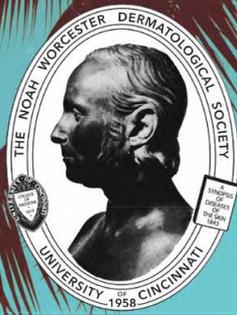


NOAH WORCESTER DERMATOLOGICAL SOCIETY



FIFTY-NINTH ANNUAL MEETING

*Blue Hawaii*

**Main Program & Office Directory**

April 19 - 23, 2017

Grand Wailea | Wailea, Maui, Hawaii



# **NOAH WORCESTER DERMATOLOGICAL SOCIETY**

## **FIFTY-NINTH ANNUAL MEETING**

April 19 - 23, 2017  
Grand Wailea  
Wailea, Maui, Hawaii

[www.noahderm.org](http://www.noahderm.org)

## **MEETING SPACE PROCEDURE FOR NON-CME PROGRAMMING**

Some non-accredited commercial programming is scheduled to take place in the same meeting room as the CME-accredited scientific program at the Noah Worcester Dermatological Society's 59th Annual Meeting. This non-accredited programming will not intersect with any of the CME-accredited programming. To ensure the integrity of the CME-accredited programming is maintained and free of commercial influence, the following measures will be taken:

1. Non-accredited commercial programming will only be scheduled before or after the CME-accredited programming. Sessions will not be co-mingled.
2. An audio and visual (PowerPoint) announcement will be made to clearly signal the conclusion of the non-accredited programming and the start of the accredited programming.
3. Prior to the start of the accredited programming, onsite meeting staff will clear the meeting room of all commercial materials.

## **A Brief History of the Noah Worcester Dermatological Society**

The concept of a dermatological society composed of former residents and fellows and faculty members of the Department of Dermatology of the University of Cincinnati College of Medicine was proposed by the writer early in 1957. An organization committee was formed. This consisted of Drs. Donald Birmingham, Mitchell Ede, Leon Goldman, Edwin Higgins, Daniel J. Kindel, H. Jerry Lavender, Harry Nieman, Robert Preston, John B. Squires, Raymond Suskind and Alfred L. Weiner, Chairman.

It was soon apparent that there was considerable spontaneous interest in the Society among Cincinnati colleagues. As a result, it was determined that the Society's best interests would be served if it were to become the nucleus of a modest national organization. The committee proceeded on this basis. The founding organization meeting of the Society was held at the Eden Roc Hotel, Miami Beach, Florida, April 23-27, 1958. The constitution authored by the committee of Drs. Mitchell Ede, Leon Goldman, and H. Jerry Lavender, Chairman, was ratified and a charter board of trustees was elected. The charter trustees were Drs. Donald Cole, Mitchell Ede, Edwin Higgins, Daniel J. Kindel, H. Jerry Lavender, Raymond Suskind and Alfred L. Weiner. The trustees elected as charter officers included Dr. Weiner, President, Dr. Kindel, vice president and Dr. Lavender, secretary.

There were 38 registrants at the organizational meeting and a most satisfactory scientific program was presented. A well planned round of social activities led to pleasant diversion and a sense of genuine camaraderie among those attending was immediately evident.

The Noah Worcester Dermatological Society was selected as the name for the new organization to memorialize the hitherto often unrecognized author of the first American textbook of dermatology. Dr. Noah Worcester, a graduate of Dartmouth Medical School, came to Cincinnati to associate with Dr. R.D. Mussey who had accepted the Chair of Surgery in the Medical College of Ohio in Cincinnati in 1838. Eventually his successful and financially rewarding medical practice made possible the realization of his drive to acquire further knowledge by study in Europe. In 1841, he journeyed abroad to study the methods of Laennec in physical diagnosis and further his interest in pathology. During his stay in Paris, Worcester devoted a considerable portion of his time to attendance at St. Louis Hospital, at that time the world's foremost center of dermatologic teaching and research. Although in a sense, Worcester's interest in diseases of the skin was a secondary one, it was nevertheless genuine and intense. He returned to America and to Cincinnati in 1842 to resume practice with Dr. Mussey and later to become professor of physical diagnosis and pathology at the Medical College of Ohio. He also attended dermatologic

patients, applying his newly acquired knowledge, and lectured on diseases of the skin – probably the first American to do so. In 1843, Worcester accepted the professorship in general pathology, physical diagnosis and diseases of the skin in the Medical Department of the Western Reserve College in Cleveland, Ohio. In addition to teaching and attending private patients in the Cleveland area, Worcester also traveled to Cincinnati from time to time to attend increasing numbers of patients in this city. During this period, despite failing health, Worcester wrote his textbook of dermatology, “A Synopsis of the Symptomatic Diagnosis and Treatment of the More Common and Important Diseases of the Skin,” printed originally in Cincinnati in 1845.

Dr. Worcester died of tuberculosis at an early age shortly after his textbook was written. He is buried in Spring Grove Cemetery in Cincinnati. It seems appropriate that a dermatological society originating at the University of Cincinnati bear Dr. Worcester’s name and that the significance of his authorship of the first American textbook of dermatology be thus recognized.

Following the organization meeting in 1958, subsequent meetings of the “Noah Worcester” have been held annually in late winter or early spring. There have also been annual reunions during the course of the American Academy of Dermatology meetings.

The Noah Worcester Dermatological Society has continued to accomplish its objective to provide and to nurture a relatively small national organization characterized by scientific dermatologic programs of high caliber and intimate association among its members. It is the general feeling of the Board of Trustees and of the members of the Society that the membership roster be selectively limited in order to assure continuation of this intimacy and the academic standards of the scientific programs.

Alfred L. Weiner, MD  
Founder

## **PRESIDENTS**

\*Alfred L. Weiner, MD 1958-1959 (Founder)  
\*Daniel J. Kindel, MD 1959-1960  
\*H. Jerry Lavender, MD 1960-1961  
\*Ashton L. Welsh, MD 1961-1962  
\*Duncan O. Poth, MD 1962-1963  
\*Lawrence C. Goldberg, MD 1963-1964  
\*Robert Pittelkow, MD 1964-1965  
\*Leonard S. Markson, MD 1965-1966  
\*Coleman Mopper, MD 1966-1967  
\*Harold O. Perry, MD 1967-1968  
\*Jack L. Derzavis, MD 1968-1969  
\*Michael J. Mitchell, MD 1969-1970  
\*Hyman J. Burstein, MD 1970-1971  
Sigfrid Muller, MD 1971-1972  
\*Daniel F. Richfield, MD 1972-1973  
Arthur B. Kern, MD 1973-1974  
\*Richard Q. Crotty, MD 1974-1975  
\*Mauray J. Tye, MD 1975-1976  
\*Isadore Fisher, MD 1976-1977  
\*Harold Plotnick, MD 1977-1978  
Henry Roenigk, Jr., MD 1978-1979  
Z. Charles Fixler, MD 1979-1980  
Robert M. Fine, MD 1980-1981  
\*Morris M. Meister, MD 1981-1982  
Jerral S. Seibert, MD 1982-1983  
\*Darl Vanderploeg, MD 1983-1984  
\*Herbert B. Christianson, MD 1984-1985  
\*Richard J. Ferrara, MD 1985-1986  
\*Stuart M. Brown, MD 1986-1987

\*James W. Bard, MD 1987-1988  
\*Frank E. Dunlap, MD 1988-1989  
Hiram M. Sturm, MD 1989-1990  
James A. Zalla, MD 1990-1991  
Arnold L. Schroeter, MD 1991-1992  
\*K. William Kitzmiller, MD 1992-1993  
J. B. Pinski, MD 1993-1994  
\*William F. Schorr, MD 1994-1995  
Harold L. Saferstein, MD 1995-1996  
\*Harry L. Roth, MD 1996-1997  
Raymond M. Handler, MD 1997-1998  
Sorrel S. Resnik, MD 1998-1999  
Margaret Waisman, MD 1999-2000  
Alan E. Lasser, MD 2000-2001  
Stephen P. Stone, MD 2001-2002  
John W. White, Jr, MD 2002-2003  
Michael J. Scott III, DO 2003-2004  
Ivor Caro, MD 2004-2005  
Kevin S. Pinski, MD 2005-2006  
Robert Katz, MD 2006-2007  
\*J. Robert West, MD 2007-2008  
\*Darryl M. Bronson, MD 2008-2009  
Marianne O'Donoghue, MD 2009-2010  
Neil Fenske, MD 2010-2011  
Elaine Young, MD 2011-2012  
Suzanne Connolly, MD 2012-2013  
Anthony Fransway, MD 2013-2014  
James O. Ertle, MD 2014-2015  
Jennifer L. Vesper, MD 2015-2016

\*Deceased

## **SECRETARY-TREASURERS**

\* H. Jerry Lavender, MD 1958-1959  
\* Edwin Higgins, MD 1959-1960  
\* Daniel F. Richfield, MD 1960-1971  
\* Harold Plotnick, MD 1971-1976  
Jerral S. Siebert, MD 1976-1981  
\* James W. Bard, MD 1981-1986  
\* K. William Kitzmiller, MD 1986-1991  
Raymond M. Handler, MD 1991-1996  
Alan E. Lasser, MD 1996-2000  
Ivor Caro, MD 2000-2004  
\* Darryl M. Bronson, MD 2004-2008  
Michael Greenberg, MD 2008-2012  
Clay J. Cockerell, MD 2012-2016

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James Nordlund, MD | President-Elect  
Neil Sadick, MD | Secretary-Treasurer  
Jennifer Vesper, MD | Past-President

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Evan Schlam, MD  
Selma Targovnik, MD

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Antoanella Calame

### **HAROLD O. PERRY**

#### **LECTURESHIP**

Antoanella Calame

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Ed Schlam  
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Michael Gold  
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Michael Greenberg  
Julie Hodge

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Brenda Cockerell  
Virginia Ertle

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Robert Fixler  
Z. Charles Fixler

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Jennifer Vesper, Chair  
Marianne O'Donoghue  
James Zalla  
Michael Scott  
Andrew Ondo

### **LEGAL AND ETHICS**

James Ertle, Chair

### **CONVENTION SITE 2017**

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Michael Greenberg  
Sandra Read

### **CONVENTION SITE 2018**

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Morgan Magid  
Julie Hodge

### **CONVENTION SITE 2019**

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Virginia Ertle  
Ray Handler  
Arlene Handler  
Michael Scott, III

### **CONTRACTS**

James Zalla, Chair  
Anthony Fransway  
Peter Muelleman

### **PHOTOGRAPHY**

James Nordlund, Chair  
Peter Muelleman  
Michael Scott, III

### **WEBSITE**

Anthony Fransway

### **BLANCHED SOLDIERS OF NOAH**

James Ertle, Chair  
Virginia Ertle  
James Nordlund

### **GOLF**

Clay Cockerell, Chair

### **TENNIS**

Morgan Magid, Chair  
Jennifer Vesper  
Julie Hodge

### **BOOK CLUB**

Teresa Shupp, Chair

### **RUN/WALK**

Brian Adams, Chair

### **CROQUET**

Gary Cole, Chair

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Denver, CO

Valerie Callender, MD  
Glenn Dale, MD

Mark Cappel, MD  
Jacksonville, FL

Thomas Davis, MD  
San Antonio, TX

Hassan Galadari, MD  
Dubai, UAE

Deidre Hooper, MD  
New Orleans, LA

George Hruza, MD  
Chesterfield, MO

Jeffrey Hsu, MD  
Naperville, IL

John Kalis, MD  
Elmhurst, IL

Daniela Kroshinsky, MD  
Boston, MA

Rajneesh Madhok, MD  
Minneapolis, MN

Joy Mosser-Goldfarb, MD  
Columbus, OH

Martin Okun, MD, PhD  
Wilmette, IL

Sandra Osswald, MD  
San Antonio, TX

Lori Prok, MD  
Boulder, CO

James Ulery, Jr., MD  
Monroe, MI

Duane Whitaker, MD  
Bainbridge, WA

**GUEST DERMATOLOGISTS**

Sheila Friedlander, MD  
Professor of Dermatology & Pediatrics  
UCSD

Director of Fellowship Training Program  
Rady Children's Hospital San Diego  
San Diego, CA

Beth Ruben, MD  
Pathologist  
Palo Alto Medical Foundation  
Palo Alto, CA

**IN MEMORIAM**

Mary Nordlund  
Robert B. Pittelkow, MD  
Harry Sadick  
Allan S. Wirtzer, MD

## **NOAH WORCESTER DERMATOLOGICAL SOCIETY GRANTS**

Financial support of departments of dermatology has been an important function of the Society since its inception. Since 1968, the following dermatology departments have received Noah Worcester grants.

- 1968 University of Cincinnati, College of Medicine
- 1970 University of Texas at San Antonio, School of Medicine
- 1971 Brown University
- 1973 University of California, San Diego Campus
- 1974 Mt Sinai Hospital, Miami
- 1974 New Mexico School of Medicine
- 1975 University of Louisville
- 1976 University of Nebraska and Creighton University
- 1977 Northwestern University
- 1978 Emory University, Atlanta  
Medical College of Wisconsin
- 1979 University of Cincinnati, College of Medicine, Noah Worcester Library
- 1980 University of Texas at San Antonio, School of Medicine  
University of Cincinnati, College of Medicine  
Rush Presbyterian-St. Luke's Medical Center, Chicago
- 1981 University of California at Irvine  
The Mayo Clinic  
Tufts College Medical School
- 1982 Wayne State University
- 1983 University of Texas Medical Branch-Galveston
- 1984 University of Cincinnati, College of Medicine  
The Mayo Clinic  
Sulzberger Chair of Dermatology
- 1985 Boston University School of Medicine  
University of Florida College of Medicine
- 1986 University of Cincinnati Medical Center, Dept. of Dermatology  
Bowman Gray School of Medicine  
Wake Forest University, Dept. of Dermatology
- 1989 University of Cincinnati Medical Center, Dept. of Dermatology  
Emory University School of Medicine, Dept. of Dermatology
- 1990 Wright State University, School of Medicine
- 1992 University of Cincinnati Medical Center, Dept. of Dermatology  
University of Virginia, Wayne State University
- 1996 University of Cincinnati Medical Center, Dept. of Dermatology
- 1997 University of Cincinnati Medical Center, Dept. of Dermatology
- 2002 University of South Florida, Dept. of Dermatology  
University of Cincinnati Medical Center, Dept. of Dermatology  
Cook County Hospital, Div. of Dermatology
- 2003 Mayo Clinic Jacksonville, Dept of Dermatology
- 2005 Cook County Hospital, Div. of Dermatology  
Northwestern University, Dept. of Dermatology
- 2007 Kansas University, Dept. of Dermatology
- 2009 University of South Florida, Department of Dermatology

In addition to the above, the Society has been a frequent contributor to the Dermatology Foundation, Camp Discovery, and the Foundation for International Dermatologic Education.

## **Wednesday, April 19**

12:30 PM – 5:00 PM	<b>Registration</b>	Maile Pre-Function
1:00 PM – 4:00 PM	<b>Board of Trustees Meeting</b>	Maile 2 & 3

## **Thursday, April 20**

6:00 AM – 8:00 AM	<b>Member Breakfast</b>	Haleakala 2 / Gardens
6:00 AM – 9:00 AM	<b>Registration</b>	Haleakala 2 Pre-Function
9:00 AM – 11:00 AM	<b>Late Registration / Information</b>	Haleakala 2 Pre-Function

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## **Noah Therapeutic Skin Think Tank Non-CME Industry Sessions**

		Haleakala 2
6:30 AM – 7:00 AM	<b>Non-CME Industry Session</b> <b>New Nonsteroidal Topical Prescription Treatment Option for Mild-to-Moderate Atopic Dermatitis*</b> <i>Neal Bhatia, MD</i> <i>presented by PFIZER</i> <i>*This is a non-CME accredited session</i>	
7:00 AM – 7:30 AM	<b>Non-CME Industry Session</b> <b>Introducing a New Innovation in the Treatment of Persistent Facial Erythema*</b> <i>Neil Sadick, MD</i> <i>presented by ALLERGAN</i> <i>*This is a non-CME accredited session</i>	

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## **CME-Accredited Scientific Sessions**

		Haleakala 2
7:30 AM – 7:40 AM	<b>Welcome/Housekeeping</b>	
7:40 AM – 8:00 AM	<b>President's Welcome Presentation</b> <i>Clay Cockerell, MD</i>	
8:00 AM – 8:20 AM	<b>Strategic Planning for Dermatologists</b> <i>Darrell S. Rigel, MD</i>	
8:20 AM – 8:35 AM	<b>Project "Get the Block" - A Sun Safety Program for Youth Soccer Athletes</b> <i>Brian B. Adams, MD</i>	
8:35 AM – 8:50 AM	<b>My Experience as A Ringside Physician</b> <i>Rhonda Rand, MD</i>	
8:50 AM – 9:10 AM	<b>Saliva: A Possible Cause of Perioral Dermatitis</b> <i>Gabriel Sciallis, MD</i>	

9:10 AM – 9:50 AM	<b>Scientific Discussion &amp; Break</b>
9:50 AM – 10:05 AM	<b>Lenalidomide Treatment of Cutaneous Lupus Erythematosus</b> <i>David A. Wetter, MD</i>
10:05 AM – 10:11 AM	<b><i>Pithy Pearl: The Role of the Dermatologist in the Diagnosis of Carcinoid Syndrome</i></b> <i>Miriam S. Bettencourt, MD</i>
10:11 AM – 10:26 AM	<b>Cutaneous Acanthamoebiasis Infections Cutaneous Acanthamoebiasis Infections</b> <i>Jeffrey S. Altman, MD</i>
10:26 AM – 10:41 AM	<b><i>Submental Fat Reduction with Cryolipolysis and Deoxycholic Acid – How to Choose</i></b> <i>Suzanne L. Kilmer, MD</i>
10:41 AM – 11:00 AM	<b>Scientific Discussion</b>

**Friday, April 21**

6:00 AM – 8:00 AM	<b>Member Breakfast</b>	Haleakala 2 / Gardens
6:00 AM – 11:30 AM	<b>Late Registration / Information</b>	Haleakala 2 Pre-Function

**CME-Accredited Scientific Sessions**

Haleakala 2

7:30 AM – 7:35 AM	<b><i>Harold O. Perry, MD Lecture Introduction</i></b> <i>Antoanella Calame, MD</i>
7:30 AM – 8:15 AM	<b><i>Harold O. Perry, MD Lecture Adventures in Nail Unit Pathology</i></b> <i>Beth Ruben, MD</i>
8:15 AM – 8:30 AM	<b>Scientific Discussion</b>
8:30 AM – 8:35 AM	<b><i>Alfred L. Weiner, MD Lecture Introduction</i></b> <i>Antoanella Calame, MD</i>
8:30 AM – 9:15 PM	<b><i>Alfred L. Weiner, MD Lecture The Field of Pediatric Dermatology - What A Difference A Decade Can Make</i></b> <i>Sheila Friedlander, MD</i>
9:15 AM – 9:50 AM	<b>Scientific Discussion &amp; Break</b>

9:50 AM – 10:05AM	<b>JAK Kinase Inhibitors in the Treatment of Alopecia Acreata: Cleveland Clinic Experience</b> <i>Melissa Piliang, MD</i>
10:05 AM – 10:25 AM	<b>The Downwinders: “What Patients Teach Us About History, People and Medicine”</b> <i>Keith Duffy, MD</i>
10:25 AM – 10:45 AM	<b>New Treatment Options for Hair Loss</b> <i>Neil S. Sadick, MD</i>
10:45 AM – 11:00 AM	<b>Scientific Discussion</b>

**Noah Therapeutic Skin Think Tank Non-CME Industry Session**

*Lunch provided by NOAH (spouses welcome)*

Haleakala 2

11:00 AM – 11:30 AM	<b>Non-CME Industry Session Clinical Insights on Taltz®*</b> <i>Michael Heffernan, MD</i> <i>presented by LILLY</i> <i>*This is a non-CME accredited session</i>
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**Saturday, April 22**

6:00 AM – 8:00 AM	<b>Member Breakfast</b>	Haleakala 2 / Gardens
6:00 AM – 1:00 PM	<b>Late Registration / Information</b>	Haleakala 2 Pre-Function

**Noah Therapeutic Skin Think Tank Non-CME Industry Sessions**

Haleakala 2

7:00 AM – 7:30 AM	<b>Non-CME Industry Session Comprehensive Treatment Approaches in the Management of Rosacea*</b> <i>Neal Bhatia, MD</i> <i>presented by GALDERMA</i> <i>*This is a non-CME accredited session</i>
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**CME-Accredited Scientific Sessions**

Haleakala 2

7:30 AM – 8:15 AM	<b>Harold O. Perry, MD Lecture Iatrogenic Dermatopathology: Novel Drugs and Reactions to Them</b> <i>Beth Ruben, MD</i>
8:15 AM – 8:30 AM	<b>Scientific Discussion</b>

8:30 AM – 9:15 PM	<b>Alfred L. Weiner, MD Lecture</b> <b>Vexing Vascular Lesions in Kids</b> <i>Sheila Friedlander, MD</i>
9:15 AM – 9:50 AM	<b>Scientific Discussion &amp; Break</b>
9:50 AM – 10:40 AM	<b>Biologics in Dermatology: Controversies, Safety, Monitoring, Pearls for Prior Authorizations</b> <i>Michael Heffernan, MD</i>
10:40 AM – 10:55 AM	<b>Scientific Discussion</b>
10:55 AM – 11:45 AM	<b>Melanoma Updates</b> <i>Antoanella Calame, MD &amp; Clay Cockerell, MD</i>
11:45 AM – 12:00 PM	<b>Scientific Discussion</b>
12:00 PM – 1:00 PM	<b>Business Meeting</b>

**Sunday, April 23**

6:00 AM – 8:00 AM	<b>Farewell Breakfast (Spouses Welcome)</b> Haleakala 2 / Gardens
6:00 AM – 9:00 AM	<b>Late Registration / Information</b> Haleakala 2 Pre-Function

**CME-Accredited Scientific Sessions**

Haleakala 2

7:30 AM – 7:50 AM	<b>When All Else Fails...</b> <i>Neal Bhatia, MD</i>
7:50 AM – 8:05 AM	<b>Prevention of Skin Cancer with Vitamin B3 and DNA Repair Enzymes</b> <i>Ronald Moy, MD</i>
8:05 AM – 8:25 AM	<b>Photographic Surveillance of Patients at High Risk for Cutaneous Melanoma</b> <i>Arthur Russell Rhodes, MD, MPH</i>
8:25 AM – 8:40 AM	<b>Surgical Pearls - Tips and Tricks of the Trade</b> <i>Sarah Weitzul, MD</i>
8:40 AM – 8:46 AM	<b><i>Pithy Pearl: Why Use Sterile Gloves for Dermatology Procedures</i></b> <i>Craig Eichler, MD</i>
8:46 AM – 9:06 AM	<b>Scientific Discussion</b>

## **SCIENTIFIC PRESENTATION ABSTRACTS**

### **Thursday, April 20**

8:00 AM – 8:20 AM

#### **Strategic Planning for Dermatologists**

*Darrell S. Rigel, MD*

Dermatologists face a rapidly changing practice environment. I will outline the changes we face, and what changes we face in the near future and suggest strategic planning and measure to adjust.

8:20 AM – 8:35 AM

#### **Project “Get the Block” - A Sun Safety Program for Youth Soccer Athletes**

*Brian B. Adams, MD*

Athletes experience an inordinate amount of ultraviolet radiation. They endure this exposure due to myriad factors including 1) practicing and competing for long periods of time during the peak hours of ultraviolet radiation, 2) avoiding or forgetting the use of sunscreen and, 3) experiencing ultraviolet convergence effects due to their sweat. Numerous studies note the poor compliance of sunscreen use by athletes and others have attempted to develop strategies to improve sunscreen use.

Almost 4 million American youth participate in organized soccer. These young athletes represent an ideal target group for prevention of ultraviolet exposure. They not only experience an enormous amount of UV radiation, but also are young and ready to adopt new behaviors. This lecture will detail a unique sun safety program that utilized coaches as mentors for practicing sun safety behavior. Project “Get the Block”, a study of nearly 1,000 youth soccer players, significantly increased the use of sunscreen during the season.

8:35 AM – 8:50 AM

#### **My Experience as A Ringside Physician**

*Rhonda Rand, MD*

I have been a ringside physician for the state of California for the past 3+ years. Although not an absolute requirement, I am board certified (tested through the American College of Sports Medicine) in this field. The American Association of Ringside Physicians (AAPRP) is a not-for-profit organization of 350 physicians in the US that are dedicated to preserving the health and safety of the professional boxers, kickboxers, and MMA fighters. I attend an annual meeting, I do about 20-24 pre-bout physicals a year, and I am assigned to 1-3 fights per month. I work in California with the state athletic commission as well as serve on the Medical Advisory Committee for combative sports.

There are 1000 professional fights a year in California and they must have two physicians at every fight. There are several dermatologists (out of 44 physicians) but there are also doctors from other fields such as cardio, ENT, ER, plastics, neurology, and orthopedics. I will tell the audience about my experience in general and go over some of the relevant dermatology I see in the fight world.

8:50 AM – 9:10 AM

#### **Saliva: A Possible Cause of Perioral Dermatitis**

*Gabriel Sciallis, MD*

I will discuss what is saliva, what regulates its production, and how it may along with

tears be involved in the induction of perioral and periorificial dermatitis. I will speculate on the higher incidence experienced in different patient populations.

9:50 AM – 10:05 AM

### **Lenalidomide Treatment of Cutaneous Lupus Erythematosus**

*David A. Wetter, MD*

**Background:** Published case series describe lenalidomide as an effective treatment of refractory cutaneous lupus erythematosus (CLE).

**Objectives:** The present study aimed to further characterize lenalidomide use in the treatment of CLE.

**Methods:** A retrospective review of patients treated with lenalidomide for CLE from January 1, 2000, to December 17, 2014, was conducted.

**Results:** Eight of the nine patients (89%) were women. Their median age at initiation of lenalidomide was 62 years (range: 41–86 years). Subtypes of CLE included discoid lupus erythematosus (DLE) (n = 6), lupus panniculitis (n = 2), and subacute CLE (n = 1). Before the initiation of lenalidomide, all patients had been previously treated unsuccessfully or were intolerant to at least one antimalarial and one immunosuppressive agent. With lenalidomide, five patients achieved a complete response (CR), two a partial response, and two had no response (lupus panniculitis). Time to initial response (dose range: 2.5–10.0 mg/d) varied from 2 weeks to 3 months; the median time to CR in five patients was 3 months (range: 3–6 months). The median duration of lenalidomide therapy was 12 months (range: 2–67 months). The median duration of follow-up was 48 months (range: 20–103 months). Adverse effects included mild leukopenia; one patient had deep vein thrombosis of unclear etiology during a hospitalization. No patients developed or showed progression of systemic LE while receiving lenalidomide.

**Conclusions:** Lenalidomide was effective for the treatment of CLE (particularly DLE) but not for the treatment of lupus panniculitis in this series.

10:05 AM – 10:11 AM

### **Pithy Pearl: The Role of the Dermatologist in the Diagnosis of Carcinoid Syndrome**

*Miriam S. Bettencourt, MD*

Flushing of the face is a common presentation of different skin conditions. This is a discussion of the differential diagnosis of flushing, and the critical role of the dermatologist in the diagnosis of Carcinoid Syndrome leading to early detection and treatment.

10:11 AM – 10:26 AM

### **Cutaneous Acanthamoebiasis Infections Cutaneous Acanthamoebiasis Infections**

*Jeffrey S. Altman, MD*

Two cases of Disseminated Acanthamoebiasis that I have seen in my career; both in immune-compromised patients are presented to demonstrate clinical, histopathological and radiological aspects of this uncommon, but serious and life-threatening infection. Presentation includes a discussion of the spectrum of amoebic infectious diseases in humans and acanthamoeba organisms as an infectious protozoal pathogens. I will discuss clues on how and when to recognize and diagnose cutaneous acanthamoeba infections and evolving treatment strategies.

10:26 AM – 10:41 AM

**Submental Fat Reduction with Cryolipolysis and Deoxycholic Acid – How to Choose**

*Suzanne L. Kilmer, MD*

Cryolipolysis previously received FDA clearance for fat reduction in the abdomen, flanks, and most recently for the non-invasive reduction of submental fat. A prototype small volume vacuum applicator (CoolMini applicator, CoolSculpting System, ZELTIQ Aesthetics) was used to treat n=60 subjects in the submental area. At each treatment visit, a single treatment cycle was delivered at -10°C for 60 minutes. An optional second treatment was delivered 6 weeks after initial treatment. Independent review from 3 blinded physicians found 91% correct identification of baseline photographs. Ultrasound indicated fat layer reduction of 2.0 mm. Patient questionnaires revealed 83% were satisfied. At one-week post-treatment follow-up, mild bruising was reported in 1% and mild swelling was reported in 3% of treatments, all resolved without intervention. All others reported no swelling or bruising at one-week post-treatment. Mild to moderate numbness was common and self-resolving. Of note, enough fat must be present to fill the “cup” to utilize this device.

Submental fat reduction has also been demonstrated with injections of deoxycholic acid in a grid pattern with similar efficacy to the cryolipolysis device. Tenderness and significant swelling is common with deoxycholic acid in contrast to the cryolipolysis device. However, small amounts of fat can be treated effectively with deoxycholic acid.

These methods can be used together to maximize outcome and minimize downtime for patients.

**Friday, April 21**

7:30 AM – 8:15 AM

**Harold O. Perry, MD Lecture**

**Adventures in Nail Unit Pathology**

*Beth Ruben, MD*

Diseases of the nail unit represent an often daunting diagnostic challenge, both clinically and dermatopathologically. Clinicians may be intimidated by the thought of performing a biopsy at this site, and patients may be rightly apprehensive. Dermatopathologists may lack familiarity with this relatively niche area as a result of a paucity of specimens. Over a couple of decades of coming to terms with these often fraught specimens, I have encountered repeated themes, pitfalls and saving graces. We will take a tour through some of these themes, including melanonychia, other fascinating neoplasms, and vexing inflammatory conditions, with the goal of elucidating ways that clinicians and dermatopathologists can work together to achieve the optimum outcome in assessing patients with nail conditions.

8:30 AM – 9:15 PM

**Alfred L. Weiner, MD Lecture**

**The Field of Pediatric Dermatology - What A Difference A Decade Can Make**

*Sheila Friedlander, MD*

This talk will focus on breakthroughs in medicine that have impacted on the dermatologic care of children and how these breakthroughs have advanced the field of pediatric dermatology.

One of the major paradigm shifts in pediatric dermatologic care occurred with

the development of non-steroidal therapies for atopic dermatitis, and these will be discussed, as well as advanced knowledge about the pathophysiology of this increasingly prevalent disease. The latest discovery that early peanut exposure may be protective in at-risk atopic children to prevent allergy has led to a completely new approach to counseling such families, with even more questions from parents.

Major breakthroughs have occurred in the field of vascular lesions, which will be touched on, but more thoroughly addressed in my next talk.

Inherited disorders have always been an important component of pediatric dermatology, but have taken on greater significance as GWAS and whole genomic sequencing have led to the discovery of myriad mutations in skin disorders. We are now better able to “connect the dots,” linking disorders previously unknown to be genetically related, as well as clarifying defects in particular energy and metabolic pathways, leading to better therapies for many conditions, including proliferative tumor disorders such as tuberous sclerosis, as well as vascular malformations.

9:50 AM – 10:05AM

**JAK Kinase Inhibitors in the Treatment of Alopecia Areata:  
Cleveland Clinic Experience**

*Melissa Piliang, MD*

Alopecia areata (AA) is a common, emotionally distressing form of hair loss with limited treatment options. A newer family of oral biologic agents, the JAK inhibitors (JAK-I), has shown promise in patients with severe alopecia areata. The rationale for use of JAK-I in AA, the mechanism of action, risks and treatment protocol will be examined. The Cleveland Clinic experience with tofacitinib in approximately 30 patients with alopecia totalis or universalis will be reviewed, highlighting good, average and poor response to treatment.

10:05 AM – 10:25 AM

**The Downwinders: “What Patients Teach Us About History, People and Medicine”**

*Keith Duffy, MD*

Between 1951 and 1962 the U.S Government detonated over 100 nuclear bombs in Nevada at the Las Vegas Bombing and Gunnery Range. The western Utah and northern Arizona desert with their relatively sparse populations were “downwind” of much of this radioactive fallout. Children in the area during testing have been shown to develop leukemia at a rate 2.5 times the rate of children elsewhere. Many pilots and military personnel present during testing developed leukemia and other cancers at alarming rates. Patients living in the fallout zone that lived in the area during their childhood have not only developed alarmingly high rates of internal and blood cancers but some have also developed skin cancers. I will present this period of history through the eyes of one patient and his family. His constant battle with skin cancer and subsequent ‘skin cancer fatigue’ will be highlighted. I hope we all learn a little about history, humanity, and the burden of skin cancer as a chronic disease through this story.

10:25 AM – 10:45 AM

**New Treatment Options for Hair Loss**

*Neil S. Sadick, MD*

**Introduction:** Androgenetic Alopecia (AGA) is a common form of hair loss in both men and women. Topical minoxidil and oral finasteride are the gold standard therapies for

AGA and the only two drugs currently that have US Food and Drug Administration (FDA)-approved indications for the treatment of androgenetic alopecia.

**Objective:** The objective of this study was to evaluate the safety, tolerability and efficacy of new treatment modalities for hair loss including: injectable platelet rich plasma (PRP), low-level laser therapy (LLLT), and topical and oral nutraceuticals.

**Materials and/or Methods:** Peer-reviewed studies were analyzed for new treatment modalities showing a safe efficacious profile for treating hair loss.

**Results:** Several new treatment therapies including lasers, PRP and topical/oral cosmeceuticals are showing promising results in treating hair loss in both men and women. Combination approaches using PRP with fractional lasers and/or microneedling can increase the efficacy of these new treatment modalities.

**Conclusions:** New generation of treatment modalities show promise as therapeutic options for hair loss.

### **Saturday, April 22**

7:30 AM – 8:15 AM

#### **Harold O. Perry, MD Lecture**

#### **Idiopathic Dermatopathology: Novel Drugs and Reactions to Them**

*Beth Ruben, MD*

The explosion of novel therapeutics for treatment of cancer, autoimmune and infectious disease, and skin disease has kept dermatologists and dermatopathologists busy learning to recognize specific treatment sequelae. Such sequelae can imitate just about any inflammatory skin disease, including the ones potentially being treated, and some neoplastic ones. Staying up to date is challenging, with new drugs and their reactions emerging on the scene so frequently. In this session, we will review the clinical and histologic reactions associated with therapies such as TNF-alpha, kinase and other growth factor inhibitors, as well as the newer immune checkpoint inhibitors.

8:30 AM – 9:15 PM

#### **Alfred L. Weiner, MD Lecture**

#### **Vexing Vascular Lesions in Kids**

*Sheila Friedlander, MD*

Infantile hemangiomas are the most common vascular tumors of infancy, occur in at least 4% of children, and can be function and cosmetically threatening in a significant percentage of infants. The fortuitous discovery of the efficacy of propranolol for this disorder has revolutionized our ability to safely treat children with decreased risk of scarring. Questions remain about the mechanism of action, ideal dosing, and safety, but excellent clinical research has clarified some issues for us. Topical timolol has now supplanted propranolol as the drug of choice for thinner lesions, or in children who are high-risk for propranolol therapy, but even more questions remain unanswered regarding its appropriate dosing and therapeutic index. An algorithm to approach evaluation and treatment of affected children will be reviewed.

Vascular malformations are currently the “next great frontier” in pediatric dermatology, but here too we have made great strides. The importance of appropriate diagnostic imaging and genetic evaluation, when appropriate, are now clear. A multidisciplinary

approach is now the rule, and we can better approach optimal care and follow-up of such children with coordinated care provided by our colleagues in the fields of interventional and diagnostic radiology, ophthalmology, hematology-oncology, and orthopedics. Challenging diagnostic and therapeutic cases will be discussed.

9:50 AM – 10:40 AM

**Biologics in Dermatology: Controversies, Safety, Monitoring, Pearls for Prior Authorizations**

*Michael Heffernan, MD*

The biologic revolution in dermatology started in 2002. We currently have 8 biologic treatments for psoriasis, psoriatic arthritis, urticaria, hidradenitis, and atopic dermatitis with at least as many more in late stage development. We'll create a simple treatment algorithm for each disease and the required lab monitoring. We'll also focus on pearls for prior authorization and how to handle those challenging cases like pregnancy and malignancy.

10:55 AM – 11:45 AM

**Melanoma Updates**

*Antoanella Calame, MD & Clay Cockerell, MD*

The beginning of a molecular revolution in melanoma biology, coupled with a continuing increase in the incidence of malignant melanoma, requires dermatologists to keep pace with changing guidelines and new diagnostic and prognostic tests. In this session, Dr. Calame and Dr. Cockerell will highlight the most relevant and practical updates in the field of melanoma, with emphasis on new classification and reporting guidelines, as well as new techniques for melanoma diagnosis and prognosis.

**Sunday, April 23**

7:30 AM – 7:50 AM

**When All Else Fails...**

*Neal Bhatia, MD*

Dermatologists in all practice settings need to optimize therapeutic regimens for patients with aggressive and challenging disorders as well as routine conditions, or risk losing these patients to other specialists that are "not afraid." As the understanding of immune system pathways, cytokine balances, and cellular interactions continues to expand, so must the potential applications of systemic therapies. Our current therapeutic regimens are only as efficacious as our comfort with their utilities, which can only begin with matching the mechanisms of action as well as the safety profiles. Many newer agents have evolved from experimental and conceptual to readily available therapeutic modalities. The goals of this session are to review fundamentals and applications of systemic therapeutics including appropriate dosage strategies and most importantly to explore various disease classifications within dermatology where systemic approaches are necessary.

7:50 AM – 8:05 AM

**Prevention of Skin Cancer with Vitamin B3 and DNA Repair Enzymes**

*Ronald Moy, MD*

Recent placebo controlled studies (published in NEJM) have demonstrated that nico-tinamide 500 mg twice a day will decrease non-melanoma skin cancer by 23%. This prevention of skin cancer is a result of an increase in DNA repair enzyme activity in the skin which decreases with age. DNA repair enzyme creams have been shown to

pre-vent skin cancers by 30% in xeroderma pigmentosum patients, to decrease actinic keratosis in sun damaged patients, to decrease cancer markers (p53, c-fos) and to prevent telomere shortening. Sunscreens with DNA repair enzymes have been shown to be superior to traditional sunscreens in preventing skin cancers. DNA repair enzyme creams have been shown to improve skin cosmetically along with EGF creams which has been shown in published studies to tighten/thicken skin in senile purpura, saggy necks, acne scars and in eye bags.

8:05 AM – 8:25 AM

### **Photographic Surveillance of Patients at High Risk for Cutaneous Melanoma**

*Arthur Russell Rhodes, MD, MPH*

Melanoma of the skin is a potentially deadly cancer that is curable when detected and surgically removed in an early stage of development. The vast majority of melanomas appear as an unstable spot or mole on the skin, mucous membranes, or nail beds --- as a change in a preexisting lesion in 80% of cases, or as a new lesion in 20% of cases. Because most melanomas are not preventable, patients known to be at high risk need to be under continual surveillance. Photographic surveillance is a strategy designed to carefully monitor very high-risk patients. This procedure permits the physician to compare all visible moles and all anatomic sites to photographic baseline. Thus, physician and patient may focus on new or changing lesions and thus avoid unnecessary biopsies for moles deemed to be benign in appearance and stable photographically. Photographic surveillance has been shown to detect earlier and more curable melanomas compared to population-based and institution-based series, and to reduce numbers of unnecessary biopsies and excisions. Melanoma risk increases with increasing age. Thus, photographic surveillance is conducted for a lifetime, at time intervals dependent on a patient's perceived melanoma risk. Impediments to widespread use of photographic surveillance among dermatologists include lack of standardized procedures, lack of a standard CPT code for insurance reimbursement, and excessive time required for the procedure.

8:25 AM – 8:40 AM

### **Dermatologic Surgery Pearls and Updates**

*Sarah Weitzul, MD*

Diagnostic and therapeutic pearls and advances from the recent dermatologic literature and from practice experience will be discussed. A review of recent and relevant dermatologic surgery articles will be reviewed and parallels will be drawn to the speakers' personal practice and experience. Articles discussed will be focused on those that may produce shifts in practice standards or surgical techniques. Other practice pearls, experiences, and challenges will be discussed as well.

8:40 AM – 8:46 AM

### **Pithy Pearl: Why Use Sterile Gloves for Dermatology Procedures**

*Craig Eichler, MD*

Recent studies have shown no significant increased risk of wound infections when using non-sterile exam gloves compared to sterile surgical gloves for dermatologic procedures. Non-sterile exam gloves cost a fraction of sterile surgical gloves. Based on these conditions, some employers may use this as evidence that dermatologists may not need to use sterile gloves. This discussion will focus on reasons why dermatologist should have the option of using sterile gloves for certain dermatologic procedures.

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## NOTES

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