MESSAGE FROM THE PRESIDENT

Greetings from the desert! If you think it was hot in Scottsdale in April during the Midyear Meeting, you should come back here in July. Speaking of the Midyear Meeting, it was a phenomenal success. We had 91 physicians attending the meeting with 53 of those doctors being AOCD members. The Midyear Meeting is now approaching the numbers we see at the Annual Meeting. For the very first time, we added an exhibit area and had an incredible 18 exhibitors. The speakers were all excellent, covering a myriad of topics from General Dermatology to Cosmetic Dermatology. I want to thank all of the speakers for their time and willingness to share their knowledge.

I would like to personally thank Program Chairman, Dr. Gene Graff, for his time and expertise in running this program which was informative as well as interesting. A special thanks goes to Exhibit Chairman, Dr. Steven Brennan, who had the difficult task of canvassing pharmaceutical companies to exhibit at our meeting. This was especially difficult since this was our first time exhibiting, and we had no experience or track record. I would also like to express my gratitude to Rita Harlow, CME Coordinator for KCOM, who coordinated the program and made it another successful CME experience. As always, our Executive Director, Cathy Garris, is owed our thanks for her dedication and knowledge for coordinating all aspects of the Midyear Meeting, especially the Executive Committee business meeting. For those of you who didn’t attend our Midyear Meeting, you may want to make a note that next year’s Midyear Meeting will be held April 1 - 5, 1993 at the Marriott Mark Resort Hotel in Vail, Colorado.

Our Annual Meeting is five months away but Dr. Michael Scott and Dr. James Del Rosso have been working diligently on putting together another innovative and informative program. Our meeting will be held November 1 - 5, 1992 in San Diego with the AOCD assigned to the San Diego Marriott Hotel and Marina. The program will be similar to last year’s meeting with breakfast sessions, surgical workshops, and many other events. Again, thanks to the Schering Corporation, we plan to have a College Reception on Sunday evening in addition to our Annual Banquet on Monday evening. I hope you will all attend this meeting since it is an excellent forum to exchange ideas and renew friendships.

I have been extremely pleased with the results of my pleas that the membership become more involved. We have had more members volunteering to sit on committees than the Executive Committee has ever experienced. We now have people who want to participate and get involved. Our residents and their liaison representatives have been especially pleased since there is a willingness to work and improve the AOCD. I feel confident that the future of the AOCD will be in good hands since the residents are generally dedicated to our College. We still have room on committees for anyone interested in giving their time and expertise to the benefitment of the AOCD.

Don’t forget, as of May 5, 1992, you must have a WRITTEN Exposure Control Plan. As of June 4, 1992, you must have implemented the record keeping requirements, trained employees, and provided employees with all the information required by the rule. I have spoken to several OSHA officials and when questions arise regarding the protocol the typical remark is that you must protect the employee from all contamination at whatever expense. There have been several reports that OSHA means business, in fact that they have fined physicians up to $70,000 for failing to implement all the provisions of the rule. It is my understanding that you can request an OSHA examination of your facility without penalty if any infractions are noted. Supposedly, OSHA claims that it is not going to "spot check" individual physicians but will respond to any employee grievances and complaints.

I would like to remind all of you that effective July 6, 1992, you must have offered Hepatitis B Vaccinations to employees, have hazardous material labels in place, have housekeeping procedures in place, have available and ensure the use of personal protective equipment, have procedures for handling contaminated sharps and other regulated waste, and have developed a protocol for post-exposure, evaluation, and follow-up.

Since I began practicing medicine, I have continually heard that medicine is changing, but it appears to me that within the past five years we have seen changes that we could never have imagined. One has to wonder what medicine will be like in another five years.

I wish you all a healthy and enjoyable Summer, and I look forward to seeing you all at our Annual Meeting in San Diego in November.

Fraternally,

Shelly A. Friedman, D.O.
President
CLIA '88 Takes Shape

The federal government has released long-awaited rules to implement the Clinical Laboratory Improvement Act of 1988. The law expands the extent of federal laboratory regulation from the 13,000 labs now regulated to an estimated 200,000.

The bottom line, and the most encouraging news, is that physicians performing in-office tests will be able to continue with current personnel. But, standards will be most stringent for labs doing the most complicated tests.

In response to comments by the AOA and other physician groups, the test categories were changed to more accurately reflect how physicians use tests in caring for patients. Rules governing personnel were modified to allow doctors with one or two years of training or experience to head their own labs. Other personnel rules should be phased in over five years to provide help in rural areas.

Early analysis of the rules, published February 28 in the Federal Register, shows that problems remain. For example, it's not clear what kind of experience physicians are required to have to head an office lab in the future. Regulations requiring routine unannounced inspections are apt to disrupt patient care. HCFA's estimate that additional costs will only add 25 cents per test is in question.

Regulations won't be effective until September and then will be phased in over several years to give physicians time to learn and comply.

Here are the CLIA implementation timetables:

September 1, 1992: Quality standards go into effect. Labs will have to adhere to manufacturers' current instructions, and meet other specific interim quality control requirements. Also, a complete list of lab tests will be published. Enforcement regulations will go into effect.

(continued on page 9)

Healthcare Industry Writes New Standards For Commercial Support Of CME Programs

Last fall the FDA proposed a set of CME guidelines designed to separate drug company promotion from continuing medical education activities. Reaction to the FDA's initiative drew more than 200 formal comments and complaints from CME directors, drug companies and various medical organizations stating that the rules would interfere with scientific debate and would cause drug companies to greatly reduce the more than $1 billion contributed each year to CME.

As a result, FDA deputy commissioner Michael Taylor stated that though the government wanted to keep industry-funded CME independent of the industry's promotional efforts, the FDA would allow the healthcare industry to develop its own system for reaching the FDA's goal.

Efforts by the AOA, the ACCME, and several other medical organizations have produced a draft document entitled, "Standards for Commercial Support of CME" with an accompanying plan, "System for Monitoring Adherence to Essentials, Guidelines and Standards." The draft will be reviewed by the FDA and is expected to meet with its guidelines. A copy of the standards in available from the AOCMD national office in Atlanta.

AOCD ELECTS 1991-92 OFFICERS

The AOCD elected new officers at its Annual Meeting in November, 1991, in New Orleans. Pictured above are President-elect Michael J. Scott, D.O.; Second Vice President Gene E. Graff, D.O.; Secretary-Treasurer James D. Bernard, D.O.; President Shelly A. Friedman, D.O.; Immediate Past President Michael J. Mahon, D.O.; AOA President-elect Edward A. Loniewski, D.O.; Past President Eugene T. Conte, D.O.; First Vice President James Q. DeRusso, D.O.; Trustee Matt L. Leavitt, D.O.; Past President Lloyd J. Cleaver, D.O. Not pictured are: Third Vice President Steven A. Brennan, D.O.; and Trustees William C. Chow, Daniel M. Stewart, D.O., and James W. Young, D.O.

OSHA MODEL AVAILABLE FROM AAD

The American Academy of Dermatology has developed easy-to-use materials to help members comply with the OSHA requirements concerning occupational exposure to bloodborne pathogens. The materials include an Infection Control Plan and a Training Manual. For more information and a copy of the model, contact the AAD.

For those AOCD members who are not members of the AAD, similar materials are available from AOCD at a nominal charge.
Thoughts On Practice Marketing And Starting/Expanding A Dermatology Practice

By: Robert W. Stokes, D.O., Chair, AOCD Editorial Committee

In marketing my practice, I have found lecturing to be quite effective. I have given lectures to the entire hospital staff at one of the regular staff meetings, to the Department of Internal Medicine, the Department of Family Practice, and to the medical staffs at some of the outlying/rural hospitals. Additionally, your hospital may sponsor community education programs which are usually held in the auditorium of your hospital in the evenings and are open to the entire community. It is helpful to the community to obtain information on general topics of interest such as skin cancer, sunscreens, etc. I have also found it beneficial to lecture at the county and state osteopathic meetings and conferences.

It may be helpful to check with your hospital regarding a media liaison/contact person who knows people in the television, radio and newspaper media. I have done several features lasting fifteen to twenty minutes on such topics as sunscreen, skin cancer, etc. on the television and radio. Additionally, I have done several articles on similar topics in the newspaper as well as several interviews which are usually found in the "Feature Section" of the Sunday paper.

Additionally, your hospital and/or community may have a doctor referral service. Be sure your name, address, phone number and business hours are listed with that referral service. Other information the service will find helpful in making referrals to your office include a description in common language of the types of problems we handle as dermatologists, your office hours, insurance programs with which you participate, and methods you accept for payment of services, such as Visa, MasterCard, etc.

These various types of exposure are invaluable and do not cost anything but perhaps your time and preparation.

Another method of practice promotion are business cards, which are inexpensive, a very effective means of advertisement, and may be used in many ways. Always be sure to have business cards on your person to meet unexpected situations. When a new physician opens a new practice in my area, I send a short note of congratulations and a few business cards, regardless of his specialty. I also find it helpful to send business cards, including a map to my office, to several of the surrounding emergency rooms. Skin problems are a tough area for emergency room physicians to handle, and they would just as soon have you see the patient rather than handle them themselves. Make it known to the emergency room physicians that your office will accommodate referrals of those patients on an immediate basis.

Additional comments on marketing: Be sure your patients understand that they can call your office directly for appointments, unless they are a member of an HMO, etc. Many patients think they must be referred by their family doctor when seeing a specialist. Additionally, be sure your patients understand your abilities to handle all problems dealing with the hair, skin and nails. It is helpful for your front desk/reception persons to make sure each person is given a business card on their way out, even if no return appointment is to be scheduled. Also encourage your patients to have their family and friends call directly to schedule appointments for any dermatologic problems they may have.

Surgical pearls: In situations requiring undermining, such as flaps, epidermoid/sebaceous/pilar cysts, I have found a blunt-ended, semi-curved iris scissors to be invaluable. The size, curvature, etc. is much easier and safer to use than a semi-curved Metzenbaum scissors, especially in thin skinned areas such as the face and eyelids.

During scalp reduction, prior to suturing the galea, I have found it helpful to approximate the wound edges with a series of towel clamps, which can be removed as closure of the galea progresses. The longer these clamps can be left on, the easier the closure will be in terms of wound tension. Of course, wide, subgaleal undermining is always necessary, but galeal relaxing incisions can sometimes be avoided with the use of towel clamps.

Rises In Health Expenses Allocated In HCFA Study

About 75 percent of the annual per capita increases in health expenditures between 1980 and 1990 can be attributed to price rises, according to a study published in a late year edition of the Health Care Finance Administration (HCFA) quarterly journal, Health Care Financing Review. General inflation in the economy accounted for half of the growth of these costs and medical inflation added another 25 percent, with the balance of the cost escalation caused by increases in the volume and intensity of services, HCFA says.

Overall, the statistics show that health care spending hit $666.2 billion in 1990, 10.5 percent higher than in 1989. The rate of spending growth doubled the growth rate of the Gross National Product (GNP). Because the economy was slowing while health costs accelerated, the measurement of national health expenditures as a percentage of GNP leaped from 11.6 to 12.2 percent.

The government funded a record 42.4 percent of national health spending in 1990. Overall, health accounted for 15.3 percent of the federal budget, up from 14.7 percent in 1989. Spending for Medicare program rose 8.6 percent in 1990 from the previous year and Medicaid expenditures jumped 20.6 percent in the same period, HCFA reported.

AOCD SKI-CME CONFERENCE
(cosponsored by KCOM)
"Dermatology Update"

Vail, Colorado
Friday, April 2, 1993 to Monday, April 5, 1993
20 1-A CME AOA Approved Credits (Note: Residents/trainees may meet their requirement to present papers at the Midyear Meeting as well as the Annual Meeting.)

Steven A. Brenman, D.O.
Program Chair

June, 1992 AOCD Newsletter
AOCD SEEKING TO CHANGE NAME

The AOCD Executive Committee at its Midyear Meeting voted to seek the College membership’s approval to change its name to:

AMERICAN OSTEOPATHIC ACADEMY OF DERMATOLOGY & CUTANEOUS SURGERY

The idea of a name change has been discussed for several years and has generally met with a favorable response, said president Shelly Friedman, D.O. It is believed that the current use of “College” is outdated and can be misleading. The addition of “cutaneous surgery” also better defines the membership, said Friedman.

In a recent poll of the membership an overwhelming majority voted in favor of the name change. Therefore, Bylaws Chair Charles G. Hughes, D.O. will submit a Constitution and Bylaws amendment to the membership in accordance with the College’s requirements ninety days prior to the Annual Meeting in November.

The name change will be officially voted on at the Annual Membership Business Meeting to be held Tuesday (11/3) in San Diego, California.

Eligible members who have not voted in the “straw poll” may mail their responses to the national office in Atlanta.

DERMS ENJOY SUN AND CME IN ARIZONA

Close to 100 D.O.s including 53 dermatologists enjoyed an excellent educational program in Scottsdale, Arizona, April 26-29, 1992, for the AOCD’s 3rd Midyear Conference. The variety of topics and expertise of the faculty was attributed to program chair Gene Graff, D.O. who did an outstanding job, said President Shelly Friedman, D.O.

Pictured above Dr. Shelly Friedman provides a demonstration on the treatment of varicose veins for attendees at the AOCD Midyear Meeting held in Scottsdale, Arizona in April, 1992.

Twenty scientific exhibits provided an added dimension to the Conference, said Steven Brenman, D.O. Exhibits Chair. The College is growing, said Brenman, and we are responding to the needs of our membership. Dr. Brenman will serve as program chair for the 4th Midyear Conference to be held in Vail, Colorado, April 2-5, 1993.
SCENES FROM THE 1991 ANNUAL MEETING IN NEW ORLEANS . . .
COMMITTEE REPORTS

Awards Committee
-Eugene T. Conte, D.O.

It is a pleasure to announce the winners of the 1991 Koprince Awards in this issue. The quality of papers presented by the residents/trainees at both the Annual and Midyear Meetings continues to improve each year.

It is also a pleasure to announce that Dan Koprince, D.O. has been named the recipient of the "Ulbrich Lifetime Achievement Award" for 1992. Dr. Koprince will receive the award at the Banquet on Monday night (11/2). I know all of you will want to be there to show your appreciation to this stalwart member of the AOCD.

And, lastly I am pleased to announce that Dr. Koprince, who has so graciously funded the scientific paper awards at the Annual Meeting since 1987, has established the same funding for the Midyear Conference. The College is indeed fortunate to have a man such as Dr. Koprince who has demonstrated a sincere desire for excellence within the College's educational programs. We salute you, Dr. Dan Koprince!

Convention - Annual Meeting Educational Program Fund
-James Q. DelRosso, D.O.

We are truly fortunate this year to receive educational grants for our upcoming Annual Meeting from several new companies and increases from those who have provided support in the past. Included in this newsletter is a list to post in your office. Members are asked to thank representatives from those companies that support the AOCD educational programs.

Convention - Midyear Meeting Program
-Stephen A Brennan, D.O.

The 1993 Midyear Meeting has been set for Vail, Colorado, April 2-5 (Thursday-Monday). This will be a great time for spring skiing (both cross-country and downhill) as well as other sports (or just enjoying the beauty of the Rocky Mountains. The program will again provide an opportunity for residents/trainees to present and I plan to include special 30 minute "specials" for physicians-in-practice to present cases of interest. Mark your calendar NOW!

Education Evaluating
-James D. Bernard, D.O.

The next meeting of the Educational Evaluating Committee will be September 12 and 13 in Chicago, IL.

All trainees are strongly advised to send their required documentation to the AOA Department of Education, (Attn: COPT), no later than August 31, 1992. Time is of the essence in order to meet the November, 1992 COPT docket; otherwise, approval of programs will not take place until the next meeting which will not occur until April, 1993.

Education Research Fund
-Eugene T. Conte, D.O.

We are continuously soliciting contributions from various sources for research and educational grants for osteopathic dermatology residents. The Ulbrich Memorial Research Grant is one of the grants administered by the fund. Our efforts will continue on a daily basis to build bigger and better resources for the fund. It is important to understand, however, that one of the questions the companies ask us is, what grants have you awarded? Unfortunately, at this time I have to say "none", because there have been no applicants for the Ulbrich Memorial Research Grant. Remember, grant applications can be obtained by calling the AOCD national office in Atlanta. The fund now includes $4,140.

In Training Examination Committee
-Eugene T. Conte, D.O., Chairman

The Committee members have received a letter requesting questions for this year's exams to be administered at the Annual Meeting in San Diego. Residents/trainees will soon be receiving a request for questions consisting of Basic Science, Dermatopathology, Pharmacology, Immunology, Microbiology, Clinical Dermatology and Dermatologic Surgery. The 1992 examination will also have a Kodachrome slide quiz similar to last year's. As an addition to the Dermatopathology section, there will also be a Kodachrome slide quiz on Dermatopathology in addition to written questions.

The exams will be held on Sunday (11/1). All residents and trainees are required to take the exam.

DON'T FORGET . . .
AOCD MEMBERSHIP RENEWALS DUE JULY 1

June, 1992
AOCD Newsletter
Quiz: Hitting The Nail On The Head

-Laurie M. Wall, D.O.

Match the Following

1. Shell nails A. Psoriasis liver
2. Yellow nail syndrome B. Rheumatoid arthritis
3. Koilachia C. D-penicillin
4. White nails D. Kinney Wilson disease
5. Azure half moons E. Hypochromic anemia
6. Red half moons F. Bronchiectasis
7. Splinter hemorrhages G. Trichinosis & rheumatoid arthritis

(see answers on page 6)

Residents Corner

-David Geiss, D.O.

The Midyear Meeting was bigger and better than ever. This is a great meeting for residents/trainees to present their required papers. The Residents Liaison Committee (RLC) meeting was also very productive. The following items were discussed:

1. The RLC has appointed several committees and further clarified and refined its organization. More information on this will be coming from Dr. Ziering.

2. The College has made more funds available to the RLC which will enable us to disseminate more information to resident trainees.

3. New projects include the development and distribution of an Information Packet for new first year residents.

4. Under old projects there is further discussion on the subject of the development of a core curriculum/core text.

Please note: We had a very poor response to the request for questions for mock boards. Please help by responding promptly. We need to thank Drs. Monique Cohn and Craig Ziering for their efforts in acquiring the practice questions we received. Special thanks to Dr. Bill Chow for his support and various input and to Dr. Gene Conte for all his efforts.

As always, questions, comments, etc. may be addressed to the RLC members. Best wishes for a great summer!

Letters

Mosby Year Book
Journal Subscription Services
11830 Westline Industrial Drive
St. Louis, MO 63146 U.S.A.

To Whom It May Concern:

I recently received your advertisement for problems in dermatology. It was received in my office on February 26, 1992. On the envelope there was a note which said, "Wonderful—essential to all derm MDs!" I am an osteopathic dermatologist, however, I feel that your information is helpful to me as well. I also feel that your advertising is insensitive to those of us who practice dermatology and do not have M.D. after our names. It is my opinion that this type of advertising is offensive to those of us in the osteopathic profession.

Sincerely,
Ronald M. Glick, D.O.

News News News

Gregory G. Papadeas, D.O., was a recipient of the 1991 AOA Burroughs-Welcome Resident Leadership Award presented at the AOA Convention for his participation in a skin cancer screening project in Dayton, OH.

Dr. Papadeas will be presenting a lecture at the American Society for Dermatologic Surgery on Improving Zydex Injection Technique on March 15, 1992.

Irving Tenebaum, D.O., has been re-elected Chief - Division Dermatology Department of Medicine, Burdette Tomlin Memorial Hospital, Cape May Court House, NJ.

Matt L. Leavitt, D.O., has been appointed to the Executive Board of Practice Profitability, a national dermatology consulting firm. Dr. Leavitt was also a recipient of an AOA Burroughs Welcome Research Grant and presented a paper entitled "The Epidemiology of Androgenetic Alopecia" at the AOA Convention in New Orleans, 1991.

In December, at the request of Collagen Corporation Dr. Leavitt hosted a visiting physician from Australia who came to observe his techniques in collagen injections and various other cosmetic procedures. In January, Dr. Leavitt presented a television special on hair transplants on WFTV in Orlando, FL.

Secondary Syphilis: "The Great Imitator" and "Scarring Alopecia Secondary to SLE" by Jonathan Crane, D.O., were published in the May 1992, Vol. 32 of CONSULTANT.

DERMATOLOGY PRACTICES FOR SALE

- Well established, private, dermatology practice in Largo, Florida, for sale. Located in the heart of Tampa Bay area near St. Petersburg and Clearwater beaches. Negotiable terms. Will consider association or staying on, if desired. Contact: Steven C. Roberts, D.O. at 813/585-4017 evenings or weekends.

AOA NAMES CHICAGO OSTEOPATHIC COLLEGE OFFICIAL NEW EXECUTIVE DIRECTOR

The American Osteopathic Association has tapped the ranks of osteopathic colleges to select Robert E. Draba, Ph.D., as its new executive director to help lead the profession into its second century.

assuming the Director of Educational Resources and Administration/Basic Sciences position in 1983. He became Associate Director of Intern and Resident Training in 1984 and also worked as Associate Professor of Medical Education where he proposed that COHS-CCOM open a school of pharmacy, a project that the osteopathic college broke ground on last year.

Dr. Draba moved over to COHS in 1986, serving as Director of Corporate Services from 1986 to 1988. He became Assistant to the President in 1986 and then served in a dual capacity as Executive Secretary of the Boards and Vice President, Administration.

In this position, Dr. Draba prepared the corporate budget and oversaw expenditures of the Office of the President. He also helped develop a consolidated budget of $200 million for COHS’s operating divisions.

Dr. Draba came to CCOM from Gary Community School Corporation, a public school system in northwest Indiana where he was educational analyst, coordinator of basic skills, and English, reading and journalism teacher. At Gary Community School Corporation, he implemented school-wide tests of basic skills and identified students with deficiencies in writing, reading and math. He also sponsored an award-winning student newspaper.

Dr. Draba completed a double major in English and Social Studies at Indiana University in 1968. After graduation, he entered the Peace Corps, where he created an English language learning laboratory and organized a volunteer program with Filipino university students. In 1970, he designed the first Peace Corps training project held entirely in the host country.

He received a Ph.D. and M.S.T. in Administration and Psychometrics and a master’s in Business Administration from the University of Chicago.

Dr. Draba has been a frequent contributor to both the Journal of the American Osteopathic Association and THE D.O., both monthly publications of the AOA. He replaces John P. Perrin, who resigned to become president of the Kansas City College of Osteopathic Medicine in November of 1991.

In the next few months, the government will begin to tell physicians what regulatory category they are going to fall into, how to register and how much to pay.

CLIA ’88
(continued from page 2)

January 1, 1994: Newly regulated labs, including most physician office labs, must be enrolled in a proficiency testing program.

In most office labs, the physician would serve as the clinical consultant—liaison between the lab and its clients for the purpose of interpreting and reporting test results. Physicians may also serve as technical consultants—the one responsible for technical and scientific oversight of the lab. Between September 1, 1992 and January 1, 1994, test manufacturers should be revising instructions to make them consistent with CLIA requirements and be approved by the FDA.

In the next few months, the government will begin to tell physicians what regulatory category they are going to fall into, how to register and how much to pay.

Superconducting Cyclotron
— Daniel Koprince, D.O.

The world’s first superconducting cyclotron is operational in Detroit, Michigan, at Harper Hospital. The Neutron radiation therapy unit treats selected tumors that fail to respond to conventional therapy. Primarily it is used to treat advanced tumors of the head, neck, salivary glands, prostate, soft tissue and bones. It is most effective for advanced, slow-growing tumors.

Neutrons kill oxygen-poor cells at a dose that causes minimal healthy tissue damage. Neutron therapy patients require fewer treatments than with conventional radiation therapy.

The twenty-six ton unit is four feet high and five feet in diameter. Conventional units weigh four times as much and usually fill two large rooms. Cost: $2 million dollars.

N.B. All male dermatologists over forty-five years of age, have you had your prostate checked lately?
Kopprise Korner

DNCB Treatment For Verrucae

- Jonathan S. Crane, D.O.

Dinitrochlorobenzene (DNCB) is an effective treatment for multiple stubborn verrucae. On the initial patient visit, 10% DNCB is painted on the inner side of the upper arm and on the verruca. The patient returns on a weekly basis. Once sensitization is obtained, only the warts are painted. We often step-down to 2% DNCB so as not to create too vigorous a response in the area of the verruca. Usually after 4 to 5 weeks, the warts are gone. We have found a minimal recurrence rate even in stubborn warts. We have not seen any scarring so far using this treatment method.

Surgical Pearl

- Alvin M. Pressman, D.O.

When excising a small facial cyst, after making a small incision along Langer’s lines, use a micro forceps and micro scissors to snip the sac. After sac and contents have been removed, bury clean nylon suture, using running subcuticular method. Cut end knot close to skin and when it is time for suture removal it can be easily drawn out. This avoids the possibility of “railroad tracts” and gives a fine closure.

1991 KOPRINCE AWARDS ANNOUNCED

The 1991 Kopprise Awards for residents and physicians in practice who presented at the AOCDC Annual Meeting in New Orleans was announced by President Shelly Friedman, D.O.

They are:

Residents
Monique Cohn, D.O.
Carol Cola, D.O.
Donald Tillman, Jr., D.O.

Physicians in Practice
Duyen Truong Faria, D.O.
Jere J. Mammino, D.O.

The awards are presented each year to promote excellence in paper presentations at the Annual Meeting. They are funded through a grant provided by Daniel Kopprise, D.O. It has just been announced that Dr. Kopprise will also provide a grant for these awards at the Midyear Meeting.

American Osteopathic College of Dermatology
1991-92 Officers

Executive Committee
President
Shelly A. Friedman, D.O.
President-elect
Michael J. Scott, D.O.
First Vice President
James O. Del Rosso, D.O.
Second Vice President
Gene E. Graff, D.O.
Third Vice President
Steven A. Brennan, D.O.
Secretary-Treasurer
James D. Bernard, D.O.
Immediate Past President
Michael J. Mahon, D.O.

Trustees
William C. Chow, D.O.
Matt L. Leavitt, D.O.
Daniel M. Stewart, D.O.
James W. Young, D.O.

Staff
Executive Director/Editor
Cathy M. Garris, CAE
Administrative Assistant
Mariana Anderson

The AOCDC Newsletter is published three times a year and is the official publication of the American Osteopathic College of Dermatology, 1900 The Exchange, Suite 160, Atlanta, Georgia 30339. All rights reserved.

The future holds great promise if we take steps to preserve it today.

At Professional Medical Insurance Company, we provide a piece in the puzzle of securing the future for our clients. As experts in the field of malpractice insurance for physicians and surgeons, we are able to stay abreast of our clients’ concerns, and ahead of the industry in acting on those concerns.

With our professional advice and personalized attention, our clients are able to take the foundation of protection that helps assure their survival for the next generation. The result is increased security without increased premiums.

For more information on how we can help you take steps to preserve your future, write us at: Two East Gregory, Kansas City, MO 64114. Or call 1-800-321-3515.

Professional Medical Insurance Company
Professional Mutual Insurance RRG
Not available in New York.