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
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.

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Founder
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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

William Eaglstein, MD
Mary Nordlund
Robert B. Pittelkow, MD
Harry Sadick
Allan S. Wirtzer, MD
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  Registration  Maile Pre-Function
1:00 PM – 4:00 PM  Board of Trustees Meeting  Maile 2 & 3

Thursday, April 20
6:00 AM – 8:00 AM  Member Breakfast  Haleakala 2 / Gardens
6:00 AM – 9:00 AM  Registration  Haleakala 2 Pre-Function
9:00 AM – 11:00 AM  Late Registration / Information  Haleakala 2 Pre-Function

Noah Therapeutic Skin Think Tank  Non-CME Industry Sessions
6:30 AM – 7:00 AM  Non-CME Industry Session
New Nonsteroidal Topical Prescription Treatment Option for Mild-to-Moderate Atopic Dermatitis*
Neal Bhatia, MD
presented by PFIZER
*This is a non-CME accredited session

7:00 AM – 7:30 AM  Non-CME Industry Session
Introducing a New Innovation in the Treatment of Persistent Facial Erythema*
Neil Sadick, MD
presented by ALLERGAN
*This is a non-CME accredited session

CME-Accredited Scientific Sessions
7:30 AM – 7:40 AM  Welcome/Housekeeping
7:40 AM – 8:00 AM  President’s Welcome Presentation
Clay Cockerell, MD
8:00 AM – 8:20 AM  Strategic Planning for Dermatologists
Darrell S. Rigel, MD
8:20 AM – 8:35 AM  Project “Get the Block” - A Sun Safety Program for Youth Soccer Athletes
Brian B. Adams, MD
8:35 AM – 8:50 AM  My Experience as A Ringside Physician
Rhonda Rand, MD
8:50 AM – 9:10 AM  Saliva: A Possible Cause of Perioral Dermatitis
Gabriel Sciallis, MD
9:10 AM – 9:50 AM  Scientific Discussion & Break

9:50 AM – 10:05 AM  Lenalidomide Treatment of Cutaneous Lupus Erythematosus  
David A. Wetter, MD

10:05 AM – 10:11 AM  Pithy Pearl: The Role of the Dermatologist in the Diagnosis of Carcinoid Syndrome  
Miriam S. Bettencourt, MD

10:11 AM – 10:26 AM  Cutaneous Acanthamoebiasis Infections  
Jeffrey S. Altman, MD

10:26 AM – 10:41 AM  Submental Fat Reduction with Cryolipolysis and Deoxycholic Acid – How to Choose  
Suzanne L. Kilmer, MD

10:41 AM – 11:00 AM  Scientific Discussion

Friday, April 21

6:00 AM – 8:00 AM  Member Breakfast  
Haleakala 2 / Gardens

6:00 AM – 11:30 AM  Late Registration / Information  
Haleakala 2 Pre-Function

CME-Accredited Scientific Sessions  
Haleakala 2

7:30 AM – 7:35 AM  Harold O. Perry, MD Lecture Introduction  
Antoanella Calame, MD

7:30 AM – 8:15 AM  Harold O. Perry, MD Lecture  
Adventures in Nail Unit Pathology  
Beth Ruben, MD

8:15 AM – 8:30 AM  Scientific Discussion

8:30 AM – 8:35 AM  Alfred L. Weiner, MD Lecture Introduction  
Antoanella Calame, MD

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

9:15 AM – 9:50 AM  Scientific Discussion & Break
9:50 AM – 10:05AM  JAK Kinase Inhibitors in the Treatment of Alopecia Areata: Cleveland Clinic Experience  
Melissa Piliang, MD

10:05 AM – 10:25 AM  The Downwinders: “What Patients Teach Us About History, People and Medicine”  
Keith Duffy, MD

10:25 AM – 10:45 AM  New Treatment Options for Hair Loss  
Neil S. Sadick, MD

10:45 AM – 11:00 AM  Scientific Discussion

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

Lunch provided by NOAH (spouses welcome)  Haleakala 2

11:00 AM – 11:30 AM  Non-CME Industry Session  
Clinical Insights on Taltz**  
Michael Heffernan, MD  
presented by LILLY  
*This is a non-CME accredited session

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**Saturday, April 22**

6:00 AM – 8:00 AM  Member Breakfast  Haleakala 2 / Gardens

6:00 AM – 1:00 PM  Late Registration / Information  Haleakala 2 Pre-Function

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**Noah Therapeutic Skin Think Tank  Non-CME Industry Sessions**  Haleakala 2

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

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**CME-Accredited Scientific Sessions**  Haleakala 2

7:30 AM – 8:15 AM  Harold O. Perry, MD Lecture  
Iatrogenic Dermatopathology: Novel Drugs and Reactions to Them  
Beth Ruben, MD

8:15 AM – 8:30 AM  Scientific Discussion
8:30 AM – 9:15 PM
Alfred L. Weiner, MD Lecture
Vexing Vascular Lesions in Kids
Sheila Friedlander, MD

9:15 AM – 9:50 AM
Scientific Discussion & Break

9:50 AM – 10:40 AM
Biologics in Dermatology: Controversies, Safety, Monitoring, Pearls for Prior Authorizations
Michael Heffernan, MD

10:40 AM – 10:55 AM
Scientific Discussion

10:55 AM – 11:45 AM
Melanoma Updates
Antoanella Calame, MD & Clay Cockerell, MD

11:45 AM – 12:00 PM
Scientific Discussion

12:00 PM – 1:00 PM
Business Meeting

**Sunday, April 23**
6:00 AM – 8:00 AM
Farewell Breakfast (Spouses Welcome)
Haleakala 2 / Gardens

6:00 AM – 9:00 AM
Late Registration / Information
Haleakala 2 Pre-Function

**CME-Accredited Scientific Sessions**

Haleakala 2

7:30 AM – 7:50 AM
When All Else Fails…
Neal Bhatia, MD

7:50 AM – 8:05 AM
Prevention of Skin Cancer with Vitamin B3 and DNA Repair Enzymes
Ronald Moy, MD

8:05 AM – 8:25 AM
Photographic Surveillance of Patients at High Risk for Cutaneous Melanoma
Arthur Russell Rhodes, MD, MPH

8:25 AM – 8:40 AM
Surgical Pearls - Tips and Tricks of the Trade
Sarah Weitzul, MD

8:40 AM – 8:46 AM
Pithy Pearl: Why Use Sterile Gloves for Dermatology Procedures
Craig Eichler, MD

8:46 AM – 9:06 AM
Scientific Discussion
SCIENTIFIC PRESENTATION ABSTRACTS

Thursday, April 20
8:00 AM – 8:20 AM
Strategic Planning for Dermatologists
Brett M. Coldiron, 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**  
*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 ameobic 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*
**Iatrogenic 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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**2016 - 2017**

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<thead>
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<tr>
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<td>Barton</td>
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<td>Selma E. Targovnik, MD</td>
<td>Jerome</td>
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<td>Paul R. Vandersteen, MD</td>
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</tr>
<tr>
<td>Raymond M. Handler, MD</td>
<td>Arlene</td>
</tr>
</tbody>
</table>
A
Abel, Elizabeth A., MD, (Barton Lane, MD), 525 South Dr, Ste 115, Mountain View, CA, 94040, (650) 938-6244, (650) 938-6112 F, elizabelmd@gmail.com
Abramovits, William, MD, 5310 Harvest Hill Rd, #160, Dallas, TX, 75230, (972) 661-2729, (972) 661-0227 F, dra@dermcenter.us
Adams, Brian B., MD, (Jilda Vargus-Adams, MD), University of Cincinnati - Derm, Cincinnati, OH, 45267, (513) 558-6242, (513) 584-3531 F, brianadamsy91@gmail.com
Agarwal-Antal, Neera, MD, (Ronald Antal), 1235 Corporate Dr., Suite A, Hudson, OH, 44236, (330) 650-4200, neera.antal@yahoo.com
Alam, Murad, MD, 676 N. St. Clair Pl, Ste 1600, Chicago, IL, 60611, (312) 695-6647, (312) 695-0529 F, malam@northwestern.edu
Alexis, Andrew F., MD, (Ama Alexis, MD), 1090 Amsterdam Ave, #11B, New York, NY, 10025, (212) 523-3888, alexisderm@yahoo.com
Altman, Arthur T., MD, (Susan Altman), 807 Davis St., Unit 2404, Evanston, IL, 60201, (847) 905-0140, (847) 905-0140 F, artaltman4041@comcast.net
Altman, Jeffrey S., MD, (Pam Altman), 2000 Lake Ave., Woodstock, IL, 60098, (815)337-7100, jsaltman1@comcast.net
Arbuckle, H. Alan, MD, (Eric Cornejo), 2045 Franklin St, Denver, CO, 80205, (720) 536-6964, pedsdermco@comcast.net

B
Baker, Diane R., MD, (James Baker, MD), 3975 SW Mercantile Dr, Ste 165, Lake Oswego, OR, 97035, (503) 534-2622, (503) 534-2722 F, dbakerderm@gmail.com
Barkoff, Joel R., MD, (Carol Sue Barkoff), 1325 Morningside Dr NE, Albuquerque, NM, 87110, (505) 299-4414, (505) 268-9098 F, j.barkoff@q.com
Barr, Ronald J., MD, (Ulla Barr), 31872 Pacific Coast Hwy, Dept. of Pathology, Laguna Beach, CA, 92651, (949) 499-7288, (949) 499-7248 F, ronaldbarr@gmail.com
Bauman, Carla, MD, (Lucas Schenck), 1260 116th Avenue NE, Bellevue, WA, 98004, (425) 455-3376, (425) 455-2276 F, ldschenck@seanet.com
Bauman, Louis, MD, (Myrna Bauman), 3336 Rancho Rio Bonita, Covina, CA, 91724, (626) 966-9918, (626) 966-9918 F, lsbaumn@ca.rr.com
Beaudoing, Denis, MD, (Anne-Marie Beaudoing), 6333 E. Mockingbird Ln, #147-935, Dallas, TX, 75214, (214) 692-7447, (214) 692-7110 F, spongebob.denis@gmail.com
Belsito, Donald MD, 161 Fort Washington Ave, HIP-12, New York, NY, 10032, (212) 342-9080, (212) 326-8567 F, dbv2108@columbia.edu
Benedetto, Anthony, DO, (Dianne Benedetto), 1200 Locust St, Philadelphia, PA, 19107, (215) 546-3666, avbenedettoderm.com
Berger, Robin M., MD, (Bret Berger), 640 E 700 S., Ste One, Saint George, UT, 84770, (435) 673-7546, (435) 673-7554 F, robin@robinbergermd.com
Bergfeld, Wilma F., MD, 9500 Euclid Avenue, #A 61, Cleveland, OH, 44195, (216) 444-5722, (216) 231-5448 F, bergfew@ccf.org
Berman, Brian, MD, (Anne Berman), 2925 Aventura Blvd, Ste 205, Aventura, FL, 33180, (305) 933-5952, (305) 532-0448 F, bbbmdphd@gmail.com
Berk, Stephen, MD, (Laura Berk), 935 Sunset Blvd, Los Angeles, CA, 90069, (213) 830-2926 F, stepphberk@gmail.com
Bettencourt, Miriam S., MD, (Robert Bettencourt), 1701 N Green Valley Pkwy, Ste 7B, Henderson, NV, 89074, (702) 257-7546, drmiriam@cox.net
Bhatia, Ashish C., MD, (Tania Becke, M.D.), 2155 City Gate Ln, Ste 225, Naperville, IL, 60563, (630) 547-5040, (630) 305-0094 F, acbhatia@gmail.com
Bhatia, Neal, MD, (Sangita Bhatia), 9025 Balboa Ave, Ste 105, San Diego, CA, 92123, (858) 571-6800, (858) 571-6801 F, bhatiaharbor@gmail.com
Bielski, Kenneth B., MD, (Linda Bielinski), 16105 S. Lagrange Rd, Orland Park, IL, 60467, (708) 636-3767, (708) 636-4361 F, kbielsinski1@gmail.com
Billstein, Stephan A., MD, (Susan Billstein), 1 Health Plaza, East Hanover, NJ, 07936, (862) 778-5539, (973) 781-2986 F, stephan.billstein@novartis.com
Blaauw, Andrew, MD, (Molly Blauuw), 9495 SW Locust St, Ste G, Portland, OR, 97223, (503) 245-1525, (503) 245-0315 F, aablaauw@oregonmedicalresearch.com
Bodian, Adam B., MD, (Halley Bodian), 11 Grace Ave, Ste 100, Great Neck, NY, 11021, (516) 482-2882, (516) 482-6039 F, abfdito@me.com
Bolognia, Jean, MD, (Dennis Cooper), Dept. Of Derm., Yale School of Medicine, 501 LCI, 333 Cedar St, New Haven, CT, 06510, (203) 785-4092, (203) 785-7637 F, jean.bolognia@yale.edu
Brauer, Jeremy, MD, (Anate Brauer), 317 E 34th Street, New York, NY, 10016, (212) 686-7306, JeremyBrauer@gmail.com
Bridges, Alina G., DO, (Claude M. Bridges, MD), 200 First Street SW, Rochester, MN, 55905, (507) 284-3837, bridges.alina@mayo.edu
Brod, Bruce A., MD, (Jennifer Brod, MD), 1650 Crooked Oak Dr, Ste 200, Lancaster, PA, 17601, (717) 569-2187 F, babrod@comcast.net
Brodell, Robert, MD, (Linda Brodell), 2500 North State St, Division of Dermatology, Jackson, MS, 39216, (601) 815-8000, (601) 984-1150 F, rbrodell@umc.edu

Brouha, Brook, MD, (Sharon Brouha, MD), 7300 Girard Ave, Ste 103, La Jolla, CA, 92037, (858) 750-2983, bbrouha@gmail.com

C

Calame, Antoanella, MD, (Bart Calame), 7300 Girard Ave, Ste 104, La Jolla, CA, 92037, (858) 750-2983, antoanella.calame@gmail.com

Callen, Jeffrey P, MD, (Susan Callen), 3810 Springhurst Blvd, Louisville, KY, 40241, (502) 583-1749, (502) 329-7599 F, jeffreyccallen01@gmail.com

Callender, Valerie, MD, 12200 Annapolis Rd #315, Glenn Dale, MD, 20769, (301) 249-0970, drvdcskin@aol.com

Cappel, Mark, MD, (Viviane Avila), 4500 San Pablo Rd, Jacksonville, FL, 32224, (904) 953-7219, cappel.mark@mayo.edu

Caro, Ivor, MD, (Sheryl Caro), 1 DNA Way, Mailstop 453-A, San Francisco, CA, 94080, (650) 225-6370, (650) 225-6619 F, ishbcaro@gmail.com

Ceilley, Roger I., MD, (Kimberly Ceilley), 4914 Bissonnet St, Suite 100, Houston, TX, 77401, (713) 344-0450, dermsurg@gmail.com

Cockerell, Clay J., MD, (Brenda Cockerell), 2110 Research Row, Ste 100, Dallas, TX, 75235, (214) 530-5200, (214) 530-5230 F, ccckerell@dermpath.com

Cohen, Joel L., MD, (Goldie Cohen, MD), 499 E. Hampden Ave, Ste 450, Englewood, CO, 80113, (303) 756-7546, jcohen@derm.com

Coldiron, Brett M., MD, (Lana Long, MD), 3024 Burnet Avenue, Cincinnati, OH, 45219, (513) 221-2828, (513) 872-5721 F, bcoldiron@gmail.com

Cole, Gary W., MD, (Claudette Cole), 20271 Colonial Cir, Huntington Beach, CA, 92646, colegw@yahoo.com

Conolly, Suzanne M., MD, (Peter Conolly), Mayo Clinic/Dept. of Dermatology, 13400 E. Shea Blvd, Scottsdale, AZ, 85259, (480) 483-0143, smconollymd@gmail.com

Conroy, Michael Patrick, MD, (Cindy Conroy), 7450 Hospital Dr, Ste 370, Dublin, OH, 43016, (614) 760-1401, mpcconroy@yahoo.com

Cosulich, William, MD, (Nancy Shen Cosulich), 3350 Hwy 138, Ste 122, Wall, NJ, 07746, (732) 280-1200, wcosulich@aol.com

D

Daniel, III, C. Ralph, MD, (Melissa Daniel, PhD), 971 Lakeland Dr, Unit 659, Jackson, MS, 39216, (601) 362-8514, (601) 366-7621 F, crd322@aol.com

Davis, Thomas L., MD, (Karla Davis), 1122 Austin Highway, San Antonio, TX, 78209, (210) 342-6488, tdavis@auroradx.com

Desai, Seemal R., MD, (Nimisha Desai), 5425 W Spring Creek Pkwy, Ste 265, Plano, TX, 75024, (214) 919-3500, seemald@yahoo.com

Dobekci, Glenn A., MD, (Sandy Dobekci), 10 Bassett Brook Ln, Duxbury, MA, 02332, gandsd@gmail.com

Duffy, Keith, MD, (Stephanie Duffy), 30 N 1900 E, 4A330, School of Medicine, Salt Lake City, UT, 84132, (801) 581-6465, keith.duffy@hsc.utah.edu

Dyson, Senait W., MD, (Duane Dyson, MD), 2141 N. Beverly Ave., Suite 101, Tucson, AZ, 85712, (520) 838-0777, senaitwdyson@yahoo.com

E

Ede, Mitchell, MD, (Gertrude Allen), 1005 Carew Tower, Cincinnati, OH, 45202, (513) 621-5188, (513) 621-6354 F, edemitfuse.net

Ehrlich, Alison, MD, (Robert Morse), 2150 Penn Ave, Ste 2B-403, Washington, DC, 20037, (202) 741-2672, aehrltch@mfagwu.edu

Eichler, Craig, MD, (Pamela Eichler), The Woodruff Institute, 2235 Venetian Court, Suite 1, Naples, FL, 34109, (239) 596-9337, (239) 596-9466 F, craigjeichler@gmail.com

el-Azhary, Rokea, MD, (Lawrence Gibson, MD), 200 First Street SW, Rochester, MN, 55905, (507) 284-2758, (507) 284-2072 F, elazhaxy.rokea2@mayo.edu

Ellerin, Philip, MD, (Barbara Ellerin), 172 Cambridge St, Burlington, MA, 01803, (781) 272-7022, (781) 272-8786 F, pellerinmd@gmail.com

Elston, Dirk, MD, (Kathleen Elston), 135 Rutledge Ave, 11th floor, Charleston, SC, 29425, (843) 792-9784, (843) 792-9804 F, elstonmd@musc.edu

Ely, P. Haines, MD, (Jennifer Ely), 9075 Hangar Way, Fair Oaks, CA, 95628, (520) 477-7546, (530) 477-0712 F, hainesely@hotmail.com

Engasser, Patricia G., MD, 803 Berkeley Ave, Menlo Park, CA, 94025, (650) 322-6498, (650) 322-6494 F, engasser@yahoo.com

Ertle, James O., MD, (Virginia Ertle), 333 Chestnut Street, # 202, Hinsdale, IL, 60521, (630) 325-6880, (630) 325-5975 F, dermertle@att.net
Feinstein, Robert P., MD, (Diane Feinstein), 189 Montecito Crescent, New York, NY, 11747, (631) 692-0060, (631) 824-9393 F, feinsteinrpf@gmail.com

Fellner, Michael J., MD, (Fredda Fellner), 50 East 89th St, Apt 15D, New York, NY, 10128, (212) 369-2477, (212) 369-2380 F, freddagf@aol.com

Fenske, Neil Alan, MD, (Robyn Fenske), 12901 Bruce B. Downs Blvd, MDC-79, Tampa, FL, 33612, (813) 974-2854, (813) 974-4272 F, nfenske@health.usf.edu

Fine, Robert M., MD, (Pat Fine), 2025 Breckenridge Dr, N.E., Atlanta, GA, 30345, (404) 325-0496, (404) 321-9153 F, rmerfine@juno.com

Fitch, Margaret, MD, (Ken Christensen), 1520 Two Notch Road SE, Aiken, SC, 29803, (803) 649-3909, (803) 642-8495 F, acnedoc@aol.com

Fixler, Robert M., MD, (Joan Fixler), 231 Main Street, Milford, OH, 45150, (513) 281-6044, (513) 281-2322 F, docfixler@fuse.net

*Fixler, Z. Charles, MD, 231 Main Street, Milford, OH, 45150, (513) 281-6044, (513) 281-2322 F, docfixler@fuse.net

Fransway, Anthony F., MD, (Deborah Fransway), 8381 Riverwalk Park Blvd, #101, Ft. Myers, FL, 33919, (239) 936-5425, (239) 936-3591 F, Fransam44@gmail.com

Friedman, Adam, MD, (Sarah Goldin), 111 E 210th St, , Bronx, NY, 10467, (718) 920-2680, ajf0424@yahoo.com

Galadari, Hassan I., MD, (Leena Amiri), PO Box 8716, Dubai, United Arab Emirates hgaladari@gmail.com

Garner, Lisa, MD, 3310 Broadway Blvd, Garland, TX, 75043, (972) 271-4141, (972) 278-8691 F, lisa@lisagarnermd.com

Gasbarre, Chris, DO, (Talia Gasbarre), 550 E Colorado Blvd, Spearfish, SD, 57783, (605) 717-8860, cgasbarre@regionalhealth.com

Gibson, Lawrence E., MD, (Rokea el-Azhary, MD), 200 First St, E5 Derm, Mayo Bldg, Rochester, MN, 55905, (507) 284-2522, gibson.lawrence@mayo.edu

Gilgor, Robert S., MD, (Bryna Gilgor), 504 Carolina MDWS, Chapel Hill, NC, 27517, (919) 967-4545, (919) 929-1790 F, bob-gilgor@ncrrm.com

Gold, Michael H., MD, (Cindee Gold), 2000 Richard Jones Rd, #220, Nashville, TN, 37215, (615) 383-2400, (615) 385-0387 F, drgold@goldskincare.com

Goldberg, Gerald, MD, (Barbara Goldberg), 5150 E Glenn St, Tucson, AZ, 85712, (520) 795-7729, (520) 795-4177 F, gngderm@gmail.com

Goldman, Gilbert, MD, (Sari Goldman), 285 Seville Ln, Delray Beach, FL, 33446, dgoldman@aol.com

Goldner, Ronald, MD, (Florence Goldner), 419 W. Redwood St, Ste 240, Baltimore, MD, 21201, (410) 328-5766, (410) 328-0098 F, rfgoldner@gmail.com

Golditz, Loren E., MD, (Deb Golditz), 240 Josephine St, #204, Denver, CO, 80206, (303) 355-0600, (303) 355-5744 F, loren.golditz@ucdenver.edu

Goloub, Roger S., MD, (Lorraine Golomb), 2000 E Brazil Ave, Clearwater, FL, 33756, (727) 461-2282, (727) 443-6170 F, dr.goloub@clearwaterdermatology.com

Gottlieb, Alice B., MD, PhD, (Allan Gottlieb), Tufts-Nemc, 800 Washington St, Box 114, Boston, MA, 02111, (617) 636-4802, (617) 636-9169 F, alice.gottlieb@gmail.com

Gottlieb, Bernard, MD, 11255 Mirasol Dr, Redlands, CA, 92373, (619) 759-1932, (619) 759-0860 F, grande Sarpa, Hege, MD, (Thomas Sarpa), 23781 Maquina Ave, Mission Viejo, CA, 92691, (949) 455-4286, hegegrande@gmail.com

Green, Lawrence, MD, (Allison Green), 15005 Shady Grove Rd, #440, Rockville, MD, 20850, (301) 610-0663, dgreen@looking-younger.com

Greenberg, Michael A., MD, (Geri Greenberg), 6319 S. Fairview, Suite 102, Westmont, IL, 60559, (630) 968-4500, (847) 364-0191 F, offped@yahoo.com

Greene, Richard M., MD, (Harriet Greene), 201 NW 82nd Avenue, #501, Plantation, FL, 33324, (954) 473-6750, (954) 424-7093 F, drrichard@msn.com

H

Halperin, Peter S., MD, (Andrea Halperin), 110 E. 61st Street, Ste 2E, New York, NY, 10065, (212) 759-7447, (212) 759-7417 F, drph@mac.com

Hamill, Jr., John R., MD, (Susan Hamill), 7547 Jacque Rd, Hudson, FL, 34667, (727) 862-8561, jrhamill@gcderm.net

Hamman, Michael Shane, MD, (Shilpa Gattu), 7300 Girard Ave, Ste 202, La Jolla, CA, 92037, (858) 454-7123, (858) 750-2984 F, shane.hamman@gmail.com

OFFICE DIRECTORY | 23
Hammer, Charles J., MD, (Chris Hammer), 9104 Fortuna Dr, Apt 3102, Mercer Island, WA, 98040, (206) 232-2011

Handler, Raymond M., MD, (Arlene Handler), 8780 W. Golf Rd, Niles, IL, 60714, (847) 299-1044, (847) 299-0425 F, arlyh@aol.com

Harmon, Christopher B., MD, (Sandy Harmon), 2000 Stonegate Trail, Ste 112, Birmingham, AL, 35242, (205) 933-0987, (205) 930-1756 F, charmon@surgicaldermatology.com

Harvey, David T., MD, (Nina Harvey), 60 Oak Hill Blvd, Ste 201, Newnan, GA, 30265, (770) 400-8400, (770) 400-8401 F, drharvey1@live.com

Hectorne, Kathleen J., MD, 1000 1st Drive NW, Austin, MN, 55912, (507) 433-9088, hectorne.kathleen@mayo.edu

Hefferman, Michael, MD, (Tracy Wick, MD), 1 Lilly Corporate Center, Indianapolis, IN, 46285, (314) 502-7142, (317) 651-2809 F, mpheffermanmd@gmail.com

Helms, Stephen E., MD, (Gail Helms), 2500 North State Street, Jackson, MS, 39216, (601) 815-8000, sehglh@gmail.com

Hendi, Ali, MD, (Azi Hendi), 5454 Wisconsin Ave, Ste 725, Chevy Chase, MD, 20815, (301) 986-1006, mohsmd@yahoo.com

Hill, Carlotta, MD, (Carlos Rotman, MD), 808 S Wood St, Chicago, IL, 60612, (312) 996-6966, sycamore62@hotmail.com

Hodge, Julie, MD, (David Hodge), 1440 N Harbor Blvd, Ste 300, Fullerton, CA, 92835, (714) 526-7546, (714) 526-7547 F, drhodge@aol.com

Honari, Golara, MD, 276 International Circle, Unit K, San Jose, CA, 95119, (408) 972-3255, honari.golara@gmail.com

Hooper, Deidre, MD, (Christian Hooper), 3525 Prytania Street, Suite 501, New Orleans, LA, 70115, (504) 865-3376, drhooper@audubondermatology.com

Howard, Kris L., MD, (Cheri Howard), 8141 Dorado Dr, Odessa, TX, 79765, (432) 563-3113, (432) 766-0106 F, khoward@cableone.net

Hruza, George J., MD, (Carrie Hruza), 1001 Chesterfield Parkway E, Ste 101, Chesterfield, MO, 63017, (314) 878-3839, (314) 878-6575 F, ghruza@gmail.com

Hsu, Jeffrey, MD, (Anita Hsu), 2155 Citygate Lane, Ste 225, Naperville, IL, 60563, (630) 547-5040, (630) 305-0094 F, jefforama@gmail.com

Jackson, J. Mark, MD, (Kimberly Jackson), 501 S. Second St, Louisville, KY, 40202, (502) 583-7546, jacksonjmark@gmail.com

Kalis, John B., MD, (Maryann Kalis), 901 N Elm Street, Ste 250, Hinsdale, IL, 60521, (630) 325-6880, (630) 574-5866 F, johnkalisderm@gmail.com

Katz, H. Irving, MD, (Karen Katz), 12114 N. 138th St, Scottsdale, AZ, 85259, (480) 314-5954, (480) 314-5954 F, dermkatz@gmail.com

Katz, Robert, MD, (Elaine Katz), 7710 Woodmont Ave, Unit 306, Bethesda, MD, 20814, (301) 881-6505 F, robertkatz209@comcast.net

Kaufman, Joseph W., MD, (Judy Kaufman), 26850 Providence Pkwy, Suite 535, Novi, MI, 48374, (248) 380-8900, (248) 380-0812 F,

Kaufmann, Mark D., MD, (Patricia Heiden-Kaufmann), 21 E 90 St, New York, NY, 10128, (212) 427-4000, mkderm@yahoo.com

Kerdel, Francisco, MD, (Isabella Kerdel), 1400 NW 12th Avenue, 6 South, Dermatology, Miami, FL, 33136, (305) 324-2110, (394) 325-0919 F, dr.kerdel@fadcenter.com

Kern, Arthur B., MD, 568 East Avenue, Pawtucket, RI, 02860, (401) 723-8877

Kilmer, Suzanne, MD, (Tim Chapman), 3835 J Street, Sacramento, CA, 95816, (916) 456-0400, (916) 456-0499 F, skilmer@skinlasers.com

Kirschenbaum, M. Barry, MD, (Diane Kirschenbaum), 2740 W. Foster Ave, #305, Chicago, IL, 60625, (773) 271-4424, (773) 271-4474 F, dsl@kirschenbaum.com

Kress, Doug, MD, (Susan Barman), 11279 Perry Hwy, Ste 108, Wexford, PA, 15090, (724) 933-9195, dkress@aol.com

Kroshinsky, Daniela, MD, (Anthony Rivera), 50 Staniford St, 2nd Floor, Boston, MA, 02114, (617) 643-3884, dkroshinsky@gmail.com

Krusinski, Paul A., MD, (Eleanor Byrd), 130 Walker St, Lexington, VA, 24450, (540) 464-3509, (540) 464-1799 F, pakrusin@gmail.com

Kuchnir, Louis, MD, (Karen Kuchnir), 340 Maple St, Unit 203, Marlborough, MA, 01752, (508) 485-7779, kuchnir@alum.mit.edu

Lasser, Alan E., MD, (Nancy Lasser), 4905 Old Orchard Center Road, Ste 318, Skokie, IL, 60077, (847) 674-1570, (847) 674-1517 F, aelmdsc@gmail.com

Lebwohl, Mark, MD, (Madeleine Lebwohl), 5 E. 98th Street, Fifth Floor, Box 1048, New York, NY, 10029, (212) 241-9728, (212) 876-5661 F, lebwohl@aol.com
Lewis, Barton L., MD, (Estelle Lewis), 112 Garfield Pl, Apt 3R, Brooklyn, NY, 11215, (719) 634-7689, (719) 471-3295 F

Lorenc, Ernest, MD, (Marjorie Lorenc), 2053 S. Pin Oak Drive, Springfield, MO, 65809, (417) 881-2500, ernestl@mchsi.com

M

Madhok, Rajneesh, MD, (Ashlesha Tamboli), 3316 West 66th St, Suite 200, Edina, MN, 55435, (612) 227-1959, rmadhok@aol.com

Magid, Morgan, MD, (Kathleen Magid), 1661 Soquel Dr, Building E, Santa Cruz, CA, 95065, (831) 476-2329, (831) 476-3271 F, morganmarig@aol.com

Maloney, Mary E., MD, (John Ferriss), 281 Lincoln St, Worcester, MA, 01605, (508) 334-5970, maloneyem@ummhc.org

Mandel, Sheldon L., MD, 7300 France Ave. So., Suite 400, Edina, MN, 55435, (952) 374-5995, (952) 374-5997 F, concha8@earthlink.net

Marcus, Linda Susan, MD, 271 Godwin Ave, Wyckoff, NJ, 07481, (201) 891-4373, (201) 891-0482 F, physderm@aol.com

Marsico, Sr., Robert E., MD, (Cheryl Hollis), 1325 Corporate Dr, Hudson, OH, 44236, (330) 869-4924 F, rmskinsr@gmail.com

Maytin, Edward V., MD, (Mary Wong), 9500 Euclid Ave, ND-20/Lerner Research Institute, Cleveland, OH, 44195, (216) 445-6676, (216) 444-9198 F, maytine@ccf.org

McBurney, Elizabeth, MD, (Mozelle T. Fruge), 1245 Camellia Blvd, Ste 300, Lafayette, LA, 70508, (337) 839-2773, (337) 839-2762 F, queene205@aol.com

McDaniel, William E., MD, (Jody McDaniel), 210 Blue Ridge Rd, Louisville, KY, 40223, (859) 266-3205

McDonald, Charles J., MD, (Maureen McDonald), 433 Poppasquash Rd, Bristol, RI, 02809, m.mcd@cox.net

McDonald, Michel, MD, (Ward Pace), 720 Thompson Lane, Suite 26300, Nashville, TN, 37204, (615) 343-0300, michell.mcdonald@comcast.net

Monheit, Gary D., MD, (Judy Monheit), 2100 16th Avenue South, #202, Birmingham, AL, 35205, (205) 933-0987, (205) 933-1750 F, monheitgd421@pol.net

Moody, Brent, MD, (Sherry Moody), 1900 Patterson Street, Nashville, TN, 37203, (615) 322-1221, bmoodymd@yahoo.com

Mosser-Goldfarb, Joy, MD, (David Goldfarb), 555 S 18th St, Columbus, OH, 43205, (614) 722-0477, dermjoy@aol.com

Mowad, Christen, MD, (Timothy Murphy, MD), Dept. of Dermatology, 115 Woodbine Ln, Danville, PA, 17821, (570) 271-8050, (570) 271-5940 F, cmowad@geisinger.edu

Moy, Ronald, MD, (Lisa Moy), 421 N. Rodeo Dr, Terrace Level, Beverly Hills, CA, 90210, (310) 974-5372, (310) 974-5380 F, ronmoymd@gmail.com

Muelleman, Peter, MD, (Karen Muelleman), 19101A E. Valley View Pky, Independence, MO, 64057, (816) 478-1830, (816) 478-8429 F, pmuelleman@aol.com

Murad, Howard, MD, (Loralee Knotts Murad), 2121 Park Place, 1st Floor, El Segundo, CA, 90245, (310) 335-1701, (310) 335-1700 F, drmurad@murad.com

Myrow, Ralph E., MD, (Sandra Myrow), 390 Old Hook Rd, Westwood, NJ, 07675, (201) 666-9550, (201) 666-1251 F, sandymyrow@yahoo.com

N

Nanda, Vandana S., MD, (Mohit Nanda), 600 Peter Jefferson Pkwy, Unit 310, Charlottesville, VA, 22911, (434) 977-0027, dmnanda@nandaderm.com

Narins, Rhoda, MD, (David Narins), 222 Westchester Ave, #300, White Plains, NY, 10604, (914) 684-1000, (914) 682-9006 F, rsnmmd@att.net

Neldner, Kenneth H., MD, Texas Tech University HSC, 3601 Fourth Street, Lubbock, TX, 79430, (806) 743-2463, (806) 743-1603 F, kenneth.neldner@ttuhsc.edu

Nelson, Christopher G., MD, 12901 Bruce B. Downs Blvd, MDC79, Tampa, FL, 33612, (813) 974-4270, (813) 974-4272 F, cnelson@health.usf.edu

Nordlund, James J., MD, (Mary Nordlund), 7423 S. Mason Montgomery Rd, Mason, OH, 45040, (513) 229-6000, (513) 229-6066 F, jjnordlund@fuse.net

O

O'Donoghue, Marianne N., MD, (Kevin O'Donoghue, MD), 120 Oak Brook Center Mall, Ste 410, Oak Brook, IL, 60523, (630) 574-5860, (630) 574-5866 F, modonoghue@ameritech.net

O'Donoghue, Michael, MD, (Amy O'Donoghue), 1225 E Coolstand Ave, Michigan City, IN, 46360, (630) 574-5860, drodonoghue@yahoo.com

Okun, Martin M., MD, PhD, (Donna Okun), 611 Sherman Avenue East, Fort Atkinson, WI, 53538, (920) 568-1000, mmokun@yahoo.com
Olbricht, Suzanne M., MD, 41 Mall Rd, Lahey Clinic, Burlington, MA, 01805, (781) 744-8348, suzanne.m.olbricht@lahey.org

Olsen, Thomas G., MD, (Mary Boosalis), 7835 Paragon Rd, Dayton, OH, 45459, (937) 434-2351, (937) 434-1381 F, tolsen@dermpathlab.com

Ondo, Andrew, MD, (Karen Price), 3865 Foothills Rd., Las Cruces, NM, 88011, (575)521-7117, (575) 521-7226 F, andyondo@yahoo.com

Osswald, Sandra, MD, (Michael Osswald), 7979 Wurzbach Road, San Antonio, TX, 78229, (210) 450-9840, osswald@uthscsa.edu

Owen, Lafayette G., MD, (Sherlin Owen), 1700 Old Bluegrass Ave, 110, Louisville, KY, 40215, (502) 361-3909, (502) 361-9229 F, misterdoc2@aol.com

Parnes, Herbert M., MD, (Marcy Parnes), 104 Erford Rd, Camp Hill, PA, 17011, (717) 975-2950 F, hparnes2@comcast.net

Perniciaro, Charles V., MD, (Gail Perniciaro), 6001 Memorial Highway, Tampa, FL, 33615, (813) 882-4206, cperrn@aol.com

Piliang, Melissa, MD, (Eddy Piliang), 9500 Euclid Ave, Cleveland, OH, 44195, (216) 444-5722, pilianm@ccf.org

Pinski, J. B., MD, (Dee Pinski), 150 N Michigan Ave, Ste 1200, Chicago, IL, 60601, (312) 263-4625, (312) 263-5029 F, dpinski@aol.com

Pinski, Kevin S., MD, (Kimberly Pinski), 150 N Michigan Ave, Ste 1200, Chicago, IL, 60601, (312) 263-4625, (312) 263-5029 F, docpinski@aol.com

Prok, Lori D., MD, (Dean Prok), 12635 E Montview Blvd, #160, Aurora, CO, 80045, (303) 724-9959, lori.prok@ucdenver.edu

Rand, Rhonda, MD, 436 N. Roxbury Dr, #212, Beverly Hills, CA, 90210, (310) 273-0467, (310) 273-2382 F, rrmmdnc@earthlink.net

Rapaport, Marvin J., MD, (Anna Marie Rapaport), 436 N. Bedford, #306, Beverly Hills, CA, 90210, (310) 273-4401, (310) 273-5194 F, sknbvhill@aol.com

Rasmussen, Dee M., MD, (Mary Rasmussen), 2058 E Bell Tower Ln, Salt Lake City, UT, 84109, (801) 535-8157, (801) 355-3746 F, deemaryrasmussen@msn.com


Read, Sandra I., MD, (Hugh Hill, III, MD), 2021 K Street NW, Ste 508, Washington, DC, 20006, (202) 223-6830, (202) 223-6833 F, sreadmd@gmail.com


Rigell, Darrell S., MD, (Beth Rigell), 35 E. 35th Street, #208, New York, NY, 10016, (212) 685-3252, (212) 689-5748 F, darrellrigell@gmail.com

Robins, Douglas N., MD, (Maureen Robins), 4100 Southpoint Dr Ste 1, Jacksonville, FL, 32216, (904) 854-2550, (904) 273-0680 F, DNRMD1@aol.com

Roenigk, Jr., Henry H., MD, (Kathie Roenigk), 9377 E. Bell Rd, #313, Scottsdale, AZ, 85260, (480) 563-1048, (480) 473-7653 F, sdf-az@msn.com

Rosen, Ted, MD, (Nancy Rosen), 6620 Main, Ste 1425, Houston, TX, 77030, (713) 794-7129, (713) 794-7863 F, vampiresTed@aol.com

Ruben, Alan M., MD, (Barbara Ruben), 4 Forest Hills Dr, Wheeling, WV, 26003, (304) 232-7151, (304) 232-6128 F, alanruben@gmail.com

Rubin, Adam Ian, MD, (Anna Rubin), 3600 Spruce Street, 2 Maloney Building, Philadelphia, PA, 19104, (215) 622-2737, adam.rubin@uphs.upenn.edu

Russell, Thomas J., MD, 13800 West North Ave, Ste 100, Brookfield, WI, 53005, (262) 754-4488, (262) 754-4940 F, trussell@mcw.edu

Sadick, Neil S., MD, 911 Park Ave, Ste 1A, New York, NY, 10075, (212) 772-7242, (212) 517-9566 F, nssderm@sadickdermatology.com

Safer, Leslie F., MD, (K Safer), 209 E. Carroll St, Islamorada, FL, 33036, (305) 664-5551, (305) 664-5552 F, lfsafer@bellsouth.net

Saferstein, Harold L., MD, (Doreen Saferstein), 7435 E. Montebello Ave, Scottsdale, AZ, 85250, (480) 991-7548, dermaaz@cox.net

Scannon, Michael A., MD, (Susan Scannon), 4200 N. Armenia Ave, #1, Tampa, FL, 33607, (813) 877-4811, (813) 870-2851 F, scannon@verizon.net

Scheinfeld, Noah, MD, (Jackie Didier), 150 West 55th St, New York, NY, 10019, (212) 991-6490, (212) 695-1011 F, scheinfeld@earthlink.net

Scher, Richard K., MD, (Marlyne Scher), 25 Sutton Place South, New York, NY, 10022, (212) 753-2183, (212) 486-0913 F, onychium@aol.com

Schimmel, Jerry, PhD, (Dorothy Schimmel), 10251 Granada Ln, Shawnee Mission, KS, 66207, (913) 649-5743, (913) 649-4759 F, jerschim@swbell.net
Tyring, Stephen, MD, 451 North Texas Ave, Webster, TX, 77598, (281) 333-2288, (281) 335-4605 F, styring@ccstexas.com

Ulery, Jr., James, MD, (Charisse Gencyuz), 315 Stewart Rd, Monroe, MI, 48162, (734) 457-4400, (734) 242-8017 F, cptnoid@hotmail.com

Vandergriff, Travis, MD, 5323 Harry Hines Blvd, Dallas, TX, 75390-9069, (214) 633-2023, travis.vandergriff@utsouthwestern.edu
Vandersteen, Paul R., MD, (Bette Vandersteen), 124 Quail Circle, Hudson, WI, 54016, pvandersteen@gmail.com
Vesper, Jennifer L., MD, (Thomas Andrews, MD), 300 Riverside Drive East, Ste 2200, Bradenton, FL, 34208, (941) 748-3376, (941) 748-7562 F, vesperderm@gmail.com
Vesper, Lee J., MD, (Rose Vesper), 1174 Watkins Hill Rd, New Richmond, OH, 45157, (513) 231-1575, ljvesper@fuse.net

Waisman, Margaret, MD, (Steven Callahan), 2201 W Holcombe Blvd, Ste 330, Houston, TX, 77030, (713) 660-8656, margwais@aol.com
Webster, Guy, MD, 720 Yorklyn Rd, Ste 10, Hockessin, DE, 19707, (302) 234-9305, (302) 234-9306 F, gfweb@earthlink.net
Weitzul, Sarah, MD, (Chad Weitzul), 2817 S Mayhill Rd, Ste 215, Denton, TX, 75230, (940) 591-0900, sweitzul@gmail.com
Welch, Raymond H., MD, (Gina Welch), 16 Starbrook Drive, Barrington, RI, 02806, cappy8@cox.net
Welsch, Michael Jude, MD, (Jennie Welsch), 16105 S LaGrange Rd, Orland Park, IL, 60467, (708) 636-3767, mjjudew@hotmail.com
West, John, MD, (Lisa West), 34 Water St, Ste 2, Mystic, CT, 06355, (860) 572-9994, (860) 572-9930 F, johnwestemail@gmail.com
Wetter, David A., MD, (Uma Thanarajasingam, MD), 200 First Street SW, Rochester, MN, 55905, (507) 538-0601, wetter.david@mayo.edu
Whitaker, Duane, MD, (Linda Whitaker), 271 Wyatt Way, Ste #101, Bainbridge, WA, 98110, (206) 317-6911, whitakerdc@msn.com
White, Herbert, MD, (Millicent White), 7 Wainwright Rd, Unit 73, Winchester, MA, 01890, (781) 756-8910, hwhite@worldnet.att.net
White, Jr., John W., MD, (Margy White), 4555 E Mayo Blvd, Unit 3232, Phoenix, AZ, 85050, (480) 219-1357, jackjohnjr@gmail.com
Whiting, David A., MD, (Harriet Whiting), 3600 Gaston Ave, Ste 1058, Wadley, Dallas, TX, 75246, (214) 820-4247, (214) 824-0012 F, whiting@ hairskinrctc.com
Wu, Jashin J., MD, (Stephanie Channual, MD), 1515 North Vermont Avenue, 5th Floor, Los Angeles, CA, 90027, (323) 783-9013, jashinwu@hotmail.com

Yag-Howard, Cyndi, MD, (Corey Howard), 1000 Goodlette Rd, #100, Naples, FL, 64102, (239) 649-8384, (239) 643-0094 F, yaghoward@aol.com
Young, Elaine P., MD, (Howard Young), 55 Distant Drums Ln, Sedona, AZ, 86336, (928) 282-7602, (928) 282-7602 F, eyoung@npgcable.com

Zalla, James, MD, (Marna Zalla), 7766 Ewing Blvd, Ste 100, Florence, KY, 41042, (859) 283-1033, (859) 283-1066 F, jzalla@fuse.net
Zalla, Mark, MD, (Mary Ann Zalla), 7766 Ewing Blvd, Ste 100, Florence, KY, 41042, (859) 283-1033, (859) 283-1066 F, mzalla1@fuse.net
Zane, Lee T., MD, (Doris Zane), 1020 E. Meadow Circle, Palo Alto, CA, 94303, (650) 543-7536, ltzane@gmail.com
Zelickson, Alvin S., MD, (Sue Zelickson), 1002 Medical Arts Bldg., Minneapolis, MN, 55402, (612) 338-0711, (612) 332-3663 F, azelickson@aol.com
Zirwas, Matthew J., MD, (Jill Fichtel), 540 Officenter Pl, Ste 240, Gahanna, OH, 43209, (614) 293-1707, matt.zirwas@osumc.edu
Zugerman, Charles, MD, (Gail Zugerman), 201 E Huron St, Ste 11-250, Chicago, IL, 60611, (312) 337-4020, (312) 587-9001 F, zugerman@northwestern.edu
Zung, Murray, MD, (Elizabeth Zung), 140 Lockwood Ave, New Rochelle, NY, 10804, (914) 636-7610, (914) 632-3322 F, murrayzung@aol.com

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