

ONSITE PROGRAM



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WEDNESDAY, SEPTEMBER 14, 2011

Board of Directors Meeting and Breakfast

8:00 am - Breakfast

8:30 am - Meeting

Luna Board Room

Board of Directors and Spouse/Guest Lunch

12:00 pm – 1:30 pm

Terrace

Registration

4:00 pm – 7:30 pm

Terrace

Opening Reception

6:00 pm – 7:30 pm

Arbor Patio

Vocal and Piano Concert and Sing Along

Dessert Reception to follow

ADA Members Tor Shwayder, MD and John Yarborough, MD

8:00 pm

Ballroom

THURSDAY, SEPTEMBER 15, 2011

Registration

6:30 am – 12:15 pm
Silverado Foyer

Continental Breakfast for ADA Members

6:45 am – 8:00 am
Fairway Deck

Breakfast for Registered Spouses/Guests

8:00 am – 9:30 am
Vintners Court

NEW MEMBER CONCURRENT SESSIONS

7:00 am – 8:00 am

Session IA – Andrew Lazar, MD, Session Moderator Ballroom

7:00 am	Christopher Shea, MD	Immunohistochemistry for IgG4 on Paraffin Sections for the Diagnosis of Pemphigus
7:12 am	Arthur Papier, MD	Clinical Decision Support and Dermatology
7:24 am	Janet Hickman, MD	Dandruff: A Somewhat Flaky Topic
7:36 am	Gil Yosipovitch, MD	The YosopovITCH Journey
7:48 am	Barbara Mathes, MD	Medicine and the Art of War: Stories from Combat Artists

Session IB – Nicolas Soter, MD, Session Moderator Vintners Court

7:00 am	Stuart Lessin, MD	Topical Mechlorethamine (NM) in Mycosis Fungoides (MF) Cutaneous T-Cell Lymphoma; A Long Journey to Approval
7:12 am	Joan Guitart, MD	Cutaneous Gamma-Delta Lymphomas and Related Conditions
7:24 am	George Reizner, MD	Combined Med-Derm Training. Does it work?
7:36 am	Fu-Tong Liu, MD	A SWEET Journey: the Discovery of SUGAR-Binding Protein Family and Beyond
7:48 am	Howard Pride, MD	Leadership Lessons from Camp Discovery/Camp Horizon

THURSDAY (continued)

8:00 a.m. First Executive Session (ADA Members)

Silverado Ballroom

- | | | |
|---------|--|-------------------------|
| 8:15 am | Opening Remarks | David Pariser, MD |
| 8:30 am | Induction of New Members: Active and International Honorary Members | Marianne O'Donoghue, MD |
| 9:15 am | Presidential Address
"The History of Dermatology in Chicago"
Dedicated to Marshall Blankenship, MD | Marianne O'Donoghue, MD |

Member Break

9:45 am – 10:15 am

Fairway Deck

THURSDAY SCIENTIFIC SESSION (ADA Members, Spouses and Guests Invited)

10:15 am - 12:30 pm

Silverado Ballroom

CONTROVERSIES IN DERMATOLOGY

Health System Reform: How Will It Impact Dermatology?

Health Care Reform Panel: Jack Resneck, Jr., MD, Karen Collishaw, Deputy Executive Director, American Academy of Dermatology, Washington Office

10:15 am-11:45 am

The health system reform legislation passed in 2010 is now being challenged in the courts and in Congress. Provisions of the bill are already being implemented piece by piece. In this session, we will catch up on the latest implications for dermatology, examine the challenges facing medicine with or without the legislation, and have a chance for audience discussion about where medicine goes from here.

Conflict of Interest Disclosure: Not Enough or Far Too Much

Ronald Moy, MD, Session Moderator

11:45 am -12:30 pm

- | | | |
|----------|---|---------------------|
| 11:45 am | Conflict of Interest Disclosure – Not Enough | Andrew Blauvelt, MD |
| 12:00 pm | Conflict of Interest Disclosure – Far Too Much | Theodore Rosen, MD |
| 12:15 pm | Discussion/Audience and Panel | |
| 12:30 pm | Session Adjourns | |

THURSDAY (continued)

Optional Afternoon Activities-(Separate Registration and Fee required)

Rutherford and Mumm Winery Tour and Tasting

2:00 pm (sharp) – 5:30 pm

Buses leave from main parking lot in front of Sales Office

Wine Blending

2:00 pm – 5:00 pm

Vintners Court

Dinner Honoring New Members and Spouses/Guests

All ADA Members and Registered Guests

6:30 pm - **“Cabernet Chaos” Reception**

Introduction of New Members and Spouses/Guests (Dress: Casual)

The Grove

7:30 pm - Dinner

The Grove

FRIDAY, SEPTEMBER 16, 2011

Registration

6:30 am – 12:15 pm
Silverado Foyer

Breakfast for ADA members

6:45 am – 8:15 am
Fairway Deck

Breakfast for Registered Spouses/Guests

8:00 am – 9:30 am
Royal Oak

NEW MEMBER CONCURRENT SESSIONS

7:00 am – 8:00 am

Session IIA – Jean Bolognia, MD, Session Moderator Ballroom

- | | | |
|---------|---------------------|--|
| 7:00 am | Zsolt Argenyi, MD | Bridging the Gap: From Dermatoscope to Microscope |
| 7:12 am | Stanley Miller, MD | National Comprehensive Cancer Network's (NCCN's) Guidelines of Care for Nonmelanoma Skin Cancer |
| 7:24 am | Susan Swetter, MD | Challenges of Successful Early Melanoma Detection |
| 7:36 am | Rhoda Alani, MD | Melanoma Translational Research: From Bedside and Back |
| 7:48 am | Jeffrey Travers, MD | Fibroblast Senescence in Photocarcinogenesis: Why Cutaneous Rejuvenation Procedures will Protect Against Skin Cancer |

Session IB – Margaret Parsons, MD, Session Moderator Napa Hall

- | | | |
|---------|--------------------|--|
| 7:00 am | Marta Van Beek, MD | Surgical Reconstruction: Breaking All the Rules |
| 7:12 am | Suzanne Kilmer, MD | Novel Uses of Fractional Resurfacing for Difficult Dermatologic Conditions |
| 7:24 am | Ken Lee, MD | Surgical Pearls for the General Dermatologist |
| 7:36 am | Jonathan Weiss, MD | The Academic Practitioner: Naming a Career Path for a New Generation of Dermatologists |

FRIDAY (continued)

8:00 a.m. **Second Executive Session (ADA Members)**

Silverado Ballroom

Election of Officers and Director

Marianne O'Donoghue, MD, President

FRIDAY FIRST SCIENTIFIC SESSION (all ADA members)

8:15 am – 10:00 am

Silverado Ballroom

Young Leadership Award and Lecture

“Stopping the Atopic March from the Outside In”

Eric Simpson, MD *Introduction by Jon Hanifin, MD*

8:15 am – 8:45 am

Eric Simpson is an Associate Professor and Director of Clinical Studies in the Department of Dermatology at Oregon Health & Science University. He is a general medical dermatologist and has a clinical interest in chronic inflammatory diseases in children and adults. His research focuses on atopic dermatitis and he has been under the mentorship of Jon Hanifin and Frances Storrs since he was a resident. He was recently awarded a Career Development Award from the National Institutes of Health to explore novel strategies of eczema prevention using skin barrier protection. His research has included both epidemiological studies as well as clinical trials of new systemic therapies for severe atopic dermatitis. He sits on the Executive Committee for the Harmonizing Outcome Measures in Eczema (HOME) Group, an international group created to improve the quality of research in this field. His stated research goal is to improve the lives of patients with eczema and their families through a better understanding of the disease and by finding new ways to treat and prevent it.

What's New In Melanoma

Darrell Rigel, MD, Session Moderator

8:45 am	What's New in Epidemiology of Melanoma	Darrell Rigel, MD
9:00 am	What's New in Diagnosis of Melanoma	Arthur Sober, MD
9:15 am	What's New in Treatment of Melanoma	Gary Rogers, MD
9:30 am	What's New in the Dermatopathology of Melanoma	Clay Cockerell, MD
9:45 am	Discussion	

Members Break

10:00 – 10:30 am

Fairway Deck

FRIDAY (continued)

Pitfalls, Perils and Pearls

Darrell Rigel, MD, Session Moderator
10:30 am – 12:30 pm - Ballroom

This session is an update on the top latest pitfalls, complications and perils (plus a few pearls) in the following areas:

Pediatric Dermatology

Amy Paller, MD

Medical Dermatology

Jeffrey Callen, MD

HIV

Marcus Conant, MD

Surgical Dermatology

Mary Maloney, MD

Contact Dermatology

David Cohen, MD

Aesthetic Dermatology

Susan Weinkle, MD

Lasers

Christopher Zachary, MD

Dermatopathology

Ronald Rapini, MD

Office Efficiency

Allan Wirtzer, MD

Hair Disorders

Maria Hordinsky, MD

Nail Problems

Phoebe Rich, MD

OPTIONAL AFTERNOON ACTIVITIES (Registration and Fee Required)

ASIAN BUFFET LUNCH

12:30 pm

Join Sushi Cooking Class registrants for a chef-prepared Asian Buffet
Royal Oak

ADA Tennis Tournament (Box lunch included)

1:00 pm

Tennis Complex

ADA Golf Tournament (Box lunch included)

1:00 pm

Silverado North Course

Bocce Ball

2:00 pm

The Spa Bocce Courts

EVENING AT LEISURE

SATURDAY, SEPTEMBER 17, 2011

Registration

6:30 am – 12:00 pm

Terrace

First 5-year Member Breakfast Session

6:45 am – 7:45 am

Napa Hall

Note: This session limited to ADA members elected from 2007-2011 and Board members to discuss issues of common interest.

Breakfast for ADA members

6:45 am – 8:15 am

Fairway Deck

Breakfast for Registered Spouses/Guests followed by a Special Presentation

8:00 am – 9:30 am

Napa Hall

Good Spots and Bad Spots (No, Not on the Skin) For Development and Living

Special presentation by David Sander, PhD

9:30 am – 10:15 am

Presentation by New International Members - Ballroom

7:00 am – 8:00 am

International Advances in Dermatology – Presentation by New International Members

Mark Nestor, MD, Session Moderator

7:00 am	Melanoma Prevention: A Story of Success	Andreas D. Katsambas, MD
7:12 am	Eyelash physiology & Clinical Trial of Bimatoprost for its Augmentation in Asian Subjects	Hee Chul Eun, MD
7:24 am	The Importance of Being Red	Jonathan Rees, MD
7:36 am	Tropical Light, Heat & Sweat Correlation	Vermén Verallo-Rowell, MD
7:48 am	Constituent-Based Diagnosis of Food Allergies	Hans Merk, MD

SATURDAY (continued)

Drug Deals

Raymond Cornelison, Jr, MD, Session Moderator

8:00 am – 9:30 am Ballroom

Panel: Humberto Antunes, Steven Clark, Stephen Katz MD, Charles Stiefel, David Pariser MD

This session will explore the relationship between pharmaceutical companies and Dermatology, past, present and future. CMSS guidelines and PhRMA guidelines for physician relationships will be explored through lively discussion with panel and audience.

CHARLES W. STIEFEL

Charles Stiefel has over 29 years of experience in the pharmaceutical industry. In 2001, he became Chairman and CEO of Stiefel Laboratories, Inc., a specialty dermatology company with flat sales of approximately \$250 million. Over the next 8 years, the company made several key acquisitions and in-licensing deals, nearly quadrupling sales and dramatically enhancing its pipeline. In July, 2009, Stiefel Laboratories was acquired by Glaxo SmithKline for \$3.6 billion.

Mr. Stiefel earned his B.S. degree at Yale University, and was valedictorian of his class at Albany Law School. Following law school, he performed legal research for the Appellate Division of the New York State Supreme Court, and was subsequently a partner in the New York law firm of Bagley, Chadderdon, Pulver & Stiefel. In 2003, he was awarded the Lifetime Achievement Award by the South Florida Dermatology Foundation, and in 2006 was named Ernst & Young's Entrepreneur of the Year in Health Sciences for the State of Florida. In 2007, he was honored with both the Distinguished Service Award by the American Academy of Dermatology and the Distinguished Corporate Leader Award by the Women's Dermatologic Society. In 2009, he was a national finalist in Ernst & Young's Entrepreneur of the Year competition.

STEVEN CLARK

Steven Clark was President of Coria Laboratories from 2003-2009 and Worldwide Chairman of Dermatology through 2010. He has over 40 years' experience in sales, marketing and product development in the dermatology industry. Prior to his positions with Coria, he was President of Galderma Laboratories where he managed the company's dynamic growth, which includes the development of its highly successful brands: Cetaphil®, DesOwen®, MetroGel® and Differin®. Combined he spent 34 years with Galderma Laboratories and Alcon Laboratories and was inducted into Alcon's distinguished Hall of Fame.

Mr. Clark is a recipient of the Distinguished Service Award from the American Academy of Dermatology (AAD) and is an Honorary Member of the AAD. He also served on various committees for the AAD. He has supported and heavily contributed to the Dermatology Foundation, local, state and regional societies.

HUMBERTO C. ANTUNES

Humberto C. Antunes President and Chief Executive Officer of Galderma Laboratories, one of the world's largest dermatology pharmaceutical companies. After joining Galderma in 1997 to head up its Latin American business from his native Brazil, he went on to manage Galderma's North American operations, and in 2004 was appointed to his current position by Galderma's Board of Directors.

His twenty-plus years of experience spans the globe, beginning his career with Sandoz Pharmaceutical division (now Novartis) in the United States. In the years that followed, he accepted positions of increasing responsibility that took him and his family through the United States several times, Switzerland, Italy, Argentina, Colombia, Germany, France and currently in Lausanne (Switzerland).

His commitment to dermatology extends beyond his duties heading up Galderma. An active member of the American Academy of Dermatology, the International Society of Dermatology, Women's Dermatologic Society, the ASPDT – American Society for Photodynamic Therapy, he has also volunteered in several committees, task-forces and boards such as the Texas Neurofibromatosis Society and the Brazilian Salvation Army. He currently serves on the Board of Directors of the FIDE – Foundation for International Dermatologic Education and the American Skin Association. In addition, he often acts as a speaker in business and scientific forums, earning him several industry service awards.

After obtaining a degree in Business Administration from the University of Nebraska Mr.. Antunes continued his management studies at the Johnson Graduate School of Management, Cornell University, Ithaca, NY, United States, and the IMD Lausanne, Switzerland.

A true global CEO, Humberto C. Antunes is fluent in six languages and shares his time between Lausanne (Switzerland), Paris (France) and Fort Worth, Texas (United States), the home cities of Galderma's world headquarters, Corporate Services offices and U.S. headquarters respectively. He is married and has three children.

SATURDAY (continued)

8:00 a.m.	Council of Medical Specialties Code for Interaction With Companies	David Pariser, MD
8:15 am	Industry Physician Interaction	Stephen Katz, MD
8:30 am	Pharmaceutical Research and Manufacturers of America Code on Interaction with Healthcare Providers	Steven Clark, Charles Stiefel, Humberto Antunes
8:45 am	Panel and Audience Discussion	

Is Mohs Surgery Overused?

Brett Coldiron, MD, Session Moderator

9:30 am – 10:15 am

9:30 am	Mohs Surgery is Overused and Abused	Brett Coldiron, MD
9:45 am	Mohs Surgery is Not Overused and Abused	Daniel Siegel, MD
10:00 am	Discussion and Comments: Panel and Audience	

Members Break

10:15 am – 10:45 am

Terrace

SATURDAY SECOND SCIENTIFIC SESSION (all ADA members)

10:45am – 12:30 pm

Silverado Ballroom

The Five Minute WOW! Phoebe Rich, MD, Session Moderator

The following ADA members have generously agreed to give us five minutes of their best: it may be an incredible case, what made them famous, a blunder that they learned from, a scientific breakthrough, an epiphany, a pearl, their all-time favorite patient/case/disease/story in dermatology, or anything else that they wish to WOW us with.

Kim Yancey, MD
Ilona Frieden, MD
Erin Boh, MD
Brian Berman, MD
Timothy Berger, MD
Lynn Drake, MD
James Taylor, MD

John Wolf, MD
Michael Tharp, MD
Lawrence Schachner, MD
James Ertle, MD
Gerald Krueger, MD
Lynn Cornelius, MD

12:30 pm **Session Adjourns**

SATURDAY (continued)

OPTIONAL AFTERNOON ACTIVITY (Registration and Fee Required)

Napa Valley Cycling and Winery Tour (lunch included)

1:00 pm – 5:00 pm

PRESIDENT'S COCKTAIL RECEPTION AND DINNER DANCE

Markham Vineyard

ATTIRE: BLACK TIE

**6:00 PM (SHARP) BUSES DEPART FROM THE SILVERADO
MAIN PARKING LOT IN FRONT OF SALES OFFICE**

*PLEASE NOTE: PRIVATE PARKING IS NOT
AVAILABLE AT MARKHAM VINEYARD – BUS
TRANSPORTATION IS REQUIRED*

COCKTAIL RECEPTION

6:30 -7:30 PM

**PHOTO SESSION FOR NEW MEMBERS, SPOUSES
AND BOARD OF DIRECTORS
(ATTENDANCE REQUIRED)**

6:30 PM

AT MARKHAM VINEYARD

**DINNER, ENTERTAINMENT AND DANCING TO
THE “MUSIC OF THE NIGHT”**

7:30 PM

SUNDAY, SEPTEMBER 18, 2011

Registration

7:30 am – 8:30 am
Terrace

Board of Directors Meeting

7:30 am – 8:30
The Luna Boardroom

Farewell Breakfast Buffet (ADA Members, Spouses and Guests)

7:30 am – 9:00 am
Silverado Ballroom

Sunday Scientific Session

9:00 am – 11:00 am
Silverado Ballroom

Science and Technology in Dermatology 2011 Michael Tharp, MD, Session Moderator

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|----------|--|---|
| 9:00 am | Practice Gaps | Erik Stratman, MD |
| 9:15 am | Decision Making in Dermatology: Is it Evidence-Based? | William Eaglstein, MD
and Robert Kirsner, MD |
| 10:00 am | Evidence-Based Procedural Dermatology | Murad Alam, MD |
| 10:15 am | Technology for Dermatologists | Daniel Siegel, MD |
| 10:30 am | Mechanism-Based Medical Approaches to Treating Skin Cancer | Andrzej Dlugosz, MD |
| 10:45 am | Questions and Discussion | |
| 11:00 am | Third Executive Session
(ADA Members) | |
| | Proposed New Members for 2012
David Pariser, MD, Secretary-Treasurer | |
| | Suggestions for Next Year's Scientific Program
2012 ADA Annual Meeting
October 24-28, 2012
Washington, DC
Andrzej Dlugosz, MD, Program Chair | |
| 11:15 am | Meeting Concludes | |

THE SILVERADO RESORT, NAPA VALLEY, CA
Thursday, SEPTEMBER 15th, 2011
8:00 AM - First Executive Session - The Ballroom

Call to Order

Establishment of a Quorum
Report of the Board of Directors
Report of the Secretary-Treasurer
Report of the Historian
Report of the Nominating Committee
Report of the Committee on Membership

Introduction of New Active Members

Zsolt Argenyi, MD	Seattle, Washington
Rhoda Alani, MD	Boston, Massachusetts
Joan Guitart, MD	Wilmette, Illinois
Janet Hickman, MD	Lynchburg, Virginia
Suzanne Kilmer, MD	Sacramento, California
Stuart Lessin, MD	Haverford, Pennsylvania
Ken Lee, MD	Lake Oswego, Oregon
Fu-Tong Liu, MD, PhD	West Sacramento, California
Barbara Mathes, MD	Doylestown, Pennsylvania
Stanley Miller, MD	Baltimore, Maryland
Arthur Papier, MD	Rochester, New York
Howard Pride, MD	Danville, Pennsylvania
George Reizner, MD	Madison, Wisconsin
Christopher Shea, MD	Chicago, Illinois
Susan Swetter, MD	Portola Valley, California
Jeffrey Travers, MD	Indianapolis, Indiana
Marta Van Beek, MD, MPH	Iowa City, Iowa
Jonathan Weiss, MD	Atlanta, Georgia
Gil Yosipovitch, MD	Winston-Salem, North Carolina

Introduction of New International Members

Hee Chul Eun, MD, PHD	Seoul, Republic of Korea
Andrea Katsambas, MD	Athens, Greece
Jonathan Rees, MD, BMedSci, Mbbs, FRCP, FRCPE, FMedSci	Edinburgh, Scotland
Hans Merk, MD	Aachen, Germany
Vermen Verallo-Rowell, MD	Makati, Philippines

Posthumous International Member Induction

Edith Nnoruka, MD	Enuga, Nigeria
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Unfinished Business

New Business

Adjournment

THURSDAY, SESSION IA

Immunohistochemistry for IgG4 on Paraffin Sections for the Diagnosis of Pemphigus

Christopher R. Shea, MD

Chicago, IL

Pemphigus is a group of autoimmune vesiculobullous diseases characterized by IgG antibodies directed against desmosomal adhesion proteins, with IgG4 being the predominant subclass in active disease. Direct immunofluorescence (DIF) for IgG performed on fresh-frozen tissue plays a crucial role in diagnosing pemphigus. However, such diagnosis might be hindered when frozen tissue is not available. In this study, we used immunohistochemistry for IgG4 performed on paraffin sections as a diagnostic test for pemphigus. Eighteen immunofluorescence-proven pemphigus cases (12 pemphigus vulgaris and 6 pemphigus foliaceus) were studied. Four normal skin specimens and 10 non-pemphigus vesiculobullous disease specimens served as controls. Paraffin sections of all cases were examined immunohistochemically for IgG4 expression. Positivity was defined as distinct, condensed, continuous immunoreactivity localized to the intercellular junctions of keratinocytes. The results were independently evaluated by three pathologists, with a 100% inter-observer agreement. Nine of 12 pemphigus vulgaris cases (sensitivity 75.0%), and 4 of 6 pemphigus foliaceus cases (sensitivity 66.7%), were positive for IgG4 immunohistochemical stain. The overall sensitivity was 72.2%. None of the control specimens showed IgG4 positivity (specificity 100%), although non-specific staining was present. In the specimens demonstrating acantholysis, 8 of 10 pemphigus vulgaris cases (sensitivity 80.0%) and 4 of 4 pemphigus foliaceus cases (sensitivity 100.0%) were positive for IgG4. The overall sensitivity for specimens with acantholytic lesions was 85.7%. In conclusion, immunohistochemistry for IgG4 provides a reasonably sensitive and highly specific diagnostic tool for diagnosing pemphigus, especially when frozen tissue is not available, and when active acantholytic lesions are examined.

Clinical Decision Support and Dermatology

Arthur Papier, MD

Rochester, NY

I firmly believe that if given a choice, many dermatologists would choose to split rock an hour a day in a prison yard than adopt a computerized medical record. Deploying and using a computerized medical record is fraught with peril. Many are not user friendly and not optimized for our visual specialty. In the initial year they often add an hour to our day and make us less efficient. So it is no surprise that many established dermatologists are delaying adopting electronic health records. Eventually the electronic records will recognize our voices, be easy to use and we will be pleased or we will retire. In the meantime we are more impressed with our Ipads and mobile phones that seem much easier to use. These computers in our pockets while used for entertainment, books, movies, directions and games are also revolutionizing access to medical knowledge. In dermatology, mobile clinical decision support already assists therapy, testing, diagnosis and patient education. The tools are low cost, easy to use and are changing the way we practice medicine.

Dandruff: A Somewhat Flaky Topic

Janet G. Hickman, MD

Lynchburg, VA

Dandruff is a prevalent condition of concern to patients but often neglected in dermatology training. Information will be presented about the characteristics and etiology of dandruff and seborrheic dermatitis. Dandruff is a classic example of the interplay of heredity, environment and the immune system. An understanding of pathophysiology will be related to treatment options. An intriguing theory about the evolutionary value of dandruff will be included.

The YosipovITCH Journey

Gil Yosipovitch, MD

Winston-Salem, NC

As a resident in medicine I was intrigued with the suffering of dialysis patients with chronic itch and our lack of understanding of its pathogenesis and management. This led me to complete a residency in dermatology and travel from ‘West’ UCSF San Francisco to ‘East’ Singapore and back to Israel. During this time I was introduced to the fascinating field of skin sensation and in particular, to itch and scratch. I found that there is significant crosstalk between keratinocytes, skin nerves, and the brain. I also learned about different cultures and the differences in itch characteristics in skin and systemic diseases in various ethnic backgrounds. The terrain that my research covers includes exploring the cognitive, emotional and behavioral components of itch and scratching and therapies that can attenuate the itch response.

This lecture will cover the collaborative studies I have performed in 3 continents and underlies my continued interest in scratching for an explanation for this common problem.

Medicine and the Art of War: Stories from Combat Artists

Barbara M. Mathes, MD

Doylestown, PA

Artists have long painted wars and warriors. Heroism, the glory of conquests, and sorrows of the vanquished are common themes. Over the past century, war art has been created by artists who are members of the military. The art created tells stories of their experiences in war, reflecting the sensibility and sensitivity of the dual self, artist and soldier. Medical depictions of the wounded, the healing, medics, nurses, doctors, and fellow soldiers involved in the care of others tell stories of day-to-day life in war zones. This presentation reviews paintings and drawings by combat artists from World War I through the present conflicts, focusing on the portrayal of medical images. Medical advances brought about by war are depicted. The non-physical wounds of war are portrayed by artists in each war. Combat artists share their stories of suffering, healing, fear, courage, savagery and kindness, and those experiences that cannot be conveyed through words.

THURSDAY, SESSION IB

Topical Mechlorethamine (NM) in Mycosis Fungoides (MF) Cutaneous T-cell Lymphoma: A Long Journey to Approval

Stuart R. Lessin, MD

Philadelphia, PA

Mechlorethamine is an alkylating agent, approved by the U.S. FDA in 1949 as the first systemic chemotherapy for use in the management of lymphomas including mycosis fungoides (MF), the most common type of cutaneous T-cell lymphoma (CTCL). Topical application of NM was pioneered by American dermatologists for the treatment of MF/CTCL, psoriasis and histiocytosis X. Over six decades, its efficacy (mixed in aqueous solution or compounded into a petrolatum-based ointment) in the treatment of MF has been reported in large case series. Yet, there has been no formal regulatory approval of NM topical formulations, making access problematic, and the agent has never before been manufactured under GMP standards. The largest multi-center, randomized, observer-blinded clinical trial in MF/CTCL was recently completed (n = 260) and yielded positive results testing the efficacy and safety of a manufactured 0.02% NM gel compared to a compounded 0.02% NM petrolatum ointment in MF/CTCL. Trial results will be presented and demonstrate that a manufactured 0.02% NM gel addresses an important unmet medical need in MF/CTCL.

Cutaneous Gamma-Delta Lymphomas: The US Experience

Joan Guitart, MD

Wilmette, IL

Guitart J (1), Subtil A (2), Kim E (3), Duvic M (4), Wood G (5), Weisenburger D (6), Olsen E (7), Junkins-Hopkins J (8), Rosen S (1), Sundram U (2), Ivan D (5), Selim A (7), Zwerner J (2), Kim Y (2). *Depts of Dermatology, Pathology and/or Internal Medicine, Hem/onc division at (1) Northwestern U Chicago IL, (2) Yale U New Haven CN, (3) U Pennsylvania Philadelphia PA, (4) MD Anderson Houston TX, (5) U Wisconsin WI, (6) U Nebraska NE, (7) Duke U Durham NC, (8) Johns Hopkins U Baltimore MA.*

We reviewed our multicenter experience with $\gamma\delta$ lymphomas first presenting with skin lesions. The cases were selected during 3 workshops on cytotoxic lymphomas where over 100 cases were reviewed by a panel of pathologists and clinicians. Diagnostic consensus with objective grading of pathological features and clinical data was obtained. 38 subjects (23M; 15F) with a median age of 61 y (range 7-84) were selected. The median duration of lesions at the time of presentation was 2.5 years (3 m-20 y). Most common presentation was extensive panniculitic-like often ulcerated plaques (23p). Others presented with patches resembling psoriasis or MF often with erosive changes (10). Single lesions or localized areas of involvement resembling cellulitis or pyoderma were reported in 8 patients. The most common anatomic site of involvement was the legs (27) followed by the torso (22) and arms (19). Head and neck region was affected less frequently (10). Constitutional symptoms were reported in 20/32 patients, including patients with limited skin involvement. Significant PMH included lymphoproliferative processes (4), autoimmunity (12), internal carcinomas (3) and hepatitis (2). Four patients carried the diagnosis of "lupus panniculitis". Lymphadenopathy (3/32) and bone marrow involvement (6/24) were uncommon and serum LDH was elevated in 20/25 patients (average LDH level of 1.9 x UNL). 18/27 had positive PET and/or CT scans mostly with soft tissue or nodal involvement. Parenchymal involvement was unusual (2). Disease progression was associated with extensive ulcerated lesions resulting in 22 deaths including complications of hemophagocytic syndrome (4) and CNS involvement (2). Skin biopsies showed predominantly dermal (25), intraepidermal (8) or subcutaneous (16) infiltrates. Lymphocytes were mainly of intermediate size. Signs of cytotoxicity such as extensive necrosis (8), hemorrhage (9), vasculitis (6) and karyorrhexis (8) were noted. The most common phenotype was CD3+/CD4-/CD5-/CD8-/BF1-/gamma M1+/TIA-1+/granzymeB+/CD45RA-/CD7-. 12 cases were CD8+ and 3 EBV+. This is the largest study to date on cutaneous $\gamma\delta$ lymphomas showing a variety of clinical and pathological patterns of presentations with a predictable poor outcome.

Combined Med-Derm Training: Does it Work?

George Reizner, MD

Madison, WI

Complimentary training and board certification in the fields of Internal Medicine and Dermatology is a well-recognized pathway for interested learners. Many senior colleagues did sequential residencies and for a time the ability to complete 30 months in Internal Medicine followed by 30 months in Dermatology was an accepted option. More recently a new alternative was created through the ACGME approved combined training programs in Internal Medicine and Dermatology. The key change in the combined residencies is experience in both specialties throughout the five years instead of consecutive residencies. Some obvious and other subtle nuances make administering this program and selecting candidates both challenging and rewarding. This presentation reflects The University of Wisconsin's 10 year experience in developing, initiation and managing the combined training program in Internal Medicine and Dermatology.

A SWEET Journey: Discovery of a SUGAR-binding Protein Family and Beyond

Fu-Tong Liu, MD, PhD

Academia Sinica, Taiwan

Earlier in my career, my research was focused on allergy/immediate hypersensitivity. We discovered an IgE-binding protein, which was subsequently found to be a lectin. This then led to the discovery of the galectin family (beta-galactoside-binding lectin), defined by their affinity for galactosides and consensus amino acid sequences. We have since demonstrated a number of functions of galectin-3 in the immune system. Recently, we demonstrated that galectin-3 is critical for development of a Th2 inflammatory response to epicutaneously delivered antigens. Our results suggest that galectin-3 may be a target for treatment of allergic skin inflammation.

Our group has also been studying the biology of galectin-7 and established its pro-apoptotic function. Our data suggest gene transfer of galectin-7 to tumors or specific induction of galectin-7 expression may be an effective way to treat certain cancers. More recently, we discovered galectin-12 and found this protein to be preferentially expressed by adipocytes. We developed galectin-12-deficient mice and found that ablation of galectin-12 reduces adiposity and improves insulin resistance/glucose intolerance. Thus, galectin-12 is a potential therapeutic target for obesity.

Leadership Lessons from Camp Discovery/Camp Horizon

Howard Pride, MD

Danville, PA

The AAD's Camp Discovery has provided a life-changing experience for hundreds of children since its inception in 1993. Less well recognized, but no less profound, has been the impact that the campers have had on the lives of volunteer staff. Some of my most overpoweringly, important lessons on leadership have come by observing the extraordinary friends that I have made at camp. This talk will focus on the leadership skills of vision, eloquence, and inspiration as I was unwittingly taught at Camp Discovery, Pennsylvania.

FRIDAY, Session IIA

Bridging the Gap: from Dermatoscope to Microscope

Zsolt Argenyi, MD

Seattle, Washington

Dermatoscopy became an important technique to improve the diagnostic accuracy of pigmented lesions. Nevertheless, there are situations when the dermoscopic and histologic findings contradict, raising the dilemma what should be considered as a gold standard for the final diagnosis. Examples of such controversial cases will be shown to illustrate potential pitfalls and to emphasize the importance of critical thinking and judicious application of this technique. Dermoscopy-guided histologic sectioning is a useful method, which can be easily done in the office, to minimize the encounters with equivocal findings and to further increase diagnostic precision.

The National Comprehensive Cancer Network's Nonmelanoma Skin Cancer Panel and the Value of Clinical Practice Guidelines

Stanley Miller, MD
Baltimore, MD

I will briefly describe the history of the National Comprehensive Cancer Network's Nonmelanoma Skin Cancer Panel, and then present my personal opinions, and what little data exists, about the value of clinical practice guidelines based on expert consensus.

Challenges of Successful Early Melanoma Detection

Susan Swetter, MD
Portola Valley, CA

Melanoma is generally a visible cancer, for which risk factors are well documented and screening tests safe and acceptable to the public. Overall, people who are knowledgeable about the signs and symptoms of melanoma are more likely to perform skin self-examination and less likely to delay seeking medical attention for suspicious skin lesions. However, no randomized trials or case-controlled studies have determined whether early detection through screening is effective in reducing melanoma mortality. Targeted efforts to reach high-risk individuals who have never been screened are warranted, particularly those with fair skin, numerous nevi and/or clinical atypical nevi, or strong family history of melanoma. Worldwide, men aged 50 years and older have higher incidence and mortality rates for melanoma and should be prime candidates for public awareness campaigns aimed at early detection. Importantly, thinner melanomas are associated with physician-detection during routine medical care (i.e. opportunistic screening) compared with patient or family detection. Thus, improved public and professional education strategies to increase melanoma awareness and physician screening are likely to reduce mortality.

Melanoma Translational Research: From Bedside to Bench and Back

Rhoda M. Alani, MD
Boston, MA

Clinical observations provide striking opportunities to ask critical scientific questions. We describe a set of clinical observations that prompted the development of a novel tumor model system to address the problem of melanoma metastasis. Recently, cell communication networks between a tumor and its surrounding microenvironment have been suggested to play a critical role in the process of metastasis. Over the past decade *in vivo* and *in vitro* model systems have been developed to better assess these particular communication networks; however, we still lack detailed knowledge of the molecular mechanisms underlying tumor–stromal interactions. A critical hindrance to defining these molecular pathways is the paucity of simple, precise, and scalable methodologies allowing analysis of cell–cell communication. Here we demonstrate the development of a heterotypic co-culture methodology allowing simultaneous tracking of molecular and phenotypic changes in interacting melanoma and endothelial cells *in vitro* as a model for tumor metastasis and define its clinical relevance. We further explore a specific mediator of cellular communication, Neuropilin-2, and its significance as a clinically relevant diagnostic and prognostic melanoma biomarker.

Fibroblast senescence in photocarcinogenesis: Why cutaneous rejuvenation procedures will protect against skin cancer

Jeffrey B. Travers, MD, PhD
Indianapolis, IN

My research group has three areas of focus. First, we are interested in bioactive phospholipid mediators such as platelet-activating factor and their role in cutaneous damage and immunity. Second, the immune and barrier abnormalities in atopic dermatitis, and why patients with this disease are more susceptible to staphylococcal skin infections. My presentation will be on the third area of interest which is the role of fibroblast senescence in non-melanoma skin cancer (NMSC) development. Our group's studies have determined that human keratinocytes respond in a pro-carcinogenic fashion to UVB when deficient in the fibroblast growth factor Insulin-like growth factor-1 (IGF-1). Our studies have demonstrated that geriatric skin is IGF-1 deficient, and responds to a mild UVB challenge with the production of keratinocytes proliferating while still having DNA damage, findings not found in young skin. This abnormal UVB response is reversed by local injection of IGF-1 or wounding of the skin with agents such as fractionated laser resurfacing that upregulate IGF-1 levels. These studies support a new paradigm of NMSC formation and that wounding techniques are protective.

FRIDAY, SESSION IIB

The Care of African American Hair: A Stupid White Mom's Perspective

Marta Van Beek, MD
Iowa City, IA

Not surprisingly, a Midwestern dermatologic training program does not equip the average white mom to properly navigate the expanse of styling and caring for black hair. While many of us are aware of some of the dermatologic conditions associated with specific black hair-care products, the logistics of washing, moisturizing, braiding, locking, combing and straightening are unfortunately unknown to many non-black dermatologists. This presentation will cover the blunders of a white mom as she navigates the complex, labor-intensive, and expensive arena of styling and caring for black hair. Specifically, the path from "clueless mom" to "mom-with-heavily-stocked-hair-care-arsenal" will be discussed. During this journey, she discovers that many general dermatologic recommendations are nonsensical and absurd for those with black skin and hair and is horrified by paucity of information about black skin and hair within the mainstream media targeted for teenage girls. By understanding some of the complexities and social pressures that affect the styling of black hair, it is her hope that dermatologists might contextualize their therapeutic approach to the realities of their patients.

Novel Uses of Fractional Resurfacing for Difficult Dermatologic Conditions

Susan Kilmer, MD
Sacramento, CA

Fractional laser resurfacing utilizes a technology where thousands of tiny beams of light penetrate into the skin up to 1.5 mm. The fractional lasers can be nonablative where heat is generated and ablative where tissue is actually removed with a similar surrounding zone of thermal damage which triggers collagen remodeling. Fractional resurfacing is now the gold standard for treatment of scars and is frequently utilized to treat photodamaged skin. This same technology can also be used to treat various skin abnormalities by disrupting skin lesions and allowing normal tissue remodeling to replace the lesion with normal dermis. A variety of conditions such as sebaceous hyperplasia, syringomas, trichoepitheliomas, angiofibromas, collagenomas, port wine stains, and fibrofatty residua post

hemangioma resolution have all responded to this technology, opening up the door for a novel way to treat some of the more difficult dermatologic conditions.

Surgical pearls directed to general dermatologists will be presented.

Ken K. Lee, MD
Lake Oswego, OR

Special suturing techniques to promote wound eversion, alleviate deep tension, and eliminate track marks will be reviewed. Specifically, the Marini stitch can be used to insert a buried vertical mattress suture within a small opening and produce optimal eversion. Next a combination of fascial plication sutures and running subcuticular sutures can be used to reduce tension and produce a scar on the trunk that spreads less with better cosmetic outcome.

The Academic Practitioner: Naming a Career Path for a New Generation of Dermatologists

Jonathan S. Weiss, MD
Atlanta, GA

The field of dermatology attracts the best, brightest and most high-achieving medical students. However, once finished with their training, the vast majority of our young residents and fellows leave academia for private practice and disassociate with academic institutions. This unfortunate circumstance may be avoidable if we provide our new generation of dermatologists with a pathway to contribute back to our academic institutions. Millennials/Generation Y, those born between 1977 and 1998, respond well to mentoring and look for guidance in the workplace. Further, they acknowledge and respect positions and titles. By encouraging and providing our young graduates with a path to volunteering their new-found expertise back to upcoming dermatology trainees, we have the opportunity to engage a whole new generation of dermatologists in the academic experience. I propose the name “Academic Practitioner” be adopted to encourage our recently graduated trainees and our upcoming graduates to become engaged with academic dermatology.

INTERNATIONAL SESSION

Andreas D. Katsambas, MD
Athens, Greece

The incidence of cutaneous melanoma has increased substantially in Caucasian populations during the past decades. Despite improvements in the early recognition of melanoma and the use of new diagnostic techniques, disease-related mortality remains a significant public health issue. In the absence of effective treatment for advanced disease, screening and education remain essential. The identification of individuals who are at a greater risk of either developing the disease or dying from the disease is crucial. A number of screening programs have focused on selective education and screening for persons with high risk characteristics. The Euromelanoma Prevention Program has been an example of a highly publicized, pan-european campaign which aims to increase public awareness on melanoma and skin cancer through the free skin examinations. After 10 years of annual campaigns in more than 20 european countries, Euromelanoma has become the most promising prevention tool for disease control, particularly in areas with heightened mortality rates. In this presentation we will discuss the current evidence supporting the role of screening, based on the extensive Euromelanoma experience and discuss the incorporation of novel tools (imaging, genetics) in enhancing the detection of melanoma in high-risk individuals.

The Importance of Being Red

Jonathan Rees, MD

Edinburgh, UK

Variation in human pigmentation is one of the most striking aspects of human polymorphism. Following the identification of a number of genes involved in human pigmentation, including the Melanocortin 1 Receptor (MC1R), it is now possible to ask meaningful questions about the 'how' and 'why' of human pigment diversity, and the influence of genotype on skin cancer. I will summarise what we have learned over an approximate 15 year period and provocatively ask (as a clinician) if we are any the wiser? Alternatively have we researchers just provided CSIs with a greater ability to catch red-headed villains?

Eyelash physiology & Clinical Trial of Bimatoprost for its Augmentation in Asian Subjects

Hee Chul Eun, MD

Seoul, Republic of Korea

Bimatoprost is a synthetic analogue of the prostamine F2a that was originally developed for the treatment of glaucoma. Its' efficacy and safety for eyelash augmentation were confirmed in a US phase III clinical trial. Asian eyelashes are generally thicker, straighter, darker and fewer in number compared to their Caucasian counterparts which was confirmed in our recent study. We wanted to know whether these differences would affect the efficacy & safety of bimatoprost by assessing it in exclusive Asian population.

Asian female subjects (n=62; mean age: 37y) were enrolled in the 40 week, 2-phase study, conducted at 3 Korean hospitals. Subjects applied bimatoprost 0.03% solution to both upper eyelid margins nightly for 20 weeks (Phase 1). Thereafter, consenting subjects entered Phase 2 for another 20 weeks.

The effectiveness of bimatoprost for eyelash growth was demonstrated by digital image analysis, physician ratings and subject-reported measures of satisfaction. There were also mild side effects at or near the site of administration, such as hyperemia, pruritus or discomfort with lid hyperpigmentation.

Constituent-based Diagnosis of Food Allergy

Hans Merk, MD

Aachen, Germany

Food allergy is most often precipitated by cutaneous signs and symptoms such as urticaria and angioedema. Major progress in the accurate diagnosis of food allergy has been made by analysing not only the food itself but also by identifying constituent proteins and protein families. Examples of constituent-based diagnosis will be presented. and include tropomyosin-allergy leading to cross reactivity between house dust mites and crustaceans; identification of lipotransfer proteins as a cause of severe anaphylactic reactions to apples and grapes and allergic reactions to 5 Ω -gliadin of wheat as a cause of exercise-induced anaphylaxis. Finally constituent-based diagnostic methods accounted for a rare allergic reaction to Beluga caviar and led to the discovery that drugs which prolong digestion in the GI tract such as H2-antihistamines may increase the risk of sensitization to food proteins.

Tropical Light, Heat , and Sweat Correlations

Vermen Verallo-Rowell, MD

Makati, Philippines

In 2000, we hypothesized that besides the sun, indoor lights aggravate melasma. RCT of 20 melasma patients photopathc-tested using UVA, Visible (VL), Infrared (IR) Lights and 67 photallergens elicited

significant (+) reactions to UVA and VL; not significant, but a trend to IR¹ (Melasma case series patients (20/20) showed uninflamed irregular hyperpigmentation at photosensitivity site; Wood's Lamp

IUVA (385 nm) – irradiated photallergens (+) reactions were many, decrescendo, phototoxic type; un-irradiated were few, crescendo, allergic type² Conclusion: Melasma is a Phototoxic Dermatitis.

In 2011, reports that: (1) VL, IR generate Reactive Oxygen Species and skin changes³; (2) Solar elastosis and dense folliculosebaceous infiltrates are significant in melasma vs per-lesional skin histopathology⁴; (3) Indoor lights emit UV5 – correlate with our hypothesis/findings.

Mycosis Fungoides cases with classic pathology, at sweaty skin sites show symmetrical longstanding, nontumoral, polychromatic (red, hyper/hypopigmented) patches; suggestive, also diagnosed as clothing contact dermatitis from relevant (+) patch tests to disperse blue dyes, perfumes, formaldehydes.

YOUNG LEADERSHIP LECTURE

STOPPING THE ATOPIC MARCH FROM THE OUTSIDE IN

Eric Simpson, MD

Portland, OR

Atopic dermatitis affects children on a global scale and predisposes an individual to skin infections, food allergy, asthma and neurodevelopmental disorders. Previous atopic dermatitis prevention strategies emerged from an allerge-centric view of this disease and have yielded disappointing results. New genetic data implicate the skin barrier as the main initiator of this disease and may represent a site for IgE sensitization. Protecting the skin barrier from birth may prevent or delay the disease onset and reduce associated comorbidities. Many questions remain regarding this novel approach.

The 131st Annual Meeting of the

AMERICAN DERMATOLOGICAL ASSOCIATION

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Mark Nestor MD, PhD, Marianne O'Donoghue MD, Amy Paller MD, David Pariser MD, Margaret E. Parsons MD, Howard B. Pride MD, Ronald P. Rapini MD, Jonathan Rees, George Reizner MD, Jack Resneck Jr. MD, Christopher R. Shea MD, Nicholas Soter MD, Erik Stratman MD, Susan M. Swetter MD, Michael Tharp MD, Marta J. Van Beek MD, MPH, Susan Weinkle MD, Allan S. Wirtzer MD,

The following planning committee members or presenters have disclosed that they do have relevant relationships with commercial companies.

Murad Alam, MD	Grant/Research Support: Allergan
Rhoda M. Alani, MD	Grant/Research Support: LabCorp Inc.; Consultant: Acylin Therapeutics, & Genetech; Major Stock Shareholder: Acylin Therapeutics
Humberto C. Antunes	Major Stock Holder: Abbott, Pfizer, Roche, Novartis, Nestle, & L'Oreal; Other Financial/Material Support: Galderma Pharmaceuticals S.A.
Timothy Berger, MD	Grant/Research Support: Research studies (non-salaried PI): Dow Pharma Sciences, Glaxo Smith Kline, Merz Pharma, & Pharma Net; Consultant: Prescription Solutions
Brian Berman, MD, PhD	Speakers List: Graceway
Andrew Blauvelt, MD	Consultant: Centocor, Abbott, Amgen, Anacor, Pfizer, Lilly, Celgene, & Novartis; Speakers List: Centocor
Erin Boh MD, PhD	Grant/Research Support: Centocor & Amgen; Speaker List: Centocor, Amgen, Abbott, & Eisai
Jeffrey P. Callen, MD	Consultant: GSK (Stiefel) & Amgen; Other Financial/Material Support: Celgene (safety monitoring committee)
David E. Cohen, MD	Consultant: Stiefel/GSK, Galderma, Johnson & Johnson, Triax, Peplin/Leo, Skintelligence, Topica, & Vyeris; Speaker List: Abbott, Amgen-Wyeth, Galderma, & Triax; Advisory Board: Amgen-Wyeth, Stiefel/GSK, Galderma, & Peplin/Leo; Board of Directors: Brickell Biotech & Skintelligence; Honorarium or compensation for time: Abbott, Amgen-Wyeth, Brickell Biotech, Stiefel/GSK, Galderma, Johnson & Johnson, Triax, Peplin/Leo, Skintelligence, Topica, & Vyeris; and Stock or options: Brickell Biotech, Skintelligence, & Vyeris
Raymond Cornelison Jr., MD	Speaker List: Abbott and Centocor
Andrzej A. Dlugosz, MD	Grant/Research Support: National Institutes of Health, NCI, NIAMS, & NIDDK; Consultant: Novartis
William H. Eaglstein, MD	Consultant: Brickell Bio, Follica, Topica, Allergan, Mirna; Other Financial/Material Support: Salary until 2/23/11 from Stiefel, a GSK company

Ilona J. Frieden, MD	Consultant: Pierre Fabre Dermatology; Other Financial/ Material Support: Topaz Pharmaceuticals
Joan Guitart, MD	Grant/Research Support: Yaupon Therapeutics & Shape Pharmaceuticals; Consultant: BristolMyers-Squibb (BMS), & Astellas
Maria Hordinsky, MD	Grant/Research Support: J&J, Lexington, Allergan, Medicis, & Astellas; Consultant: Medicis
Andreas Katsambas, MD	Speaker List: Abbott, Janssen Cilag, Leo, Merck, & Schering-Plough
Suzanne L. Kilmer, MD	Grant/Research Support: Lumenis, Solta, Sciton, & Palomar
Stuart Lessin, MD	Consultant: Yaupon Therapeutics & Shape Pharmaceuticals
Fu-Tong Liu MD	Grant/Research Support: Genetech
Barbara M. Mathes, MD	Consultant: Astellas & Johnson & Johnson
Art Papier, MD	Major Stock Shareholder: Logical Images Inc.
Phoebe Rich, MD	Grant/Research Support: Abbott, Anacor, Basilea, Bravarian Nordic, Celgene, Celtic, Centocor, Cipher Derm Tech, Dow Pharmaceuticals, Galderma, GSK, Intendis, Leo, Merz, Nitric Bio, Novartis, Novo Nordisk, Novum, Nycomed, Oregon Aesthetic Technologies, Pfizer, Promius, Quinnova, Shionogi, Stiefel, Talima, Tova, Tolmar, & Topica; Speaker List: Centocor; and Advisory Board: Talima
Darrell Rigel, MD	Grant/Research Support: Mela Sciences; Consultant: Neutrogena, Procter & Gamble, Johnson & Johnson, & Beiersdorf; Speaker List: Graceway
Gary Rogers, MD	Grant/Research Support: Susan G. Komen for the Cure Foundation-funded research that will be presented; Other Financial/Material Support: Intellectual Property filed related to Presentation
Theodore Rosen, MD	Consultant: Pharmaderm & Stiefel; Speakers List: Abbott, Centocor, Graceway, Pharmaderm, & Stiefel
Lawrence A. Schachner, MD	Grant/Research Support: Astellas, Lexington, Leo Pharma, Johnson & Johnson, Int'l Health Mgmt Assoc, & Immunex Corp; Consultant: Beiersdorf

Daniel Siegel, MD	Consultant: Dusa, Encite, Leerink Swann, Logical images, MD Solar Sciences, MedaCorp, & Mela; Advisory Board: Click Diagnostics, Genentech, Michelson, MIM Labs, Photomedex, Quinnova, Remote Derm, & Vivacare; Investigator: Estee Lauder Michelson Diagnostics; Stockholder: DermFirst; and Other: Elsevier
Eric L. Simpson, MD	Grant/Research Support: Amgen, Basilea, Celgene, Medicis, Regeneron, & Taisho; Consultant: Galderma Laboratories, Fort Worth, TX: Galderma R&D-Medical Affairs, France: Regeneron; and Speaker List: Centocor
Arthur J. Sober, MD	Consultant: Mela Sciences
Charles Stiefel	Consultant: Stiefel, a GSK Company, Roundtable Healthcare Partners & Fibrocell Sciences
James Taylor, MD	Grant/Research Support: Abbott, Johnson & Johnson, Lexington, Novartis, and Soleoy; Consultant: Procter & Gamble; Major Stock Shareholder: Glaxo, BristolMyers, Merch, Medco, Renovo, and Johnson & Johnson
Jeffrey Travers, MD	Consultant: Eli Lilly, Inc
Vermen M. Verallo-Rowell, MD	Major Stock Shareholder: VMV Group
Jonathan S. Weiss, MD	Grant/Research Support: Galderma, Johnson & Johnson, Celgene, Abbott, Dow PRSI, & Nanobio; Consultant: Galderma, Ortho (Johnson & Johnson), Coria, Stiefel, & Leo
John E. Wolf Jr., MD, MA	Consultant: Galderma, Leo, Peplin Pharmaceuticals; Speaker List: Sanofi-Aventis & Leo
Kim B. Yancey, MD	Grant/Research Support: National Institutes of Health; Consultant: Mary Kay Inc; Speakers List (Honoraria): Noah Worcester Derm Soc., OHSU, Wright State University, TX Derm Soc., Soc of Derm PAs Deputy Ed, J. Invest Dermatol (2007-2010)
Gil Yosipovitch, MD	Grant/Research Support: NIH; Consultant: GSK & Unilever
Christopher Zachary, MD	Grant/Research Support: Solta, Sciton, Alma, Cutera, Iridex, Zeltiq, & Vaser; Consultant: Liposonix, Iridex, & Cutera

All potential conflicts of interest have been resolved.

The American Dermatological Association and the American Dermatological Association Research and Education Fund gratefully acknowledge the following members for their voluntary contributions during the past year.

Rex Amonette	Gloria Graham	Phoebe Rich
Diane Baker	Richard Granstein	Paul Russell
Ronald Basler	Antoinette Hood	Paul Schneiderman
Eugene Bauer	Maria Hordinsky	Robert Swerlick
Jean Bologna	William James	Carl Washington
Harold Brody	Lenore Kakita	Stephen Webster
Darryl Bronson	Paul Kelly	Jonathan Weiss
William Caro	Francisco Kerdel	Carmen Williams
Roger Ceilley	Lloyd King, Jr.	Allan Wirtzer
Marcus Conant	Clark Lambert	Gil Yosipovitch
Ray Cornelison, Jr.	Jack Leshner, Jr.	Brian Zelickson
Ralph Daniel	Danielle Marcoux	
Zoe Draelos	David Margolis	
Christopher Duncan	Leonard Milstone	
Madeleine Duvic	Gary Monheit	
George Elgart	Alan Moshell	
Craig Elmets	Diya Mutasim	
Roselyn Epps	Lee Nesbitt, Jr.	
James Ertle	Marianne O'Donoghue	
Lisa Garner	David Pariser	
Anita Gilliam	Roger Pearson	

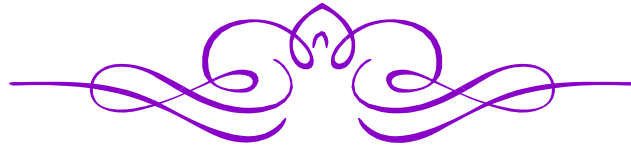
Special thanks to
Jack Resneck, Jr, MD
who contributed his
honorarium as last year's
Young Leadership
Speaker

In Memoriam

Jean Claude Bystryn, August, 2010

Marvin Chernosky, August, 2010

G. Thomas Jansen, September, 2010



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