

MESSAGE FROM THE PRESIDENT

James Q. Del Rosso, D.O.
AOCD President



hope "the first two-thirds" of 1994 has treated you well. It will be nice to see most of you (hopefully, all of you) at the annual national AOCD meeting in San Francisco. You should have already received meeting and hotel registration materials from the AOA. I suggest you register for the meeting and hotel room as soon as possible to avoid long registration lines at the meeting and so you can get your preferred hotel choice. San Francisco is a fascinating city with a lot to do and great places to eat. Between the excellent program that Dr. Gene Graff has organized and the surroundings of San Francisco, this meeting should prove to be very enjoyable. In addition to the early morning sessions and lectures, Dr. Graff has planned a special Spouse Program including a review of San Francisco attractions, a course for the dermatology residents on Public speaking and Writing, a course for the residents on The Pharmacology of Drugs Used In Dermatology to be presented by Dr. Howard Maibach, and a program for practicing dermatologists on Physician-Patient Communication. Remember that some of our social and educational events require the purchase of tickets. Be sure to purchase tickets from our AOCD National Office for your events of choice following the directions outlined in mailings to you. Please take time to review the educational and social program that Dr. Graff and Becky Mansfield have organized. I'm sure you will agree that this meeting should be a big success both educationally and socially.

Let's take a minute to review the upcoming AOCD "social calendar". The meeting will be opened by the Annual Gala Reception on Sunday evening (11/13/94), supported

by a grant from Schering Laboratories. On Monday evening (11/14/94), C & M Pharmacal will once again provide grant support for the Annual President's Reception followed by our Annual Banquet supported by a grant from STIEFEL LABORATORIES, INC. On Tuesday afternoon (11/15/94), Westwood-Squibb will again be hosting the luncheon which precedes our Annual Business Meeting. Please plan to attend all of these important AOCD functions. The better the attendance, the more enjoyable the event!

Attention Committee Chairmen and Members!!! All committee chairmen need to send their committee report to Becky Mansfield by October 3, if you haven't already. Becky needs time to prepare the necessary reports so we can maximize the efficiency of our meeting time, especially the Executive Committee meeting. All committee chairmen and members need to check the date, time and room where your committee will be meeting and please attend promptly with vigor and some fresh ideas to improve our college. Becky Mansfield will have available for you the information regarding AOCD committee meetings in San Francisco. If you have any questions regarding meetings or deadlines related to any committees that you chair or serve on, please contact Becky Mansfield at the AOCD National Office (1-800-449-2623).

In a previous AOCD newsletter "message" to you, I mentioned that the AOCD leadership is evaluating a new Five Year Plan. I have received from several officers their views on the direction of the college and plan to review this with the membership at our Business Meeting in San Francisco. Please send any of your own ideas to me so
(continued on page 2)



AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

AOCD NEWSLETTER
Volume 13 Number 30
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CALENDAR OF EVENTS

November 12-16, 1994

AOA Annual Meeting
AOCD Annual Meeting
San Francisco, CA

December 10, 1994

Deadline for Newsletter articles

March 15 - 18, 1995

AOCD Mid Year Meeting
Park City, Utah



A Vital Piece Of The
Healthcare Puzzle

National Osteopathic Medicine Week
October 9-15, 1994

(continued from page 1)

that I may include your thinking as I condense and prioritize the many ideas into a manageable plan. The one common theme that everyone has expressed thus far is the importance of **establishing and maintaining** quality Dermatology Residency programs. It is important that the AOCD work closely with the residency programs to assure quality and consistency from year to year. Please be sure to attend the Business Meeting in San Francisco on Tuesday afternoon (11/15/94) so that we may have a valuable exchange of ideas about the future priorities of the AOCD as I discuss the Five Year Plan.

If you have not already paid your 1994 membership dues, please do so right away. We have adjusted the annual release date of the AOCD Membership Directory to the Fall to include all current dues paying members as best as possible. Your timeliness in paying AOCD dues is most appreciated. Also, please include a donation to the AAD Camp Knutson Fund so that we may perpetuate giving on behalf of the AOCD membership to this important altruistic project. The AOCD Executive Committee initiated support of this project with a \$1000 donation this summer which covered the cost of one camper suffering from a dermatologic disorder. Dr. Peyton Weary, the current AAD President, sent to me a nice letter thanking the AOCD for our contribution. AOCD membership support of this project supports a very important cause while at the same time fostering a positive relationship between the AOCD and the AAD. Please donate even a modest amount...if all our members donated as little as five dollars, we would easily exceed the \$1000 needed to support a camper!

One of my goals during my presidency was to help develop a project that would further promote education in dermatology. Fortunately, Dr. Angie Poulos and his colleagues at American Laboratories helped me reach this goal very easily by

offering to our dermatology residents a total of ten scholarships each year in dermatopathology. The scholarship includes a week with Dr. Poulos reading slides with him side by side at the scope! The resident may also benefit by exposure to other activities and dermatopathologists at American Laboratories. Dr. Poulos is second to none as a teacher of dermatopathology, having contributed much of his time to the education of several D.O. dermatologists and residents. This is a major development for the AOCD and will serve to benefit many. This generous scholarship grant covers all reasonable related expenses. In order to apply for a scholarship, please complete the enclosed application form and send it to me (Dr. Del Rosso) at the indicated address. **The only way you will be considered for a scholarship is to complete and send the application. Do not call me or anyone at American Laboratories, including Dr. Poulos regarding the scholarship program. All applications or inquiries regarding this program must be made to me (Dr. Del Rosso) in writing.** Keep in mind that Dr. Poulos is happy to arrange rotations for D.O. dermatology residents outside of the scholarship program. This can be arranged directly through Dr. Poulos and is completely separate from the scholarship program. I suggest all dermatology residents apply. If granted this scholarship, you will surely learn a significant amount of dermatopathology, as well as clinical dermatology.

Well that is all for now. I look forward to seeing you in San Francisco. Stay healthy and happy!

*Sincerely,
James Q. Del Rosso, D.O.
President*

AOCD MIDYEAR MEETING

Plans are well underway for the AOCD 1995 midyear meeting. The meeting will be held in Park City, Utah at the Yarrow Resort Hotel and Conference Center.

The Yarrow is a first class mountain resort ideally situated in historic Park City, offering easy access to dining, shopping and night life activities. The hotel features top quality conference facilities and is noted for confident friendly service.

The meeting will begin at 3:00 p.m. on Wednesday, March 15th with didactic sessions scheduled for Wednesday afternoon, early morning and late afternoon sessions on Thursday and Friday and the final didactic wrap-up on Saturday morning March 18th. Saturday afternoon will be reserved for AOCD committee and executive sessions.

Park City, Utah is located a short 35 miles from the Salt Lake City International Airport and is easily accessible by regularly scheduled ground transportation.

Park City, Utah was chosen for this conference in keeping with our format of alternating between warm and cold climates for our midyear conference. Nestled in the Wasatch Mountains, Park City is a 100 year old silver mining town turned world class resort. The rustic, Western flavor has been preserved amidst the development of a four season recreational paradise. Park City offers a wide variety of winter sporting activities from skiing at three of Utah's finest resorts to ice skating and snow mobiling.

Mark your calendars today for the AOCD Midyear meeting.

*Edward Yob, D.O.
Program Chairman*

1992-94 CME ACCREDITATION

The AOCD National Office has been notified by the AOA that some of our members have not yet fulfilled their 1992-94 Cycle CME requirements. If you are in the incomplete category, our Annual Meeting in San Francisco in conjunction with the AOA would be an excellent opportunity to acquire additional credits. Plan now to attend!

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Dermatech is a wholly-owned division of C&M Pharmacal, Inc., which has dedicated over 50 years to dermatological manufacturing and has been a major supporter of the American Osteopathic College of Dermatology since its founding. Dermatech is proud to offer to dispensing physicians:

GLYTONE

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- ▶ A **high quality, upscale** salon-style skin care cosmeceutical line that allows the cosmetic dermatologist the ability to practice total skin care.
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- ▶ The **Essential Care** line includes benzoyl peroxide products, acne cover-ups and masques, a wide variety of tar products, excellent sunscreens, anti-puritics (steroid and non-steroid), cleansers, moisturizers, and more.

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- ▶ **C&M Pharmacal** is the **only** company to offer a comprehensive **Physician's Compounding Assistance Program** that allows you, the osteopathic physician, to order all components you need for the safe and ethical compounding of specialty products for your patients.

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A PICUTRE IS WORTH A THOUSAND WORDS . . . by James Q. Del Rosso, D.O.

The diagrams below are from a chapter written by Dr. Ronald Siegle and myself for the textbook *Cutaneous Surgery* edited by Dr. Ronald Wheeland. The diagrams emphasize the significance of considering the histologic subtype of basal cell carcinoma prior to determining treatment. The ill defined surface margins correlate with patterns associated with significant subclinical extension of tumor. Dermatologists are familiar with morpheaform BCC as an aggressive histologic subtype warranting more aggressive treatment (ie. wider surgical margins, thorough histologic margin control, etc.). However, many are not familiar with infiltrative BCC and micronodular BCC, which also are associated with aggressive behavior characterized by significant degrees of tumor extension beyond visible clinical margins. Morpheaform, infiltrative and micronodular BCC are more prone to recur after treatment with modalities such as C&D and standard surgical excision. Be cautious of histologic subtypes of BCC.

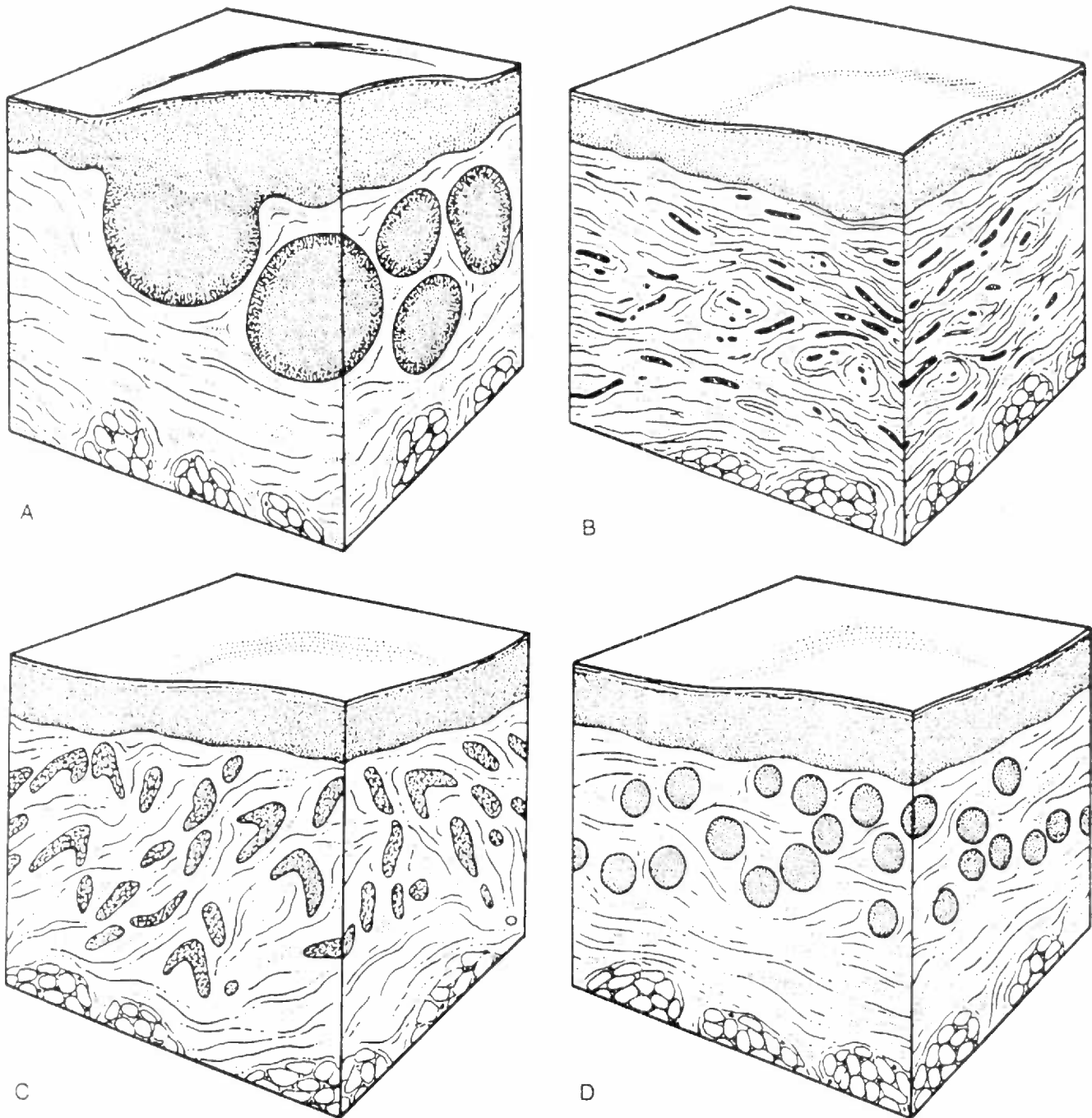


Figure 56-3. A. *Nodular BCC*, a nonaggressive subtype with circumscribed histologic growth. B. *Morpheaform BCC*, an aggressive subtype with poorly defined borders and fine invasive strands of tumor embedded in a sclerotic stroma. C. *Infiltrative BCC*, an aggressive subtype with poorly defined borders and ribbons and cords of tumor spreading in a nonsclerotic stroma. D. *Micronodular BCC*, an aggressive subtype with poorly defined tumor margins and round, relatively uniform, small, banal-appearing islands of tumor in a nonsclerotic stroma. (Courtesy of Nancy Sally.)

Which acne patients want fast results?



All of them!



BENZAMYCIN[®] Topical
Gel
(3% erythromycin, 5% benzoyl peroxide)

Fast Results¹

Please see prescribing information on following page.

Reference:

1. Chalker DK et al. A double-blind study of the effectiveness of a 3% erythromycin and 5% benzoyl peroxide combination in the treatment of acne vulgaris. *J Am Acad Dermatol.* 1983;9(6):933-936.

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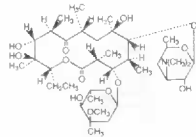
BENZAMYCIN[®] Topical Gel

(3% erythromycin, 5% benzoyl peroxide)

Reconstitute Before Dispensing

Description: Each gram of Benzamycin[®] (erythromycin—benzoyl peroxide) topical gel contains, as dispensed, 30 mg (3%) active erythromycin and 50 mg (5%) benzoyl peroxide in a gel vehicle of purified water, carbomer 940, alcohol 16%, sodium hydroxide, docusate sodium and fragrance.

Erythromycin (C₁₄H₂₇NO₁₃) is produced by a strain of *Streptomyces erythraeus* and belongs to the macrolide group of antibiotics. Erythromycin has a molecular weight of 733.94 and is represented by the following structural formula:



Benzoyl peroxide (C₁₄H₁₀O₄) is an antibacterial and keratolytic agent. The structural formula is:



Clinical Pharmacology: Erythromycin is a bacteriostatic macrolide antibiotic, but may be bactericidal in high concentrations. Although the mechanism by which erythromycin acts in reducing inflammatory lesions of acne vulgaris is unknown, it is presumably due to its antibiotic action. Antagonism has been demonstrated between clindamycin and erythromycin.

Benzoyl peroxide is an antibacterial agent which has been shown to be effective against *Propionibacterium acnes*, an anaerobe found in sebaceous follicles and comedones. The antibacterial action of benzoyl peroxide is believed to be due to the release of active oxygen. Benzoyl peroxide has a keratolytic and desquamative effect which may also contribute to its efficacy.

Benzoyl peroxide has been shown to be absorbed by the skin where it is converted to benzoic acid.

Indications and Usage: Benzamycin Topical Gel is indicated for the topical control of acne vulgaris.

Contraindications: Benzamycin Topical Gel is contraindicated in those patients with a history of hypersensitivity to erythromycin, benzoyl peroxide or any of the other listed ingredients.

Precautions: General—For external use only. Not for ophthalmic use. Avoid contact with eyes and mucous membranes. Concomitant topical acne therapy should be used with caution because a possible cumulative irritancy effect may occur, especially with peeling, desquamating or abrasive agents. If severe irritation develops, discontinue use and institute appropriate therapy.

The use of antibiotic agents may be associated with the overgrowth of antibiotic-resistant organisms. If this occurs, administration of this drug should be discontinued and appropriate measures taken.

Information for Patients—Patients using Benzamycin Topical Gel should receive the following information and instructions:

1. Benzamycin Topical Gel is for external use only. Avoid contact with the eyes and mucous membranes.
2. Patient should not use any other topical acne preparation unless otherwise directed by physician.
3. Benzamycin Topical Gel may bleach hair or colored fabric.
4. If excessive irritation or dryness should occur, patient should discontinue medication and consult physician.
5. Discard product after 3 months and obtain fresh material.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential or the effect on fertility.

Pregnancy Category C: Animal reproduction studies have not been conducted with Benzamycin[®] Topical Gel. It is also not known whether Benzamycin Topical Gel can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Benzamycin Topical Gel should be given to a pregnant woman only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Benzamycin Topical Gel is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 have not been established.

Adverse Reactions: Adverse reactions which may occur include dryness, erythema and pruritus. Of a total of 153 patients treated with Benzamycin Topical Gel during clinical trials, 4 patients experienced adverse reactions, of whom three experienced dryness and one an urticarial reaction which responded well to symptomatic treatment.

Dosage and Administration: Benzamycin Topical Gel should be applied twice daily, morning and evening, or as directed by physician, to affected areas after the skin is thoroughly washed, rinsed with warm water and gently patted dry.

How Supplied and Dispensing Information: Benzamycin Topical Gel is supplied in a package containing 20 g of benzoyl peroxide gel and a plastic vial containing 0.8 g of active erythromycin powder. **Prior to dispensing, tap vial until all powder flows freely. Add 3 mL of ethyl alcohol (70%) to vial (to the mark) and immediately shake to completely dissolve erythromycin.** Add this solution to gel and stir until homogeneous in appearance (1-1½ minutes). Benzamycin Topical Gel should then be stored under refrigeration. Do not freeze. Place a 3-month expiration date on the label.

Benzamycin Topical Gel (NDC 0066-0510-23), as dispensed, is 23.3 g net weight.

NOTE: Prior to reconstitution, store at room temperature. After reconstitution, store under refrigeration. Do not freeze. Keep tightly closed. Keep out of the reach of children.

Caution: Federal (U.S.A.) law prohibits dispensing without prescription.

U.S. Patent Nos. 4,387,107 and 4,497,794. Other patents pending.

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