenic Effects: Pregnancy Category C
There are no adequate and well-controlled studies in pregnant women.

ACZONE® Gel 7.5% should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Dapsone has been shown to have an embryocidal effect in rats and rabbits when administered orally during the period of organogenesis in doses of 75 mg/kg/day and 150 mg/kg/day, respectively (approximately 1400 and 425 times, respectively), the systemic exposure that is associated with the maximum recommended human dose (MRHD) of ACZONE® Gel 7.5% based on AUC comparison. These effects may have been secondary to maternal toxicity.

Nursing Mothers
Although systemic absorption of dapsone following topical application of ACZONE® Gel 7.5% is minimal relative to oral dapsone administration, it is known that dapsone is excreted in human milk. Because of the potential for oral dapsone to cause adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue ACZONE® Gel 7.5%, taking into account the importance of the drug to the mother.

Pediatric Use
Safety and efficacy was evaluated in 1066 subjects aged 12 to 17 years treated with ACZONE® Gel 7.5% in 3 clinical trials. The safety profile for ACZONE® Gel 7.5% was similar to the vehicle control group. Safety and effectiveness of ACZONE® Gel 7.5% have not been established in pediatric patients below the age of 12 years.

Geriatric Use
Clinical trials of ACZONE® Gel 7.5% did not include sufficient numbers of subjects aged 65 years and older to determine whether they respond differently than younger subjects.

Glucose-6-phosphate Dehydrogenase (G6PD) Deficiency
Individuals with glucose-6-phosphate dehydrogenase (G6PD) deficiency may be more prone to methemoglobinemia and hemolysis (see Warnings and Precautions).

ACZONE® Gel 5% and vehicle were evaluated in a randomized, double-blind, crossover design clinical study of 64 subjects with G6PD deficiency and acne vulgaris. Subjects were Black (88%), Asian (6%), Hispanic (5%), or of other racial origin (5%). Blood samples were taken at Baseline, Week 2, and Week 12 during both vehicle and ACZONE® Gel 5% treatment periods. Some of these subjects developed laboratory changes suggestive of hemolysis, but there was no evidence of clinically significant hemolytic anemia in this study (see Warnings and Precautions).

RX ONLY

© 2016 Allergan. All rights reserved. Irvine, CA 92612 U.S.A.
All trademarks are the property of their respective owners.
APCA2A1J6 160549
Based on package insert 72780US10
We are committed to share our discoveries of truly effective skin solutions -
Because Your Skin Deserves Better.

Are your patients looking for the next generation of highly effective botanical dermatological skin care?

Contact us: info@kamedisinc.com

www.kamedis-usa.com

STOP SEARCHING. START FINDING.

Derm Coding Consult has gone digital

Introducing:
DIGITAL DERM CODING CONSULT PRO

Learn more at the AAD RESOURCE CENTER IN HALL A
PLENARY SESSION

SUNDAY
8-11:30 A.M.
BALLROOM 20

Attend the Plenary session to be inspired and learn the latest news from leading dermatologists.

8:50 a.m.

The State of (Measuring) the Art of Dermatology
Mary-Margaret Chren, MD

Practicing dermatology well is undoubtedly an art. But this art is not simply meaningful for its own sake. Dermatologic care — if accurately measured and studied — can be used to understand the course of disease and to improve public health. For example, if we study how multiple patients ‘do’ over time and with different treatments, we can more precisely advise them about what to expect, and can compare therapies to choose the best. To follow patients in this way, we must be able to measure skin diseases and our care accurately and systematically. But measurement has been challenging for our specialty. For many of the conditions we treat, there has been no standard definition of disease or severity of disease. Moreover, as dermatologists, we instinctively understand that the outcomes of our care cannot be captured by easily-measured metrics such as survival or laboratory values. Luckily, we’re making substantial progress in accurate, systematic measurement of skin diseases and of dermatologic care. We are assembling valid data about the prevalence, course, and outcomes of skin conditions, and can use these data to understand the burden of skin diseases and how to improve our care. This lecture will review the state of measuring the art of dermatology, and how these advances can help our patients and our specialty.

Clarence S. Livingood, MD, Award and Lectureship

9:30 a.m.

Infliximab: How a TNF Inhibitor Advanced From Modest Beginnings to Unforeseen Therapeutic Successes
Jan T. Vilcek, MD, PhD

A monoclonal antibody against human TNF, generated in my research laboratory, became the core of the biologic drug infliximab/Remicade, developed in collaboration with the biotechnology company Centocor. Infliximab was the first TNF antagonist successfully used in patients. The success of infliximab spurred the development and regulatory approval of other TNF antagonists used in the treatment of numerous chronic inflammatory autoimmune diseases. Our work demonstrates the value of university-based basic research for therapeutic advances and economic progress.

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

10:10 a.m.

CRISPR Systems: Nature’s Toolkit for Genome Editing
Jennifer A. Doudna, PhD

Gene editing with CRISPR technology is transforming biology. Understanding the underlying chemical mechanisms of RNA-guided DNA and RNA cleavage provides a foundation for both conceptual advances and technology development. I will discuss how bacterial CRISPR adaptive immune systems inspire creation of powerful genome engineering tools, enabling advances in both fundamental biology and applications in medicine. I will also discuss the ethical challenges of some of these applications.

Lila and Murray Gruber Memorial Cancer Research Award and Lectureship

10:35 a.m.

Atopic Dermatitis
Alan D. Irvine, MD, DSc

Atopic Dermatitis (AD) the most common inflammatory skin disorder in the developed and urbanized world. It is characterized by intense itch and discomfort which leads to loss of sleep, lost work and leisure opportunities, and diminished self-esteem. In
addition to these primary disease manifestations, AD is commonly associated with significant comorbidities such as asthma, allergic rhinitis, food allergies, and psychological disturbances that cumulatively cause a substantial burden to patients and significant costs to health care systems worldwide.

Our understanding of the aetiopathogenesis of AD has evolved rapidly in the last decade. We now have a better understanding of the interactions between the skin barrier and the microbiome, and of the mechanisms of environmental pollutants such as diesel fumes on the skin barrier and innate immune system. These insights are now directly being translated into clinical trials and routine care.

For the first time this disease, which was once puzzling and recalcitrant to therapy, is now sufficiently well understood to have genuine hope that current sufferers will shortly benefit from many new and effective treatments.

Marion B. Sulzberger, MD, Memorial Award and Lectureship

POSTER INFORMATION

POSTER EXHIBIT 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.

POSTER PRESENTATION CENTERS

Location: Hall A, The Connection
The Poster Presentation Centers will comprise of separate viewing areas, as well as a hub of computers where attendees can search and view posters at any time.

A full listing of the posters and a schedule of presentations is available at aad.org/e posters/view, on the AAD Meeting Mobile App, and on-site at the San Diego Convention Center.

Guest speaker
Abraham Verghese, MD

11 a.m.
The Pathology Within: Burnout, Wellness, and the Search for Meaning in a Professional Life
Physician burnout and wellness is the new epidemic in health. By some estimates, 30 to 68% of physicians are experiencing symptoms of burnout, exceeding any other professional group. During the Plenary, Dr. Verghese — an author and champion of the issue of physician wellness — will share personal narratives and scientific data on physician wellness to suggest a strategy that tackles this professional crisis and promotes renewed faith for individual physicians.

For more information on the prevalence of burnout among dermatologists, visit aad.org/dw/monthly/2017/september/feeling-the-burn.

What’s weighing on YOUR mind?

Vote online at aad.org/aadelection

or from the
2018 AAD Annual Meeting Mobile App

For the most up-to-date information, download the AAD Meeting Mobile App | 29
ELEVATE YOUR SKIN CARE
WITH THE POWER OF SCIENCE

ZO® SKIN HEALTH
BY ZEIN OBAGI MD

BOOTH 4839
INDUSTRY EXPERT SESSIONS
LOCATION: EXHIBIT HALL, BOOTH 2945

These sessions provide exhibiting companies the opportunity to present new research findings on products, detail products, conduct demonstrations, and highlight new products. These sessions are solely promotional, and are not eligible for continuing education credit.

FRIDAY
11-11:45 a.m.
Spotlight on Mild-to-Moderate Atopic Dermatitis: An Update on a Steroid-Free Topical Prescription Therapy
Join us for an interactive presentation on a steroid-free topical therapy for the treatment of mild-to-moderate atopic dermatitis. Expert faculty will guide the audience through an in-depth look into the product and answer questions to help attendees gain a better understanding of this treatment option.
Hosted by Pfizer Inc.

12:15-1 p.m.
Moving Beyond Topicals: Perspectives on Systemic Treatment for Psoriasis
Hosted by Celgene Corp.

1:30-2:15 p.m.
The Importance of Facial Erythema of Rosacea
The first section will cover an overview of the disease state of rosacea and the latest thinking on the role of persistent facial erythema in diagnosing the condition. The second section will be a summary of the mechanism of action and clinical study results using oxymetazoline in persistent facial erythema of rosacea.
Hosted by Allergan

SATURDAY
11-11:45 a.m.
DUPIXENT® (dupilumab): FDA-Approved
DUPIXENT is approved by the FDA. Come learn about clinical efficacy, safety information, MOA, and dosing and administration, and how DUPIXENT may help your patients.
Hosted by Regeneron/Sanofi Genzyme

12:15-1 p.m.
You’ve Got Options: The Changing Paradigm of Plaque Psoriasis Treatment
This program will review an oral, non-biologic treatment for moderate to severe plaque psoriasis patients.
Hosted by Celgene Corp.

1:30-2:15 p.m.
COSENTXY® (secukinumab) for Psoriatic Diseases: Managing Your Adult Patients With Moderate to Severe Plaque Psoriasis and Active Psoriatic Arthritis
Expert dermatologist and rheumatologist speakers will provide a comprehensive overview of clinical information on the use of COSENTXY® (secukinumab) for the treatment of adult patients with moderate to severe plaque psoriasis and psoriatic arthritis.
Hosted by: Novartis Pharmaceuticals Corp.

SUNDAY
1:30-2:15 p.m.
COSENTXY® (secukinumab): A Comprehensive Approach to Treating Moderate to Severe Plaque Psoriasis
This program will feature a dermatology medical expert who will present clinical data on COSENTXY for adult patients with moderate to severe plaque psoriasis (PsO), including in difficult-to-treat regions of the body.
Hosted by Novartis Pharmaceuticals Corp.
AAD BISTRO

Grab a bite without leaving the Exhibit Hall. Open during Exhibit Hall hours.

AAD Bistro

Hall H

Hall G

Hall F

Exhibit Hall snapshots

AAD Exhibitor Space Selection Lounge

Floor plan current as of Jan. 18, 2018.
## EXHIBITORS

Data current as of Jan. 12, 2018. While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.

### EXHIBITORS alphabetically

<table>
<thead>
<tr>
<th>Company/Name</th>
<th>Booth Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>AAD Industry Experts Theater</td>
<td>2945</td>
</tr>
<tr>
<td>AbbVie</td>
<td>4521, 4739</td>
</tr>
<tr>
<td>Accredo</td>
<td>2654</td>
</tr>
<tr>
<td>Accurate Manufacturing Inc.</td>
<td>2047</td>
</tr>
<tr>
<td>AccuTec Blades</td>
<td>5439</td>
</tr>
<tr>
<td>AccuVein</td>
<td>2561</td>
</tr>
<tr>
<td>Aclaris Therapeutics Inc.</td>
<td>1861</td>
</tr>
<tr>
<td>Actelion Pharmaceuticals US</td>
<td>2920</td>
</tr>
<tr>
<td>Acaderm</td>
<td>4907</td>
</tr>
<tr>
<td>AD Surgical</td>
<td>1451</td>
</tr>
<tr>
<td>Advalight</td>
<td>1552</td>
</tr>
<tr>
<td>Advanced Dermatology &amp; Cosmetic Surgery</td>
<td>4251</td>
</tr>
<tr>
<td>Advanced MD Inc.</td>
<td>1815</td>
</tr>
<tr>
<td>Advanced Skin &amp; Hair</td>
<td>1231</td>
</tr>
<tr>
<td>Aerolase</td>
<td>1631</td>
</tr>
<tr>
<td>Aesthetic Guide, The</td>
<td>2652</td>
</tr>
<tr>
<td>Allergan</td>
<td>3639, 4039</td>
</tr>
<tr>
<td>Alma Lasers</td>
<td>2656</td>
</tr>
<tr>
<td>Alps South-Alps Cosmetics</td>
<td>5253</td>
</tr>
<tr>
<td>American Board of Dermatology</td>
<td>2825</td>
</tr>
<tr>
<td>American Society for Dermatologic Surgery</td>
<td>3633</td>
</tr>
<tr>
<td>American Society for Mohs Surgery</td>
<td>2318</td>
</tr>
<tr>
<td>Amgen Inc.</td>
<td>4339</td>
</tr>
<tr>
<td>AMP Medical Products LLC</td>
<td>4359</td>
</tr>
<tr>
<td>Anne Arundel Dermatology, P.A.</td>
<td>5114</td>
</tr>
<tr>
<td>AnteAGE MD by Celerase</td>
<td>3947</td>
</tr>
<tr>
<td>Anthony Products/Gio Pelle</td>
<td>2511</td>
</tr>
<tr>
<td>Apira Science Inc.</td>
<td>4733</td>
</tr>
<tr>
<td>Aqua Pharmaceuticals</td>
<td>1611</td>
</tr>
<tr>
<td>Ascentium Capital LLC</td>
<td>2356</td>
</tr>
<tr>
<td>Asclepion Laser Technologies</td>
<td>2247</td>
</tr>
<tr>
<td>Aurora Diagnostics</td>
<td>2647</td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Bank of America Practice Solutions</td>
<td>1139</td>
</tr>
<tr>
<td>Beiersdorf Inc.</td>
<td>2623</td>
</tr>
<tr>
<td>Beijing ADSS Development Co. LTD.</td>
<td>2662</td>
</tr>
<tr>
<td>Beijing Sincoheren S&amp;T Development Co. LTD.</td>
<td>1551</td>
</tr>
<tr>
<td>Beijing Syntech Laser Co. Ltd.</td>
<td>1646</td>
</tr>
<tr>
<td>Bellaire Industry/Mesopen</td>
<td>2256</td>
</tr>
<tr>
<td>Bellus Medical</td>
<td>4830</td>
</tr>
<tr>
<td>Benev Company Inc.</td>
<td>5351</td>
</tr>
<tr>
<td>Bio SB Inc.</td>
<td>1053</td>
</tr>
<tr>
<td>Bio-Oil</td>
<td>3757</td>
</tr>
<tr>
<td>Biodermis</td>
<td>4915</td>
</tr>
<tr>
<td>Biofrontera Inc.</td>
<td>1146</td>
</tr>
<tr>
<td>Biologica</td>
<td>2527</td>
</tr>
<tr>
<td>BioPharmX</td>
<td>5443</td>
</tr>
<tr>
<td>Biorasi</td>
<td>1739</td>
</tr>
<tr>
<td>Bios</td>
<td>2162</td>
</tr>
<tr>
<td>Bios RSL</td>
<td>1050</td>
</tr>
<tr>
<td>Biosensor Laboratories</td>
<td>2153</td>
</tr>
<tr>
<td>Blaine Labs Inc.</td>
<td>1518</td>
</tr>
<tr>
<td>Boehringer Ingelheim Pharmaceuticals Inc.</td>
<td>1012</td>
</tr>
<tr>
<td>Boiron</td>
<td>1549</td>
</tr>
<tr>
<td>brandMD Skin Care</td>
<td>1823</td>
</tr>
<tr>
<td>Brazilian Society for Dermatological Surgery</td>
<td>3857</td>
</tr>
<tr>
<td>Brymill Cryogenic Systems</td>
<td>3617</td>
</tr>
<tr>
<td>BTL</td>
<td>1127</td>
</tr>
<tr>
<td>Bu Brands LLC</td>
<td>3452</td>
</tr>
<tr>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Cabana Life</td>
<td>4932</td>
</tr>
<tr>
<td>Caliber Imaging &amp; Diagnostics</td>
<td>3246</td>
</tr>
<tr>
<td>Canfield Scientific</td>
<td>2425</td>
</tr>
<tr>
<td>Capillus LLC</td>
<td>3729</td>
</tr>
<tr>
<td>CareCredit</td>
<td>1511</td>
</tr>
<tr>
<td>Castle Biosciences Inc.</td>
<td>1417</td>
</tr>
<tr>
<td>Celgene Corporation</td>
<td>1239</td>
</tr>
<tr>
<td>Chemistry Rx</td>
<td>3456</td>
</tr>
<tr>
<td>Chemotechnique Diagnostics/Dormer Laboratories</td>
<td>2916</td>
</tr>
<tr>
<td>Christie Medical Holdings</td>
<td>4930</td>
</tr>
<tr>
<td>Clarify Medical</td>
<td>1046</td>
</tr>
<tr>
<td>Clinical Resolution Lab Inc.</td>
<td>2352</td>
</tr>
<tr>
<td>CLIN Skin Care (TopMD Skin Care)</td>
<td>3756</td>
</tr>
<tr>
<td>CNH Pillow Inc.</td>
<td>2320</td>
</tr>
<tr>
<td>Coalition of Skin Diseases</td>
<td>2829</td>
</tr>
<tr>
<td>Cobalt Medical Supply Inc.</td>
<td>1411</td>
</tr>
<tr>
<td>cocoon medical</td>
<td>1910</td>
</tr>
<tr>
<td>CoLaBs Intl. Corp.</td>
<td>1447</td>
</tr>
<tr>
<td>Collagen P.I.N.</td>
<td>1351</td>
</tr>
<tr>
<td>colLo Apparel Inc.</td>
<td>1813</td>
</tr>
<tr>
<td>Colorescience</td>
<td>3951</td>
</tr>
<tr>
<td>Compulink Business Systems Inc.</td>
<td>1030</td>
</tr>
<tr>
<td>COOLA Suncare</td>
<td>1838</td>
</tr>
<tr>
<td>Coolibar, Sun Protection You Wear</td>
<td>2415</td>
</tr>
<tr>
<td>Corrona LLC</td>
<td>1519</td>
</tr>
<tr>
<td>Cortex Technology Aps</td>
<td>4366</td>
</tr>
<tr>
<td>CosmoFrance Inc.</td>
<td>4751</td>
</tr>
<tr>
<td>CRC Press - Taylor &amp; Francis</td>
<td>2521</td>
</tr>
<tr>
<td>Crown Laboratories Inc.</td>
<td>2930</td>
</tr>
<tr>
<td>CryoProbe</td>
<td>3359</td>
</tr>
<tr>
<td>Crystal Clear Digital Marketing</td>
<td>1650</td>
</tr>
<tr>
<td>Cu-Tech</td>
<td>2147</td>
</tr>
<tr>
<td>CureMD Healthcare</td>
<td>5321</td>
</tr>
<tr>
<td>Cutanea Life Sciences Inc.</td>
<td>1011</td>
</tr>
<tr>
<td>Cutera</td>
<td>4707</td>
</tr>
<tr>
<td>Cutis &amp; Cosmetic Dermatology</td>
<td>2319</td>
</tr>
<tr>
<td>Cynosure</td>
<td>1113</td>
</tr>
<tr>
<td>Cynosure Laboratories</td>
<td>4455</td>
</tr>
<tr>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Daavlin</td>
<td>1839</td>
</tr>
<tr>
<td>DefenAge</td>
<td>5412</td>
</tr>
<tr>
<td>DEKA Medical</td>
<td>1645</td>
</tr>
<tr>
<td>Delasco</td>
<td>3531</td>
</tr>
<tr>
<td>Demandforce Inc.</td>
<td>2221</td>
</tr>
<tr>
<td>Derm101</td>
<td>3453</td>
</tr>
<tr>
<td>DermaFaith LLC</td>
<td>5451</td>
</tr>
<tr>
<td>DermaSweep</td>
<td>2016</td>
</tr>
<tr>
<td>Dermatologic Cosmetic Laboratories</td>
<td>1625</td>
</tr>
<tr>
<td>The Dermatologist</td>
<td>2519</td>
</tr>
<tr>
<td>Dermatology Foundation</td>
<td>2938</td>
</tr>
<tr>
<td>Dermatology News</td>
<td>2321</td>
</tr>
<tr>
<td>Dermatology Times</td>
<td>5315</td>
</tr>
<tr>
<td>Dermira Inc.</td>
<td>4947</td>
</tr>
<tr>
<td>DermOn LLC</td>
<td>4859</td>
</tr>
<tr>
<td>DermaScan Inc.</td>
<td>2061</td>
</tr>
<tr>
<td>DermPath Diagnostics</td>
<td>2039</td>
</tr>
<tr>
<td>DermPath Lab of Central States</td>
<td>4515</td>
</tr>
<tr>
<td>DermTech</td>
<td>5357</td>
</tr>
<tr>
<td>Dermveda</td>
<td>5249</td>
</tr>
<tr>
<td>Dermwise</td>
<td>1113</td>
</tr>
<tr>
<td>Designs for Vision Inc.</td>
<td>5415</td>
</tr>
<tr>
<td>Dino-Lite Scopes (BigC)</td>
<td>4456</td>
</tr>
<tr>
<td>Dow Development Laboratories</td>
<td>3151</td>
</tr>
<tr>
<td>DP Derm LLC</td>
<td>2612</td>
</tr>
<tr>
<td>DRE Medical Inc.</td>
<td>4950</td>
</tr>
<tr>
<td>Dubai Business Events</td>
<td>3141</td>
</tr>
</tbody>
</table>

**EXHIBIT HALL HOURS**

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>10 a.m.-5 p.m.</td>
</tr>
<tr>
<td>Saturday</td>
<td>10 a.m.-5 p.m.</td>
</tr>
<tr>
<td>Sunday</td>
<td>10 a.m.-3 p.m.</td>
</tr>
</tbody>
</table>

**UNOPPOSED HOURS**

Friday-Sunday 12-1 p.m.
<table>
<thead>
<tr>
<th>EXHIBITORS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipotec USA Inc.</td>
<td>5247</td>
</tr>
<tr>
<td>Locks of Love Inc.</td>
<td>1010</td>
</tr>
<tr>
<td>Lumenis</td>
<td>2229</td>
</tr>
<tr>
<td>Lutronic</td>
<td>2011</td>
</tr>
<tr>
<td>M</td>
<td>MartiDerm</td>
</tr>
<tr>
<td>Mastocytosis Society Inc., The</td>
<td>1550</td>
</tr>
<tr>
<td>Mayne Pharma</td>
<td>4257</td>
</tr>
<tr>
<td>McGraw-Hill Education</td>
<td>3332</td>
</tr>
<tr>
<td>MCV Physicians-VCU Health</td>
<td>1357</td>
</tr>
<tr>
<td>Med-Aesthetic Solutions Inc.</td>
<td>5425</td>
</tr>
<tr>
<td>MedCo Data</td>
<td>2420</td>
</tr>
<tr>
<td>Medesthetics Magazine</td>
<td>2928</td>
</tr>
<tr>
<td>Medicol USA</td>
<td>5307</td>
</tr>
<tr>
<td>Medisca</td>
<td>3570</td>
</tr>
<tr>
<td>Medtometrix Pharmaceuticals</td>
<td>3657</td>
</tr>
<tr>
<td>MedWeb</td>
<td>2298</td>
</tr>
<tr>
<td>Medyntigrants Pharmaceutica</td>
<td>3657</td>
</tr>
<tr>
<td>Merz</td>
<td>2939</td>
</tr>
<tr>
<td>Mesoestetic SL</td>
<td>2855</td>
</tr>
<tr>
<td>MetaOptima Technology Inc.</td>
<td>4458</td>
</tr>
<tr>
<td>Microsurgery Instruments Inc.</td>
<td>3532</td>
</tr>
<tr>
<td>Midmark Corporation</td>
<td>1829</td>
</tr>
<tr>
<td>Miraca Life Sciences</td>
<td>5339</td>
</tr>
<tr>
<td>Miracle Fruit Oil LLC</td>
<td>1622</td>
</tr>
<tr>
<td>Miramar Labs Inc.</td>
<td>2455</td>
</tr>
<tr>
<td>Modernizing Medicine Inc.</td>
<td>2711</td>
</tr>
<tr>
<td>MolluscumRx</td>
<td>1031</td>
</tr>
<tr>
<td>MTI Inc.</td>
<td>2031</td>
</tr>
<tr>
<td>Mylan Inc.</td>
<td>3238</td>
</tr>
<tr>
<td>Myriad Genetic Laboratories Inc.</td>
<td>5441</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>eClinicalWorks</th>
<th>5431</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eclipse Aesthetics LLC</td>
<td>1847</td>
<td></td>
</tr>
<tr>
<td>Eclipse Loupes and Products</td>
<td>1016</td>
<td></td>
</tr>
<tr>
<td>eclipse x</td>
<td>4928</td>
<td></td>
</tr>
<tr>
<td>Elekta</td>
<td>1212</td>
<td></td>
</tr>
<tr>
<td>Ellipse Inc.</td>
<td>2358</td>
<td></td>
</tr>
<tr>
<td>Ellis Instruments</td>
<td>1810</td>
<td></td>
</tr>
<tr>
<td>ELON Hair, Nails &amp; Skin</td>
<td>3750</td>
<td></td>
</tr>
<tr>
<td>Elsevier</td>
<td>2611</td>
<td></td>
</tr>
<tr>
<td>EltaMD SkinCare</td>
<td>3749</td>
<td></td>
</tr>
<tr>
<td>eMIRamed USA</td>
<td>1359</td>
<td></td>
</tr>
<tr>
<td>Emvera Technologies LLC</td>
<td>2160</td>
<td></td>
</tr>
<tr>
<td>EndyMed Medical Ltd.</td>
<td>1747</td>
<td></td>
</tr>
<tr>
<td>Envy Medical</td>
<td>1439</td>
<td></td>
</tr>
<tr>
<td>Epionce</td>
<td>4955</td>
<td></td>
</tr>
<tr>
<td>eRelevance Corp.</td>
<td>1130</td>
<td></td>
</tr>
<tr>
<td>Espada Dermatology subsidary of Mission Pharmacal</td>
<td>2755</td>
<td></td>
</tr>
<tr>
<td>EunSung Global Corp.</td>
<td>1717</td>
<td></td>
</tr>
<tr>
<td>Eurofins Advantor Laboratories Inc.</td>
<td>3143</td>
<td></td>
</tr>
<tr>
<td>European Academy of Dermatology and Venereology</td>
<td>CB100</td>
<td></td>
</tr>
<tr>
<td>Excimer Therapies Inc.</td>
<td>5429</td>
<td></td>
</tr>
<tr>
<td>Exeltis USA</td>
<td>4855</td>
<td></td>
</tr>
<tr>
<td>ExCoBio Inc.</td>
<td>3242</td>
<td></td>
</tr>
<tr>
<td>EZDerm LLC</td>
<td>2025</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>Ferndale Healthcare Inc.</th>
<th>4239</th>
</tr>
</thead>
<tbody>
<tr>
<td>FibroTx LLC</td>
<td>4857</td>
<td></td>
</tr>
<tr>
<td>FineMec Co. Ltd.</td>
<td>2257</td>
<td></td>
</tr>
<tr>
<td>Focus Medical</td>
<td>1142</td>
<td></td>
</tr>
<tr>
<td>Forefront Dermatology</td>
<td>3252</td>
<td></td>
</tr>
<tr>
<td>FORMATK Systems Ltd.</td>
<td>1018</td>
<td></td>
</tr>
<tr>
<td>Fotofinder Systems Inc.</td>
<td>4923</td>
<td></td>
</tr>
<tr>
<td>Fotona Lasers</td>
<td>3553</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Galderma Laboratories LP</td>
<td>3239</td>
</tr>
<tr>
<td>Genentech, a Member of the Roche Group</td>
<td>4507</td>
<td></td>
</tr>
<tr>
<td>GliSODin Skin Nutrients</td>
<td>3147</td>
<td></td>
</tr>
<tr>
<td>Glowbiotics MD</td>
<td>1258</td>
<td></td>
</tr>
<tr>
<td>Gold Bond Ultimate</td>
<td>1955</td>
<td></td>
</tr>
<tr>
<td>Grand Aspico Inc.</td>
<td>3458</td>
<td></td>
</tr>
<tr>
<td>Greensky Patient Solutions LLC</td>
<td>4729</td>
<td></td>
</tr>
<tr>
<td>Guangzhou Huafei Tongda Technology Co. Ltd.</td>
<td>1141</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K</th>
<th>Kaiser Permanente</th>
<th>2549</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamedis</td>
<td>1042</td>
<td></td>
</tr>
<tr>
<td>Kao USA Inc.</td>
<td>5327</td>
<td></td>
</tr>
<tr>
<td>Karger Publishers</td>
<td>1210</td>
<td></td>
</tr>
<tr>
<td>KCD Medical</td>
<td>2516</td>
<td></td>
</tr>
<tr>
<td>Kernel Medical</td>
<td>1456</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L</th>
<th>L'Oreal</th>
<th>4539</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratoires Filorga</td>
<td>2761</td>
<td></td>
</tr>
<tr>
<td>Laboratorios genove</td>
<td>4831</td>
<td></td>
</tr>
<tr>
<td>Lahey Health</td>
<td>4316</td>
<td></td>
</tr>
<tr>
<td>LASERING SRL</td>
<td>1723</td>
<td></td>
</tr>
<tr>
<td>Laseroptek Co. LTD.</td>
<td>2460</td>
<td></td>
</tr>
<tr>
<td>Laservision</td>
<td>1917</td>
<td></td>
</tr>
<tr>
<td>LEO Pharma Inc.</td>
<td>3331, 4929</td>
<td></td>
</tr>
<tr>
<td>LIFTLAB Skin Regeneration</td>
<td>2063</td>
<td></td>
</tr>
<tr>
<td>Light Age Inc.</td>
<td>4615</td>
<td></td>
</tr>
<tr>
<td>LightStim</td>
<td>1039</td>
<td></td>
</tr>
<tr>
<td>Lilly USA LLC</td>
<td>1211</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>Nanjing Co-Energy Optical Crystal Co. LTD.</th>
<th>1033</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAOS/Laboratoire Bioderma</td>
<td>5346</td>
<td></td>
</tr>
<tr>
<td>National Biological Corp.</td>
<td>1929</td>
<td></td>
</tr>
<tr>
<td>National Psoriasis Foundation</td>
<td>2517</td>
<td></td>
</tr>
<tr>
<td>Nelly De Vuyst Derme &amp; Co.</td>
<td>2055</td>
<td></td>
</tr>
<tr>
<td>NeoGraft</td>
<td>2055</td>
<td></td>
</tr>
<tr>
<td>NeoStrata Company Inc.</td>
<td>3827</td>
<td></td>
</tr>
<tr>
<td>Neutrogena</td>
<td>3918</td>
<td></td>
</tr>
<tr>
<td>New Beauty Magazine</td>
<td>3353</td>
<td></td>
</tr>
<tr>
<td>New Medical Technology Inc.</td>
<td>2252</td>
<td></td>
</tr>
<tr>
<td>NEWPONG CO. LTD.</td>
<td>2563</td>
<td></td>
</tr>
<tr>
<td>NewSurg</td>
<td>5409</td>
<td></td>
</tr>
<tr>
<td>Next In Line</td>
<td>5418</td>
<td></td>
</tr>
<tr>
<td>Nextech</td>
<td>4307</td>
<td></td>
</tr>
<tr>
<td>NextGen Healthcare</td>
<td>2411</td>
<td></td>
</tr>
<tr>
<td>NIA24</td>
<td>3357</td>
<td></td>
</tr>
<tr>
<td>NIAMS</td>
<td>1711</td>
<td></td>
</tr>
<tr>
<td>NiorLaserShields</td>
<td>4924</td>
<td></td>
</tr>
<tr>
<td>Novartis Pharmaceuticals Corporation</td>
<td>2917</td>
<td></td>
</tr>
<tr>
<td>Novartis/Genentech</td>
<td>3039</td>
<td></td>
</tr>
<tr>
<td>Novella Clinical</td>
<td>5345</td>
<td></td>
</tr>
<tr>
<td>Nutrafol</td>
<td>5455</td>
<td></td>
</tr>
</tbody>
</table>

| H | Hair Loss Control Clinic-Ultimate Hair Lasers | 1220 |
| Haircheck | 1624 |
| HairMax-Lexington International | 3552 |
| Hansderma | 1556 |
| Hayden Medical Instruments | 1517 |
| Heine USA Ltd. | 5116 |
**EXHIBITORS**

Data current as of Jan. 12, 2018. While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Company Name</th>
<th>Booth Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Oculo-Plastik Inc.</td>
<td>3754</td>
</tr>
<tr>
<td></td>
<td>OCuSOFT Skin Care</td>
<td>4552</td>
</tr>
<tr>
<td></td>
<td>Offcite</td>
<td>4247</td>
</tr>
<tr>
<td></td>
<td>Omni Biocutaneous Innovations</td>
<td>1555</td>
</tr>
<tr>
<td></td>
<td>Omnixul</td>
<td>1049</td>
</tr>
<tr>
<td></td>
<td>Ontos Inc.</td>
<td>5407</td>
</tr>
<tr>
<td></td>
<td>OPATRA Technologies</td>
<td>4731</td>
</tr>
<tr>
<td></td>
<td>Ortho Dermatologics</td>
<td>3217</td>
</tr>
<tr>
<td></td>
<td>Otto Trading Inc.</td>
<td>1713, 3655</td>
</tr>
<tr>
<td></td>
<td>Outcome Health</td>
<td>4757</td>
</tr>
<tr>
<td></td>
<td>Oxygenetix Institute Inc.</td>
<td>3556</td>
</tr>
<tr>
<td>P</td>
<td>Palmer’s</td>
<td>5447</td>
</tr>
<tr>
<td></td>
<td>PatientPoint</td>
<td>1842</td>
</tr>
<tr>
<td></td>
<td>PCA Skin</td>
<td>1329</td>
</tr>
<tr>
<td></td>
<td>Peninsula Medical</td>
<td>3717</td>
</tr>
<tr>
<td></td>
<td>PerfAction Technologies</td>
<td>1461</td>
</tr>
<tr>
<td></td>
<td>Perigee</td>
<td>1561</td>
</tr>
<tr>
<td></td>
<td>Perimed Inc.</td>
<td>5414</td>
</tr>
<tr>
<td></td>
<td>Perrigo</td>
<td>3758</td>
</tr>
<tr>
<td></td>
<td>Person &amp; Covey</td>
<td>1911</td>
</tr>
<tr>
<td></td>
<td>Pfizer Inc.</td>
<td>5139</td>
</tr>
<tr>
<td></td>
<td>Pharma Cosmetics Inc.</td>
<td>3645</td>
</tr>
<tr>
<td></td>
<td>Philips Resporinics</td>
<td>4954</td>
</tr>
<tr>
<td></td>
<td>Phytoceuticals Inc.</td>
<td>2557</td>
</tr>
<tr>
<td></td>
<td>Pierre Fabre USA</td>
<td>4939</td>
</tr>
<tr>
<td></td>
<td>Practical Dermatology</td>
<td>2648</td>
</tr>
<tr>
<td></td>
<td>Precision Medical Devices LLC</td>
<td>5352</td>
</tr>
<tr>
<td></td>
<td>PRIME Journal</td>
<td>1152</td>
</tr>
<tr>
<td></td>
<td>ProCell Therapies</td>
<td>5257</td>
</tr>
<tr>
<td></td>
<td>Procter &amp; Gamble</td>
<td>4317</td>
</tr>
<tr>
<td></td>
<td>Promius Pharma</td>
<td>2849</td>
</tr>
<tr>
<td></td>
<td>ProPath Dermatopathology</td>
<td>2211</td>
</tr>
<tr>
<td></td>
<td>Prostemics Co. LTD.</td>
<td>5417</td>
</tr>
<tr>
<td></td>
<td>Protexgloves</td>
<td>1044</td>
</tr>
<tr>
<td></td>
<td>PSI/Vanicream Skin Care</td>
<td>2839</td>
</tr>
<tr>
<td>Q</td>
<td>Quanta System SPA</td>
<td>5021</td>
</tr>
<tr>
<td></td>
<td>Quanticare</td>
<td>1916</td>
</tr>
<tr>
<td></td>
<td>Quintessence Skin Science</td>
<td>2223</td>
</tr>
<tr>
<td>R</td>
<td>Ra Medical Systems Inc.</td>
<td>2510</td>
</tr>
<tr>
<td></td>
<td>Refine USA</td>
<td>2553</td>
</tr>
<tr>
<td></td>
<td>Regen Lab</td>
<td>1255</td>
</tr>
<tr>
<td></td>
<td>Regeneron/Sanofi Genzyme</td>
<td>5107</td>
</tr>
<tr>
<td></td>
<td>RegimenMD LLC</td>
<td>2157</td>
</tr>
<tr>
<td></td>
<td>Restoration Robotics</td>
<td>1755</td>
</tr>
<tr>
<td></td>
<td>Revision Skincare</td>
<td>2311</td>
</tr>
<tr>
<td></td>
<td>Riverchase Dermatology</td>
<td>1038</td>
</tr>
<tr>
<td></td>
<td>Robbins Instruments</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>Rohrer Aesthetics LLC</td>
<td>1261</td>
</tr>
<tr>
<td></td>
<td>Rose Micro Solutions</td>
<td>1238, 2325</td>
</tr>
<tr>
<td>S</td>
<td>Samumed LLC</td>
<td>5053</td>
</tr>
<tr>
<td></td>
<td>SanovavWorks (including JDD)</td>
<td>4233</td>
</tr>
<tr>
<td></td>
<td>Sawgio LLC</td>
<td>1240</td>
</tr>
<tr>
<td></td>
<td>Scar Heal</td>
<td>1912</td>
</tr>
<tr>
<td></td>
<td>Schweiger Dermatology Group</td>
<td>1138</td>
</tr>
<tr>
<td></td>
<td>SciBase</td>
<td>1546</td>
</tr>
<tr>
<td></td>
<td>Scientif Skinlab Ltd.</td>
<td>1028</td>
</tr>
<tr>
<td></td>
<td>Sciton</td>
<td>1225</td>
</tr>
<tr>
<td></td>
<td>Sebamed USA</td>
<td>4217</td>
</tr>
<tr>
<td></td>
<td>Sebela Pharmaceuticals Inc.</td>
<td>5422</td>
</tr>
<tr>
<td></td>
<td>Sensus Healthcare</td>
<td>4407</td>
</tr>
<tr>
<td></td>
<td>Sente</td>
<td>1051</td>
</tr>
<tr>
<td></td>
<td>Sesderma</td>
<td>1429</td>
</tr>
<tr>
<td></td>
<td>Sesh Skin Therapy</td>
<td>3454</td>
</tr>
<tr>
<td></td>
<td>Shantel Medical Supply</td>
<td>2322</td>
</tr>
<tr>
<td></td>
<td>SharpLight Technologies LTD.</td>
<td>1423</td>
</tr>
<tr>
<td></td>
<td>Shenzhen GSD Tech Co. Ltd.</td>
<td>1025</td>
</tr>
<tr>
<td></td>
<td>Silab</td>
<td>5419</td>
</tr>
<tr>
<td></td>
<td>Skin &amp; Cancer Associates/ Advanced Dermatology Mgmt</td>
<td>2022</td>
</tr>
<tr>
<td></td>
<td>Skin Cancer Foundation, The</td>
<td>3627</td>
</tr>
<tr>
<td></td>
<td>Skin Disease Education Foundation</td>
<td>2323</td>
</tr>
<tr>
<td></td>
<td>Skinade-better skin from within</td>
<td>4451</td>
</tr>
<tr>
<td></td>
<td>SkinCeuticals</td>
<td>4638</td>
</tr>
<tr>
<td></td>
<td>SkinGen International Inc.</td>
<td>1246</td>
</tr>
<tr>
<td></td>
<td>SmartPractice</td>
<td>3433</td>
</tr>
<tr>
<td></td>
<td>Society of Dermatology Physician Assistants</td>
<td>3623</td>
</tr>
<tr>
<td></td>
<td>Solumbra by Sun Precautions</td>
<td>1639</td>
</tr>
<tr>
<td></td>
<td>Springer</td>
<td>1026</td>
</tr>
<tr>
<td></td>
<td>Strata Skin Sciences</td>
<td>2347</td>
</tr>
<tr>
<td></td>
<td>Stratapharma Switzerland</td>
<td>1147</td>
</tr>
<tr>
<td></td>
<td>Sun Pharma</td>
<td>4715</td>
</tr>
<tr>
<td></td>
<td>Sun Protection Zone</td>
<td>2620</td>
</tr>
<tr>
<td></td>
<td>Sunvea Medical</td>
<td>5311</td>
</tr>
<tr>
<td></td>
<td>SurgiTel/General Scientific Corp.</td>
<td>4357</td>
</tr>
<tr>
<td></td>
<td>Sutter Health</td>
<td>4833</td>
</tr>
<tr>
<td></td>
<td>Symbio LLC</td>
<td>3149</td>
</tr>
<tr>
<td></td>
<td>Syneron Candela</td>
<td>2439</td>
</tr>
<tr>
<td></td>
<td>Syms Scientific</td>
<td>2418</td>
</tr>
<tr>
<td>T</td>
<td>Taberna pro medicum</td>
<td>4046</td>
</tr>
<tr>
<td></td>
<td>Tender Corporation</td>
<td>4318</td>
</tr>
<tr>
<td></td>
<td>Teoxane Laboratories</td>
<td>1155</td>
</tr>
<tr>
<td></td>
<td>Tergus Pharma LLC</td>
<td>5410</td>
</tr>
<tr>
<td></td>
<td>Thermi</td>
<td>1321</td>
</tr>
<tr>
<td></td>
<td>Tiemann-Bernsco</td>
<td>2111</td>
</tr>
<tr>
<td></td>
<td>Tilley Endurables</td>
<td>4550</td>
</tr>
<tr>
<td></td>
<td>Tizo by Fallene Ltd.</td>
<td>1539</td>
</tr>
<tr>
<td></td>
<td>TKL Research</td>
<td>5015</td>
</tr>
<tr>
<td></td>
<td>Topix Pharmaceuticals Inc.</td>
<td>5123</td>
</tr>
<tr>
<td></td>
<td>Toskani SL</td>
<td>1256</td>
</tr>
<tr>
<td></td>
<td>Total Clinical Trial Management</td>
<td>5354</td>
</tr>
<tr>
<td>U</td>
<td>U.S. Dermatology Partners</td>
<td>1115</td>
</tr>
<tr>
<td></td>
<td>UCB Inc.</td>
<td>1811</td>
</tr>
<tr>
<td></td>
<td>Under Skin</td>
<td>5014</td>
</tr>
<tr>
<td></td>
<td>Unilever</td>
<td>2639</td>
</tr>
<tr>
<td></td>
<td>UV Skinz Inc.</td>
<td>1521</td>
</tr>
<tr>
<td></td>
<td>UVBIOTek</td>
<td>3651</td>
</tr>
<tr>
<td>V</td>
<td>Venus Concept USA Inc.</td>
<td>3253</td>
</tr>
<tr>
<td></td>
<td>Verrica Pharmaceuticals Inc.</td>
<td>1254</td>
</tr>
<tr>
<td></td>
<td>VI Aesthetics</td>
<td>1324</td>
</tr>
<tr>
<td></td>
<td>Viscot Medical LLC</td>
<td>1819</td>
</tr>
<tr>
<td></td>
<td>VisualDx</td>
<td>1216</td>
</tr>
<tr>
<td></td>
<td>Vivacare</td>
<td>4832</td>
</tr>
<tr>
<td></td>
<td>Vive Inc.</td>
<td>5356</td>
</tr>
<tr>
<td></td>
<td>Viscral Professional</td>
<td>1058</td>
</tr>
<tr>
<td></td>
<td>Vydence Medical</td>
<td>3153</td>
</tr>
<tr>
<td>W</td>
<td>Wallaroo Hat Company</td>
<td>2614</td>
</tr>
<tr>
<td></td>
<td>WCD 2019 Milan</td>
<td>4952</td>
</tr>
<tr>
<td></td>
<td>West Dermatology</td>
<td>3139</td>
</tr>
<tr>
<td></td>
<td>West-TeleVox Solutions</td>
<td>1729</td>
</tr>
<tr>
<td></td>
<td>Wiley</td>
<td>2819</td>
</tr>
<tr>
<td></td>
<td>Wolters Kluwer</td>
<td>2219</td>
</tr>
<tr>
<td></td>
<td>WON TECH Co. Ltd.</td>
<td>1855</td>
</tr>
<tr>
<td>X</td>
<td>Xoft-a subsidiary of iCAD Inc.</td>
<td>1121</td>
</tr>
<tr>
<td></td>
<td>Xstrahl Inc.</td>
<td>4828</td>
</tr>
<tr>
<td>Y</td>
<td>YLift</td>
<td>1741</td>
</tr>
<tr>
<td></td>
<td>Young Pharmaceuticals Inc.</td>
<td>2125</td>
</tr>
<tr>
<td>Z</td>
<td>Zero Gravity</td>
<td>4829, 1326</td>
</tr>
<tr>
<td></td>
<td>Zimmer Medizin Systems</td>
<td>2357</td>
</tr>
<tr>
<td></td>
<td>ZO Skin Health Inc.</td>
<td>4839</td>
</tr>
<tr>
<td></td>
<td>Zocular</td>
<td>1554</td>
</tr>
</tbody>
</table>

For the most up-to-date information, download the AAD Meeting Mobile App | 35
Os
CB100 European Academy of Dermatology and Venereology

1000
1010 Locks of Love Inc.
1011 Cutanea Life Sciences Inc.
1012 Boehringer Ingelheim Pharmaceuticals Inc.
1016 Eclipse Loupes and Products
1018 FORMATK Systems Ltd.
1025 Shenzhen GSD Tech Co. Ltd.
1026 Springer
1028 SCIENTIST SKINLAB LTD.
1030 Compulink Business Systems Inc.
1031 MolluscumRx
1033 Nanjing Co-Energy Optical Crystal Co. LTD.
1038 Riverchase Dermatology
1039 LightStim
1042 Kamedis
1044 Protexgloves
1045 HiMirror by Cal-Comp Big Data Inc.
1046 Clarify Medical
1049 Omnilux
1050 BioSensor Laboratories
1051 Sente
1053 Bio SB Inc.
1057 MartiDerm
1058 Viviscal Professional
1111 Ibero Latin American Collage of Dermatology/CILAD
1113 Dermwise
1115 U.S. Dermatology Partners
1121 Xoft-a subsidiary of iCAD Inc.
1127 BTL
1130 eRelevance Corp.
1132 Journey Medical Corporation
1138 Schweiger Dermatology Group
1139 Bank of America Practice Solutions
1140 JP Medical Publisher
1141 Guangzhou Huafei Tongda Technology Co. Ltd.
1142 Focus Medical
1143 MEDWEB
1146 Biofrontera Inc.
1147 Stratapharma Switzerland
1150 Inga Elzey Billing Companies
1152 PRIME Journal
1155 Teoxane Laboratories
1210 Karger Publishers
1211 Lilly USA LLC
1212 Elekta
1216 VisualDx
1220 Hair Loss Control Clinic-Ultimate Hair Lasers
1225 Sciton
1231 Advanced Skin & Hair
1238 Rose Micro Solutions
1239 Celgene Corporation
1240 Sawgio LLC
1246 SkinGen International Inc.
1254 Verrica Pharmaceuticals Inc.
1255 Regen Lab
1256 Toskani SL
1258 Glowiobiotics MD
1261 Rohrer Aesthetics LLC
1321 Thermi
1324 VI Aesthetics
1326 Zero Gravity
1329 PCA Skin
1351 Collagen P.I.N.
1357 MCV Physicians-VCU Health
1359 eMirAmed USA
1411 Cobalt Medical Supply Inc.
1417 Castle Biosciences Inc.
1423 SharpLight Technologies LTD.
1429 Sesderma
1439 Envoy Medical
1447 CoLabs Intl. Corp.
1451 AD Surgical
1453 ILOODA Co. Ltd.
1456 Kernel Medical
1461 PerAction Technologies

1500
1511 CareCredit
1516 JAMA Network, The
1517 Hayden Medical Instruments
1518 Blaine Labs Inc.
1519 Corrona LLC
1521 UV Skinz Inc.
1539 Tizo by Fallene Ltd.
1546 SciBase
1547 Medisca
1549 Boiron
1550 Mastectomy Society Inc., The
1551 Beijing Sincoheren S&T Development Co. LTD.
1552 Advalight
1554 Zocular
1555 Omni Bioceutical Innovations
1556 Hansderma
1561 Perigea
1611 Aqua Pharmaceuticals
1616 Bison Medical
1622 Miracle Fruit Oil LLC
1624 Haircheck
1625 Dermatologic Cosmetic Laboratories
1631 Aerolase
1639 Solumbra by Sun Precautions
1645 DEKA Medical
1646 Beijing Syntech Laser Co. Ltd.
1650 Crystal Clear Digital Marketing
1711 NIAMS
1713 Otto Trading Inc.
1717 EuSunG Global Corp.
1723 LASERING SRL
1729 West-TeleVox Solutions
1739 Biorasi
1741 YLift
1747 EndyMed Medical Ltd.
1755 Restoration Robotics
1810 Ellis Instruments
1811 UCB Inc.
1813 coLlo Apparel Inc.
1815 Advanced MD Inc.
1819 Viscot Medical LLC
1823 brandMD Skin Care
1829 Midmark Corporation
1838 COOLA Suncare
1839 Daavlin
1842 PatientPoint
1847 Eclipse Aesthetics LLC
1855 WON TECH Co. Ltd.
1861 Aclaris Therapeutics Inc.
1910 cocoon medical
1911 Person & Covey
1912 Scar Heal
1916 Quantificare
1917 Laservision
1921 Hill Laboratories Co.
1929 National Biological Corp.
1955 Gold Bond Ultimate

2000
2010 Robbins Instruments
2011 Lutronic
2014 Ilagnis Inc./DermatologistOnCall
2016 DermaSweep
2022 Skin & Cancer Associates/Advanced Dermatology Mgmt
2025 EZDerm LLC
2031 MTI Inc.
2039 Dermpath Diagnostics
2047 Accurate Manufacturing Inc.
2055 Nelly De Vuyst Derme & Co.
2061 DermoScan Inc.
2063 LIFTLAB Skin Regeneration
2111 Tiemann-Bernsco
2125 Young Pharmaceuticals Inc.
2147 Cu-Tech
2153 bioskin GmbH
2157 RegimenMD LLC
EXHIBITORS

Data current as of Jan. 12, 2018. While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.

2160 Emvera Technologies LLC
2162 Bios SRL
2211 ProPath Dermatopathology
2219 Wolters Kluwer
2221 Demandforce Inc.
2223 Quintessence Skin Science
2229 Lumenis
2239 Cynosure
2247 Asclepion Laser Technologies
2252 New Medical Technology Inc.
2253 Infinity Massage Chairs
2256 Bellaire Industry/Mesopen
2257 FineMec Co. Ltd.
2311 Revision Skincare
2318 American Society for Mohs Surgery
2319 Cutis & Cosmetic Dermatology
2320 CNH Pillow Inc.
2321 Dermatology News
2322 Shantel Medical Supply
2323 Skin Disease Education Foundation
2325 Rose Micro Solutions
2347 STRATA Skin Sciences
2352 Clinical Resolution Lab Inc.
2356 Ascentium Capital LLC
2357 Zimmer Medizin Systems
2358 Ellipse Inc.
2411 NextGen Healthcare
2415 Coolibar, Sun Protection You Wear
2418 Syris Scientific
2420 MedCo Data
2424 NoIR LaserShields
2425 Canfield Scientific
2439 Syneron Candela
2455 Miramar Labs Inc.
2461 Laseroptek Co. LTD.

2500
2510 Ra Medical Systems Inc.
2511 Anthony Products/Gio Pelle
2516 KCD Medical
2517 National Psoriasis Foundation
2519 The Dermatologist
2521 CRC Press - Taylor & Francis
2527 Biopelle Inc.
2549 Kaiser Permanente
2553 Refine USA
2557 Phytocentials Inc.
2561 AccuVein
2563 NEWPONG CO. LTD.
2610 Henry Schein
2611 Elsevier
2612 DP Derm LLC
2614 Wallaroo Hat Company
2617 Jan Marini Skin Research
2618 Hidrex USA
2620 Sun Protection Zone
2623 Beiersdorf Inc.
2639 Unilever
2647 Aurora Diagnostics
2648 Practical Dermatology
2652 Aesthetic Guide, The
2654 Accredo
2655 HydroPeptide
2656 Alma Lasers
2661 Hironic Co. Ltd.
2662 Beijing ADSS Development Co. LTD.
2711 Modernizing Medicine Inc.
2755 Espada Dermatology subsidiary of Mission Pharmacal
2761 Laboratoires Filorga
2819 Wiley
2825 American Board of Dermatology
2829 Coalition of Skin Diseases

2839 PSI/Vanicream Skin Care
2849 Promius Pharma
2855 Mesoestetic SL
2859 5CC (5-Continent-Congress)
2916 Chemotechnique Diagnostics/ Dormer Laboratories
2917 Novartis Pharmaceuticals Corporation
2920 Actelion Pharmaceuticals US
2928 Medesthetics Magazine
2930 Crown Laboratories Inc.
2938 Dermatology Foundation
2939 Merz
2942 Hill Top Research
2945 AAD Industry Experts Theater

3000
3039 Novartis/Genentech
3139 West Dermatology
3141 Dubai Business Events
3143 Eurofins Advantar Laboratories Inc.
3147 GliSODin Skin Nutrients
3149 SymBio LLC
3151 Dow Development Laboratories
3153 Vydence Medical
3217 Ortho Dermatologics
3233 Innovative Optics Laser Eye Protection
3238 Mylan Inc.
3239 Galderma Laboratories LP
3242 ExoCoBio Inc.
3246 Caliber Imaging & Diagnostics
3250 Journal of Clinical and Aesthetic Dermatology
3252 Forefront Dermatology
3253 Venus Concept USA Inc.
3331 LEO Pharma Inc.
3332 McGraw-Hill Education
3353 New Beauty Magazine
| 3357 | NIA24 |
| 3359 | CryoProbe |
| 3433 | SmartPractice |
| 3452 | Bu Brands LLC |
| 3453 | Derm101 |
| 3454 | SESHA Skin Therapy |
| 3455 | Image Skincare |
| 3456 | Chemistry Rx |
| 3458 | Grand Aespio Inc. |
| 3500 |  |
| 3500 |  |
| 3531 | Delasco |
| 3532 | Microsurgery Instruments Inc. |
| 3552 | HairMax-Lexington International |
| 3553 | Fotona Lasers |
| 3556 | Oxygenetix Institute Inc. |
| 3617 | Brymill Cryogenic Systems |
| 3623 | Society of Dermatology Physician Assistants |
| 3627 | Skin Cancer Foundation, The |
| 3633 | American Society for Dermatologic Surgery |
| 3639 | Allergan |
| 3645 | Pharma Cosmetics Inc. |
| 3651 | UVBIOTEK |
| 3655 | Otto Trading Inc. |
| 3657 | Medimetriks Pharmaceuticals |
| 3717 | Peninsula Medical |
| 3729 | Capillus LLC |
| 3739 | Janssen Biotech Inc. |
| 3749 | EltaMD SkinCare |
| 3750 | ELON Hair, Nails & Skin |
| 3754 | Oculo-Plastik Inc. |
| 3756 | CLN Skin Care (TopMD Skin Care) |
| 3757 | Bio-Oil |
| 3758 | Perrigo |
| 3817 | Johnson & Johnson Consumer Inc. |
| 3827 | NeoStrata Company Inc. |
| 3857 | Brazilian Society for Dermatological Surgery |
| 3918 | Neutrogena |
| 3939 | Henkel Consumer Goods |
| 3947 | AnteAGE MD by Celisse |
| 3951 | Colorescience |
| 4000 |  |
| 4039 | Allergan |
| 4046 | taberna pro medicum |
| 4217 | Sebamed USA |
| 4223 | Integrated Dermatology Group |
| 4233 | SanovaWorks (including JDD) |
| 4239 | Ferndale Healthcare Inc. |
| 4247 | Officite |
| 4251 | Advanced Dermatology & Cosmetic Surgery |
| 4257 | Mayne Pharma |
| 4307 | Nextech |
| 4316 | Lahey Health |
| 4317 | Procter & Gamble |
| 4318 | Tender Corporation |
| 4332 | Integrated Dermatology Group |
| 4339 | Amgen Inc. |
| 4346 | Cortex Technology ApS |
| 4351 | HydraFacial MD - Edge Systems LLC |
| 4357 | SurgiTel/General Scientific Corp. |
| 4359 | AMP Medical Products LLC |
| 4407 | Sensus Healthcare |
| 4415 | Skinade-better skin from within |
| 4416 | Dino-Lite Scopes (BigC) |
| 4458 | MetaOptima Technology Inc. |
| 4500 |  |
| 4507 | Genentech, a Member of the Roche Group |
| 4515 | Dermpath Lab of Central States |
| 4521 | AbbVie |
| 4539 | L’Oreal |
| 4550 | Tilley Endurables |
| 4552 | OCuroSOFT Skin Care |
| 4615 | Light Age Inc. |
| 4638 | SkinCeuticals |
| 4707 | Cutera |
| 4715 | Sun Pharma |
| 4729 | Greensky Patient Solutions LLC |
| 4731 | OPATRA Technologies |
| 4739 | AbbVie |
| 4751 | Cosmofrance Inc. |
| 4757 | Outcome Health |
| 4828 | Xstrahl Inc. |
| 4829 | Zero Gravity |
| 4830 | Bellus Medical |
| 4831 | Laboratorios genove |
| 4832 | Vivacare |
| 4833 | Sutter Health |
| 4839 | ZO Skin Health Inc. |
| 4851 | AzaClear |
| 4855 | Exeltis USA |
| 4857 | FibroTx LLC |
| 4859 | DermOne LLC |
| 4907 | AccuPress |
| 4915 | Biodermis |
| 4919 | NovaCutis Inc. |
| 4923 | Fotofinder Systems Inc. |
| 4928 | eclipsrerx |
| 4929 | LEO Pharma Inc. |
| 4930 | Christie Medical Holdings |
| 4932 | Cabana Life |
| 4939 | Pierre Fabre USA |
| 4947 | Dermira Inc. |
| 4950 | DRE Medical Inc. |
| 4952 | WCD 2019 Milan |
| 4954 | Philips Respironics |
| 4955 | Epience |
| 5000 |  |
| 5007 | 3Gen Inc./DermLite |
| 5014 | Under Skin |
| 5015 | TKL Research |
| 5021 | Quanta System SPA |
| 5047 | IFC |
| 5053 | Samumed LLC |
| 5107 | Regeneron/Sanofi Genzyme |
| 5114 | Anne Arndel Dermatology, P.A. |
| 5116 | Heine USA Ltd. |
| 5123 | Topix Pharmaceuticals Inc. |
| 5139 | Pfizer Inc. |
| 5147 | ISDIN |
| 5247 | Lipotec USA Inc. |
| 5249 | Dermveda |
| 5253 | Alps South-Alps Cosmetics |
| 5257 | ProCell Therapies |
| 5307 | Medicol USA |
| 5311 | Suneva Medical |
| 5315 | Dermatology Times |
| 5317 | Innovaderm Research |
| 5321 | CureMD Healthcare |
| 5327 | Kao USA Inc. |
| 5339 | Miraca Life Sciences |
| 5345 | Novella Clinical |
| 5346 | NAOS/Laboratoire Bioderma |
| 5351 | Benev Company Inc. |
| 5352 | Precision Medical Devices LLC |
| 5354 | Total Clinical Trial Management |
| 5356 | Viveve Inc. |
| 5357 | DermTech |
| 5406 | NeoGraft |
| 5407 | Ontos Inc. |
| 5409 | NewSurg |
| 5410 | Tergus Pharma LLC |
| 5412 | DefenAge |
| 5414 | Perimed Inc. |
| 5415 | Designs for Vision Inc. |
| 5416 | International Society of Dermatology |
| 5417 | Prostemics Co. LTD. |
| 5418 | Viveve Inc. |
| 5419 | SILAB |
| 5422 | Sebela Pharmaceuticals Inc. |
| 5423 | Hy-Tape International |
| 5425 | Med-Aesthetic Solutions Inc. |
| 5429 | Eximer Therapies Inc. |
| 5431 | eClinicalWorks |
| 5439 | AccuTec Blades |
| 5441 | Myriad Genetic Laboratories Inc. |
| 5443 | BioPharmX |
| 5447 | Palmer’s |
| 5451 | Derma Faith LLC |
| 5455 | Nutrafol |
EXHIBITORS by product category

**Associations, Foundations, and Medical Societies**
- 5CC 5-Continent-Congress 2859
- American Board of Dermatology 2825
- American Society for Dermatologic Surgery 3633
- American Society for Mohs Surgery 2318
- Brazilian Society for Dermatological Surgery 3857
- Coalition of Skin Diseases 2829
- Dermatology Foundation 2938
- European Academy of Dermatology and Venereology CB100
- International Society of Dermatology 5416
- JAMA Network, The 1516
- Locks of Love, Inc. 1010
- National Psoriasis Foundation 2517
- NIAMS 1711
- Skin Cancer Foundation, The 3627
- Skin Disease Education Foundation 2323
- Society of Dermatology Physician Assistants 3623
- Sutter Health 4833

**Clothing**
- Cabana Life 4932
- coLLo Apparel Inc. 1813
- Coolibar, Sun Protection You Wear 2415
- Delasco 3531
- Henry Schein 2610
- Protextgloves 1044
- Solumbra by Sun Precautions 1639
- Tilley Endurables 4550
- UV Skinz, Inc. 1521
- Wallaroo Hat Company 2614

**Computer Software & Hardware**
- Caliber Imaging & Diagnostics 3246
- Canfield Scientific 2425
- Compulink Business Systems, Inc. 1030
- Demandforce, Inc. 2221
- eclipsrx 4928
- Inga Ellzey Billing Companies 1150
- MedCo Data 2420
- Medicoil USA 5307
- Modernizing Medicine, Inc. 2711
- Sensus Healthcare 4407
- VisualDx 1216
- West-TeleVox Solutions 1729

**Cosmetics & Skin Care**
- Accurate Manufacturing Inc 2047
- Advanced Skin & Hair 1231
- Allergan 3639, 4039
- Beiersdorf, Inc. 2623
- Beijing Sincohoen S&T Development Co., LTD 1551
- Bellus Medical 4830
- Benev Company Inc. 5351
- Bio-Oil 3757
- Biodermis 4915
- Biopelle, Inc 2527
- Bios SRL 2162
- bioskin GmbH 2153
- brandMD Skin Care 1823
- Clinical Resolution Lab, Inc. 2352
- CLN Skin Care (TopMD Skin Care) 3756
- CoLabs Int'l Corp 1447
- Colorescience 3951
- Cu-Tech 2147
- Delasco 3531
- DermaSweep 2016
- Dermatologic Cosmetic Laboratories 1625
- ELON Hair, Nails & Skin 3750
- EltaMD SkinCare 3749
- Envy Medical 1439
- Epionce 4955
- Ferndale Healthcare, Inc. 4239
- Gelderma Laboratories, LP 3239
- Glisodin Skin Nutrients 3147
- Glowbiotics MD 1258
- Gold Bond Ultimate 1955
- Hair Loss Control Clinic-Ultimate Hair Lasers 1220
- HydraFacial MD - Edge Systems LLC 4351
- ILOODA Co., Ltd 1453
- Image Skincare 3455
- Innovaderm Research 5317
- Jan Marini Skin Research 2617
- Kamedis 1042
- Kao USA, Inc. 5327
- Kernel Medical 1456
- Laboratoires Filorga 2761
- Lipotec USA, Inc 5247
- Medicos 1547
- Merz 2939
- Nely De Vuyst Derm & Co 2055
- NeoStrata Company, Inc. 3827
- Neutrogena 3918
- NIA24 3357
- OCUsoFT Skin Care 4552
- Ontos, Inc. 5407
- Ontos, Inc. 5407
- Palmer’s 2939
- PCA Skin 1299
- Person & Covey 1911
- Pharma Cosmetics, Inc. 3645
- PhytoCeuticals, Inc. 2557
- Pierre Fabre USA 4939
- Precision Medical Devices, LLC 5352
- Procter & Gamble 4317, MR5723
- PSI/Vanicream Skin Care 2839
- Quintessence Skin Science 2223
- Revision Skincare 2311
- Sciton 1225
- Sesderma 1429

Data current as of Jan. 12, 2018. While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.
## Exhibitors

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Booth Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DermaSweep</td>
<td>2016</td>
</tr>
<tr>
<td>Envy Medical</td>
<td>1439</td>
</tr>
<tr>
<td>Henry Schein</td>
<td>2610</td>
</tr>
<tr>
<td>Infinity Massage Chairs</td>
<td>2253</td>
</tr>
<tr>
<td>MTI, Inc.</td>
<td>2031</td>
</tr>
<tr>
<td>taberna pro medicum</td>
<td>4046</td>
</tr>
<tr>
<td>Tiemann-Bernsco</td>
<td>2111</td>
</tr>
<tr>
<td>Zimmer Medizin Systems</td>
<td>2357</td>
</tr>
<tr>
<td>3Gen, Inc. /DermLite</td>
<td>5007</td>
</tr>
<tr>
<td>Accurate Manufacturing Inc</td>
<td>2047</td>
</tr>
<tr>
<td>AccuVein</td>
<td>2561</td>
</tr>
<tr>
<td>Anthony Products/Gio Pelle</td>
<td>2511</td>
</tr>
<tr>
<td>Baillea Industry/Mesopen</td>
<td>2256</td>
</tr>
<tr>
<td>Bellus Medical</td>
<td>4830</td>
</tr>
<tr>
<td>Biodermis</td>
<td>4915</td>
</tr>
<tr>
<td>Bios SRL</td>
<td>2162</td>
</tr>
<tr>
<td>Caliber Imaging &amp; Diagnostics</td>
<td>3246</td>
</tr>
<tr>
<td>CNH Pillow, Inc.</td>
<td>2320</td>
</tr>
<tr>
<td>Cobalt Medical Supply, Inc.</td>
<td>1411</td>
</tr>
<tr>
<td>Delasco</td>
<td>3531</td>
</tr>
<tr>
<td>Henry Schein</td>
<td>2610</td>
</tr>
<tr>
<td>Laboratories Filorga</td>
<td>2761</td>
</tr>
<tr>
<td>Medisca</td>
<td>1547</td>
</tr>
<tr>
<td>Viscot Medical LLC</td>
<td>1819</td>
</tr>
<tr>
<td><strong>Disposable Medical Supplies</strong></td>
<td></td>
</tr>
<tr>
<td>AccuTec Blades</td>
<td>5439</td>
</tr>
<tr>
<td>Acuderm</td>
<td>4907</td>
</tr>
<tr>
<td>AD Surgical</td>
<td>1451</td>
</tr>
<tr>
<td>Chemotechnique Diagnostics/ Dormer Laboratories</td>
<td>2916</td>
</tr>
<tr>
<td>Cobalt Medical Supply, Inc.</td>
<td>1411</td>
</tr>
<tr>
<td>Delasco</td>
<td>3531</td>
</tr>
<tr>
<td>Henry Schein</td>
<td>2610</td>
</tr>
<tr>
<td>Laboratorios Filorga</td>
<td>2761</td>
</tr>
<tr>
<td>Medisca</td>
<td>1547</td>
</tr>
<tr>
<td>Viscot Medical LLC</td>
<td>1819</td>
</tr>
<tr>
<td><strong>EMR/EHR Systems</strong></td>
<td></td>
</tr>
<tr>
<td>Advanced MD, Inc.</td>
<td>1815</td>
</tr>
<tr>
<td>Compulink Business Systems, Inc.</td>
<td>1030</td>
</tr>
<tr>
<td>CureMD Laboratories</td>
<td>5321</td>
</tr>
<tr>
<td>eClinicalWorks</td>
<td>5431</td>
</tr>
<tr>
<td>EZDerm, LLC</td>
<td>2025</td>
</tr>
<tr>
<td>Henry Schein</td>
<td>2610</td>
</tr>
<tr>
<td>MedCo Data</td>
<td>2420</td>
</tr>
<tr>
<td>Modernizing Medicine, Inc.</td>
<td>2711</td>
</tr>
<tr>
<td>Nextech</td>
<td>4307</td>
</tr>
<tr>
<td>NextGen Healthcare</td>
<td>2411</td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td></td>
</tr>
<tr>
<td>Aurora Diagnostics</td>
<td>2647</td>
</tr>
<tr>
<td>Castle Biosciences, Inc.</td>
<td>1417</td>
</tr>
<tr>
<td>Dermpath Diagnostics</td>
<td>2039</td>
</tr>
<tr>
<td>Dermpath Lab of Central States</td>
<td>4515</td>
</tr>
<tr>
<td>FibroRx LLC</td>
<td>4857</td>
</tr>
<tr>
<td>Henry Schein</td>
<td>2610</td>
</tr>
<tr>
<td>Hill Top Research</td>
<td>2942</td>
</tr>
<tr>
<td>Medisca</td>
<td>1547</td>
</tr>
<tr>
<td>Miraca Life Sciences</td>
<td>5339</td>
</tr>
<tr>
<td>Myriad Genetic Laboratories, Inc</td>
<td>5441</td>
</tr>
<tr>
<td>ProPath Dermatopathology</td>
<td>2211</td>
</tr>
<tr>
<td>TKL Research</td>
<td>5015</td>
</tr>
<tr>
<td>West Dermatology</td>
<td>3139</td>
</tr>
<tr>
<td>West-TeleVox Solutions</td>
<td>1729</td>
</tr>
<tr>
<td><strong>Laser &amp; Laser Supplies</strong></td>
<td></td>
</tr>
<tr>
<td>Accurate Manufacturing Inc</td>
<td>2047</td>
</tr>
<tr>
<td>Aerolase</td>
<td>1631</td>
</tr>
<tr>
<td>Alma Lasers</td>
<td>2656</td>
</tr>
<tr>
<td>Apira Science, Inc.</td>
<td>4733</td>
</tr>
<tr>
<td>Asclepion Laser Technologies</td>
<td>2247</td>
</tr>
<tr>
<td>Beijing Sincoheren S&amp;T Development Co., LTD</td>
<td>1551</td>
</tr>
<tr>
<td>Beijing Syntech Laser Co., Ltd.</td>
<td>1646</td>
</tr>
<tr>
<td>Bios SRL</td>
<td>2162</td>
</tr>
<tr>
<td><strong>Medical Lighting Equipment</strong></td>
<td></td>
</tr>
<tr>
<td>Anthony Products/Gio Pelle</td>
<td>2511</td>
</tr>
<tr>
<td>Bios SRL</td>
<td>2162</td>
</tr>
<tr>
<td>Cobalt Medical Supply, Inc.</td>
<td>1411</td>
</tr>
<tr>
<td>Delasco</td>
<td>3531</td>
</tr>
<tr>
<td>Designs for Vision, Inc.</td>
<td>5415</td>
</tr>
<tr>
<td>Heine USA Ltd</td>
<td>5116</td>
</tr>
<tr>
<td>Henry Schein</td>
<td>2610</td>
</tr>
<tr>
<td>Medisca</td>
<td>1547</td>
</tr>
<tr>
<td>Microsurgery Instruments, Inc.</td>
<td>3532</td>
</tr>
<tr>
<td>Midmark Corporation</td>
<td>1829</td>
</tr>
<tr>
<td>MTI, Inc.</td>
<td>2031</td>
</tr>
<tr>
<td>Robbins Instruments</td>
<td>2010</td>
</tr>
<tr>
<td>SharpLight Technologies LTD</td>
<td>1423</td>
</tr>
<tr>
<td>Syris Scientific</td>
<td>2418</td>
</tr>
<tr>
<td>Tiemann-Bernsco</td>
<td>2111</td>
</tr>
<tr>
<td>UVBIOTEK</td>
<td>3651</td>
</tr>
<tr>
<td><strong>Office Equipment &amp; Supplies</strong></td>
<td></td>
</tr>
<tr>
<td>Accurate Manufacturing Inc</td>
<td>2047</td>
</tr>
<tr>
<td>Brymill Cryogenic Systems</td>
<td>3617</td>
</tr>
<tr>
<td>Cobalt Medical Supply, Inc.</td>
<td>1411</td>
</tr>
<tr>
<td>Zimmer Medizin Systems</td>
<td>2357</td>
</tr>
</tbody>
</table>
EXHIBITORS

EXHIBITORS

Data current as of Jan. 12, 2018. While every effort is made to ensure the accuracy of data within this publication, the publisher cannot be held responsible for errors or omissions.

TKL Research 5015
UCB, Inc. 1811
VI Aesthetics 1324

Photographic Equipment & Imaging Services

3Gen, Inc./DermLite 5007
Canfield Scientific 2425
Dino-Lite Scopes BigC 4456
Fotofinder Systems, Inc 4923
Henry Schein 2610
Medical USA 5307
Mylan Inc. 3238
Quanticare 1916
STRATA Skin Sciences 2347

Phototherapy Supplies & Equipment

Beijing Sincoheren S&T Development Co., LTD 1551
Daavlin 1839
Delasco 3531
Excimer Therapies Inc. 5429
Hair Loss Control Clinic-Ultimate Hair Lasers 1220
Hironic Co., LTD 2661
Kernel Medical 1456
LightStim 1039
National Biological Corp. 1929
Ra Medical Systems, Inc. 2510
Sciton 1225
SharpLight Technologies LTD 1423
UVBIOTEK 3651

Practice Management

Advanced Dermatology & Cosmetic Surgery 4251
Advanced MD, Inc. 1815
American Society for Dermatologic Surgery 3633
Bank of America Practice Solutions 1139
CareCredit 1511
Compulink Business Systems, Inc. 1030
Forefront Dermatology 3252
Henry Schein 2610
Kaiser Permanente 2549
KCD Medical 2516
MedCo Data 2420
NextGen Healthcare 2411
Officite 4247
Skin & Cancer Associates/Advanced Dermatology Mgmt 202
West-TeleVox Solutions 1729

Publishing & Educational Materials

Aesthetic Guide, The 2652
American Society for Dermatologic Surgery 3633
CRC Press - Taylor & Francis 2521

Surgical Instruments

Acuderm 4907
AD Surgical 1451
Anthony Products/Gio Pelle 2511
Brymill Cryogenic Systems 3617
Cobalt Medical Supply, Inc. 1411
Delasco 3531
Designs for Vision, Inc. 5415
Ellis Instruments 1810
Hayden Medical Instruments 1517
Henry Schein 2610
Hironic Co., LTD 2661
Microsurgery Instruments, Inc. 3532
Robbins Instruments 2010
Tiemann-Bernsco 2111

Medical USA 5307
Medsca 1547
Midmark Corporation 1829
Miramar Labs, Inc. 2455
OCuSOFT Skin Care 4552
PerfAction Technologies 1461
Robbins Instruments 2010
SciBase 1546
Sensus Healthcare 4407
General Scientific Corp. 4357
Xoft-a subsidiary of iCAD, Inc. 1121
Zimmer Medizin Systems 2357

Pharmaceutical

Abbvie 4521, 4739
Accredo 2654
Actelion Pharmaceuticals US 2920
Allergan 3639, 4039
Amgen, Inc. 4339
Aqua Pharmaceuticals 1611
AzaClear 4851
bioskin GmbH 2153
Blaine Labs, Inc. 1518
Boiron 1549
Celgene Corporation 1239
Chemistry Rx 3456
Chemotechnique Diagnostics/
Dormer Laboratories 2916
Cobalt Medical Supply, Inc. 1411
Crown Laboratories, Inc. 2930
Cu-Tech 2147
Delasco 3531
Dow Development Laboratories 3151
ELON Hair, Nails & Skin 3750
Espada Dermatology subsidiary of Mission Pharmacal 2755
Exelixis USA 4855
Ferndale Healthcare, Inc. 4239
Galdemra Laboratories, LP 3239
Genentech, a Member of the Roche Group 4507
Henry Schein 2610
Innovadem Research 5317
ISDIN 514
Kamedis 1042
LEO Pharma Inc. 3331, 4929
Medimetriks Pharmaceuticals 3657
Medisca 1547
Merz 2939
MolluscumRx. 1031
Mylan Inc. 3238
OCuSOFT Skin Care 4552
Ontos, Inc. 5407
Ontos, Inc. 5407
Ortho Dermatologics 3217
Perrigo 3758
Pfizer Inc. 5139
Regen Lab 1255
SmartPractice 3433
Sun Pharma 4715
Symbio LLC 3149

Cuts & Cosmetic Dermatology 2319
Derm101 3453
Dermatologist, The 2519
Dermatology News 2321
Dermatology Times 5315
Elsevier 2611
ILOODA Co., Ltd 1453
JAMA Network, The 1516
Journal of Clinical and Aesthetic Dermatology 3250
Karger Publishers 1210
McGraw-Hill Education 3332
Medesthetics Magazine 2928
Medisca 1547
New Beauty Magazine 3353
NIAMS 1711
Practical Dermatology 2648
SanovaWorks including JDD 4233
Cancer Foundation, The 3627
Springer 1026
Vivacare 4832
Wiley 2819
Wolters Kluwer 2219

For the most up-to-date information, download the AAD Meeting Mobile App | 41
Attend an Industry Non-CME (INC) Program

Don’t miss out on attending Industry Non-CME (INC) Programs being held in the evening from **February 15-18, 2018**, in San Diego, CA. At the sponsoring company’s discretion, these programs may be promotional or educational in nature.

Programs are held conveniently at the Hilton Bayfront and/or Manchester Grand Hyatt, and cover a range of topics.

*These informational programs do not qualify for CME credit, and all content is under the control of the sponsoring company. These events are independent and are not part of the official AAD Annual Meeting as planned by the Scientific Assembly Committee. Pre-registration may be recommended by the sponsoring companies.*

For the latest information on specific INC program titles, times, locations, and registration go to [aad.org/incprograms](http://aad.org/incprograms).
2018 AAD ANNUAL MEETING SUPPORTERS

The American Academy of Dermatology gratefully acknowledges the following Corporate Partners for providing support of the Academy’s 2018 AAD Annual Meeting. Through their generosity, we are able to provide the following:

- eCenters
- WiFi
- Partial Support: Resident Access to Education Program at Annual Meeting
- Attendance Verification Monitors
- ePosters Exhibit Area
- Leadership and Mentoring Reception
- Press Office and Media Appreciation Luncheon
- Life After Residency: A Toolkit for Success
- Residents’ Luncheon

- LEO®
- Dermatology World Annual Meeting News Preview Edition Level B

- Lilly
- Dermatology World Annual Meeting News Post Edition Level A
- Dermatology World Annual Meeting News Preview Edition Level A
- Hotel Key Cards
- Mobile App
- Pocket Guide
- Partial Support: Resident Access to Education Program at Annual Meeting

- Novartis
- Stars of the Academy Awards Ceremony

Current contributors at time of publication.
FIND YOUR WAY AROUND THE SAN DIEGO CONVENTION CENTER

UPPER LEVEL
- Sessions

MEZZANINE LEVEL
- Sessions

GROUND LEVEL
- Exhibits
- Industry Expert Theaters
- Lobby D
- The Connection
What you’ll find in Lobby D
AAD Bistro Ticket Counter
AAD Lost & Found
AAD Meeting Concierge
Attendee/exhibitor registration
Attendee Verification
Mobile App Help Desk

What you’ll find in The Connection
AAD Resource Center
Networking Lounge
Posters
WHEN TREATING ATOPIC DERMATITIS PATIENTS

Tolerability Matters

WILL YOUR PATIENTS GET A TREATMENT WITH:

► Deep experience in clinical practice?
► A patient-friendly formulation?

Learn More
Visit Ortho Dermatologics Booth #3217
It only takes a few seconds to make a lasting impression. Every interaction, from greeting to setting the next appointment, is critical to your patient and their satisfaction.

With our new online activities, Simulated Patient Encounters, you have the ability to mirror real-life patient experiences and gain strategies to perfect your communication skills.

Choose from three activities:
- Dealing with Difficult Patients
- Medication Management
- Breaking Bad News

BUY MORE AND SAVE!

<table>
<thead>
<tr>
<th></th>
<th>MEMBER PRICE</th>
<th>RETAIL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Activity</td>
<td>$240.00/ea</td>
<td>$480.00/ea</td>
</tr>
<tr>
<td>2 or More Activities</td>
<td>$200.00/ea</td>
<td>$400.00/ea</td>
</tr>
</tbody>
</table>

Purchase at STORE.AAD.ORG
SAN DIEGO: By the numbers

EAT. DRINK. PLAY.

7,000
The number of restaurants in San Diego.

156
The number of craft breweries in San Diego.

100+
The number of wineries in San Diego County.

128
The size – in acres – of Legoland California.

90
The number of golf courses in the city. *Golf Digest* named San Diego one of the Top 50 golf destinations in the world.

434
The number of art institutions in San Diego.

1,200
The number of acres in Balboa Park, the city’s cultural hub. This area is home to 15 museums and 27 cultural institutions — including the San Diego Zoo.
San Diego produces more avocados than any other U.S. city.

SAFETY TIPS. Safety is a top priority any time you travel. Follow these common sense reminders to stay aware while in San Diego.

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

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

**Protect yourself**
- Remove your Annual Meeting badge when you are outside the San Diego Convention Center.
- Walk, ride, or jog with a partner.
- Avoid dark, isolated places.
- Be alert, look around, and be aware of your surroundings.
- Keep at least one hand free, so avoid wearing headphones or talking on your smartphone.
- Have your taxi driver watch until you enter the convention center, your hotel, or a restaurant.
- On public transportation, try to use the busiest, best-lit stop possible when you get on and off a train or bus. When riding on a train or bus, sit near the driver or operator.
- After dark, tell family or friends when to expect you and how you will be traveling.
- When at a bar, never lose sight of your drink.
- Have your hotel key or car keys out and ready to use.
- Follow your instincts. If you feel threatened, go to the nearest open business or store. Call 9-1-1 immediately.
- Always lock the front door or patio door when inside a hotel room and before leaving. Use the safety chain/lock for security.
- Never open the hotel room door unless you know who is there. If you did not call for the service, call hotel security or the front desk to see if they have sent someone to your room.
Apps make travel easy

Download these smartphone apps to make navigating San Diego and the AAD Annual Meeting easier than ever.

**AAD Meeting Mobile App**
Everything you need to navigate the meeting: Schedules, sessions, exhibitors.

**Triplt**
Consolidates your travel info and creates one easy-to-access timed itinerary. **FREE, Android + iOS**

**Happy cow**
Vegan and vegetarian restaurants. **$3.99, Android + iOS**

**Certify**
Create expense reports. **FREE, Android + iOS**

**Open Table**
Resaurant reservations. **FREE, Android + iOS**

**App in the Air**
Updated flight status, links to Triplt **FREE, Android + iOS**

**MiFlight**
Crowd-sourced airport security line wait times **FREE, iOS**

**WalkJogRun**
Find routes from your hotel based on mileage, elevation gain and more. **$4.99, iOS**

**Localeur**
Locals share what to do around town. **FREE, Android + iOS**
Take note!

Record notes from sessions you attend. Make a list of exhibitors to visit in the Exhibit Hall. Keep track of phone numbers and emails of new colleagues you meet.
Take note!
Get the news

Pick up a copy of Dermatology World Meeting News to read the latest information about the meeting. Distributed daily throughout the convention center.
Take note!
Watch your email
Review the digital Doctor’s Bag, featuring:
• Program invitations
• Prescribing information
• Demonstration schedules
Distributed each day as part of the Dermatology World Meeting News eDaily.
Take note!
Take note!
Take note!
ADVERTISER INDEX

AbbVie                  3
Allergan                1, 25, 26, 32, floor plan foldout
Beiersdorf Inc.        5
Celgene Corp.          Cover tip, 18-19, 20
Dermira Inc.           23
Episciences, Inc.      Inside front cover
Image Skincare         15
Kamedis                27
Lumenis               9
Modemizing Medicine Inc.  Back cover
Ortho Dermatologics   14, 48, 64, inside back cover
Pfizer Inc.            7, 8
ZO Skin Health Inc.   30

This advertiser index is provided for the reader’s convenience and is not part of the advertising contract. While every attempt is made to provide accurate information, the publisher cannot be held responsible for errors or omissions.
WARNING: SUICIDAL IDEATION AND BEHAVIOR
Suicidal ideation and behavior, including completed suicides, have occurred in patients treated with SLIL. Prior to prescribing SLIL, weigh the potential risks and benefits in patients with a history of depression or suicidal behavior. Some patients with new or worsening suicidal ideation and behavior should be referred to a mental health professional, as appropriate. Advise patients and caregivers to seek medical attention for manifestations of suicidal ideation or behavior, new onset or worsening depression, anxiety, or other mood changes (see Warnings and Precautions).

Because of the observed suicidal behavior in subjects treated with SLIL, SLIL is only available through a Risk Evaluation and Mitigation Strategy (REMS) called the SLIL REMS Program (see Warnings and Precautions).

CONTRAINDICATIONS
SLIL is contraindicated in patients with Cohn's disease because SLIL may cause worsening of disease (see Warnings and Precautions).

WARNINGS AND PRECAUTIONS
Suicidal Ideation and Behavior: Suicidal ideation and behavior, including 4 completed suicides, occurred in subjects treated with SLIL in the placebo-controlled trials. There were no completed suicides in the 12-week placebo-controlled portion of the trials. SLIL users have a higher risk of suicide compared to a placebo, which has been statistically confirmed. No causal link has been established between increased suicide ideation and behavior as compared to users without such a history (see Adverse Reactions).

A causal association between treatment with SLIL and increased risk of suicidal ideation and behavior has not been established. Prescribers should weigh the potential risks and benefits before using SLIL in patients with a history of depression or suicidality. Patients with new or worsening symptoms of depression or suicidality, or with a history of depression or suicidality should be carefully observed (see Warnings and Precautions).

SLIL is available only through a restricted program under a REMS (see Warnings and Precautions).

SLIL REMS Program: SLIL is available only through a restricted program under a REMS called the SLIL REMS Program because of the observed suicidal ideation and behavior in subjects treated with SLIL (see Warnings and Precautions).

Notable requirements of the SLIL REMS Program include the following:

- Prescribers must be certified.
- Patients must sign a Patient-Prescriber Agreement Form.
- Prescribers must be certified with the program and must only prescribe to patients who are authorized to receive SLIL.

Further information, including a list of qualified pharmacies, is available at www.SLILREMS.com or by calling the SLIL REMS Program Call Center at 866-957-6173.

Infections: SLIL may increase the risk of infections. In clinical trials, subjects treated with SLIL had a higher rate of serious infections than subjects treated with placebo (0.5% versus 0.2%) and higher rates of fungal infections (0.4% versus 0.0%). One case of cryoglobulinemia was reported in a subject treated with SLIL during the 12-week randomized treatment period and led to discontinuation of therapy (see Adverse Reactions). During the course of clinical trials for plaque psoriasis, the exposure-adjusted rates for infections and serious infections were similar in the subjects treated with SLIL and those treated with placebo. In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing SLIL. Instruct patients to seek medical help if signs or symptoms of clinically important or acute infections occur (see Warnings and Precautions).

Risk for Latent Tuberculosis Reactivation: Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with SLIL. Do not administer SLIL to patients with a history of latent tuberculosis infection (TB) prior to administering SLIL. Consider anti-TB therapy prior to initiation of SLIL in patients with a past history of latent or active TB infections (see Warnings and Precautions).

Cohren's Disease: In psoriasis trials, which excluded subjects with active Cohn's disease, Cohn's disease occurred in 1 subject (0.2%) treated with SLIL and led to discontinuation of therapy in that trial; no cases of Cohn's disease was observed with SLIL use. SLIL is contraindicated in patients with Cohn's disease. Discontinue SLIL if the patient develops Cohn's disease while taking SLIL.

Immunizations: Avoid immunizations in patients treated with SLIL. No data are available on the ability of live or inactivated vaccines to elicit an immune response in patients being treated with SLIL.

ADVERSE REACTIONS
The following serious adverse reactions are discussed in greater detail in other sections of labeling:

- Suicidal ideation and behavior (see Warnings and Precautions)
- Infections (see Warnings and Precautions)
- Cohn's disease (see Contraindications, Warnings and Precautions)

Clinical Trial Experience: Because clinical trials are conducted under varying conditions, adverse reactions observed in the clinical trials of a drug may not be directly comparable to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The overall safety population included 4558 subjects (1066 SLIL, 613 ustekinumab, 783 placebo) enrolled in placebo-controlled clinical trials and open-label extension studies. The majority of subjects were male (88%), white (91%), and aged 45-84 years old (58%). One-third of subjects reported previous biologic use prior to enrollment. Across the clinical development program, 4246 subjects received at least one dose of SLIL. 3795 subjects were exposed to SLIL for at least 1 week (3 patients). 312 (data from one multicenter randomized placebo-controlled trial (Trial 1), two multicenter, randomized, placebo- and active-controlled trials (Trials 2 and 3), and one dose-finding Trial (Trial 4) in placebo- and active-controlled trials were pooled to evaluate the safety of SLIL 210 mg weekly at Weeks 0, 1, 2, 3, and exposure to treatments 328 subjects through up to 12 weeks after treatment initiation.

During the 12-week randomized treatment period, about 1% of the subjects in the treatment groups (SLIL, ustekinumab and placebo) discontinued treatment because of adverse events. Adverse events leading to discontinuation of SLIL included neutropenia, anemia, and neutropenia. The proportion of subjects who developed adverse events that led to discontinuation of SLIL was similar among the groups treated with SLIL, placebo, and ustekinumab.

Table 1 summarizes the adverse reactions that occurred at a rate of at least 1% and at a higher rate in the SLIL 210 mg QW group than in the placebo group during the 12-week randomized treatment period of the placebo trials.

Table 1: Adverse Reactions Occurring in ≥1% of Subjects in the SLIL Group and More Frequently than in the Placebo Group in Plaque Psoriasis Trials Through Week 12

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>SLIL (N=1173)</th>
<th>SLIL 210 mg every 2 weeks*</th>
<th>Placebo (N=1173)</th>
<th>Placebo (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>29.1(41)</td>
<td>29.1(41)</td>
<td>3.0(41)</td>
<td>15.2(41)</td>
</tr>
<tr>
<td>Headache</td>
<td>31.6(37)</td>
<td>31.9(37)</td>
<td>3.3(37)</td>
<td>23.3(37)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>10.0(11)</td>
<td>13.6(11)</td>
<td>3.0(11)</td>
<td>16.1(11)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>10.0(11)</td>
<td>12.4(11)</td>
<td>3.0(11)</td>
<td>10.9(11)</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>2.0(2)</td>
<td>2.0(2)</td>
<td>0.7(2)</td>
<td>0.7(2)</td>
</tr>
<tr>
<td>Nasal congestion</td>
<td>3.0(3)</td>
<td>3.0(3)</td>
<td>0.7(3)</td>
<td>6.7(3)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>3.0(3)</td>
<td>3.0(3)</td>
<td>0.7(3)</td>
<td>4.0(3)</td>
</tr>
</tbody>
</table>
For moderate to severe plaque psoriasis, some roadblocks are a good thing.

INDICATION
SILIQ™ injection is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL IDEATION AND BEHAVIOR
Suicidal ideation and behavior, including completed suicides, have occurred in patients treated with SILIQ. Prior to prescribing SILIQ, weigh the potential risks and benefits in patients with a history of depression and/or suicidal ideation or behavior. Patients with new or worsening suicidal ideation and behavior should be referred to a mental health professional, as appropriate. Advise patients and caregivers to seek medical attention for manifestations of suicidal ideation or behavior, new onset or worsening depression, anxiety, or other mood changes [see Warnings and Precautions (5.1) in the full Prescribing Information].

Because of the observed suicidal behavior in subjects treated with SILIQ, SILIQ is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the SILIQ REMS Program [see Warnings and Precautions (5.2) in the full Prescribing Information].

Crohn’s Disease SILIQ is contraindicated in patients with Crohn’s disease. In clinical trials, which excluded Crohn’s patients, one SILIQ-treated patient was withdrawn after developing Crohn’s disease.

SILIQ Risk Evaluation and Mitigation Strategy (REMS) Program SILIQ is available only through a restricted program called the SILIQ REMS because of observed suicidal ideation and behavior in patients treated with SILIQ. Before prescribing SILIQ, prescribers must be certified with the program, have each patient sign a Patient- Prescriber Agreement Form, and provide the patient a Wallet Card describing symptoms requiring immediate medical evaluation. Pharmacies must be certified and only dispense to patients authorized to receive SILIQ. More information is available at SILIQREMS.com.

Infections SILIQ may increase the risk of infections. Serious infections and fungal infections were observed at a higher rate in patients treated with SILIQ than placebo-treated patients in clinical trials, including one case of cryptococcal meningitis that led to discontinuation of therapy.
  • Consider risks and benefits prior to prescribing SILIQ in patients with a chronic infection or history of recurrent infection
  • Instruct patients to seek treatment if signs or symptoms of a chronic or acute infection occur

Risk for Latent Tuberculosis (TB) Reactivation Evaluate patients for TB prior to initiating treatment with SILIQ and do not treat patients with active TB. Initiate treatment for latent TB prior to starting SILIQ and consider anti-TB therapy prior to initiation in patients with history of latent TB if adequate treatment cannot be confirmed. Monitor closely for symptoms of active TB during and after treatment.

Immunizations Avoid use of live vaccines in patients treated with SILIQ.

Adverse Reactions The most commonly reported adverse reactions in clinical trials were arthralgia, headache, fatigue, diarrhea, oropharyngeal pain, nausea, myalgia, injection site reactions, influenza, neutropenia, and tinea infections.

To report SUSPECTED ADVERSE REACTIONS, contact Valeant Pharmaceuticals at 1-800-321-4576 or FDA at 1-800-FDA-1088, or visit www.fda.gov/MedWatch.

Please see Brief Summary of Full Prescribing Information on following page.

SILIQ is a trademark of Ortho Dermatologics’ affiliated entities. © 2018 All rights reserved. SLQ.0019.USA.18
It’s Time to Get More from Your EHR

“We had an increase in encounters of approximately 13% and an increase in net collections by 17%. The data has proven that EMA has enabled us to be more productive.”

– ED PONATOSKI, EXECUTIVE CHAIRMAN, ANNE ARUNDEL DERMATOLOGY

Something happens when you use EMA™ – our EHR software built by practicing dermatologists. You suddenly get more.

See the #1 derm-specific EHR system* (as rated by Black Book Research) at booth #2711