A MESSAGE FROM THE PRESIDENT

It was great seeing my friends and colleagues of the AOCD and I am grateful for your trust. Special thanks are due Becky Mansfield and Dr. Gene Graff for an excellent job this past term, the first full year of administration from Kirksville. I hope everyone found the Annual Meeting in Orlando to be both meaningful and enjoyable - early feedback indicated most members felt it was educational and a lot of fun.

Looking forward, it is a pleasure to report that Dr. Craig Ziering has prepared an exceptional didactic and social program for the Mid-year meeting, April 10 - 14, at the Myrtle Beach Hilton Oceanfront Golf Resort, in Myrtle Beach, S.C. More details available on page 3. We anticipate an excellent turnout and expect to see all of you there.

After the conclusion of the year's annual meeting (following the "well-deserved breakdown" that every meeting director is entitled to), I took time to reflect on our College and its members. The AOCD has had some extraordinary leaders during the past several years, who have given selflessly of their time and who have continually steered us on a path of excellence. Thank you. It is now time for other members to pitch in and help lead our group. Please call Becky Mansfield or me if you are interested in working on a committee or in a leadership role. Your help will be appreciated and rewarding.

The AOCD must remain strong in its purpose and clear in its message. In many respects, we are a family. Although we have many friends and associates in the MD Dermatology community, there is a unique bond among the DO Dermatology membership. While we will continue to network and increasingly ally ourselves with the AAD in joint efforts to reach a common goal, preservation of our own philosophy and identity is essential.

With the help of the Executive Committee, the current College leadership has established targets and initiated action plans to ensure the continuity of the College's objectives and proactively formulate new goals for the future. Chief among these goals, is the adherence to the present five year plan as well as the points outlined in this message. These goals were published in the last newsletter.

Education

There is a legitimate concern among the membership that decreased funding will adversely impact available training and residencies may fall to unacceptable levels. We need to investigate ways to maintain critical mass to prevent this from occurring. It is essential to protect viable programs. A possible solution to this situation may be consolidation of existing programs which are at risk of being cancelled. It is imperative to encourage additional research and increase publishing from residents and residency programs. Residency programs should utilize members who have achieved fellowship training as dermatopathologists and MOHS/Derm surgeons. Those who I have spoken to are anxious to teach. A subcommittee of the education evaluating committee consisting of the residency program directors may be useful in current and future academic goals.

CME

On the educational level, we intend to poll members regarding current and

Continued on Page 2
future CME offerings. Symposia concentrated on all phases of a single topic with multiple speakers have been well attended, i.e. photo disease or mycoses and we will plan to have more of these forums. Live workshop formats demonstrating certain procedures i.e. lasers, may attract more members to meetings. It is also important to become educated -- and active -- on political reform/managed care issues as they relate to our specialty and we will continue to feature expert speakers on these topics at our meetings.

Political

Our Dermatology practices will be adversely affected by political change without a strong lobbying effort. Thank you to Dr. Yob for his recent efforts. Dr. Yob helped draft a letter which was sent to key legislators regarding CLIA repeal. The AAD leadership is very active regarding these issues. We must continue to support Dr. Mike Scott in his AAD liaison activities. We need to maintain existing political contacts and become proactive on a local, state and/or national legislative level.

Dr. Dudley Goetz will chair a new committee on managed care. This committee will work to ensure that we will be educated on all the nuances of managed care and assist in making sure DO's are par of all managed care panels. Dr. Greg Papadeas will continue to represent the College on a Clinical Expert Panel to help direct RBRVS fees and guidelines.

Public Relations

Increased publishing in journals and working with the AAD on political issues will help our public relations efforts. Exhibiting at AAD meetings and encouraging more DO speaker representation at the AAD will further increase our exposure; Dr. Cindy Hoffman has suggested melanoma screenings sponsored by the AOCD. This will benefit the public and is an excellent public relations opportunity for the College. Developing a new dynamic membership brochure will be helpful in public relations. We also intend to develop a liaison to the American Osteopathic College of Family Practice. This liaison will further educate our colleagues about the AOCD and its members. We need our Family Practice counterparts for support politically as well as their referrals to our practice. An outside public relations firm is being consulted for other public relations strategies.

Membership

Keeping graduating residents as active members of the college is a priority. Graduating residents will receive a letter asking for their continued participation. A follow up phone call will hopefully ensure that they continue their membership. As previously stated, a new membership brochure defining the benefits of participation in our college needs to be developed. This brochure should be sent to prospective new members and followed by a phone call to reinforce benefits of membership.

AOCD Home Office

We will continue to streamline our national office to maximize efficiency. Our overriding purpose will be to protect and maintain our daily, monthly and yearly activities for the membership. A database of exhibitors, past and future speakers and legislative contacts will allow us to correspond with key people quickly and with ease. Calendars of key events and deadlines have already been developed. Outlines and manual are currently being written to assist and structure the efforts required for putting on our meetings. As part of this undertaking, it will be necessary to 1) investigate the utilization and management of funds by a designated finance committee and 2) analyze and refine our fund raising activities. Jim Del Rosso and Mike Mahon have done a phenomenal job in gaining financial grants from pharmaceutical companies. Diamond members, over $15,000 contributed, are expanding rapidly with at least two new members to this level.

Newsletter

It is important to further develop our newsletter. The newsletter is a public relations, membership and educational tool. I am interested in having at least two case studies published in each newsletter. I would like this to come from our residency programs and will be contacting our residency directors shortly. I would appreciate any member being published in an outside journal to send a copy of the abstract for publication in our newsletter. Any members who have recently appeared on television or radio as well as being published in magazines, please contact us so that we can include your accolades in this newsletter.

I will do my best to maintain the excellence of the AOCD and help develop the goals mentioned. I look forward to working with all of you and seeing you in Myrtle Beach in April.

Fraternally yours,
Matt L. Leavitt, D.O.
President
1996 MID-YEAR MEETING

It was good to see everyone in Orlando at the Annual meeting. As usual, the pace was hectic and the content worthwhile.

It is now my pleasure to report on our Mid-Year Meeting activities to be held in Myrtle Beach, SC, April 10-14, 1996. We have endeavored to maintain the excellent standards of previous mid-year meetings and provide a broad-based, strong and topical program for our membership. We are also incorporating enough flexibility in the schedule to allow for a maximum amount of time dedicated to "rest-and-recreation" in this prestigious resort. To that end, we are planning a social gala plus a sports-oriented event.

We are enthusiastic about this program and would like to share some of the highlights, in addition to a range of exciting presentations - including "Great Cases" from among our membership - we are pleased that Dr. David Pariser, Chairman of the AAD Managed Care Committee will present on "Managed Care and Coding;" Arnold Schroeter, MD, Chairman of Dermatology Department at Mayo Clinic, will talk on "Immunologic Diseases;" Richard Scher, MD, will host a "Nail Disease" symposium; Don Green, MD, will present on "Cutaneous Fungal Disease;" and Bruce Thiers, Editor of Journal of American Academy of Dermatology, will do "What's New in Therapy." Also on the schedule is a symposium on "Hepatitis: Lab Tests to Order and Risks it Presents with Cutaneous Surgery," as well as a presentation on Lasers.

I hope you will find the time on your schedules to be there - we all look forward to seeing you is South Carolina!

Craig Ziering, D.O.
Program Chairman
CONGRATULATIONS!

AOCD/OCLASSEN
Pharmaceuticals Dermatology Residents

"Call For Papers" Competition 1995 winners

FIRST PLACE
Lois Beard - Martin, D.O.
"Tar in Dermatology, an In-depth Review"

SECOND PLACE
Karen E. Neubauer, D.O.
"The Polymerase Chain Reaction"

THIRD PLACE (Tie)
Coyle S. Connolly, D.O. Gregory T. Lagos, D.O.
"Dermatosis in Blacks" "A Review of HSP and Dapsone"

Left to right: Dr's. Gregory Lagos, Karen Neubauer, Lois Martin, Coyle Connolly, and Anthony Dittono, Vice-President - Marketing and Sales, Oclassen Pharmaceuticals.
DERMATOLOGY RESIDENTS RECEIVE AWARDS

Congratulations to Daniel Buscaglia, D.O. and Coyle S. Connolly, D.O. on being chosen two of the nine 1995 Burroughs Welcome Resident Leadership Award recipients.

Dr. Buscaglia, resident at Grandview Hospital & Medical Center in Dayton, Ohio, was recognized for his work on the medical advisory board of the National Neviod Basal Cell Carcinoma Syndrome Patient Support network.

Dr. Connolly, resident at the Philadelphia College of Osteopathic Medicine (PCOM), was chosen for a leadership award for his research on using osteopathic manipulative treatment to reduce the frequency and severity of postherpetic neuralgia.

The Burroughs Wellcome Awards, which are now funded through an educational grant from Glaxo Wellcome, are presented to osteopathic residents who have initiated, developed or significantly influenced community service projects. Each resident receives a $1,000 stipend to attend the AOA convention.*

* From the Wednesday, October 18, 1995 AOA Conventioneer.

KOPRINCE AWARD WINNERS

Dr. Mary Beth Luca - Midyear 1995 • Dr. Karen Neubauer - Midyear 1995
Dr. Andrea Buck - Annual Meeting 1994 • Dr. Janet Allenby - Annual Meeting 1994
Dr. Daniel Koprince • Dr. Lois Martin - Midyear 1995
Dr. Coyle Connoly - Annual Meeting 1994
"TO DO" List For Starting Your Medical Practice
A Compendium of Important (But Sometimes Forgotten) Details

At Twelve Months:
• Make site visits to hospitals.
• Obtain demographic data on the prospective practice area.
• Get firm information on the availability of professional liability insurance.
• Visit with a medical society representative, hospital representative, and other physicians to learn about the area's need for physicians.
• Schedule visits to group practices.
• Check out real estate, schools and the "feel" of the community.
• Contact the state medical licensing board about licensing requirements.
• Check on professional memberships and affiliations.
• Obtain county and city occupational licenses.
• Reserve phone numbers.
• Get listed in the phone book.
• Visit banks and "shop" for loans.

At Nine Months:
• Check zoning ordinances to learn about kinds of business and sign restrictions in practice area.
• Determine necessary leasehold improvements.
• Determine office layout and design.
• Hire professional advisors.
• Apply for federal and state narcotics license.
• Inform state medical licensing board of new address.
• Apply for and obtain hospital privileges.

At Six Months:
• Draw up an income/expense projection for first year of practice.
• Meet with professional reps from Medicare intermediary and other insurers.
• Choose and purchase office equipment and furniture.
• Develop a graphic identity.

At Three Months:
• Confirm availability of professional liability insurance.
• Contract for office insurance.

• Obtain telephone answering, forwarding and paging services.
• Confirm telephone installation date and long distance carrier.
• Arrange for credit card processing in office.
• Schedule talks with community groups on specialty-related topics.
• Meet referring physicians.
• Interview office/clinical personnel.
• Apply for Federal Employee Identification Number.
• Apply for State Employer Identification Number.
• Obtain payroll tax withholding tables from IRS.
• Request SMALL BUSINESS TAX GUIDE and estimated Income Tax Form from IRS.
• Request state Estimated Income Tax Forms from state employment office or labor department.
• Review tax requirements with accountant or practice management consultant.
• Contract for janitorial, snow removal, lawn mowing, laundry service and waste-handling service.
• Interview, meet with local collection agencies.
• Determine fee schedule.
• Order magazines for reception room, yourself.
• Arrange for lab service and X-ray service for patients.
• Send announcements to local pharmacies.
• Apply for office and business credit cards.
• Write job descriptions, manuals of personnel and OSHA policies and procedures.

At One Month…and Counting
• Hire and train office personnel.
• Write collection/insurance policies.
• Place announcements in community newspapers and medical society publications.
• Send practice opening announcements. Have black and white glossy photographs taken for general press and medical society directories.
• Print office forms and letterhead.
• Keep meeting with potential referrers.
• Plan open houses.
• List yourself with hospital referral services.
KOPRINCE AWARD WINNERS
Annual Meeting - 1995

Three dermatology residents were selected for the Daniel Koprinse Award for their presentations at the 1995 Annual Meeting. The papers were presented during the AOCD Annual Meeting held in Orlando, Florida, on October 15-19, 1995.

The winners are:

DR. KEITH MACKENZIE
"Amyloidosis"

DR. JEFFREY WEAVER
"Etiology of Venus Ulcers"

DR. MARTIN YUMGMANN
"Disseminated Histoplasmosis"

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ASSOCIATE WANTED:
Associate wanted for a busy fast growing dermatological practice in a northern suburb of Detroit, MI. Contact:
Joel J. Harris, D.O.
27301 DeQuindre S-104
Madison Hts., MI 48071
810-541-1590

ASSOCIATE WANTED:
Looking for an aggressive, well-rounded dermatologist for a busy two office practice in metro Denver. Position available immediately. If interested please call: (303) 744-3144 and ask for Maureen Coffin.

Invitation
You are cordially invited to attend a reception sponsored by Medicis for AOCID members on Sunday, February 12 in Washington, D.C. during the 1996 AAD Annual Meeting. Complete details will be mailed to you in January.

Attention All Residents
It is important that you maintain all correspondence and records regarding your dermatology training because managed care programs and hospitals may request documentation. Maintaining complete and permanent files will assure that this information is available when needed.

Your personal archives should include copies of the annual resident reports that you submitted to the education evaluating committee for training approval. The only permanent records maintained by the AOA and AOCID are the meeting minutes of their actions taken regarding your training (i.e. the training was approved or denied).
**pH and free acid value**

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<th>Product</th>
<th>pH Range</th>
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<tr>
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<td>3.3 - 4.0</td>
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<tr>
<td>Emollient Toner 10 Lotion</td>
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<td>70.0%</td>
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With Alpha Hydroxy Acids, data about pH and free acid values is especially important to the physician because there are so many products that claim high percents of AHA, but give you salts, esters and lactones. Without standardization, you’re lost. The best standard for an acid is the **Free Acid Value**.

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<table>
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<th>Gly Derm</th>
<th>Glytone</th>
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<td>Utilizes pure AHA* in Home Products</td>
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<td>Peels in pad, gel and solution form</td>
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*Glytone = “Glycolic Acid”

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Available in:
6% Gel
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DESCRIPTION: TRIAZ™ 6% and TRIAZ™ 10% Gels and TRIAZ™ Cleanser are topical gel-based bontropyl peroxide containing preparations for acne in the treatment of acne vulgaris. Bontropyl peroxide is an effective broad-spectrum antibiotic, anti-inflammatory, and anti-acne agent. It is well tolerated and safe for use. Its mechanism of action is not fully understood, but its antibacterial activity against Propionibacterium acne is thought to be a major mode of action. In addition, patients treated with bontropyl peroxide show a reduction in free fatty acids and free fatty acids and mild disorientation drinking activity with simultaneous reduction in comedones and acne lesions. 

INDICATIONS AND USAGE: TRIAZ™ 6% and TRIAZ™ 10% Gels and TRIAZ™ Cleanser are indicated for the topical treatment of acne vulgaris.

CONTRAINDICATIONS: These preparations are contraindicated in patients with a history of hypersensitivity to any of their components.

WARNINGS: When using this product, avoid unnecessary skin exposure and use a sunscreen.

PRECAUTIONS: General: For external use only. If system develops a reaction, discontinue use and institute appropriate therapy. Avoid contact with eyes or mucocutaneous membranes.

Information for patients: Avoid contact with eyes, eyelids, lips and mucocutaneous membranes. If accidental contact occurs, rinse with water. Contact with any oral mucous membrane (including hair and fabric) may result in bleeding or discolored. If condition persists, contact your physician.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Data from several studies employing a strain of mice that are highly susceptible to developing cancer suggest that bontropyl peroxide acts as a tumor promoter. The clinical significance of these strategies for humans is unknown. Bontropyl peroxide has not been found to be mutagenic (Ames) test) and there are no published data implicating it in impaired fertility.

Pregnancy: Teratogenic Effects: Pregnancy Category C: Annual reproductive studies have not been conducted with bontropyl peroxide. It is not known whether bontropyl peroxide can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Bontropyl peroxide should be used by a pregnant woman only if clearly needed. There are no available data on the effect of bontropyl peroxide on the labor growth, development and function maturation of the animal fetus.

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 bontropyl peroxide is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Allergic contact dermatitis and dryness have been reported with topical bontropyl peroxide therapy.

OVERDOSAGES: In case of systemic toxicity, wash affected area(s) with water. Do not attempt to apply additional medication to the affected area(s).

DOSEAGE AND ADMINISTRATION: TRIAZ Gel: Apply once or twice daily. Do not apply to children. TRIAZ Cleanser: Use once or twice daily. Do not apply to children.

TRIAZ Cleanser: Wash affected areas once or twice daily or as directed by your dermatologist. Avoid contact with eyes or mucocutaneous membranes. Use of a mild cleanser is recommended. TRIAZ Gel: Use once or twice daily as directed by your dermatologist. Avoid contact with eyes or mucocutaneous membranes. Wash hands before and after use. TRIAZ Gel: Use once or twice daily. Avoid contact with eyes or mucocutaneous membranes. Use once or twice daily as directed by your dermatologist.

HOW SUPPLIED: TRIAZ Gel: 1 oz. (44 g). Tube NDC 35267-510-01. TRIAZ 10% Gel: 1 oz. (44 g). Tube NDC 35267-510-01. TRIAZ Cleanser: 3 oz. (85 g). Tube NDC 35267-196-02.

CLARION: Federal law prohibits dispensing without prescription. Store at controlled room temperature (59°-86° F).

Manufactured especially for:

Mead Johnson Laboratories, Inc., The Dermatological Company, Phoenix, AZ 85016
by TACO Pharmaceutical Services, Inc., Lincolnwood, IL 60621

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TRAZ50/155
BECAUSE BEAUTY IS MORE THAN skin deep...

DYNACIN™
(Minocycline HCl)
WORKS FROM THE INSIDE OUT

Before

After

FOR THE RESULTS YOUR PATIENTS DEPEND ON.

DYNACIN™

MEDiCIS
The Dermatology Company™
MORSE FOR LESS.

Be Sure Your Patients Get Dynacin. Write "Dispense As Written." Available in 50 mg and 100 mg capsules.

FULL PRESCRIBING INFORMATION

DESCRIPTION

DYNACIN® (minocycline hydrochloride, USP) is a tetracycline derivative of tetracycline in 4-hydroxy-3,5-dimethoxy-2-methylpyridinium salt. Its structural formula is shown below.

NOC N O

Each minocycline hydrochloride capsule contains 50 or 100 mg of minocycline. In addition, each capsule contains the following inactive ingredients: Dicalcium phosphate, Silica, Magnesium stearate, Black color, Red color, and Yellow color.

CLINICAL PHARMACOLOGY

Following oral administration of minocycline hydrochloride capsules, absorption from the gastrointestinal tract is rapid and complete. The plasma concentrations reach a peak at about 1 hour and return to basal levels after approximately 48 hours. The oral bioavailability of minocycline is about 70% with minocycline hydrochloride capsules. In patients with hepatic cirrhosis, the oral bioavailability of minocycline hydrochloride capsules is increased. The peak plasma concentration and elimination half-life of minocycline are not significantly altered in patients with mild to moderate renal insufficiency.

Minocycline is a broad-spectrum antibiotic. It is effective against many Gram-positive and Gram-negative bacteria and is thought to have an immunomodulatory effect by the induction of cytokines. The antibiotic properties of minocycline include its activity against a wide range of Gram-positive and Gram-negative pathogens. Minocycline is indicated for the treatment of infections caused by susceptible bacteria as detailed above.

INDICATIONS AND USAGE

Minocycline hydrochloride capsules are indicated for the treatment of the following infections due to susceptible strains of the indicated organisms:

Acne vulgaris


MINOCYCLINE HYDROCHLORIDE CAPSULES THE DERMATOLOGY COMPANY

PHOENIX, ARIZONA 85018

REFERENCES


