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Upcoming Events
AOCD MIDYEAR MEETING
March 12-15, 2008
Monterey, Calif.

AOCD ANNUAL MEETING
October 26-30, 2008
Las Vegas, NV

Contribute to DermLine
If you have a topic you would like to read about or an article you would like to write for the next issue of DermLine, contact Ruth Carol, the editor, by phone at 847-251-5620, fax at 847-251-5625 or e-mail at RuthCaroll1@aol.com.

Update Contact Information
Is your contact information current? If not, you may be missing need-to-know news from the AOCD.
Visit www.aocd.org/members. Click on the red box on the right side of the screen to update your info.
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The AOCD was recognized in 1958 as a Specialty College of the AOA. Just as the osteopathic profession has grown during the past 100 years, the AOCD also has grown. The College now sponsors and oversees 30 dermatology residency programs in which 90 residents in dermatology are currently being trained.

Today, monetary pressure is increasing for all physicians—osteopathic and allopathic alike. This stems from the increased cost of practicing medicine and decreased reimbursement for services rendered. It should be no surprise that all physicians are looking for ways to maintain their revenue stream, while practicing the specialty that they have chosen. With the tremendous competition for the cosmetic dollars currently being spent in this country, we are now seeing emergency room physicians, obstetrician-gynecologists, pediatricians, and dentists offering cosmetic services. These include Botox® Cosmetic, facial fillers, and lasers and lights. When I attended a Contour Thread course (while they were still available), a gastroenterologist was my cadaver mate in the anatomy lab!

As president of the AOCD for 2007-2008, I will invest my time and effort in several areas. I will work with the appropriate committees within the AOCD to ensure that our residency programs continue to produce the highest quality osteopathic dermatologists. I will work closely with our colleagues in the American Academy of Dermatology and the American Society of Dermatologic Surgery, as well as state and local organizations to promote programs that will build public awareness of issues such as skin cancer and its known causes, and other skin diseases. Also of utmost importance is raising public awareness that dermatologists are the only physicians who are fully trained in treating conditions that affect the skin, hair, and nails. Our societies should work together to promote the specialty of dermatology as the specialty the public should seek out when individuals have concerns related to dermatology, skin surgery, and cosmetic dermatology.

I thank you for the opportunity to serve and represent the AOCD this year.

Sincerely,
Jay S. Gottlieb, D.O., FAOCD
AOCD President, 2007-2008

The Presidential Banquet held at the 2007 AOCD Annual Meeting was a great success. It was well attended and well received. It was a time for old friends to make re-acquaintances and for all of us to make new friends. This meeting was the highlight of our year. The Presidential Banquet was a black tie event symbolizing the high quality and character of our College.

During the banquet, we honored the multiple pharmaceutical sponsors who provided gracious donations and support of the AOCD this past year. We honored our residents for their outstanding work. We honored a new Fellow of Distinction, Mark Epstein, D.O., FAOCD. Several people were given Presidential Citations. One of the most important was the one that I gave to Rebecca Mansfield, our Executive Director, for doing an outstanding job over the past several years.

I had the honor to install Jay Gottlieb, D.O., FAOCD, as AOCD President for 2007-2008. I know he will do an outstanding job as our President. He has many outstanding men and women on our executive committees to help him accomplish the AOCD’s goals and tasks. I wish him a successful year.

I believe this past year was very successful. I am happy to have had the opportunity to serve the College as its President. Again, I want to thank everyone for all of their support during this past year and for allowing me to be the AOCD President for 2006-2007.

Sincerely yours,
Bill V. Way, D.O., FAOCD
Immediate Past AOCD President
The AOA is looking at ways to increase intern and residency positions throughout the country in order to retain our students in osteopathic programs. All specialties will be involved in this process through various AOA conferences and committee meetings throughout the coming year.

The Mohs fellowship has been approved and the first fellow has been selected by Program Director Dr. Ed Yob.

All 20 AOCD residency program directors met in San Diego for a day long round-table discussion on training issues, hospital issues, and general ideas to improve our programs. Everyone provided comments on their programs and suggestions for ways to improve training.

As I sit at my desk looking at the spectacular colors of the fall leaves, I can’t believe that this year is almost past. Our membership continues to grow as new residents enter our programs and share their enthusiasm for osteopathic dermatology. It was a pleasure to meet our new residents in San Diego, as well as many of the student members who attended the AOA Annual Meeting.

Shortly after returning from San Diego, we were notified that Dr. Daniel Koprince had passed away. Dr. Koprince, Past President, was always eager to share stories about the growth of the AOCD and the members who have been an integral part of the organization. He will be missed by all those who knew him.

**Annual Meeting**

Dr. Jay Gottlieb presented a well-rounded program for our members and guests at the AOCD Annual Meeting. All of the programs presented at the conference were well attended.

**Education Evaluating Committee**

The Education Evaluating Committee met in St. Louis in September to review all residents’ annual reports and other educational issues. We have 90 residents in 19 active programs throughout the US. There are two programs in Arizona, four in Florida, four in Michigan, two in Ohio, two in New York, and one each in Missouri, California, Pennsylvania, Texas, and Nevada.
Overall, the 2007 Membership Surveys reveal that members are satisfied with the College.

Not only do the annual and midyear meetings provide an appropriate amount of presentations on cosmetic and medical dermatology, but overall they fulfill members’ educational needs. Among the medical dermatology topics members would like to see covered in future meetings are cutaneous manifestation of systemic disease, forensic dermatology, tropical dermatology, nails, bullous diseases, and childhood dermatoses. In addition to medical dermatology topics, some respondents indicated that they wanted the AOCD to provide more information about the business aspects of running a practice such as electronic medical records.

Some members indicated that they would like to see more surgical skills workshops being presented at meetings. Skills they would like to be addressed include difficult flap repairs, advanced facial closures, suturing techniques, and post-operative wound care options, among others.

Some respondents suggested that the meetings be held in different locations. Suggestions ranged from warmer temperatures such as Cozumel, Puerto Rico, and Scottsdale to cooler climates as in Alaska, Aspen, and Vancouver, Canada.

Other members indicated that they would like the College to develop a review course. The suggested topics for the course ranged from general dermatology to infectious diseases.

Regarding the AOCD’s website, members find it easy to use and informative. Some recommended that it should be updated more frequently specifically with regard to contact information, information on the residency programs, and upcoming meeting agendas. Some members suggested that future communications regarding AOCD activities should be sent via email.

The survey, which was sent to all members in July, is a vehicle for the AOCD to determine the needs of its members, including students, residents, fellows, and retirees, explains Becky Mansfield, Executive Director.

AOCD President Jay Gottlieb, D.O., FAOCD, stresses the importance that these surveys have on the future direction of the College, which is dependent upon getting its members’ feedback and opinions. “Every member of our College needs to know that his or her voice is important and is being heard by the Board of Trustees. These surveys are taken very seriously by me, committee chairmen, and the Board,” he says.

Membership surveys are sent out every other year.
**Members ‘Take it Home’ from the 2007 Annual Meeting**

With a dozen guest lectures and nearly three times that many resident lectures, members had a lot to “take home” from the 2007 Annual AOCD Convention.

Following a day of examinations, including the In-Training Exam and the AOBD Exam, and an Executive Committee meeting on Sunday, the convention was formally kicked off in the evening with the Welcome Reception sponsored by PharmaDerm.

Monday morning lecture topics included Mohs micrographic surgery, bullous diseases, and the CLIA quality assurance test.

**Mohs Reconstruction**

Ramsey Mellette, M.D., Professor of Dermatology in the Division of Mohs and Dermatologic Surgery at the University of Colorado at Denver and Health Sciences Center, emphasized the aesthetic aspect of Mohs reconstruction in his lecture.

When it comes to nasal reconstruction, the best way to camouflage the scar is to find a nasal crease or fold, he said. Clavicular grafts are excellent around the nose, as well. He also discussed new approaches to clavicular grafts that are tedious, but get excellent results. Although Dr. Mellette said that grafts are sometimes superior to flaps, he has had remarkable success with certain flaps as they have their own blood supply. But if Dr. Mellette can’t pull skin from the forehead using a flap, he will opt to use a graft. Grafts also work well with eyelid skin.

Regarding lip reconstruction, Dr. Mellette suggested that a variety of flaps can be used to make a lip reconstruction look good whether it involves the lower or upper lip.

Similarly, many different flaps can be utilized for ear reconstruction, he said, adding that using grafts by the ear tends to be more difficult.

“The conservation of tissue that Moh’s offers is significant,” noted Dr. Mellette.

**Incorporating Mohs**

When deciding whether or not to incorporate Mohs surgery into a dermatology practice, Edward Yob, D.O., FAOCD, suggested taking several factors into consideration.

Offering Mohs surgery requires additional equipment such as a cryostat, and staffing, such as a Mohs technician, who could either be an inhouse or contracted employee. It also requires surgical rooms that can either be dedicated or nondedicated. Having clinical back-up is critical because it is not always clear prior to surgery where a tumor begins. “You need another physician there if you go in and get surprised,” he said. Therefore, incorporating Mohs surgery may not be a good option for a dermatologist in solo practice or one without specialty backup.

Mohs is a combination of surgery and pathology, so a dermatologist should be experienced in both, he said.

The geographic location of the practice is important. Is it located in a state, such as Florida, with a high prevalence of skin cancer, or a college town where acne is the prevalent skin disorder?

Competition is an issue. How many dermatologists perform Mohs in the surrounding area? Is the community large enough to accommodate the number of dermatologists performing the surgery? Do primary care physicians treat skin cancer or refer patients?

Finally, what is the attitude of the dermatology community and other specialists in the area regarding this type of surgery? “Some dermatologists don’t use Mohs,” he said.

Also, does managed care cover it? Typically, managed care organizations are not eager to pay for it, said Dr. Yob, adding, “Do not capitulate Mohs. You’ll be busier and poorer than ever.”

For those who choose to incorporate Mohs, he recommended starting small, selecting patients carefully, and scheduling more than enough time. To avoid distractions, Dr. Yob suggested performing Mohs surgery for the entire day or designated block of time. As the time devoted to Mohs increases, he said, the volume of general dermatology decreases.

The question a dermatologist should ask him/herself is, “Am I willing to commit the time and resources necessary to develop a Mohs practice and do it right?”

“You don’t dabble in Mohs surgery,” Dr. Yob concluded. “It’s a no dabble zone.”

**Bullous Diseases**

Simon Warren, M.D., from Global Pathology in Miami discussed “What’s New in Bullous Diseases.” The identification of target antigens as well as their availability in recombinant form has enabled clinicians to better understand bullous diseases. Among those he discussed were pemphigus, IgA pemphigus, paraneoplastic pemphigus, staphylococcal scalded skin, Hailey-Hailey Disease, Darier’s Disease, Grover’s Disease, and striate palmoplantar keratoderma.

For example, Dr. Warren noted the difference between the clinical and histological findings of pemphigus and attributed those differences to the distribution of either desmoglein-1 or desmoglein-3 in the epidermis. ELISA scores have been found to effectively diagnose the disease, monitor its activity, help plan steroid therapy, and
predict flares or relapses before they are clinically evident. IVIG therapy in patients with pemphigus has been shown to be an effective treatment.

Regarding paraneoplastic pemphigus, he noted that although the research is slower and more frustrating, there has been some clarity in identifying antigenic targets. There also have been good outcomes if the underlying tumor is resectable. Some questions that remain to be answered include whether the antibodies to the plakin family are pathogenic or just an epiphenomenon, and what is the feature of the underlying tumor that elicits an immune response to epidermal antigens.

Although paraneoplastic pemphigus may closely resemble pemphigus vulgaris in terms of the target of pathogenic antibodies, Dr. Warren noted there is more going on. Staph scalded skin is closely related to pemphigus foliaceus in terms of antigenic target. Some surprising results in Hailey-Hailey Disease, Darier’s Disease, and striate palmoplantar keratoderma may transform the scientific community’s understanding of cell adhesion in the skin.

“Pemphigus is a paradigm for antibody-mediated autoimmune disease,” Dr. Warren concluded. “Our improved understanding may be translated into more specific therapy.”

Keynote Speaker

Keynote speaker, Dr. Anthony Dixon, tried to dispel some “Myths of Skin Cancer Surgery Outcomes” during the lunch lecture on Tuesday. An Assistant Professor (School of Medicine) at Bond University in Gold Coast, Australia, and Fellow of the Australasian College of Skin Cancer Medicine, Dr. Dixon is a nationally and internationally recognized authority on skin cancer surgery. Some of the myths he tackled were:

- By nearly excising a basal cell carcinoma or squamous cell carcinoma, inflammation surrounding the wound will usually destroy residual tumor cells. Nothing in the literature that Dr. Dixon was aware of provides evidence that inflammation kills residual basal cell carcinoma following treatment.
- The length-to-base ratio on a skin flap does not matter anymore. Although length-to-base ratio and excess skin tension are both important risk factors, excess skin tension is the real cause of flap necrosis.
- Incision biopsy of a melanoma risks causing metastatic disease. Studies have shown that no biopsy method worsens melanoma prognosis and/or survival.
- A punch biopsy larger than 3 mm in diameter needs to be sutured to avoid poor cosmetic outcome. There is no significant difference in aesthetic appearance, scar size, or complications in 4 mm vs 8 mm biopsies.
- Wounds heal better occluded and should not get wet. Evidence suggests that occlusive dressings reduce infection, heal faster, and speed epithelialization.
- Skin surgery performed in the office produces inferior outcomes to surgery performed in a hospital. Dr. Dixon’s data suggests that there is no difference in the incidence of infection based on whether the surgery is performed in an office or hospital.
- Wound infection is reduced when antibiotic ointment is used on the wound after closure. The use of ointment makes no difference with regard to infection, pain, or aesthetic outcome.

Dr. Dixon also discussed results from his recent study on patient perceptions of their skin cancer surgery, which was published in the September 2007 issue of the Journal of the American Academy of Dermatology. The study respondents (576 out of 778 patients) who had surgery resulting in a wound sutured and dressed were surveyed six to nine months following surgery. Breaking some myths, the study showed that age, sex, diagnosis, or closure method did not result in a variation in scar perception, and complications did not change scar or overall evaluation ratings.

Patients rating the service lower were most dissatisfied with scar appearance, time waiting before surgery, pain from the local anesthetic, nursing care, follow-up care, cost, and written material. To maximize patient perception of service, surgeons must think beyond minimizing recurrence and complications, and addressing complaints, said Dr. Dixon. The most important aspect for the patient was having a scar with which they are happy.

Great Cases

Several program directors joined Cindy Hoffman, D.O., FAOCD, to review “Great Cases from Osteopathic Teaching Programs.” Among them were Drs. Stanley Skopit, Bill Way, Tanya Ermolovich, Bradley Glick, Stephen Kessler, Joan Tamburro, and Steven Grekin. Dr. Michael Morgan spoke on behalf of Dr. Richard Miller.

Among the diseases covered were ashy dermatosis, eruptive xanthoma, cutaneous angiosarcoma, HPV-associated squamous cell carcinoma, granuloma annulare, perforating folliculitis, and genodermatosis.
iPLEDGE or Do You?

iPLEDGE—the risk management program designed to reduce the risk of fetal exposure to isotretinoin—is causing dermatologists to question whether the drug is necessary to treat acne despite it being the most efficacious treatment, according to Hilary Baldwin, M.D., who presented the “iPLEDGE Update.” It works so well because it works on all four pathogenic factors of acne, reducing lesions by 90 percent within three months, she said. Prolonged remission of acne has been experienced in up to 80 percent of patients overall.

The issue is whether iPLEDGE, which seeks to reduce the risk of inadvertent pregnancy exposure by tightly linking negative pregnancy testing with dispensing of isotretinoin, is worth the dermatologist’s time to register.

While sales of isotretinoin dropped 40 percent in 2006 when the computer-based program became a requirement, Dr. Baldwin reported that sales are rebounding.

“Although the program got off to a rough start, the system is much easier to use now,” she added. For example, the call wait time has decreased and the website is more user friendly, enabling prescribers to download and edit information. Additional changes are planned that will make the website even easier for prescribers to use and thus, comply with the requirement.

“iPLEDGE isn’t so bad,” Dr. Baldwin concluded.

Phlebology

Varicose veins is one of the three most common medical problems, according to Sandy Goldman, D.O., who spoke about “Fundamentals of Phlebology.” Patients who suffer from venous disease experience aching, fatigue, swelling, and pain in their legs, not to mention the unsightly veins. The main causes of venous disease, which can range from telangiectasias to venous ulceration, are reflux dilation of the vein that leads to backwards flow or an obstruction. Both lead to congestion and dilation of the vein walls.

“By far, the duplex ultrasound is the most important advancement in phlebology,” he noted of the machine used to visualize the blood vessels and record their size and shape. Once the extent of disease is determined, treatment options can be discussed. Dr. Goldman recommended starting with a conservative treatment such as compression therapy. Sclerotherapy, especially duplex ultrasound guided sclerotherapy, is best for treating telangiectasias. He also is a big proponent of endovenous laser ablation. By using different wave lengths, some say there is less bruising and pain.

Hair Restoration

Pioneered by Dr. Jerry Wong from Vancouver, lateral slit technique is the gold standard in hair transplant surgery today, noted Shelly Friedman, D.O., FAOCD, during his lecture entitled “Hair Restoration: What’s New and How to Get Started.” This technique provides greater scalp coverage and allows for more precise angulation. Plus, it allows transplantation of areas previously regarded as too difficult such as the temple and sideburns. With less popping, the grafts grow faster, and there is reduced injury to the subdermal plexus. Additionally, the hairline is scalloped, not a straight line, so it looks more natural.

Chisel blades are an innovation that Dr. Friedman uses in his office. “The size difference between a chisel blade and punch is dramatic,” he said. The chisel blades, which his technicians actually make, produce a linear incision and allow right angles to the hair growth, the latter of which is preferable. Dr. Friedman has performed as many as 5,700 grafts in one day, the average being 3,000.

Also, he no longer uses bandages. The morning following surgery, the patient returns for a shampoo and ointment treatment. Using the ointment four times daily for four days allows for virtually no scabbing, Dr. Friedman said. Previously the grafts would crust and fall off taking with them several hairs.

These new hair restoration treatments are creating such satisfied patients that many are opting not to return for a second surgery, he added.

To get started in hair restoration, Dr. Friedman recommended obtaining the best possible training. The International Society of Hair Restoration Surgery not only offers live patient workshops, but has a one-year fellowship, as well. Dermatologists can become certified through the American Board of Hair Restoration Surgery.

Deadly Diseases

Michael B. Morgan, M.D., Professor of Pathology at USFCOM in Tampa, spoke about “Deadly Diseases in Dermatology.” As dermatologists, it is important to understand the microbiology and pathogenesis of biowarfare agents, and develop a keen understanding of their cutaneous manifestations. With that knowledge, dermatologists can order/interpret the newest laboratory identification techniques, and prevent/treat biowarfare microbe diseases.

Dr. Morgan defined biologic weapons as “any organism or toxin found in
nature that can be used to kill, incapacitate, or otherwise impede an adversary.” They are characterized by low visibility, high potency, accessibility, and relatively easy delivery, he added. Among those Dr. Morgan reviewed were Yersinia pestis, anthrax, and smallpox.

Clues suggesting biowarfare are as follows:
- Non-endemic infectious strain
- Unusual antibiotic resistance pattern
- Unusual clinical presentation
- Localization of cases
- Increased number of cases in succession
- Rare disease
- Mixed agents isolated in same patient
- Higher morbidity/mortality for agent
- Absence of normal animal/arthropod vector

When faced with suspected biowarfare agents, dermatologists may use a management algorithm known as ICE, which stands for “Isolate patient/quarantine, Culture/confirm diagnosis, and Empiric antibiotics.”

Lasers
Nathan Uebelhoer, D.O., with the Dermatologic and Laser Surgery Division of the Naval Medical Center in San Diego, addressed “What’s New in Lasers? How to Make Them Work in Your Practice.”

Touting lasers as “minimally invasive and maximally effective,” Dr. Uebelhoer reviewed various ones, including the UltraPulse Encore by Lumenis, Fraxel®, and various Er:YAG and CO₂ lasers. While the UltraPulse Encore is the best laser for single treatment facial rejuvenation in the right hands, he suggested that CO₂ and Er:YAG non-fractional lasers were still a great option when used at low fluences and the best lasers at high fluences for single treatment facial rejuvenation.

Lasers can be incorporated into any dermatology practice, depending upon the physician’s level of interest. Will the laser be used solely by the nursing staff or a practitioner who considers him/herself a laser surgeon? Will it be purchased or rented once a month? Will it be used for treating rosacea and acne, varicose veins, or facial rejuvenation?

The current trends in lasers are fractionated or plasma rejuvenation, GentleWaves® (a technology that uses patented LED light to stimulate collagen and rejuvenate skin), and minimally invasive liposuction.

Psoriasis
“Simplifying First-Line Topical Therapy for Psoriasis” was the focus of the lecture presented by Robert Greenberg, M.D., of the East Bay Psoriasis Treatment Center in San Ramon, Calif. Even mild to moderate psoriasis carries a significant disease burden because it is similar to that of severe disease, noted Dr. Greenberg.

Approximately 60 percent of patients who indicate that their disease is a large problem had mild to moderate disease. And while as many as 80 percent of all patients with psoriasis can be adequately treated topically, 85 percent are dissatisfied with the effectiveness of today’s treatment options. Their main complaints are that treatment requires too complex of a regimen and raises cosmetic considerations. Additionally, it is ineffective and time-consuming to apply. All of these impair patient adherence with topical therapies.

Dr. Greenberg cited studies on what he called “a novel” 2-compound (not two compounds in one) ointment introduced into the US in 2006. The two-compound product containing calcipotriene and betamethasone dipropionate has proven effective in treating psoriasis vulgaris both in the short term (4 weeks) and long term (52 weeks) in more than 3,000 patients studied. Data suggest that the two-compound ointment, which combines a corticosteroid with calcipotriene in a once-daily dosing formulation, is more effective than either component as monotherapy, and safe for up to 52 weeks of long-term use, he said.

As many as 79 percent of patients with psoriasis have involvement of the scalp, noted Dr. Greenberg. Scalp psoriasis is not only psychologically and socially distressing as reported by 57 percent of patients who have it, but it can cause scarring alopecia. Similarly, patients with scalp psoriasis find current topical treatment options inconvenient. In reviewing investigational topical therapies including QRX-101 (becocalcidiol), ramazole, and calcipotriene plus clobetasol propionate, Dr. Greenberg suggested that they may help to further improve outcomes for patients with psoriasis.
New Fellows Awarded at Annual Meeting

Twenty College members were awarded the title of “Fellow” at the 2007 annual meeting.


In order to obtain Fellow status in the AOCD, these members took the American Osteopathic Board of Dermatology (AOBD) examination at last year’s annual meeting.

Thirty-four members took the exam at the 2007 annual meeting, 10 more than in 2006. Those who pass the exam will be awarded the Fellow status at next year’s annual meeting scheduled for Oct. 26-30 in Las Vegas.

Any osteopathic physician who has been certified by the AOA through the AOBD or certified through the American Board of Medical Specialists by the American Board of Dermatology is eligible for Fellow membership. Fellow members have full membership rights including the right to vote, hold office, be assessed dues, and accept appointment to committees and councils. Additionally, a Fellow must be a member in good standing of the AOA.

Membership in the AOCD consists of the following classifications: Fellow, Associate, Resident, Affiliate, Student, Fellow of Distinction, Honorary, Life, and Corporate.

Psoriasis Awareness Walk Nets $35K

The National Psoriasis Foundation Walk for Awareness held the day before the AOCD Annual Meeting in San Diego raised more than $35,000.

More than 200 individuals participated in the event, which is a nationwide program designed to generate awareness about psoriasis and psoriatic arthritis as well as raise money for the National Psoriasis Foundation’s education, advocacy, and research programs.

“Walking with the family and friends of patients and hearing their stories was encouraging,” says Jonathan Richey, a fourth-year Kirksville College of Osteopathic Medicine medical student at Henry Ford Wyandotte Hospital in Trenton, Mich., who was a volunteer participant at this year’s walk. “I enjoyed volunteering at the education booth where I was able to answer many questions regarding psoriasis and current legislative initiatives,” adds the AOCD student member who was diagnosed with psoriasis as a teenager.

In addition, Richey helped with the raffle for which numerous prizes were given to individuals who contributed and volunteered, including a group of high school girls who won an award for raising money in support of a friend.

Walks scheduled for 2008—including the one set for June 21 in Ann Arbor, Mich., for which Richey is volunteering—can be found on the Foundation’s website at walk.psoriasis.org. Individuals interested in participating or sponsoring that walk, can go to the website or contact Richey by email at jonathan.richey@gmail.com.

New Officers Inducted at Annual Meeting

The 2007-2008 AOCD officers were inducted at the annual meeting in San Diego.

Among them are the following:

President Jay S. Gottlieb, D.O., FAOCD
President-Elect Donald K. Tillman, D.O., FAOCD
First Vice-President Marc I. Epstein, D.O., FAOCD
Second Vice-President Leslie Kramer, D.O., FAOCD
Third-Vice President Bradley P. Glick, D.O., FAOCD
Secretary-Treasurer Jere J. Mammino, D.O., FAOCD
Trustees David L. Grice, D.O., FAOCD
Karen E. Neubauer, D.O., FAOCD
James B. Towry, D.O., FAOCD
New Trustees Elected at Annual Meeting

Two new trustees—David L. Grice, D.O., FAOCD, and Mark A. Kuriata, D.O., FAOCD—were elected at the Annual AOCD Meeting in San Diego.

Both trustees have taken their cue to get more involved in the College from their respective mentors.

Mentors’ Influence

For Dr. Grice that would be Bill Way, D.O., FAOCD. “Seeing his involvement from the time he was a trustee to his recent presidency had an influence on my decision,” says Dr. Grice, who has been an AOCD member for 14 years, including three years of residency. He is looking forward to not only contributing his voice and energy to the profession, but also on a personal level, getting to know more of the members.

Regarding Dr. Kuriata: “The opportunity to train under Dr. Lloyd Cleaver in Kirksville when the AOCD was physically connected to his office gave me a great ability to see all the work that goes into the day-to-day operations of the organization first hand. It was there that I was able to get a solid understanding of the inner workings of the College,” notes Dr. Kuriata, who has been a member for 11 years, including three years of residency. “With Dr. Cleaver as a role model and mentor for professional commitment to our specialty, how could I not want to participate and give back some of the benefit to others that I have received?”

Building Alliances

One issue Dr. Grice would like to work on that would benefit all AOCD members is fellow status. “I would like to see the College continue to work with the American Academy of Dermatology to try to get fellow status for osteopathic dermatologists,” he says, adding, “We should have an equivalent status with our fellow MDs.” Dr. Grice believes that this can be accomplished by working with MD dermatologists in the various dermatologic organizations. His experience on a local level as a member of the Dallas-Fort Worth Dermatological Society has shown him that allopathic and osteopathic dermatologists can form alliances for the good of the profession.

Other alliances that Dr. Grice would like to explore as a means to encourage corporate sponsorship are those between members and pharmaceutical companies. He believes that members can use their connections as consultants and speakers to encourage companies to show support of the College.

Dr. Grice also would like to ensure that residents stay active in the College even after they graduate. “The way we can encourage them to participate is to lead by example,” he says. Keeping the lines of communication open, as Dr. Way has done by increasing the use of emails, is another positive step in that direction.

Patients First

Dr. Kuriata would like to see the AOCD step up its patient education efforts. “I believe that educating our patients, perhaps through a larger variety of patient information pamphlets or in-office literature about the similarities and differences between DO and MD dermatologists, is an important area to consider,” he says. Although the College has a pamphlet, it should be updated and maybe even include information about osteopathic training and fellowship opportunities and Certificates of Added Qualifications.

Additionally, Dr. Kuriata would like to see the AOCD become a model for utilizing mid-level providers to help offset the shortage of available dermatologic services, while providing high quality care. “A physician assistant, supervised and extensively trained by a dermatologist, will have a far better understanding of skin conditions than the average physician in an emergency room or walk-in clinic, which is where many patients end up when faced with long wait times for an appointment,” says Dr. Kuriata. “Our patients will thank us for being more accessible, and some of the scheduling burdens in our practices will be relieved,” he adds. Having been a dermatologic physician assistant (PA) prior to attending medical school, Dr. Kuriata was comfortable with knowing how best to utilize a PA in his practice, but understands that the use of mid-level providers may seem daunting to those unfamiliar with the concept.

Both Drs. Grice and Kuriata are grateful to the AOCD members for giving them the opportunity to serve as a trustee.
More than three million people are visiting the AOCD website (www.aocd.org) annually, making it the College’s biggest public relations outreach effort to date.

Specifically, three and one-quarter million people, on average, visit the website each year, reported Jere Mammino, D.O., FAOCD, Internet Committee Chair, at the business meeting during the 2007 annual meeting. Although that number is only slightly higher than 2006 figures, it is up from the approximately 2.1 million visitors in 2005.

Consistent with the growing use of the Internet for health information, more than 95% of the individuals visiting the website view the Dermatologic Disease Database section. To keep the database current, committee members added 40 diseases to the list, expanding the total number of conditions to 156. In addition, they updated the original listings created five years ago.

“It took a year for the Internet Committee to complete this work,” noted Dr. Mammino, “but the high quality of information will be a great benefit to the public visiting our website.”

**Dr. Epstein Granted Fellow of Distinction**

Marc Epstein, D.O., FAOCD, received the honorary title Fellow of Distinction at the 2007 AOCD Annual Meeting.

The title is conferred on Fellow members who have made outstanding contributions through teaching, authorship, research, or professional leadership to the College.

“I was deeply honored and humbled to be recognized as one of our College’s distinguished fellows,” says Dr. Epstein. “I see the achievement as the beginning of a continued commitment to help our College and its membership.”

To date, 48 members have been granted the title.
Hi everyone,

The fall annual meeting is behind us and we’re getting ready for the spring midyear meeting. Resident lectures will be held on Wednesday, March 12, 2008. There is still time to submit your Intent-to-Lecture form. As a reminder, residents are required to give two lectures during their three-year training period on two of the three papers required. At any time during the year that you have a paper published, you can send me the information and I will add it to your file.

Attention all third-year residents! You should start to gather the following information for your application to the AOBD:
- Copies of your three papers submitted during your training
- A copy of your medical school diploma (and exact date of graduation)
- A copy of your internship diploma (exact dates of attendance and name and address of school)
- A copy of your state license
- Two passport size photos

More information will be sent to you in the spring regarding the application process.

To all first- and second-year residents, we have started asking you for these documents, as well. A recent CV and photo also should be sent to us if you have not already done so.

We also welcome any pictures of you, your family, etc. for the bulletin board in the office.

Membership renewal notices are being mailed out the first part of December. Please take a moment to update your contact information on the form. We are working on the 2008 Membership Directory and need to have the most current information.

Please contact our office if you need assistance during your residency training. I will do my best to help.

I hope everyone has a safe holiday season. Take time out of your busy schedules to enjoy family and friends. I am looking forward to the new year as my husband and I will become first-time grandparents. We’re told we are getting a little girl.

Residents who celebrated October birthdays are Drs. Kevin Belasco, Melinda Conroy, Danica Alexander, Alice Do, Brian Kopitzki, and Risa Ross.

Those who celebrated November birthdays are Drs. Andrea Passalacqua, Tony Nakhla, John Laska, Shannon Campbell, and Michelle Foley.

Residents celebrating December birthdays are Boris Ioffe, Anita Osmundson, Kristy Gilbert, Emily Rubenstein, Chad Peterson, Krina Chavda, Chris Buatti, and Brian Feinstein.


The lecture, given in August, addressed the psychoneuroimmunologic effects of combat deployment with regard to inflammatory dermatoses, explains Dr. Anderson, who served as the First Reconnaissance Battalion Surgeon from June 2004 to September 2006 in the Al Anbar province of Iraq.

“I talked about how I used this more holistic approach to take care of my Marines while deployed. But the lesson is really about paying attention to our patient's skin so that hopefully we can help recognize if they also are suffering psychologically, emotionally, or spiritually,” he says. “If they are, then we can direct them to the appropriate professionals to get them the care they need.”

“The lecture was designed to help us broaden our practice and help to treat patients more holistically,” adds Dr. Andersen.

Dr. Anthony Dixon, president of the college, heard Dr. Anderson give a speech at last year’s AOCD annual meeting in Las Vegas and invited him to present at the Australasian College’s annual conference. “I was honored and accepted,” Dr. Anderson says.

As part of the invitation, he received a scholarship covering all of his expenses.
From a field of 17 scholarly papers on the history of osteopathic medicine, Erik Austin, D.O., MPH, won second place for his work entitled “A Revolution in Medicine: Andrew Taylor Still, M.D., D.O.”

The paper chronicles the life of A.T. Still and the genesis of osteopathic medicine with an emphasis on fundamental osteopathic medical principles and the osteopathic identity, explains Dr. Austin. The primary goal of the paper is to present the thesis that “A.T. Still’s contributions constitute a true revolution in medicine and that the term revolution is, in fact, an accurate descriptor for the transformational, historical, and scientific events that were set in motion by Dr. Still,” Dr. Austin says, adding that he is hopeful that his paper “will instill osteopathic pride and promote a deeper understanding of our precious osteopathic inheritance.”

In the paper, Dr. Austin remarked: “The history of medicine and society is a veritable tapestry and the scientific, intellectual, and cultural revolutions that are interwoven within this tapestry will continue to capture our interest. There will always be pure enjoyment, shear fascination, and even comfort and consolation in remembering Osteopathy's past.”

In addition to receiving the second-place prize of $3,000, Dr. Austin was invited to attend the Awards Session during the AOA’s Annual Convention in San Diego. He also was invited to submit his paper for publication in the Journal of the American Osteopathic Association.

Dr. Austin submitted the paper in May to the Bureau of Osteopathic History and Identity of the AOA for its annual History Essay Contest. This competition was open to all osteopathic medical degree candidates and osteopathic residents in AOA specialty colleges. The winning papers were chosen at its August meeting.

Formerly the chief resident at the Texas Dermatology Program, Dr. Austin is now the medical director of the Austin Dermatology Center in San Diego. He plans to use the stipend to fund the Center’s free skin cancer screenings. “Most of the stipend will be recycled into announcing the Sun Awareness Program sponsored by the Center over the coming months,” he says. “So, hopefully, something that benefits our community will come of this.”

Dr. Austin also was recently inducted as a member of the Scripps Group for Excellence in Medicine (XIMED), an independent professional association of more than 380 physicians in the San Diego area. “To my knowledge, there is only one other osteopathic physician in this group; thus, inroads have been made here,” he says. “I am proud to represent osteopathic dermatology in XIMED. As I learned when writing my historical paper, whenever one osteopathic physician succeeds in some small way, our whole profession makes progress.”
Three Residents Receive Daniel Koprince Award

Three residents were named recipients of the Daniel Koprince Education Award for 2007.

The recipients are as follows:
- First place was awarded to Roger Sica, D.O., a second-year Resident from NSUCOM/Sun Coast Hospital in Port Richey, Fla., for *Childhood Dermatomyositis*.
- Second place was awarded to Karthik Krishnamurthy, D.O., a second-year Resident at St. Barnabas Hospital in the Bronx for *Clinical Dermatologic Applications of Intralesional Bleomycin*.
- Third place was awarded to Kevin DeHart, D.O., third-year Resident at NSUCOM/Sun Coast Hospital in Port Richey, Fla., for *Formaldehyde Induced Allergic Contact Dermatitis*.

The Koprince Award was established in 1986 to honor the work of member, Daniel Koprince, D.O., FAOCD, who passed away this October. The award recognizes the top lectures presented by residents during the annual meeting. They are evaluated for subject matter, audiovisual presentation, and speaking ability.

Recipients were presented the award at the Presidential Banquet at this year’s annual meeting. Dr. Koprince’s daughter, Janet Koprince, D.O., presented the award.

Resident Receives ASDS Award for ‘Best Abstract’

Second-year resident Tony Nakhla, D.O., at the Western University/Pacific Hospital in Long Beach, Calif., recently received the “Best Resident Abstract” award from the American Society of Dermatologic Surgery (ASDS) during its 2007 annual meeting.

Dr. Nakhla was invited to present his abstract entitled “Cerclage Technique for Large Circular Defects of the Trunk” at the October ASDS meeting in Chicago.

After an advisory committee reviewed the abstracts, his paper, along with three other residents’ papers, was chosen as the best one. As part of the award, Dr. Nakhla received a complimentary registration to the meeting.

“It was really exciting to be there with so many leaders in the field of dermatologic surgery,” says the resident who eventually plans to do a Mohs fellowship, a cosmetic surgical fellowship, or a combined program for both disciplines. He confesses that it was a bit nerve racking because the ASDS is such a large organization and the annual meeting very well attended. “Overall, the presentation went really well,” says Dr. Nakhla.

Dr. Nakhla is under the directorship of David Horowitz, D.O., FAOCD.

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The NYCOM/St. Barnabas Hospital residency program may have changed its location in recent years, but not its academic focus.

“We have continued to maintain a very strong academic program,” says Cindy Hoffman, D.O., FAOCD, Program Director.

A mainstay of the highly academic program is the five clinics that residents attend weekly. “My residents have five clinics a week that they go to on a rotating basis, whereas many of the other programs are mostly office based,” she says. Still, some of NYCOM residents do work in private offices.

The patients in the clinics are more likely to be underserved, explains Dr. Hoffman, who has served as director since the Bronx-based program’s inception in 1993. Typically these patients avoid seeing a doctor because they cannot afford to. “By the time they see us, their conditions have gotten much worse,” she says.

Additionally, there is a good mix of pathology because of the variation of ethnicities in the patient population seen by the residents. “They see everyone from the usual elderly Caucasian patients with skin cancers to Asian and African-American patients with ethnic skin,” she says.

Another reason for the strong academic focus is the program’s affiliation with Mt. Sinai Hospital in New York City. “My residents rotate side-by-side with the Mt. Sinai MD residents,” says Dr. Hoffman, whose program currently has three residents, one of whom will graduate in 2008. To date, 20 residents have graduated from the 14-year-old program.

Residents typically handle three to five consults a day in the hospital. Many of these are with HIV patients who have more unusual dermatologic conditions such as atypical Mycobacterium, Kaposi’s Sarcoma, and Bacillary Angiomatosis. In addition to the unusual diseases, these patients tend to have common skin conditions that are much more resistant to treatment, she says. Consequently, the usual treatments do not apply.

On a weekly basis, NYCOM residents have a clinical conference at Mt. Sinai at which they review unusual cases. Back at St. Barnabas, they have a full day of academics in which they present topics from textbooks such as Bolognia and Andrews as well as dermatology journals. Rounding out the weekly activities is a dermatopathology lab.

On a monthly basis, the residents attend lectures at Lenox Hill Hospital located on Manhattan’s Upper East Side, with other residents from dermatology programs across the city. They also have a journal club that meets monthly.

NYCOM residents are not only busy learning, but teaching, as well. They lecture on dermatology topics and present interesting cases to students rotating in dermatology from the New York College of Osteopathic Medicine. In addition, they present at the New York Academy of Medicine, Section of Dermatology. One of the resident’s, Shaheen Oshtory, D.O., won a competition known as “Residents’ Night” two years ago when she was a first-year resident. In doing so, she beat out residents from 12 allopathic programs.

“We have highly motivated and competitive residents,” adds Dr. Hoffman. Many of the NYCOM residents have won AOCD awards, including the Allergan and Koprince awards. Recently, second-year Resident Karthik Krishnamurthy won the Allergan Award, which he was presented with at this year’s annual meeting. The residents tend to do really well on the In-Training Examination, often times placing number one, she boasts. Some have published in the *Journal of the American Academy of Dermatology*, *Cutis*, and other dermatology journals.

“Many of the residents go on to become excellent dermatologists, most of whom open their own practices,” says Dr. Hoffman proudly. “They may start off working for someone,” she says, “but within a year, they start their own practice and are very successful.”

While their drive comes from within, Dr. Hoffman attributes some of their success to the academic training that they received as residents. “Their exposure to a variety of skin conditions, largely in a clinic setting, enables them to be confident in doing consults on their own, especially in the hospital, and comfortable handling a large volume of patients,” she concludes.
If you’re from Ohio, chances are you’re a Buckeye fan and familiar with the longstanding rivalry between the Ohio State University in Columbus (OSU) and Athens-based Ohio University (OU), home of the Ohio University College of Osteopathic Medicine (OU-COM). For years, the two institutions have remained amicable rivals in several arenas from sports, and in particular football, to academics. But now, thanks to an official agreement rooted in furthering dermatology residency training, the two have come together.

“Our affiliation with OSU has been informal since the OU-COM/OMH dermatology program began,” notes John Q. Hibler, D.O., Program Director of the OU-COM/O’Bleness Memorial Hospital (OMH) Dermatology Residency Program. “However, as we realized the importance of academics in our program and OSU’s role in implementing that, we felt it necessary to make the agreement official.”

Just this year, OU-COM, in conjunction with OMH, contracted with OSU to bridge their dermatology residency programs. This agreement affords OU-COM residents the opportunity to participate in weekly joint didactic sessions with OSU residents. At each didactic session, residents present chapters from major dermatology texts, such as Lever and Bolognia, and partake in dermatopathology sessions. Residents also receive lectures from faculty within departments and hospitals at OSU including the Department of Internal Medicine, the James Cancer Institute, and the School of Dentistry. Dermatologic topics covered throughout the year include Mohs micrographic surgery, allergic contact dermatitis, dermatologic therapeutics, coding, and pediatric dermatology.

However, the affiliation with OSU goes beyond the weekly didactic commitment. OU-COM dermatology residents also recruit and present patients at monthly grand rounds meetings and discuss evidence-based medicine articles at monthly OSU journal club meetings. In addition, OU-COM residents now have an opportunity to rotate at various OSU training sites. Residents gain pediatric dermatology experience at Nationwide Children’s Hospital in Columbus and acquire inpatient consultation experience at the OSU Hospital. Furthermore, the affiliation provides a venue for OU-COM/OMH residents to pursue dermatologic research.

While the affiliation greatly favors the OU-COM/OMH dermatology residency program, Mark Bechtel, M.D., Associate Professor and Division Director in the Division of Dermatology at OSU acknowledges that the affiliation offers OSU some advantages, as well. “The OU-COM/OMH residents provide a lot of enthusiasm, academic contributions, and outstanding clinical skills to the OSU dermatology residency program,” he says. “Their participation in academic conferences and clinics provides synergy to our OSU program.”

Furthermore, OSU dermatology faculty and residents participate in the OU journal club meetings and some OSU faculty have joined the list of OU-COM dermatology faculty. OSU residents also have been invited to rotate at OU-COM/OMH dermatology training sites. Clearly, these two historic competing centers for higher education are willing to put their differences aside to strengthen academics, and in particular, their dermatology residency programs. With this affiliation, OSU and OU may have laid the groundwork to end decades of animosity and competition—but don’t worry; there’s always football.

For medical students and interns interested in rotating at the OU-COM/OMH Residency Program, contact Shannon Campbell, D.O., at dermlover@hotmail.com.
Laser Therapy: Bi-polar RF for the Treatment of Cellulite
by Sanjosh Singh, D.O., MPH

Since the 1960s the use of laser therapy in treating cutaneous lesions has been a rapidly evolving technique. One of the pioneers of laser therapy, Dr. Leon Goldman first discovered its benefits by applying various laser applications to his own skin. He extended his practice to include patients while encouraging other clinicians and investigators to become involved in the field. For many years, lasers have been used with good results in treating patients with vascular and nonvascular lesions such as telangiectasia of the face, portwine stain, pyogenic granuloma, decorative tattoos, genital condylomata, and warts. Today, breakthrough technology in laser therapy may prove effective in the treatment of cellulite.

Cellulite
Cellulite—a mottled, dimpled appearance of the skin often described as resembling ‘cottage cheese’—is an issue of cosmetic concern for many individuals. Caused by excess adipose tissue retention within fibrous septae, the skin irregularity is proportional to the subcutaneous fat projected into the upper dermis. Fibrous septae sequester fat in discrete packets and vertically oriented bands anchored to the deep fascia cause the skin surface to pucker.

Cellulite is prevalent in women and appears to have a hormonal component. Estrogen increases the metabolic rate at one-third the level of testosterone, causing a significant generalized increase in fat deposition in subcutaneous tissue of women. The areas most susceptible to cellulite are the upper outer thighs, the posterior thighs, buttocks, lower abdomen, upper arms, and nape of the neck. Various therapeutic modalities include pharmacological agents, topical solutions, and massage as well as invasive measures such as liposuction, and subcision and phosphatidylcholine injections—most of which pose suboptimal clinical effects.

Bi-polar RF
On the horizon in laser therapy is the treatment of cellulite using bi-polar radiofrequency (RF) and optical energy (either light or laser) for subcutaneous tissue heating. The first FDA-approved noninvasive treatment for cellulite is specifically designed to improve skin texture and reduce the appearance of cellulite. Optical energy preheats the target at a controlled infrared wavelength, a heat exchange and cooling process creates an area of higher metabolism in the target area and lower conductivity in surrounding tissue. Bi-polar RF, which exhibits a preference for warmer tissue, is drawn to the preheated target zone. Energy levels are adjusted depending on the patient’s tolerance to heat. The combination of optical energy and RF creates a vortex of energy inside and around the target cells causing them to collapse and be removed by the body’s immune system. Mechanical manipulation by vacuum suction is applied to physically break the fat cell clusters and to stretch the fibrous bands.

One of the first dermatologists to incorporate the new cellulite treatment into his practice is Steven Grekin, D.O., FAOCD, in Wyandotte, Mich. He has noticed a 20 percent to 30 percent improvement in the appearance of cellulite around the posterior thighs and buttocks of patients who received 40-minute weekly treatments for four consecutive weeks. “The results thus far have been amazing,” notes Dr. Grekin. No obvious side effects were noted.

However, the treatment is not meant for overweight patients seeking to lose large amounts of body fat. Successful candidates are patients with trouble-
some areas that have not responded to diet and exercise.

Dr. Grekin currently has a study underway investigating the safety and efficacy of this new technology and its application to cellulite treatment. The study will evaluate 20 male and female patients who receive weekly treatments over 12 consecutive weeks.

Study Findings
In a preliminary study by Sadick and Mulholland, patients who received twice-weekly treatments for four and eight weeks in the thigh area showed an overall mild to moderate improvement in skin smoothing and cellulite appearance. A small number of patients reported minimal discomfort and temporary swelling; two patients reported local crusting that resolved within 72 hours.

Another study by Alster and Tanzi evaluated 20 adult women with moderate thigh and buttock cellulite who received eight biweekly treatments to a randomly selected site. The authors noticed an overall clinical improvement in 90 percent (18/20) of patients. Side effects were limited to transient erythema in most patients and two patients reported bruising after the first couple of treatments, but not as the treatment series progressed.

Although the studies exploring this new technology are limited, the future of bi-polar RF in combination with optical energy seems promising in the treatment of cellulite. The preliminary studies have observed some therapeutic effects in skin smoothing and cellulite reduction without harmful side effects. Further studies will be needed to establish efficacy, safety, and maintenance therapy.

Sanjosh Singh, D.O., MPH, is an intern with an interest in dermatology at Oakwood Southshore Medical Center in Trenton, Mich. She recently completed a month-long rotation in Dr. Grekin’s office.
Part 1: Marketing Your Practice on the World Wide Web

by Brian Matthys, D.O.

While the World Wide Web has transformed our everyday lives, it also can serve as a powerful tool for marketing your practice.

Marketing a dermatology practice may seem “unnecessary.” As good fortune would have it, we have chosen a profession in which our services are much needed as the baby boomers move forward in their chronologic tour of life. But we all have unique features within our practices, and the World Wide Web is an easy place to advertise who you are and what you do.

I have found a website to be a valuable marketing tool. For starters, it is a way to allow potential patients to meet you without ever calling your office. Most patients choose a physician by word of mouth, doctor referral, or insurance website, but they don’t really know you based on those encounters. Thus, a website is a way for potential patients to get a sense of your personality with a few clicks of a computer mouse.

I have a brief biography on my website that includes my education, the professional organizations to which I belong, and even some extracurricular activities. Maybe a piano-playing patient feels like he or she can connect with a piano-playing dermatologist. Some dermatologists may opt to include certain important family values or number of children they have to try to connect with patients.

Bios don’t have to be limited to the physician(s), either. Staff bios will familiarize patients with staff members, which may increase their overall comfort level, particularly upon their first visit. Pictures are a nice touch.

Once they decide to make an appointment, patients can get directions, hours of operation, a list of accepted insurances, required forms, and financial policies, which are just a few of the items that could easily be included on a practice website. My website includes the usual contact information and office hours. But it also details how to make an appointment or cancel one as well as supplies information on follow-up appointments, office fees, and billing.

I chose to list a variety of forms (in PDF format) patients must complete prior to an appointment. These include forms about privacy practices, patient information, patient health history, parental consent, and financial policies. I even have a skin referral form for referring physicians. Patients find the ability to access these forms in this manner very valuable especially because they can print, fax, or email key components of their patient history safely and securely. Consequently, patients don’t have to make a separate trip to the office to pick up these forms and they can fill them out at their convenience. The ease of such an experience will make for a happy patient.

After explaining the nuts and bolts of the practice, the website may offer insights into your particular practice. For example, do you specialize in cosmetic procedures, Mohs micrographic surgery, or pediatric dermatology? If your specialty is cosmetic procedures, you may want to offer a store front for the selling of cosmetic products in the office and online. Although I run a general dermatology office, I do have a showroom at the hospital that offers a complete line of dermatology products. The website informs patients what products they will find in the showroom suite. If you perform a lot of Mohs surgery, you could offer educational information regarding the procedure. Even a dermatologist who does general dermatology can offer educational information about dermatologic diseases. I include a brief description of the dermatology services that I offer in my practice. You could expand on that idea by including frequently asked questions or articles from the laypress and/or clinical journals about each of the various services and procedures.

When new patients call the office, the receptionist can provide them with the website address where they can access the various services and procedures.

References:
Mark Your Calendar Now!!

Register Now!

AOCD Mid Year Meeting in Monterey, California
Hyatt Regency Monterey

March 12-15, 2008
Program Chair- Leslie Kramer, DO

Golf, Wine and Dine! Great Venue for a Family Get Away
**Golf Tournament Set for Midyear Meeting**

The first ever AOCD Golf Tournament is scheduled for March 13th, the second day of the midyear meeting in Monterey, Calif.

The tournament will be held at the historic Del Monte Golf Course, a part of Pebble Beach Resorts. One of the oldest and most storied courses in the country, this course is conveniently located adjacent to the Hyatt Regency Monterey, which is the meeting site. For more information on the course, visit the Pebble Beach website at www.pebblebeach.com. Click on “Golf” then “Del Monte Golf Course”.

It’s a chance to meet fellow osteopathic dermatologists from across the country and enjoy a fabulous round of golf, notes Bill V. Way, D.O., FAOCD, Immediate Past AOCD President. “We already have twenty responses and are looking for more participants,” he says.

Tournament fees run $110.

To be placed on the list of participants, email Dr. Way at drwaydo@swbell.net.

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**2008 Midyear Meeting Features Mini-Symposiums**

Dear AOCD members,

I invite all of you and your families to a great midyear meeting in Monterey County’s diverse wine country on March 12-15, 2008.

The meeting will feature mini-symposiums on pediatric dermatology, surgery, and practice management.

I’m honored to inform you that Dr. Joseph Morelli—a world renowned pediatric dermatologist and co-author of (may I say one of the best) pediatric dermatology texts—will be lecturing at the pediatric dermatology mini-symposium.

Our own Dr. Edward Yob is involved in the surgery mini-symposium, which will include a dermoscopy workshop that is a "must attend" lecture. The program is expected to instruct, refresh, and fine-tune all of our dermatoscopic skills no matter what level of expertise we hold.

The practice management session will feature Sharon Andrews, RN, CCS-P and Earlene Vittone, RN, a health risk manager. They are the "go to" people from DermResources for dermatology practice startups, coding questions, practice management issues, and more. Their expertise and knowledge will benefit every attendee from resident to retiring practitioner.

Our "home base" will be the newly renovated Hyatt Regency Monterey.

We’ll be wined and dined at the famous Monterey Bay Aquarium after unwinding on one of Monterey’s golf course if you choose. Another alternative is strolling along the beach. If you find you still have energy left after our stimulating lectures there’s the majestic famous 17-Mile Drive on the coast, or touring and tasting at many area wineries. Strolling down historic Cannery Row or several open air shopping centers will keep our shopoholics busy, as well.

Please join us for what will be a wonderful time for all the family and a great educational experience for you.

Leslie Kramer, D.O., FAOCD
2nd Vice President
Monterey is as rich in history and marine life as it is in shopping and night life, offering something for every AOCD member attending the midyear meeting.

The city features a dazzling waterfront along the Monterey Bay National Marine Sanctuary, not only one of the nation’s largest marine sanctuaries but one of the world’s richest marine environments.

Witness the incredible marine life from shore as whales, sea otters, harbor seals, sea lions, and pelicans abound. Or slip under the surface of the water where you can glide through stunning kelp forests, home to many species of fish, sea stars, urchins, and nudibranchs. Activities in the sanctuary region include kayaking, boating, diving, and whale watching. In fact, thanks to its nutrient-rich waters, the sanctuary offers some of the world’s best whale watching. During the spring months the entire gray whale population migrates through the sanctuary within three kilometers of the Monterey Bay coastline, traveling to their summer feeding grounds in the Bering Sea.

Monterey Bay, twice as deep and wide as the Grand Canyon, offers surfers fast-breaking and challenging waves. The fishing is world renowned with salmon as the favorite catch.

The Monterey Bay Aquarium, located on the street immortalized in John Steinbeck’s novel *Cannery Row*, offers visitors nearly 200 award-winning galleries and exhibits. The first aquarium to create open ocean exhibits on a grand scale, it houses the internationally acclaimed “undersea tour” of Monterey Bay’s hidden world.

From water to land, the Sanctuary Rock Gym offers more than 5,000 square feet of indoor sculpted climbing terrain, including a 30-foot faux peak. Hundreds of miles of hiking trails are available or take a pack trip on horseback or a romantic ride on the beach at sunset. For a spectacular view of the peninsula coastline, hang-glide or cruise the coast in a plane.

Other options include visiting one of the region’s many coastal parks or simply admiring the spectacular coastline. One of the best ways to do the latter is on one of the most famous stretches of road in the country. The 17-Mile Drive offers a view of an abundance of wildlife in their natural habitat and colorful native wildflowers.

Another popular route is the Recreation Trail for exploring between Pacific Grove and Monterey and beyond. Share the path with others on bicycle and rollerskates or in four-wheeled surreys seating up to six. If you make it to Pacific Grove, don’t forget to check out the Monarch butterflies who make it their winter home.

And don’t forget to bring a jacket no matter what activity you embark on because even though it’s California, expect the days’ high temperature to be near 60 with brisker nights in the 40s.

But even the cooler temperatures couldn’t stop Cannery Row from earning the reputation as the peninsula’s “hot spot” with 30 restaurants, clubs, and pubs all within walking
distance. From the specialty shops along Alvarado Street to the department stores at Del Monte Shopping Center, there are plenty of places to shop. Visit the canneries, beaches, and back streets that still hold the nostalgia of a long-dead fish canning industry now alive with new vigor and excitement. The Cannery Row Historic Walk follows the route of the old Southern Pacific Railroad right of way.

Monterey’s rich history includes Spanish exploration dating back to 1542 and the establishment of the San Carlos Cathedral by Father Junipero Serra in 1770. It was the site of Alta California’s capital under Spain and later Mexico, and the place where California statehood began in 1849. Take the self-guided Path of History and the Monterey Art Walk to see numerous sites of architectural, artistic, and historical interest at your own pace. If you’re short on time, try the guided Historic Monterey in Two Hours tour.

A big part of the region’s history is tied up in Fisherman’s Wharf, which was first constructed for regular passenger and freight service in 1870. In the early 1920s, the wharf was expanded to provide more services to the fishing fleet and freight business. Following World War II when the sardines began to disappear, Fisherman’s Wharf was converted to a tourist-oriented operation. Today, it comprises restaurants, shops, art galleries, tackle and bait shops, and even a year-round theater. Visitors can catch some whale watching, fishing, and bay cruises from the site, as well.

If museums are more your thing, then Monterey is the place to be as it has more than 100 museums and galleries to choose from. The Maritime Museum of Monterey evokes the spirit of the explorers, conquerors, and fishermen whose courage shaped the city. Located on the waterfront, the museum explores the region’s maritime heritage from the Ohlone Indians and Spanish conquistadors to Monterey’s era as the Sardine Capital of the World. Located across from Colton Hall in the historic center of Monterey, the Monterey Museum of Art has been called “the best small town museum in the United States.” Its permanent collection includes California art, photography, Asian art, international folk art, and features significant bodies of work by Armin Hansen, William Ritschel, Ansel Adams, and Edward Weston. If Kerouac, Ginsberg, Burroughs, Cassidy, Ferlinghetti, and McClure mean something to you, head over to the Beat Museum where Beat Generation collectibles and memorabilia are on display.

If great American writers are the lure, explore the Salinas Valley, Steinbeck’s “Valley of the World.” This fertile agricultural region is home to the National Steinbeck Center that reveals a journey through his life and works, the Steinbeck House, Wild Things, The Farm, the California Rodeo, and award-winning wineries.

Monterey Wine Country is a world-renowned growing region comprising a collection of seven unique appellations that create superior wines. A day spent touring the Monterey Wine Country will prove to be a memorable experience. Some of the wineries to visit are the Bargetto Winery, the Chateau Julien Wine Estate, and the Hahn Estates/Smith & HookWinery. The Wine Trolley offers a five-hour wine tasting tour to the Carmel Valley.

Whether your day consists of whale watching, rock climbing, museum hopping, or wine-tasting, you can bring on the night at one of the many nightclubs downtown and on Cannery Row. You can go bowling, rack up a pool table, attend a comedy club or live theatre production, or just relax at a small coffee shop. Cibo Ristorante Italiano offers cocktails and dinner and live music to dance to. Crown & Anchor was voted by the Monterey Visitor’s Guide as “the most authentic pub in Monterey County and a must see while visiting historic old town Monterey.” Peter B’s Brewpub is the only on-premises micro-brewery in town. Elegant, yet warm and welcoming, Jack’s Restaurant has a variety of hearty and flavorful cuisine. You can watch the chefs prepare cuisine in an open air kitchen with wood burning ovens or take in views of the world-famous Del Monte Golf Course from floor to ceiling windows at TusCA Ristorante.

So pick your pleasure and enjoy the rich heritage in Monterey while attending the AOCD Midyear Meeting.
Flexible insurance plans have the ability to combine life insurance protection with an investment account in which the money could grow tax deferral. Wow! These plans offer a conservative way to save because they offer a guaranteed minimum return that is compounded daily.

I know a DO who invested so heavily in a flexible insurance plan that after the first six years, the cash value of his universal life policy was enough to cover the monthly cost of the insurance plus the $430 monthly administrative fee. As his financial picture grew, his options became more important. He then realized that his many opportunities to grow his portfolio were a nice treat. Among them were:

- Keep funding the plan until maturity or later when he could surrender it for its cash value or exchange it for permanent paid up life insurance.
- Take the money out and not be taxed if he took less out than he contributed to the plan or he could get a loan on the value. However, tax consequences could occur with this option.
- Do nothing. Since my friend had invested heavily in the beginning, he had enough cash value to keep his insurance paid up for a long time. He did not have much of a choice because if he had underpaid the plan in the beginning, his insurance coverage would have expired.
- Trade the policy for another fully paid policy.

Universal life insurance plans also display the power of compounding if one were to start investing early and fund heavily.

Clearly, such plans offer a variety of avenues to suit many physicians’ financial needs.

If this type of plan is appealing, I suggest making inquiries at several life and annuity insurance companies as many have such a policy. Additionally, consult with your tax advisor and insurance agent to ensure that the plan meets your unique financial situation.

The AOCD—Then and Now

As the AOCD celebrates its 50th anniversary, we thought members would like to get a glimpse of the past, and learn how the College has evolved over the past five decades.

When Bob Shimmel, D.O., FAOCD, joined the AOCD in 1961, just four years after it was established, meetings consisted of getting together with five peers in a restaurant in Detroit. “In those days, everybody was something because there were so few of us,” says Dr. Shimmel, who served as secretary, treasurer, and then president in 1964.

Similarly, James Bernard, D.O., FAOCD, recalls a much smaller group back when he joined in 1970. “There were just a few members,” he says, adding, “the good old boys ruled the roost.” In 1978, Dr. Bernard served as president.

“In the beginning, it was difficult if not impossible for DOs to get into AAD meetings,” says Dr. Shimmel. But then in the 1970s, the AOCD’s standing began to change and the American Academy of Dermatology began recognizing DO dermatologists. The College became more organized and in the 1980s membership began to grow.

Over the years, the quality of the meetings has improved substantially, says Dr. Shimmel, who retired in 1995, but still attends the annual meetings. Additionally, the Journal of the American Osteopathic College of Dermatology is top notch, he says.

Dr. Bernard concurs. He also notes that all of the residents are of high quality, which he believes is a reflection of their program directors, not to mention general dermatology and osteopathic principles. Today, the College is not only much larger, but Dr. Bernard describes it as “a tale of sound and fury as the younger members pursue specialization and subspecialization, which is the way of modern medicine, in general, and dermatology, in particular.”

Both longtime members see the College continuing to grow as new osteopathic colleges are established. “The AOCD will become even bigger and better!” says Dr. Bernard.

Graceway Pharmaceuticals is a proud sponsor of the American Osteopathic College of Dermatology
Longtime AOCD member Daniel Koprince, D.O., FAOCD, age 85, died peacefully after a short illness on October 16.

Dr. Koprince was born November 3, 1921 in Detroit.

Joining the AOCD the first year it was in existence, Dr. Koprince served in a variety of capacities. He was a trustee for two years, the secretary-treasurer for seven years, program chair for four years, and the newsletter editor for four years. In 1972, he served as AOCD president.

In the days of preceptorships, Dr. Koprince traveled around the country inspecting them to ensure the preceptorships were of high caliber. In 1986, the Daniel Koprince Education Award was established. The award is given to residents for the best papers presented during the annual meeting. “The Koprince Award was established because he had trained so many people,” notes his daughter, Janet Koprince, D.O. Dr. Albert Ulbrich trained my dad, he trained approximately 16 dermatologists, and they went on to train others, she says.

Dr. Janet Koprince chose to pursue a career in osteopathic dermatology because of her father. She fondly remembers working at his office during the summers she was in high school. “I used to work reception and in the back,” she recalls. “I learned what it took to run a dermatology office and I knew what I was getting into.”

She describes her father as a very funny and humble man, who always went out of his way for people. “He was a great guy,” she says.

James D. Bernard, D.O., FAOCD, couldn’t agree more. “Dr. Koprince was my mentor, father figure, and a very personal friend,” he says.

“Dan was a giant in the AOCD, and our organization owes much of its growth and development to his many endeavors,” notes Dr. Bernard. “When unforeseen eventualities would arise, he would offer a kinder, gentler approach to resolution of the problem. I will miss him and the wisdom and knowledge he shared with all of us.”

“In his later years, he knew it was time for the ‘good old boys’ to take their leave, and open the doors to a leaner, meaner, younger group of inspired individuals (both male and female) who would guide the AOCD through its present and future challenges,” he adds. “Indeed, Dan Koprince will be remembered as one of the great dermatologists of the osteopathic profession. They don’t make many men like him any more...and it’s a damn shame!”

Dr. Koprince is survived by his wife Helen, daughters Janet and Diane, five grandchildren, two sisters, and too many relatives, friends and patients to list here.

A memorial service was held on November 3 at the First Congregational Church in Royal Oak, Mich.

Donations to the Foundation of Osteopathic Dermatology in care of the AOCD may be made in memory of Dr. Koprince.

Dr. Ajluni Congratulates the AOCD

Dear AOCD Members:

On behalf of the American Osteopathic Association (AOA) and the thousands of osteopathic dermatologists we jointly represent, please accept my highest congratulations to the AOCD upon its 50th anniversary.

In 2007, the AOCD began a yearlong celebration of its successful history and bright future. I am honored to join with my distinguished colleagues in saluting this golden anniversary.

Throughout the past half-century, no organization has supported and furthered the cause of the osteopathic dermatologist more than the AOCD. Its leadership and strength in this regard has been admirable and emulated. I share the AOCD’s belief that it is a distinct honor and privilege to serve the osteopathic medical profession in a leadership capacity.

In the past year, the AOCD honored its leaders, honored its forebears, and looked forward to another half-century of success on behalf of its members. It is my privilege to join the osteopathic medical profession in saying, in chorus, “Congratulations on a job well done!” I look forward to many more years of success for the AOCD.

Best regards,

Peter B. Ajluni, D.O.
AOA President
Camp Discovery Offers More Than Summer Fun

From an outsider’s perspective, the campers at Camp Knutson are normal kids doing normal camp activities; boating, swimming, horseback riding, and arts and crafts.

The only difference is that these campers have various dermatological conditions including several types of ichthyosis, recessive dystrophic epidermolysis bullosa, erythrokeratodermia variabilis, epidermolytic hyperkeratosis, vitiligo, psoriasis, eczema, congenital ichthyosiform erythroderma, and anhidrotic ectodermal dysplasia to name a few. Some of them must take medications four times daily and others have to be fed through a gastric feeding tube.

But none of that matters when they head to Camp Discovery in Minnesota sponsored by the American Academy of Dermatology (AAD) for one week June and July. “Seeing these kids be themselves and have a normal childhood for one week out of the year is pretty amazing,” says Aaron Bruce, D.O., a second-year resident at the Sun Coast Hospital Dermatology Residency Program/Nova Southeastern College of Osteopathic Medicine, who served as volunteer medical staff this past summer.

Helen Barash, D.O., who was a third-year resident at the Pontiac Osteopathic/Botsford General Hospital residency program at the time she volunteered at the camp this past summer, concurs. “By bringing children with various dermatologic diseases together, they are able to see that they are not alone in the world,” she says of the campers who ranged in ages from 8 to 13. “In this environment without any social stigma, they are able to just be themselves completely without any embarrassment.”

As volunteer medical staff, Drs. Barash and Bruce were responsible for the overall health of all the campers, but were each assigned a specific group of children. The entire medical staff comprised one medical director, four residents, and four nurses. In addition to administering general medical care, their duties included helping with dressing changes for kids with bullous lesions as well as preparing and distributing medications, all of which took approximately four hours per day.

The rest of the time they accompanied their respective groups on the various activities, which on any given day could include dancing, cooking, making a music video, or playing miniature golf. Afternoons were spent at the lake where the campers had the opportunity to swim, watertube, or fish. Campers who were limited in their physical activities could be a passenger in a paddle boat or canoe, or do an arts project by the lake, adds Dr. Bruce.

Theme evenings such as “Harry Potter night,” for which campers and medical staff alike are asked to dress like the characters, are a tradition at the camp started 14 years ago. Dr. Barash really enjoyed “Talent Show Night,” during which the campers sang, danced, played musical instruments, or performed skits. “The children were so relaxed going up on stage among their peers. Nobody appeared self conscious or limited by their skin disease,” notes the osteopathic dermatologist who is now in solo practice in Troy, Mich.

Although Dr. Barash views her experience at Camp Discovery as an opportunity that expanded her clinical knowledge of pediatric dermatology, it also expanded her understanding of the aspirations, obstacles, and everyday life of children with pediatric dermatologic diseases. “Through interaction with my cabin mates as well as with the other campers, I was able to understand how hard life could be at times for them because of others’ opinions about their skin disease,” she reflects. “Much more importantly, however, I was able to see how special and unique each of these children is in their own way.”

Dr. Bruce learned a similar lesson. “When we’re in clinical practice, we become immune to the quality of life issues that a lot of our patients face,” he says. “The difference in the quality of life these kids have is blatantly obvious. It makes you appreciate the difficulty they go through and not just them, but other patients such as those with vitiligo or alopecia whom we see on a regular basis. We don’t worry too much about them because we know their conditions aren’t life threatening. But we don’t appreciate how it really affects their quality of life. As their physician, we can’t cure the problem, but we can be empathetic.”

To learn more about how to support, volunteer at, or refer a patient to, Camp Discovery, visit the AAD web site at www.aad.org/public/Parentskids/CampDisIntro.htm.
Corporate Sponsors Support Annual Meeting

The AOCD would like to thank the following companies for their support at the 2007 annual meeting:

**Abbott Labs** for its meeting grant

**Biopelle, Inc.** for its meeting grant

**Centocor** for its meeting grant

**CollaGenex Pharmaceuticals** for its meeting grant

**Coria Labs** for its meeting grant

**Dermik-Sanofi-Aventis** for its sponsorship of the Dessert Reception at the Presidential Banquet

**Dermpath Diagnostics** for its sponsorship of the Resident Lecture Day

**Dermatopathology Laboratory of Central States** for its meeting grant

**Diomed, Inc.** for its meeting grant

**Galderma Laboratories** for its meeting grant

**Global Pathology** for its sponsorship of the Presidential Reception, and the microscopes used during the in-training examinations, and for the tote bags

**Graceway Pharmaceuticals** for its meeting sponsorship

**Intendis** for its sponsorship of meeting breaks

**Medicis-The Dermatology Company** for its meeting grant

**Merck & Co.** for its meeting grant

**PharmaDerm** for its continued sponsorship of the Welcome Reception

**Pierre Fabre Dermo Cosmétic USA** for its sponsorship of the Lunch Lecture

**Ranbaxy Pharmaceuticals** for its meeting grant and sponsorship of the t-shirts

**Stiefel Laboratories** for its meeting grant

**Warner-Chilcott Pharmaceuticals** for its meeting grant

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Dr. Malchiodi Welcomes Baby Boy

Congratulations to Julie Malchiodi, D.O., and her husband, Jon, on the birth of their son, Connor David Jacobs.

Connor was born on May 6. He weighed 6 pounds, 15 ounces, and was 21.5 cm long.

Dr. Malchiodi is a third-year resident at Oakwood Southshore Medical Center in Trenton, Mich.

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**PharmaDerm** is proud to be a Diamond-level sponsor of the AOCD

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Journal of the American Osteopathic College of Dermatology-JAOC.

We are now accepting manuscripts for the publication in the upcoming issue of the JAOC. ‘Information for Authors’ is available on our website at www.aocd.org. Any questions may be addressed to the Editor at jaocd@aol.com. Member and resident member contributions are welcome. Keep in mind, the key to having a successful journal to represent our college is in the hands of each and every member and resident member of our college. Let’s make it great!

- Jay Gottlieb, D.O.