Marketing Your Practice on the World Wide Web
see pages 10-11

Tanning Beds Under Scrutiny
see page 15

Exploring Monterey
Midyear Meeting - March 12-15
see page 14

On the Road to Ghana with Dr. Mammino
see page 18
American Osteopathic College of Dermatology
P.O. Box 7525
1501 E. Illinois
Kirksville, MO 63501
Office: (660) 665-2184
(800) 449-2623
Fax: (660) 627-2623
Site: www.aocd.org

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

IMMEDIATE PAST-PRESIDENT
Bill V. Way, D.O., FAOCD

TRUSTEES
Mark A. Kuriata, D.O.  James B. Towry, D.O.

EXECUTIVE DIRECTOR
Rebecca Mansfield, MA

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

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

AOCD MIDYEAR MEETING 2009
January 20-25, 2009
Steamboat Springs, CO

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 RuthCarol1@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.
Should you have trouble accessing your profile, you can fax the new information to the AOCD at 660-627-2623. Send the fax to the attention of Marsha Wise, Resident Coordinator.

Corporate Sponsors

Diamond Sponsors
Biopelle Inc.
Dermpath Diagnostics
Global Pathology
Medicis - The Dermatology Company
Neutrogena
Ortho-Neutrogena
Pharmaderm
Ranbaxy Pharmaceuticals
Stiefel Laboratories

Platinum Sponsors
Graceway Pharmaceuticals

Gold Sponsors
CollaGenex Pharmaceuticals

Silver Sponsors
Coria Labs
Dermik Labs/Sanofi-Aventis
Gralderma

Bronze Sponsors
Allergan
Amgen
Dermatopathology Lab. of Central States
Intendis
Pierre Fabre Dermo Cosmétique USA

Korean Apgars
Assessing Newborns

Resources

- Apgar Scoring Sheet
- Newborn Assessment
- Neonatal Evaluation

Contact Information

American Osteopathic College of Dermatology
P.O. Box 7525
1501 E. Illinois
Kirksville, MO 63501
Office: (660) 665-2184
(800) 449-2623
Fax: (660) 627-2623
Site: www.aocd.org

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

Immediate Past-President
Bill V. Way, D.O., FAOCD

Trustees
Mark A. Kuriata, D.O.  James B. Towry, D.O.

Executive Director
Rebecca Mansfield, MA

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 RuthCarol1@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.
Should you have trouble accessing your profile, you can fax the new information to the AOCD at 660-627-2623. Send the fax to the attention of Marsha Wise, Resident Coordinator.
Message From The President

The holidays are now behind us and the New Year is in full swing. In the first three months, acting in the capacity as your AOCDD president, I have been busy working with Drs. Lloyd Cleaver, Jim Towry, and John Hibler, as well as the residency program directors to ensure that the resident in-training examination goes smoothly this year and in the years to come. Dr. Cleaver developed and implemented an on-line website where the program directors can easily submit their questions each month. Dr. Hibler created a simple matrix for the program directors to utilize to ensure that the questions submitted cover all of the topics needed to be addressed in the examination. We will create a ‘bank’ of questions that can simply be updated and then used for future in-training examinations.

Dr. Leslie Kramer has been working on putting together a very exciting and informational Midyear Meeting in Monterey, Calif. Monterey is a vibrant and exciting venue for our Midyear Meeting. I hope to see each and every member and resident member in Monterey. It is going to be great.

Maintaining and growing corporate sponsorship for the AOCDD seems to be more of a challenge each year. Federal requirements and restrictions make obtaining funding and grant monies more and more time consuming. I encourage every member to assist our Director of Corporate Development by giving her leads that she can then develop.

Becky, Rick, and Marsha continue to run our College’s office in Kirksville. More and more requirements are placed upon them as our College continues to grow. They also have more paperwork each year to complete as regulations and requirements mount. The logistics of keeping the residency programs on track is a daunting task. I encourage the membership to give me both positive and negative feedback on your experiences with the AOCDD office. Each comment is confidential and considered important by your Board of Trustees.

Being the editor of the JAOCDD is also very exciting. The manuscripts continue to improve in quality and quantity. Our sponsors continue to keep the JAOCDD a reality. Global Pathology Laboratory, Stiefel Laboratories, Medicis, and Colla-Genex have been providing the support that we need to keep a quality product in the pipeline.

I am enjoying my year as president of the AOCDD. It is a learning experience and quite exciting. I wish you all a great year and I will see you in Monterey!

Fraternally Yours,
Jay Gottlieb, D.O., FAOCDD, FOCOO

Honorable Mention

AOCDD President Jay Gottlieb, D.O., FAOCDD, was quoted in a Dermatology Times article discussing the College’s plans to petition the American Academy of Dermatology (AAD) to grant AOCDD fellows full AAD membership. In 2004, the AOCDD petitioned the AAD to recognize American Osteopathic Board of Dermatology certification. However, the petition received 59 percent of AAD member votes, short of the required two-thirds. “All the D.O.s have been asking is that AAD recognize our board training as they do the Royal College of Physicians and Surgeons of Canada,” Dr. Gottlieb is quoted as saying. This most recent round of proposed bylaws change is expected to occur within the next 24 months, he said. The article appeared Dec. 1, 2007.

Mark Kuriata, D.O., was interviewed for an article in the July 2007 issue of Dermatology Times. The “On Call” column talked to dermatologists across the country to see if primary care physicians continue to treat patients with skin problems longer than they should. Dermatologists were asked how they handle such situations and how it affects their patients’ care. The dermatologists said that general practitioners are much less likely now than in the past to keep patients beyond their ability to treat them. Still, when general practitioners don’t make timely referrals, it can be problematic. Similar to other dermatologists’ experiences, Dr. Kuriata said that he witnessed problems when general practitioners handle procedures that they shouldn’t. He is quoted as saying, “My biggest concern is seeing biopsies done that are just not appropriate or properly done—for example, performing shave biopsies on pigmented lesions—because then we aren’t able to determine the Breslow, Clark level. Although procedures are sometimes reimbursed at a higher level, I hope the primary care doctors aren’t doing it for the money. The problem is, they feel they need to be able to do everything for a patient. Then, when the biopsy comes back showing something like a melanoma, they realized that they’ve stepped out of their comfort zone and now need to refer the patients, when they really should have referred one step before.”

Were you quoted in a recent article? Let us know so we can let your peers know. Contact DermLine’s editor, Ruth Carol, at 847-251-5620, fax at 847-251-5625, or email at RuthCarol1@aol.com.
AOA President Peter Ajluni, D.O., and AOA Executive Director John Crosby, J.D., summarized the purpose and goals of this conference in their closing remarks. They also encouraged attendees to share the ideas generated in the conference with their organizations’ officers and general membership.

The AOA will convene this Specialty Summit periodically to develop and improve upon the key components outlined at the meeting.

This was an informative conference that should challenge all specialty colleges, osteopathic institutions, and the AOA to continue the growth of this organization. The AOCD Executive Committee is expected to discuss these topics during the Midyear Meeting in Monterey, Calif.

---

AOA 2007 Specialty Summit

AOA 2007 Specialty Summit was convened in December in Las Vegas. Meeting attendees included the AOA staff, specialty college executive directors and presidents, deans and presidents from the osteopathic schools, members of the AOA Board of Trustees, and other invited guests. The purpose of the summit was to address issues that are key to the continued growth of the AOA and its affiliate organizations (eg, the AOCD). These issues were identified through a marketing survey conducted by the AOA last summer.

Participants further defined the topics as follows:

- **Collaborative Vision:** What does an ‘AOA/Specialty Affiliate Partnership’ look like?
- **Membership:** How should the AOA support lifelong membership?
- **Convention:** How can the AOA improve convention participation for specialty affiliates and attendees?
- **Education:** How does the AOA support lifelong osteopathic learning?
- **Revenue-Sharing:** How should the AOA share its financial success with the specialty affiliates in order to strengthen the osteopathic family?
- **Affiliate Benefits & Services:** What do specialty affiliates need from the AOA?

---

**RUNBAXY**

is a proud supporter of the

**AOCD**

American Osteopathic College of Dermatology

Founded 1958

Superior ACCURACY Board CERTIFIED 24 Hour TAT

Dermatopathologists integrating your unique concerns

Global Pathology Laboratory Services

Phone Direct: 855.625.4422 Toll Free: 1.665.825.4422

16250 N.W. 59th Avenue Suite 201 Miami Lakes, Florida 33014
www.globalpathlab.com
Dr. Austin contributes chapter to major textbook


He co-wrote chapter 55 entitled “Allergic Contact Dermatitis to Topical Anesthetics” with Howard Maibach, M.D., FAAD, and Christopher Dannaker, D.O., FAAD, both of the University of California at San Francisco School of Medicine.

Since the development of topical anesthetics in the latter half of the 19th century, they have been found to be common producers of allergic contact dermatitis (ACD), the chapter explains. “Sensitization to topical anesthetics may induce a contact dermatitis, as well as cross-reactions to related medications,” says Dr. Austin. “Moreover, exposure to topical anesthetics presents an occupational hazard for certain workers. This phenomenon is an under-recognized problem for physicians, related healthcare personnel, and patients who may be repeatedly exposed to topical anesthetics, or other such medicaments.”

Dr. Austin has been involved in research in ACD with Drs. Maibach and Dannaker since 2000. Their initial work first appeared in the American Journal of Contact Dermatitis in 2001. Dr. Austin’s research work in ACD continued while he was a resident in the dermatology program at Northeast Regional Medical Center.

“The edition of the Dermatotoxicology text is far-reaching and would appeal to all those who have an interest in the interaction between the environment and the skin,” he says.

The Seventh Edition of Marzulli and Maibach’s Dermatotoxicology, the major textbook in this field, was edited by H. Zhai, Ph.D., H. Maibach, M.D., and K.P. Wilhelm, M.D. The publisher is CRC Press.

Dr. Austin is the medical director of Austin Dermatology Center in San Diego. In addition, he recently received hospital privileges at Scripps Memorial Hospital, an affiliate of the University of California at San Diego School of Medicine, and was recently appointed to the faculty at Western University of Health Sciences as a clinical assistant professor of dermatology.

Where will you be on melanoma Monday?

Melanoma Monday kicks off Melanoma/Skin Cancer Detection and Prevention Month in May. Dermatologists across the country participate in activities that remind the public how to protect oneself from the sun’s damaging rays and provide instruction on how to spot the warning signs of skin cancer.

If you are planning to participate in activities such as free screenings or lectures designed to promote skin cancer detection and prevention, we would like to hear from you about those activities to be featured in an article in an upcoming issue of DermLine. Contact the editor, Ruth Carol, at 847-251-5620, fax at 847-251-5625, or email at RuthCarol1@aol.com.
Supporting the FOD

by Brad P. Glick, D.O., MPH, FAOCD

With Melanoma Monday coming in May, why not raise public awareness by contributing to the Foundation for Osteopathic Dermatology (FOD)?

Like the Dermatology Foundation of the American Academy of Dermatology, part of the FOD’s mission is to raise public and private awareness. This is accomplished by providing public health information, largely with regard to skin disease, as well as conducting charitable events. Founded in 2002, the Foundation’s other goal is to improve the standards of practice within the osteopathic dermatology community. To that end, the FOD supports research through grants and awards given to applicants under the jurisdiction of osteopathic dermatologists and the AOCD.

Examples of research awards provided by the FOD include the following:

- The Resident Research Award is granted to three residents or recent osteopathic residency program graduates for research performed during their residency. The first place winner is awarded $500, the second place winner receives $300, and the third place winner is granted $100.

- The Attending Physician Award is given to a board-certified osteopathic dermatologist who submits the best research project as judged by the Research Grant Committee. The winner is awarded $500.

These are just two examples of the available grants and awards provided by the FOD, which is supported solely through voluntary contributions such as those provided by members and benefactors, as well as the generous support of corporate donors.

This spring, consider giving generously to build our Foundation to a level that provides much to both the osteopathic dermatology community and the public at large.

For further information, please visit the membership area of the AOCD website (www.aocd.org/members) and click the “Fellows of Distinction” link on the left, or contact me directly at 954-242-1632.
Hi everyone,

The holidays are behind us and the New Year is off and running. My new year began with the arrival of my first grandchild—Lily was born January 5, one month early at 5 lbs., 1 ounce and 18 inches long. Lily and her momma are doing great. Naturally I have plans to spoil her rotten!

Our list of new residents for 2008-2011 continues to grow. As of February 1, we have 14 new residents. In the next issue of DermLine, I hope to list all of them along with the programs they will be joining.

All residents are asked to provide the following documents:
- 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
- 2 passport size photos
- A current CV

2008 AOCD membership dues are now due. You must be current on dues in order for your training year to be approved. Please remember to keep your address and email address current, as well. If you experience problems logging in using the link at www.aocd.org/members, please let me know.

It will soon be time for annual reports to be turned in! All forms can be downloaded from our website. Faculty Disclosure statements and Intent-to-Lecture forms can also be downloaded from this same page (www.aocd.org/qualify/annual_reports.html).

Be sure to check out the Dermatology Grand Rounds on our website (www.aocd-grandrounds.org). Each residency program has been asked to submit a case. January’s case was from Dr. Layne Nisenbaum’s program at Columbia Hospital. February’s cases were submitted by Dr. Tanya Ernolovich’s program at Frankford Hospital, and Dr. Kimball Silverton’s program at Genesys Regional Medical Center. In March, Dr. Don Anderson’s program at MWU/AZ College of Osteopathic Medicine was expected to submit a case.

The schedule for the rest of the year is as follows: Dr. Lloyd Cleaver’s program at Northeast Regional Medical Center and Dr. Bill Way’s program at Northeast Regional Medical Center are expected to submit cases in April. Dr. John Hibler’s program at O’Brieness Memorial Hospital is scheduled to submit a case in May. Dr. Steven Grekin’s program at Oakwood Southshore Medical Center and Dr. Michael Mahon’s program at Pontiac/Botsford Osteopathic Hospital are slated to submit cases in June. Dr. Daniel Stewart’s program at Saint Joseph Mercy Health System and Dr. Cindy Hoffman’s program at St. Barnabas Hospital are expected to submit cases in July. Dr. Marvin Watsky’s program at St. John’s Episcopal Hospital, South Shore and Dr. Richard Miller’s program at Sun Coast Hospital are slated to submit cases in August.

Dr. James Del Rosso’s program at TUCOM/Valley Hospital Medical Center and Dr. Joan Tamburro’s program at UHHS Case Western University, Richmond Heights Hospital are scheduled to submit cases in September. Dr. Bradley’s Glick’s program at Wellington Regional Medical Center and Dr. Stephen Kessler’s program at Western U/COMP/Phoenix Area Dermatology are expected to submit cases in October. Dr. David Horowitz’s program at Western University/Pacific Hospital and Dr. Stanley Skopit’s program at NSU-COM/BGMC are slated to submit cases in November.

Residents who celebrated January birthdays are: Drs. Julie Malchiodi, Elliott Love, Heather Higgins, Nicole Bright, Elaine Miller, Joe Machuzak, Todd Kreitzer, Angela Combs, Mollie Jan, John Coppola, Allison Schwedelson, and Kristen Aloupis.

Those who celebrated February birthdays are Drs. Brooke Sliger, John Perroto, and David Bonney.

Residents celebrating March birthdays are Drs. Daniel Hansen, Bradley Neuenschwander, David Cleaver, and Jami Reaves.
Like many osteopathic residents looking to enter the field of dermatology, those applying to the program at St. John’s Episcopal Hospital must be passionate about the specialty. But unlike other residents being accepted into dermatology programs across the country, those being accepted at St. John’s must have a family practice background.

A Family Affair
“Our program is definitely unique in that all of our residents do either family practice or internal medicine first,” says Suzanne Sirota Rozenberg, the assistant program director under Program Director Marvin Watsky, D.O., FAOCD. “We want our residents to have a very strong background in medicine because this is what we feel makes them such well-rounded dermatologists. It enhances their ability to treat the whole person, which is integral to the osteopathic tradition.”

Residents are required to have an internship and then two years of family practice under their belt before they go into dermatology. All told, four residents are currently in the Far Rockaway, New York-based program, five have graduated from it, and two are expected to graduate this year.

Hands-On Approach
The program established in 2001 prides itself on its hands-on approach. “Our residents get a lot of one-on-one time with the attending physicians,” says Dr. Sirota Rozenberg. One reason for that is residents split their time between rotating through hospital clinics and private offices of the attendings, eight in all. The settings span Nassau, Suffolk County, Westchester, Manhattan, Brooklyn, Queens, and the Five Towns. The different settings scattered across New York expose the residents to a diverse range of patients from those on the lowest socioeconomic end of the scale to those on the very high end. In addition, the residents get a unique opportunity to treat patients of all different ethnicities and backgrounds.

Rotations fill up the bulk of the residents’ day on Mondays, Tuesdays, Thursdays, and Fridays. Additionally on Fridays, residents have book and board reviews, as well as an afternoon of learning about pediatric dermatology and dermatopathology, the latter of which occurs at the offices of Dermpath Associates. “Wednesdays are our academic day, which consist of grand rounds and a journal club meeting held at the SUNY Downstate Medical Center,” she says. “Our residents get it all, from medical dermatology to Mohs and surgery, to lasers and cosmetics,” adds Sirota Rozenberg, who should know as she graduated from the program in 2005.

Accomplishments
Many residents have accomplished outstanding achievements.

They have won awards, including three Koprince Awards (Drs. Darron DiGiulio, Adriana Ros, and James Briley Jr.), an Allergan Research Paper Award (Drs. DiGiulio and Briley), and a New York State Osteopathic Medical Society (NYSOMS) Intern/Resident Scientific Research Poster Competition (Drs. Briley, Norma Montel, and Lawrence Schiffman).

Many have published papers in medical journals, including the JAOCD, Cutis, the Journal of Drugs in Dermatology, and Emergency Medicine.

They have presented posters at NYSOMS, the AOCD annual meeting, and most recently at the Gross and Microscopic Conference held at the February 2008 American Academy of Dermatology annual meeting held in San Antonio (Dr. Schiffman). Residents have also presented grand rounds presentations at various AOCD annual meetings.

“We hope to continue exposing our residents to as much dermatology as possible to keep them in the forefront of the field and increase our contribution to the specialty,” concludes Dr. Sirota Rozenberg.
When you think of Indiana, you probably think of corn fields, the Indianapolis Colts and of course, the Hoosiers. But did you know that Indiana University (IU) in Indianapolis has been playing host to a renowned annual dermatology basic science review course for the past 12 years?

Covering the Basics
The Introduction to Cutaneous Biology Basic Science Course is directed by Stephen Wolverton, M.D., professor of Clinical Dermatology at IU’s School of Medicine and author of Comprehensive Dermatologic Drug Therapy. It covers a variety of topics including melanocyte biology, carcinogenesis, pharmacology, and immunology. Lectures are designed to review high yield information not only pertinent for the dermatology boards, but also for clinical practice.

Dr. Wolverton is joined by such prominent presenters as Henry Lim M.D., a dermatologist at the Henry Ford Hospital, and Allison Vidimos, M.D., chair of the Department of Dermatology at the Cleveland Clinic Foundation. The one and one-half day course is free, but attendees are responsible for their lodging.

Every November, residents from dermatology programs across the country attend. Residents from participating allopathic programs include IU, the Mayo Clinic, Dartmouth College, Cleveland Clinic Foundation, Wayne State University, and the Ohio State University, to name a few.

The Ohio University College of Osteopathic Medicine/O’Bleness Memorial Hospital (OU-COM/OMH) is the only participating osteopathic dermatology residency program that has attended the course over the past four years.

“The IU course offers a unique opportunity for residents to revisit basic science concepts that remain integral to their training and allows residents to personally meet some of the pillars in the dermatology community today,” notes John P. Hibler, D.O., FAOCD, program director at OU-COM/OMH. “Moreover, it reminds residents that dermatology has its roots in the basic sciences—a fact that must be remembered for boards and never forgotten in daily practice.”

Adds Dawn Sammons, D.O., chief resident of the OU-COM/OMH program, who has attended the course for the past three years, “The basic sciences are the one area most of us probably like the least studying for with regard to boards. It is a real benefit to attend a course like this and have experts in the field outlining what they feel is most important for us to know,” she says. “I also find that I retain the information better when I combine textbook studying with visual and auditory learning. For example, I can read Dr. Wolverton’s text over and over, but there’s nothing quite like hearing him lecture in person to solidify principals in your mind.”

Networking
The course also offers an opportunity for dermatology residents to socialize and network. Friday night typically boasts a welcome reception at which attendees can discuss their training programs and develop ties in the dermatology community. Residents share training experiences, research interests, and strategies for performing well on board examinations. Moreover, some residents develop lasting friendships and look to the course as a mock class reunion every year.

The 2008 Introduction to Cutaneous Biology Basic Science Course is scheduled to be held this fall (a specific date has not yet been set) at the IU’s University Place Conference Center located on campus.

For more information or to register your program, contact Lolita R. Goens in IU’s Department of Dermatology via email at lgoens@iupui.edu or phone at 317-274-7705, or visit the website at http://medicine.iu.edu/body.cfm?id=6204&otopid=1000.
Part II: Marketing Your Practice on the World Wide Web
by Brian Matthys, D.O.

In Part I: Marketing Your Practice on the WorldWide Web published in the Winter 2007 issue of DermLine, Dr. Matthys discussed why setting up a website can serve as a powerful marketing tool. Knowing that a website can serve as a powerful tool for marketing your practice, many dermatologists are opting to have one. Fortunately, building a website is getting easier and easier to do.

You can either set up a practice website yourself or hire someone to do it. Certain considerations will influence that decision.

Doing it yourself depends, in part, on your computer skills. If you enjoy surfing the Web and have some experience designing basic programs such as those used in the office, then chances are you can build your own website using a web-based tool and services. The Internet is loaded with user-friendly tools and services designed to help you build your own website. For example, www.godaddy.com allows you to choose from a variety of web design plans. You can pick a layout, color schemes, and how you want the webpages organized. You will need to supply content including text and photos. Options include a 5-page website or 20-page one available within two to four weeks. If you prefer using a service that is geared to physicians, you can build a website free at www.doctorpage.com. As an AOA member, you can create a DO-Online practice website, also for free. Using www.vivacare.com, you can get an easy start to a website that can be modifiable without a domain name. Additionally, the site offers free dermatology-specific patient education materials that can be sent to your patients.

If you envision a website with more advanced features such as music, flash animation, or e-commerce solutions, then you might want to hire a web designer because incorporating such enhancements may require too steep of a learning curve.

If your knowledge of the computer stops at how to turn it on, then hiring out is probably your best option. A web designer will handle developing content, designing the site, and promoting it so that patients seeking health information on the Internet will find your site. I recommend hiring a professional web designer. I have found that web designers who set up websites “on the side” are not always as reliable as we would like, so it may be money well spent.

Ask to see other websites that the web designer has done. Then look at other dermatologists’ websites and see what you like and what you don’t. A website is ultimately an extension of your office and personality, so you should be comfortable with what goes in it.

A host of webpage design services geared to physicians exist on the Internet. Among them are www.jigsawinc.com, www.mednet-tech.com, www.einsteinmedical.com, and www.md-websites.com. Although the tools, services, and prices vary among them, they typically offer a staff of graphic designers, content specialists, copywriters, and programmers to customize a website. They will also provide updating, hosting and maintenance of the website after it is up and running.

Basic Information
The basic information you should include on your website is your name, degree, specialty, practice location, contact information, and office policies. I like the idea of adding a biographical profile that elaborates on your schooling, memberships to professional organizations, and professional achievements.

Optional, but valuable information, would be patient education materials about diseases and conditions you treat and medical and/or surgical procedures you perform. Providing information on what you do and how you do it can help you develop your practice by targeting conditions you really enjoy treating and procedures you really enjoy performing. You should consider including a disclaimer clearly stating that you are supplying information for educational purposes only and that you are not prescribing treatments.

I am adding testimonials from satisfied patients and a link to www.DrScore.com; a website that measures patient satisfaction and helps identify ways to improve one’s practice.

Forms you may want to include are as follows: privacy practices acknowledgement, patient records of disclosures, patient medical history, pre-registration, appointment requests, prescription renewal requests, change of insurance, request referral, and insurance information.

Extra Features
If you are considering featuring DVD quality video streaming from your home page with flash animation,
understand that only a small percentage of your patients logging in will be able to access it. Moreover, you want patients to focus on the text and moving images can distract them from doing so.

Blogs, which are growing in popularity, can be used to insert fresh content to your site on an ongoing basis. These may be in the form of patient notices, commentary on current dermatological issues, or personal updates. For example, you may include a notice to patients informing them to update their forms at their next visit due to your office switching to an electronic health record, commenting on a controversial procedure that recently grabbed the national spotlight, or informing them of a staff birth announcement.

Other Considerations
The website should reflect the tone of your office. When patients go to a dermatologist’s office, they expect to be greeted with professionalism and understanding in a calming environment. A flashy, busy, or loud intro may offset potential patients. You might even consider using the same colors in your office as the background on the website. There should be consistency in how the pages are laid out, as well. That will facilitate patients in navigating the site. Ideally, patients should be two clicks of a mouse away from the information they are seeking.

Attributes that your website should have that are not obvious when viewing the page include direct links to it from other webpages and the ability for patients to link to your page in the future. For example, patients should be able to find your website if they look you up by insurance, specialty, location, etc. The website should be searchable via all of the major search engines such as Google. Every website should have password protection, which enables only certain individuals to access it. This is especially important if the website has the capability to schedule appointments or have e-commerce transactions.

Websites can be expensive as there is a one-time setup fee and a monthly maintenance fee. They can be a money pit as there are always new features, such as scheduling patient visits and chats between you and patients, to be added over time. Just know what information you want to add and recognize that a website is always a work in progress.

But a website is also one of the easiest ways to market your practice and a cost effective way to communicate information to patients.

Common Pages on a Website

Practice websites range from five to 20 pages, and beyond. The following is a list of commonly used webpages for physician offices.

- Home Page
- Hours & Schedule
- Location and Direction
- Insurance Policies
- Education Pages
- FAQs (Frequently Asked Questions)
- Practice Details
- Procedures
- Physician Profile
- Staff Profiles
- Staff Directory
- Events
- Affiliations
- Articles & Writings
- Before & After/Case Studies
- Links
- Newsletter
- Medical Forms
- Appointments
- Prescription Renewal Request
- Contact Us
- Terms of Use/Liability
- Disclaimer
- E-mail Services

Source: www.md-websites.com/office.htm
Speakers Line Up for Midyear Meeting

With the Midyear Meeting slated for March 12-15 in Monterey, Calif., the speakers’ roster is all set.

“Members attending the Midyear Meeting will be updated on a broad range of new developments in dermatology and acquire a better understanding of advances in medical and surgical therapies,” notes Leslie Kramer, D.O., FAOCD, second vice president. “They will also gain greater insight into current trends in practice management, as well as financial and medical/legal challenges facing today’s clinician.”

“We’ll start the meeting with Dr. Hillary Baldwin with a much needed ‘iPlege update,’” she says. “A pediatric dermatology symposium will feature Dr. Joe Morrelli and other masters in the field for the latest updates on common problems in our younger patients. Dr. Ed Yob will serve as moderator for a multifaceted surgical symposium,” Dr. Kramer continues. “A workshop in the use of dermatoscopes will be conducted by one of the leading experts Dr. Ash Marghoob from Memorial Sloan-Kettering Cancer Center. These are just a few things to tempt your appetite for knowledge and continuing medical education.”

In addition to the educational opportunities, the Midyear Meeting offers several engaging social activities. A wine and cheese reception in Northern California’s wine country, golfing on part of the famous Pebble Beach resort, and a private reception at the world famous Monterey Bay Aquarium are just a few ways that members and their guests can relax and enjoy this outstanding venue, she adds.

For a sneak preview of the speakers’ presentations, read on.

**Resident Speakers**

Resident speaker presentations are scheduled to begin on Wednesday afternoon. The speakers (including their program and year) and their topics are as follows:

<table>
<thead>
<tr>
<th>Speaker Name</th>
<th>Program/Year</th>
<th>Presentation Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcus Goodman</td>
<td>NSU-COM/BGMC</td>
<td>Toxic Epidermal Necrolysis: A Case Report</td>
</tr>
<tr>
<td>Andrew Racette</td>
<td>COMP/Phoenix</td>
<td>Voriconazole Induced Photoaging: A Case Series of 4 Patients</td>
</tr>
<tr>
<td>Brett Bender</td>
<td>Pontiac/Botsford</td>
<td>A Review of the Perforating Disorders</td>
</tr>
<tr>
<td>Alice Do</td>
<td>Genesys Regional Medical Center</td>
<td>B-Cell Lymphoma</td>
</tr>
<tr>
<td>Jami Reaves</td>
<td>MWU/AZCOM</td>
<td>Botulinum Toxin Type A in the Treatment of Primary Scalp Hyperhidrosis</td>
</tr>
</tbody>
</table>
| Keoni Nguyen          | O’Bleness Memorial Hospital | Native American Dermatology: Does Percent Tribal Heritage Influence Cutaneous Disorders?
| Heather Higgins       | Oakwood Southshore Medical Center | Late Onset Focal Elastosis Following Radiation Therapy |
| John Coppola          | Pontiac/Botsford | Calcipotriene as a Treatment for Steroid Resistant Granular Parakeratosis      |
| Joseph Machuzak       | COMP/Phoenix | Cutaneous Manifestation of Metastatic Prostate Cancer                           |
| Sanjay Bhambr        | TUCOM/Valley Hospital Medical Center | Epidermal Growth Factor Receptor Inhibitors: Dermatologic Implications |
| Johnny Gurgen        | NSUCOM/Sun Coast | Wounding Up: An Update on Skin Care Products                                      |
| Patrick Keehan        | NE Regional Medical Center-Texas | Fluoroscopy Induced Radiation Dermatitis                                        |
| Dawn Sammons          | O’Bleness Memorial Hospital | The 308nm Excimer Laser for the Treatment of Alopecia Areata: A Case Series       |
| Bradley Neuenschwander | Pontiac/Botsford Osteopathic Hospital | Nail Patella Syndrome               |
| Ryan Carlson          | Oakwood Southshore Medical Center | Late Onset Focal Elastosis Following Radiation Therapy |
| Daniel Hansen         | Oakwood Southshore Medical Center | Generalized Essential Telangectasia                                          |
| Elaine Miller         | NE Regional Medical Center-Texas | Sunless Tanning: Is it a Safe Alternative?                                    |
| Ramona Nixon          | O’Bleness Memorial Hospital | A Case Report: Aggressive Melanoma in a Pediatric Patient                      |
| Michelle Jeffries     | COMP/Phoenix Area | Aquagenic Syringeal Acrokeratoderma                                              |
| Shannon Campbell      | O’Bleness Memorial Hospital | Unusual and Aggressive Case of CTCL                                           |
| Risa Ross             | NSUCOM/Sun Coast | Sunless Tanning: Is it a Safe Alternative?                                    |
| Lyubov Avshalumova    | NSUCOM/Sun Coast | Kaposis Sarcoma                                                                 |
| David R. Bonney       | NSU-COM/BGMC | Scarring Alopecias                                                               |

**Speakers**

<table>
<thead>
<tr>
<th>Speaker Name</th>
<th>Program/Year</th>
<th>Presentation Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick Keehan</td>
<td>NE Regional Medical Center-Texas</td>
<td>Fluoroscopy Induced Radiation Dermatitis</td>
</tr>
<tr>
<td>Dawn Sammons</td>
<td>O’Bleness Memorial Hospital</td>
<td>The 308nm Excimer Laser for the Treatment of Alopecia Areata: A Case Series</td>
</tr>
<tr>
<td>Bradley Neuenschwander</td>
<td>Pontiac/Botsford Osteopathic Hospital</td>
<td>Nail Patella Syndrome</td>
</tr>
<tr>
<td>Ryan Carlson</td>
<td>Oakwood Southshore Medical Center</td>
<td>Late Onset Focal Elastosis Following Radiation Therapy</td>
</tr>
<tr>
<td>Daniel Hansen</td>
<td>Oakwood Southshore Medical Center</td>
<td>Generalized Essential Telangectasia</td>
</tr>
<tr>
<td>Elaine Miller</td>
<td>NE Regional Medical Center-Texas</td>
<td>Sunless Tanning: Is it a Safe Alternative?</td>
</tr>
<tr>
<td>Ramona Nixon</td>
<td>O’Bleness Memorial Hospital</td>
<td>A Case Report: Aggressive Melanoma in a Pediatric Patient</td>
</tr>
<tr>
<td>Michelle Jeffries</td>
<td>COMP/Phoenix Area</td>
<td>Aquagenic Syringeal Acrokeratoderma</td>
</tr>
<tr>
<td>Shannon Campbell</td>
<td>O’Bleness Memorial Hospital</td>
<td>Unusual and Aggressive Case of CTCL</td>
</tr>
<tr>
<td>Risa Ross</td>
<td>NSUCOM/Sun Coast</td>
<td>Sunless Tanning: Is it a Safe Alternative?</td>
</tr>
<tr>
<td>Lyubov Avshalumova</td>
<td>NSUCOM/Sun Coast</td>
<td>Kaposis Sarcoma</td>
</tr>
<tr>
<td>David R. Bonney</td>
<td>NSU-COM/BGMC</td>
<td>Scarring Alopecias</td>
</tr>
</tbody>
</table>
Siblings with X-Linked Ichthyosis: A Case Report and Brief Review

Kristy Gilbert, D.O.
NE Regional Medical Center, 3rd Year
Varivax Associated Herpes Zoster

Karthik Krishnamurthy, D.O.
St. Barnabas Hospital, 2nd Year
Blood Root Necrosis

Chad Peterson, D.O.
MWU/AZCOM, 3rd Year
Wells Syndrome: Eosinophilic Cellulites Secondary to Infliximab Infusion Therapy

The Welcome Reception, sponsored by PharmaDerm, will be held from 6 p.m. to 9 p.m.

Guest Speakers
Guest speakers are slated to present Thursday morning. The speakers and their topics are as follows:

Hilary Baldwin, M.D.
iPledge Update

Ronald Henrichs, CAE
American Academy of Dermatology
AAD Update

Sharon Andrews, R.N., CCS-P, and Earlene Vittonne, R.N., CHRM
DermResources, L.L.C.
Dermatology Coding-Part 1

Sharon Andrews, R.N., CCS-P, and Earlene Vittonne, R.N., CHRM
DermResources, L.L.C.
Dermatology Coding-Part 2

Mark Kuriata, D.O.
Physician Extenders in Dermatology Practice

A golf outing will follow lunch. A reception at the Monterey Bay Aquarium will be held between 5:30 p.m. and 7:00 p.m.

More guest speakers are slated to present on Friday morning. The speakers and their topics are as follows:

Aurora Badia, D.O.
Acne

Joan Tamburro, D.O.
Pediatric Vascular Lesions: A Multidisciplinary Approach

Joe Morelli, M.D.
Eczema-Why I Do What I Do

Miles Weinberger, M.D.
Urticaria & Atopic Dermatitis—An Allergist’s Approach

The Surgical Symposium is scheduled for the afternoon. Edward H. Yob, D.O., FAOCD, clinical associate professor at the University of Oklahoma-Tulsa, and Mohs Fellowship Director at Dermatology Associates of Tulsa will serve as moderator. Speakers listed with their topics include the following:

Terrence A. Cronin, Jr., M.D.
Cronin Skin Cancer Center
Melbourne, Fla.
Unusual Wound Closures

Carol D. Cola, D.O.
Mohs Fellow-Dermatology Associates of Tulsa
Ear Reconstruction Following Mohs Surgery

Ronald P. Rapini, M.D.
Professor & Chair—Dept of Dermatology
University of Texas Medical School-M.D. Anderson Cancer Center
Houston
Surgical Margins in Excisional Surgery

Daniel M. Siegel, M.D.
Clinical Professor of Dermatology,
SUNY Downstate Director
Smithtown, New York
The Graft Universe: New Items, New Interpretations, New Uses

Donald K. Tillman, Jr., D.O., president-elect AOCD
Hays, Kan.
Non-Surgical Treatment of Skin Cancer

Craig L. Ziering, D.O.
Founder & Medical Director
Ziering Medical, Beverly Hills, Calif.
Clinical Associate Professor of Dermatology, University of California Irvine, Beverly Hills, Calif.
New Breakthroughs in Hair Restoration

The President’s Reception and Banquet will be held from 6:00 to 9:00 p.m.

On Saturday morning, the following speakers (and their topics) will present:

Sharon Andrews, R.N., CCS-P, and Earlene Vittonne, R.N., CHRM
DermResources, L.L.C.
Finding and Keeping the Right Personnel

Joe Susa, D.O.
Hot Topics in Dermatopathology

Ashfaq Marghoob, M.D.
Dermoscopy Workshop

Graceway Pharmaceuticals LLC
is a proud sponsor of the
American Osteopathic College of Dermatology
Monterey: Exploring its Marine Life, Nature and History

What do osteopathic dermatologists and dolphins have in common?

Monterey will be teaming with both types of mammals as it hosts the AOCD Midyear Meeting this March.

Home to one of the nation’s largest marine sanctuaries and one of the world’s richest marine environments, the city boasts an array of whales, sea otters, harbor seals, sea lions, and pelicans. Witness the incredible marine life from shore as the area offers one of the world’s best sites for whale watching. During the spring months the entire gray whale population migrates through the Monterey Bay National Marine Sanctuary, traveling to their summer feeding grounds in the Bering Sea. If that’s not close enough to the action for you, slip under the surface of the water to glide through stunning kelp forests, home to many species of fish, sea stars, urchins, and nudi-branches.

Other activities in the sanctuary region include kayaking, boating, and diving. Monterey Bay offers surfers fast-breaking and challenging waves. The fishing is world renowned with salmon as the favorite catch.

Land lovers can visit nearly 200 award-winning galleries and exhibits at the Monterey Bay Aquarium. It also houses the internationally acclaimed “undersea tour” of Monterey Bay’s hidden world.

Way above sea level, the Sanctuary Rock Gym offers more than 5,000 square feet of indoor sculpted climbing terrain. Hundreds of miles of hiking trails in the region’s many coastal parks can be explored on foot or horseback. Hang-gliding or cruising the coast in a plane will guarantee a spectacular view of the peninsula coastline. It can also be admired by driving the 17-Mile Drive, one of the most famous stretches of road in the country.

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

And although it’s the spring meeting, bring a jacket because the days’ high temperature tends to be near 60, which drops 20 degrees in the evening.

Immortalized in John Steinbeck’s novel of the same name, Cannery Row offers 30 restaurants, clubs, and pubs all within walking distance. From specialty shops to department stores, there are plenty of places to shop. Visit the canneries, beaches, and back streets that still hold the nostalgia of a long-gone fish canning industry.

Walking tours abound, from the Cannery Row Historic Walk, which follows the route of the old Southern Pacific Railroad right of way, to the self-guided Path of History and the Monterey Art Walk, both of which highlight numerous sites of architectural, artistic, and historical interest.

No visit to Monterey is complete without a trip to Fisherman’s Wharf, which was converted to a tourist-oriented operation after World War II. 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.

Monterey has more than 100 museums and galleries. Among them are the Maritime Museum of Monterey, which evokes the spirit of the explorers, conquerors, and fishermen who shaped the city; the Monterey Museum of Art, which features a permanent collection of California art, photography, Asian art, and international folk art, and has been called “the best small town museum in the United States” and the Beat Museum, which features Beat Generation collectibles and memorabilia. The National Steinbeck Center reveals a journey through the author’s life and works.

A day spent touring the Monterey Wine Country will prove to be a memorable experience as it is a world-renowned growing region. Among the wineries to visit are the Bargetto Winery, the Chateau Julien Wine Estate, and the Hahn Estates/Smith & Hook Winery. The Wine Trolley offers a five-hour wine tasting tour to the Carmel Valley.

With a host of restaurants, cafes, and nightclubs in downtown Monterey and on Cannery Row, finding a place to cap off the night will be as easy as swimming downstream.
Starting in 2008 there are several tax law changes that apply specifically to physicians. The following are key ones:

SUVs will no longer have the immediate $25,000 one-year deduction. All vehicles used for 50% business purposes can only be written off one extended time period.

Beginning in 2010, physicians can convert their regular IRAs into tax-free Roth IRAs regardless of their income level. Rules for conversion, such as immediate taxation on the amount of the Roth IRA, will be enforced.

Physicians can no longer shift income to their children for college expenses on a tax deductible basis. However, children seven years and older can earn up to $5,350 free of federal taxes, in exchange for services rendered to the practice. These monies can also qualify for a Roth IRA. While contributions will not be deductible, the earnings will grow tax free. Unearned income greater than $1,700 per child annually is taxed at the parents’ rate until the child graduates from college or until the age of 24. If the child uses these monies for full-time college payment, they will qualify for educational tax credits such as “hope and lifetime tax credits.”

Remember, meals for staff can be 100% deductible if they are for certain holidays (Christmas, Hanukah, etc.) or social/recreational outings for the benefit of the employees. Meals for staff meetings and continuing medical education meetings, as well as physician meals are only 50% deductible. However, some accountants will deduct 100% of lunches purchased for business meetings if they are carryout lunches for employees.

Financial Tidbits: Tax Law Changes

by Robert Schwarze, D.O., FAOCD

Tanning Bed Labels Come Under Scrutiny Thanks to New Law

Tanning bed labels will be scrutinized by the Food and Drug Administration (FDA) under a new law.

The Tanning Accountability and Notification Act—also known as the TAN Act—became law last September.

The law charges the FDA with determining whether the labeling requirements for indoor tanning devices, including the positioning requirements, provide sufficient information to consumers regarding the risk that the use of such devices pose for the development of irreversible damage to the eyes and skin, including skin cancer. Additionally, the FDA is expected to determine whether modifying the warning label required on tanning beds to read, “Ultraviolet radiation can cause skin cancer,” or any other additional warning, would communicate the risk of indoor tanning more effectively or whether there is no warning that would be capable of adequately communicating such risks.

To help make these determinations, the FDA is required to conduct appropriate consumer testing to determine the public’s understanding of label warnings. The Secretary of Health and Human Services is required to report back to Congress within one year. This report should include the measures being implemented to significantly reduce the risks associated with indoor tanning devices.

The TAN Act was included in the FDA Amendments Act of 2007.

Numerous studies have shown that the use of tanning beds is a significant risk factor for the development of melanoma. Tanning beds increase the risk of skin cancer much like exposure to the sun, but may be more dangerous, according to the Centers for Disease Control and Prevention. Exposure to tanning beds increases chances for squamous cell carcinoma by 2.5 times and the likelihood of developing basal cell carcinoma by 1.5 times. The World Health Organization recommends that no person under the age of 18 use a tanning bed because of the associated increased risk for skin cancer.
The quest for eternal youth is as old as mankind itself. Some of the earliest prescriptions that have survived from antiquity are elixirs for creams and salves designed to produce or maintain a youthful appearance.

Scientifically proven, efficacious modalities first appeared in the nineteenth century with the advent of chemical peels and plastic surgery. Crude and fraught with significant risks, these techniques improved over time and grew in use throughout the early twentieth century. The big breakthrough in anti-aging and skin rejuvenation came in the 1980s with the discovery of alpha hydroxy acids. These chemicals, when used in high concentrations as peels and at lower concentrations in daily care, were shown to reduce wrinkles and increase protein production in skin. Thus, the first “anti-wrinkle” and “anti-aging” products appeared on the market. Shortly afterward, the University of Michigan’s Dermatology Department released a study showing similar results for topical tretinoin, a prescription drug. The combination of these two phenomena coupled with the baby boom generation reaching middle age launched the “anti-aging” product market.

Throughout the 1990s, anti-aging was synonymous with topical therapy, whether it was an in-office chemical peel or a daily home care product regimen. Non-pharmaceutical entities proliferated, each touting a new anti-aging benefit. The neologism “cosmeceuticals” was invented to cover these products, which exist in a regulatory grey area between a traditional cosmetic and a full-blown drug entity. It is important to note that from a regulatory standpoint, the Food and Drug Administration (FDA) does not recognize this category.

Simultaneously, energy-based therapies promising similar or better results than topicals were being introduced. The first lasers were crude instruments that “peeled” skin by burning it off. By the dawn of the new millennium, non-ablative energy-based machines were showing interesting results in the lower epidermis and papillary dermis without the downtime associated with the earlier instruments.

Then a revolution in anti-aging quietly began: the advent of fillers and neurotoxins. Both had been around for a while, but by 2002 fillers had improved significantly and Botox® was approved for cosmetic use. As a result, in the past six years fillers and neurotoxins have dominated the field of aesthetic medicine, with the use of topical treatments being pushed further to the periphery.

In the introduction to the July 2007 supplement to Cosmetic Dermatology (“Advancing Facial Aesthetics: Optimizing Outcomes and Improving Patient Satisfaction”), Joel L. Cohen, M.D., writes:

“When used properly, nonsurgical facial cosmetic procedures can provide patients with a natural, more relaxed look, soften the signs of aging, improve overall appearance, and allow patients to more accurately reflect their emotions... These therapies are recognized for quickly and remarkably improving facial lines, enhancing existing features, de-emphasizing asymmetries, and minimizing various signs of aging.”

Dr. Cohen clearly and accurately categorizes these procedures as alternatives to surgery and identifies their effects and benefits as changing the appearance of the face. As entities that alter appearance, fillers and neurotoxins are unparalleled by anything that can be achieved topically, in terms of both degree and speed, providing the patient with positive visible results almost instantly. Because of the dramatic improvements in nonsurgical procedures and the instant gratification that they provide, many aesthetic practices are providing these services almost to the exclusion of topical treatments.

By concentrating solely on the appearance aspect of aging while de-emphasizing and reducing the use of topical treatments for aging skin, dermatologists are, in my opinion, missing an important component of the aesthetic practice. Nonsurgical techniques that alter appearance do nothing to improve the overall health or wellness of the skin, which is, after all, an organ of the body that requires nourishment and care to function properly.

Consider the treatment of another crit-
ical organ, the heart. If a patient presents to the cardiologist with severe thrombosis, clearly surgical intervention is necessary to return the heart to proper functioning. But the physician also will stress the need for proper diet and exercise to return the heart to complete health and maintain wellness.

Cosmeceuticals are the “diet and exercise” of the skin. Exfoliants, anti-oxidants, growth factors, peptides, amino acids, lipids, skin lightening agents, plant extracts, and vitamins all have their place and each performs a function, to a greater or lesser extent, in nourishing, correcting, stimulating, and protecting this organ.

The instant results and the tremendous popularity of nonsurgical procedures is the primary reason that dermatologists have migrated away from using cosmeceuticals. But I suspect that another inhibition stems from the confusing plethora of treatment options—most of which have little or no scientific substantiation—that is offered to them on a daily basis. Dermatologists have, rightly, come to question whether any of these products have any worth and have begun to suspect the entire universe of products. Due to this lack of faith in the efficacy of topical treatments, many dermatologists have decided to simply stock and sell whatever products patients request.

While this may seem like an easy and expedient way to meet customer demand, it is of no help to the patient who, now more than ever, needs the guidance of a skin care expert in navigating the confusing market of topical treatment options. There are many products and product lines on the market that are of no real value, but there are also many of significant value. The problem is the products that patients ask for are typically those that appear most often in the general media and are more likely to be of the “no value” variety. Dermatologists need to steer their patients clear of media hype and direct them to efficacious modalities.

Failing to do so is not just a disservice to the patient; it also devalues the role of the dermatologist in the patient’s eyes. If the skin care experts offer no added value in the choice of products, what is the point of purchasing them at the physicians’ office? The consumer does not need another retail outlet that simply supplies products with the largest advertising and public relations budgets. Not only do dermatologists fail their patients by turning their offices into a retail store; they also harm themselves. In the long run, they cannot compete with the Sephoras of the world.

Dermatologists are right to bemoan the lack of data provided by the marketers of these products. But they also need to understand that it is the regulatory status of the products—not the desire of the manufacturer or the efficacy of the products—that makes such testing impossible. If a company conducts clinical studies for products marketed as cosmetics and the results are published, the FDA can use these data to declare the products “drugs,” thus making it illegal to sell them. Most companies cannot take that chance.

Consequently, dermatologists must learn how to evaluate cosmeceuticals without the tools they normally use for product evaluation. Absent such evaluation, dermatologists risk either becoming a mere generic skin care retailer or ignoring cosmeceuticals altogether. In both cases, they are denying the benefits of these products to their patients, falling back on procedures exclusively in their anti-aging armamentarium.

It is here that the osteopathic dermatologist can take a lead over his or her allopathic counterpart. Since one of the hallmarks of osteopathic medicine is a whole body approach, the DO dermatologist is in the best position to provide nonsurgical aesthetic procedures in combination with appropriate topical therapy, thus delivering to the patient a more youthful appearance and healthier skin.

Elliott Milstein is president and chief operating officer of Ferndale, Mich.-based Biopelle, Inc. a Ferndale Pharma Group company.
On the Road to Ghana with Dr. Mammino

Last September, Jere Mammino, D.O., FAOCD, saw the largest thyroid goiter—the size of a grapefruit—he ever saw in his life. Next was a Buruli ulcer caused by infection with Mycobacterium ulcerans, a rare type of bacteria found in tropical and subtropical climates.

No, he wasn’t at a dermatology symposium. He was on a medical mission in Ghana, West Africa.

Probably the most unusual case he saw—more so for the circumstances surrounding it—was a woman who presented with a large bite wound on her cheek. She explained that her husband’s other wife bit her after he returned from a business trip. (Polygamy is legal in Ghana.) Apparently, he had bought his one wife a purse and not the other. Dr. Mammino treated the wound with antibiotics and a topical cream.

But the majority of dermatological conditions he treated were typical of those he treats in his Orlando practice, they just tended to be more severe. For example, impetigo is very common in younger children, resulting from them scratching a mosquito bite that goes into a secondary infection. There was a higher prevalence of fungal and staph infections, as well.

Although patients with skin problems were sent Dr. Mammino’s way as he was the only dermatologist on the mission, only approximately one-third of the patients he saw had dermatology-related problems. The majority had general medical ailments. A common one was low back pain because many of the local people make their living as farmers. Malaria was also very common in the area.

During the two-week trip, Dr. Mammino and his 26 colleagues, including a retired emergency room physician, nurse practitioners, physician assistants, nurses, and a medical student, stayed in a fairly new motel just outside of Nkwanta, a town in eastern Ghana. “The standards of the accommodations were very high,” he says. “Some of us even had hot showers, which is unusual in this part of the world.”

They ventured to three villages, packing up two buses full of supplies, medication, and the team. The group with which he went—the Fellowship of the Association of Medical Evangelists—had done previous medical missions in Ghana, so it had good relations with the local government.

Consequently, they were allowed to treat patients in school buildings. A school is a good site because it has a roof, making it cooler inside, and it is very good for patient flow, Dr. Mammino explains. “You start people at one end of the school and you work your way down.” The nurse takes the patient’s name, vital signs, and chief concern. The patient sees the doctor or physician assistant who gives a diagnosis, writes down a prescription, and the patient picks up the medication at the makeshift pharmacy.

“We bring all our own medications and supplies,” he says. “The supplies there usually aren’t very good.” Everybody brings two suitcases, one for personal items and the other one loaded with medications and supplies. Pharmaceutical representatives are a primary source for such donations.

Typically when they arrive at a site, there are hundreds of people waiting. “It could be overwhelming if you let it,” says Dr. Mammino. “But you just take one person at a time and do your best.”

The most important thing is to be organized, he adds. For example, the first day there the team spends sorting out all the medications. They are
divided into three piles to ensure that there will be medications for each village they visit.

“People are used to waiting for medical care all day, which my patients in the United States wouldn’t tolerate,” says Dr. Mammino. “It’s like an outing for them.” The team had a person making balloon animals and playing games with the children to keep them occupied. “If we can’t see everybody by day’s end, we at least give them vitamins,” he says. The team treated approximately 900 patients by the end of the mission.

The team was well received. “The people are happy to see us. They have a very simple lifestyle, yet they are very happy, in general,” he observes. A mission trip helps Dr. Mammino keep his life in perspective. “It helps me keep my priorities straight,” he adds.

Although the medical encounters went smoothly, getting around was another story. Apparently there during the rainy season, the dirt roads quickly became mud slides. When attempting to reach their base, the five-hour ride turned into a 12-hour ordeal as the buses got stuck repeatedly. In fact, older boys and young men from the villages congregated on the roadside and offered to push cars out for a fee. “It was usually a dollar, and it was well worth it,” he says. “If you saw a group of young boys hanging around near the road, then you knew there was a hole coming up some place down the road.”

Ironically, communicating was not that difficult even though 90 percent of the people spoke a local tongue called “Tuwuli” as the team enlisted the help of local translators who were largely pastors. English is the official language of Ghana, but only approximately 10 percent of the people speak it in the low lying mountainous countryside.

There was not much time for extracurricular activities, but the team did get to attend a local church service, and spend a half-day site seeing, which included hiking in a nature preserve. They even spent a couple of hours in town to shop in the tourist area, basically an acre of wooden stalls where people sold handmade trinkets. “I’m not a big souvenir person,” he says.

This is Dr. Mammino’s seventh medical mission. He has also been to Kenya, the Amazon, and Nicaragua. He went on his first mission when he took the place of another physician who dropped out at the last minute. Although Dr. Mammino was hesitant, he pushed himself past his comfort zone to go. One of his reservations was that Dr. Mammino expected to come across weird tropical diseases that he might not be able to treat. The dermatologist with 20 years of experience subsequently learned that the unusual tropical diseases were few and far between, although interesting when they did come up as was the case in Ghana.

There are a host of opportunities for physicians out there, whether it’s a medical mission or a secular trip, he says. “You think you are going over there to help others, but the feeling you get out of it is much greater than what you put into it.”
Journal of the American Osteopathic College of Dermatology-JAOCĐ.

We are now accepting manuscripts for the publication in the upcoming issue of the JAOCĐ. ‘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.