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Upcoming Events
AOCD MIDYEAR MEETING 2009
January 21-24, 2009
Steamboat Springs, CO

AOCD ANNUAL MEETING 2009
November 1-5, 2009
New Orleans, LA

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.
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Greetings from Western Kansas,

The wind is blowing and the temperature is cool. It is much different than what we experienced in Las Vegas a few short months ago.

I want to thank all of you who attended the annual meeting, which had the largest attendance of all the AOCD and AOA meetings to date. It was truly a great venue and I hope all of you had fun. I want to thank all of my presenters who delivered great talks and also extend a thanks to the residents who provided a wide variety of academic lectures on Wednesday.

I am eagerly looking forward to the midyear conference in Steamboat Springs, Colo., January 21-24, 2009. Dr. Brad Glick has a great meeting planned and Steamboat Springs couldn’t be a better place at which to convene.

This year the AOCD celebrated 50 years as an organization. The College has given me many practice opportunities and I encourage each one of you to reflect on how much better your life is as a dermatologist for being affiliated with it. Few specialties can boast of the vast diversity we enjoy in dermatology. Whether treating a newborn with a diaper dermatitis, his brother with acne, his mother with Botox®, or his grandparents with skin cancer, we can choose our own practice style.

As president, I would like to build on the work of those who have preceded me. I will work diligently to continue our communication with our counterparts in the American Academy of Dermatology so that together we can strengthen the field of dermatology for us and those who follow. I will work with program directors to strengthen our residency programs so that we can provide the best education possible for our residents. I would like to improve communication throughout the organization, specifically between our members and resident members so that we will ALL feel connected. I encourage each one of you to become more involved so that the AOCD will continue to grow and become stronger.

Thank you for giving me the opportunity to be your president this year. I look forward to serving you.

Sincerely,

Donald K. Tillman Jr., D.O., FAOCD
AOCD President, 2008-2009
The AOA is continuing to look 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.

Dr. Carol Cola completed the first Mohs fellowship under the direction of Dr. Ed Yob. Dr. Anita Osmundson has been selected for the 2008-2009 fellowship.

All 20 AOCD residency program directors met in Las Vegas for a day-long roundtable discussion regarding training issues, hospital issues, and general ideas to improve our programs. I am confident that it was a productive day for all attendees.

The AOCD staff welcomes your comments and suggestions that will improve our organization.

The AOAD wishes a speedy recovery to Trustee Mark Kuriata, D.O., FAOCD, who was unable to attend the annual meeting due to multiple complications from a right knee replacement performed in December, 2007. Initially, the surgery was so successful that he was able to lecture about mid-level professionals at the midyear meeting held in Monterey Bay, Calif. this past March. But a couple of months later, Dr. Kuriata dislocated his knee three times and had to eventually have the new knee replaced. After physical therapy, he is expected to be able to return to work by March.
Message from the Past President

Every past president has told me that the best position to hold in the AOCD is that of past president. Now that my year as president has passed, I would like to reflect upon the year. I do not want to rehash what I accomplished, but rather focus on some of the work that is left ahead of us as an organization.

The first issue is parity for DO dermatologists within the American Academy of Dermatology (AAD). I still find it amazing that in 2008 the AAD is one of a handful of societies that does not give full parity to DOs. The AAD is nothing more than a membership organization that deals with educational, social, and political matters. It is not a certifying body of any kind and yet the Academy chooses to not give DO dermatologists full parity.

The AOBD and the ABD are the only two dermatology boards that are recognized by the US government, the US military, Medicare, Medicaid, and all third-party payers as being equivalent. That should be enough. There should be no more questions about training programs, resident equivalency, or any other non-pertinent information. And yet, I am told by the AAD president that the Academy bylaws committee refuses to present and support an amendment that would bring parity to DO dermatologists within the AAD.

I believe that we should continue to pursue full membership within the AAD on every political level. I encourage members of the AOCD to sit on committees of the AAD. The more exposure that we have, the quicker we can expect to see changes come about.

The other issue that I believe is important to pursue is to improve our resident in-training examination. To that end, our DO dermatology residents are now able to take the allopathic resident in-training exam. I believe that we should take advantage of this immediately. It will give our program directors a much better handle on where they need to improve their programs and it will also give the AOCD a mechanism by which to determine that certain standards of education are being met. The DO opposition to this opportunity is the concern that our residents will not do as well as their MD counterparts. I do not believe that will be the case. But if it should turn out to be the case, then it will just be an indication that we need to improve the didactic portion of our residency programs. Our residents are the future of the AOCD and deserve to be held to the highest standards.

To summarize, we have a great organization with wonderful members and we need to continue to improve on all fronts. I am proud to be part of the AOCD and to have taken on a leadership role. I now look forward to the position of past president.

Fraternally Yours,

Jay Gottlieb, D.O., FAOCD
Immediate Past President
It's hard to believe that Steamboat Springs, nicknamed Ski Town, USA®, was originally a summer resort luring travelers in the early 1900s with its natural hot springs and vast hunting and fishing opportunities.

Today, this Colorado city—host to the 2009 AOCD Midyear Meeting—still boasts more than 150 mineral springs, but is really known for its world class skiing facilities. Not to be content with being one of the biggest ski mountains in North America, with 165 trails, 3,668 feet vertical, and 2,965 acres of terrain, Steamboat Springs has recently undergone a nearly $30 million renovation to be one of the best ski areas.

About the Mountain
Steamboat is actually a complete mountain range consisting of Mount Werner, Sunshine Peak, Storm Peak, Thunderhead Peak, Pioneer Ridge®, and Christie Peak. Gladed areas of Pioneer Ridge as well as Sunshine and Storm Peak are Steamboat's claim to fame, with legendary Champagne Powder™ snow in the trees. Last ski season, Steamboat broke the all-time snowfall record with a whopping 489 inches.

Steamboat Springs lies against the western ridge of the Continental Divide and is nearly surrounded by national forest and wilderness areas. It is located in Colorado’s Yampa Valley, 160 miles northwest of Denver.

Area attractions and points of interest include Strawberry Park Hot Springs, Fish Creek Falls, the Continental Divide Trail, the Summit Lake Trailhead, Steamboat Lake State Park, and Stagecoach State Park. The Yampa River Core Trail actually winds along the Yampa River through downtown Steamboat Springs.

Steamboat Unbridled
The slogan “Steamboat Unbridled,” which you will undoubtedly see all over the city, refers to the several million dollar transformation of the mountain, base area, and mountain village that has taken place over the past three seasons.

On-mountain improvements have enhanced areas across the resort, from complete food court remodels and major terrain and snowmaking upgrades to the installation of two high-speed chairlifts, both powered by renewable energy. The Christie Peak Express brings a new level of speed, comfort, and ease to the lower mountain. This high-speed, six-passenger lift has the ability to move 3,200 people per hour and shortens the ride time to the Christie Peak summit to just under five minutes. Better yet, there’s an easy option to unload at the chairlift's mid-station to access the redesigned Headwall area.

The Headwall area improvements include a re-grading of the entire terrain and installation of a state-of-the-art snowmaking pipe. Headwall’s wider trails and gentler grades offer the perfect place to refine skills. In addition, the Preview beginner area was upgraded from a double to a triple chairlift to further serve guests.

Nearly four miles of new snowmaking pipe was installed throughout the base area, significantly reducing water consumption and energy, while allowing crews to focus on snowmaking in other high priority areas across the mountain.

The beginning trails of Main Drag and Boulevard, located off of Christie Peak, will be merged into one trail, significantly improving the width while maintaining a constant 10 percent grade, considered ideal for beginner/novice skier/riders. All of these sleek additions mean advanced skiers/riders will easily rediscover lower mountain favorites like See Me, See Ya, Voo Doo, and Vogue.

Improvements made to the base area include the creation of a promenade and plaza as well as day-lighting water from Burgess Creek.

As part of Steamboat Unbridled, even the Steamboat/Hayden Airport underwent a multi-year $18 million dollar improvement program. It not only doubled the size of the existing terminal, but expanded the apron by three acres to accommodate larger aircraft. The nonstop flight program offers unprecedented access to Ski Town, USA.

Ski & Snowboard School
Say you don't know how to ski? No problem. The resort offers a full line of clinics to suit all ages and ability levels. The Steamboat Ski & Snowboard School boasts three professional ski instructors from the American Association of Snowboard Instructors National Team, six winter Olympians, and more than 400 instructors trained in the latest
learning techniques. It’s no wonder that Steamboat has produced more Olympic skiers and snowboarders—69 to date—than any other town in the world.

Daily adult clinics are for individuals, ages 16 years and up. There are also programs for kids and teens, and even childcare for younger children. Specialty workshops are available for those who would like to improve specific skills in both skiing and snowboarding. Private or semi-private clinics offer individually tailored coaching.

Many rental shops and retail outlets offer equipment and merchandise to prepare anybody for the slopes. You will not only want to dress the part to enhance performance, but also to keep warm with a daily high temperature of 27 degrees and the evenings dipping to, on average, below 4 degrees.

In addition to skiing and snowboarding, other winter activities include snowmobiling, snowshoeing, and dog sledding. Sleigh rides are available, as well. There is even a guided winter snowshoe tour of Mount Werner complete with a gourmet lunch.

**Other Activities**

For those who prefer staying indoors, Steamboat Springs has nearly 250 shops and boutiques including western outfitters, outdoor retailers, and gift shops for every taste.

Two primary pedestrian friendly shopping areas are Steamboat’s Mountain Village located at the base of the Steamboat Ski Area and downtown Steamboat Springs. The two areas are three miles apart and serviced by a free city bus. Several other shopping options in between the mountain base and town are located on the bus route.

There are also art galleries, museums, and theatres. A renovated historic train depot serves as home of the Eleanor Bliss Center for the Arts. The Steamboat Springs Arts Depot also houses the Small Works Gallery dedicated to presenting contemporary art by emerging and mid-career artists working locally, regionally, and nationally. The Depot and the Steamboat Springs Arts Council host several art shows throughout the year. A free docent-led tour of art exhibits at the depot is slated for January 18 and 24.

Promoting an appreciation for the area’s rich historic heritage, the Tread of Pioneers Museum is dedicated to collecting, preserving, and exhibiting material relative to the history of Routt County. Displays include a 1908 Queen Anne-style Victorian home with Routt County artifacts, a Native American exhibit, a display of western life memorabilia, and a history of skiing exhibit. The city, incorporated in 1900, not only has rodeo history dating back more than 100 years, it is home to Howelsen Hill, Colorado’s oldest ski area in continuous use, opened in 1915.

The Steamboat Springs Mountain Theatre is a multi-use facility in the heart of Ski Time Square offering performing arts, music events, and movies. The winter lineup includes the Steamboat Community Players, the Yampa Valley Boys, Ski Town Productions, We’re Not Clowns, and A Western Melodrama.

**Dining**

Steamboat Springs boasts more than 70 restaurants representing the full spectrum of cuisine to satisfy every appetite. Culinary delights from fresh game to fresh fish, flown in daily, are set in a variety of atmospheres served up with a healthy helping of western hospitality. It's a great place to try local favorites such as elk, buffalo, and Rocky Mountain trout.

If those are too exotic for the tastebuds, stick with more familiar fare at a venue enhanced by spectacular views of the Yampa Valley below. Dining in Steamboat seems more about location than what is on the menu.

For mountain-top dining, Hazies offers American cuisine, Ragnar’s has a Scandinavian flair, and Western BBQ presents a buffet at the top of the Steamboat gondola. On the main floor of Thunderhead, The Stoker offers quick, table-service in a relaxed atmosphere and the Thunderhead Food Court offers burgers, salad bar, pizza, and snacks. Located halfway down the mountain, the Rendezvous Saddle offers two floors of lunch choices from Mexican specialties and pasta to stews and sandwiches. At the Gondola base is Gondola Joe’s, a coffee bar, and the Bear River Bar & Grill offers American fare with either indoor or outdoor seating. Located on Storm Peak, the Four Points Hut is the ideal place for a quick pick-me-up including chili, soups, hot dogs, and snacks.

The Cabin offers award-winning Colorado cuisine including aged Midwestern prime beef, chops, native wild game, and jet-fresh seafood. Chaps offers a variety of food selections in a relaxed and casual setting that pays tribute to the authentic cowboys and rodeos of Colorado and the Old West.
Midyear Meeting Speakers: Ready to Present

The AOCD Midyear Meeting may be scheduled earlier this year than in the past, but it’s not too early to see who the speakers are.

With Ski Town, USA® as a backdrop, the 2009 Midyear Meeting is slated for January 21-24. 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:

- Allison Schwedelson, D.O.
  NSU-COM/BGMC 3rd Year
  TBA
- Emily Rubenstein, D.O.
  NSU-COM/BGMC, 3rd Year
  Botromycosis Like Pyoderma of the Penis
- Rupa Reddy, D.O.
  NSU-COM/BGMC, 1st Year
  Morphea
- Matthew Elias, D.O.
  NSU-COM/BGMC, 2nd Year
  Bullous SLE
- Jami Reaves, D.O.
  MWU/AZCOM, 3rd Year
  Treatment of Recalcitrant Vulvar Lichen Sclerosis with Cyclosporine
- Brandon Miner, D.O.
  Oakwood Southshore Medical Center, 2nd Year
  Giant Intradiploic Epidermoid Cyst with a Concurrent Amelanotic Melanoma
- Prethi Sundaram-Mohip, D.O.
  Wellington Regional Medical Center, 2nd Year
  Epidermolysis Bullosa Acquisita: A Case Presentation and Review
- Reagan Anderson, D.O.
  Oakwood Southshore Medical Center, 2nd Year
  Zebra, Zebra, Horse, Zebra
- Michelle Foley, D.O.
  Pontiac/Botsford, 2nd Year
  Granulomatous Slack Skin Variant of CTCL
- Marianne Carroll, D.O.
  Wellington Regional Medical Center, 3rd Year
  TBA
- Wade Keller, D.O.
  MWU/AZCOM, 2nd Year
  Schnitzler’s Syndrome
- Pete Morrell, D.O.
  NE Regional Medical Center, 1st Year
  Histologic and Clinical Illusions: Malignant Melanoma and DFSP
- Joseph Machuzak, D.O.
  COMP/Phoenix Area, 3rd year
  TBA
- Derrick Adams, D.O.
  Pontiac/Botsford Hospital, 2nd Year
  TBA
- Ali Banki, D.O.
  St. Barnabas Hospital, 2nd Year
  TBA
- Shannon Campbell, D.O.
  O’Bleness Memorial Hospital, 2nd Year
  TBA
- Mindy Conroy, D.O.
  Frankford Hospital, 2nd Year
  TBA

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

- Donald Tillman, Jr., D.O., FAOCD, AOCD President
  Hays, Kansas
  Practice Management and Operations
- Francisco A. Kerdell, M.D.
  Florida Academic Dermatology Centers
  Miami, FL
  Update on Biologics in Dermatology
- Daniel Buscaglia, D.O.
  Amherst, NY
  Complications of Cosmetic Laser Surgery
- Melinda Greenfield, D.O.
  Albany Dermatology Clinic
  Albany, GA
  Interesting Cases in Pediatric Dermatology
- Thomas Bender III, M.D.
  Eglin AFB Hospital, Department of Dermatology
  Eglin AFB, FL
  Current Uses of Photodynamic Therapy
- Ifthikhar Ahmed, M.D.
  Caris Dx
  Phoenix, AZ
  Pearls and Pitfalls of Dermatology

Guest speakers (with topics) scheduled to present Friday include the following:

- Fred Ghali, M.D.
  Grapevine, TX
  Pediatric Dermatology Top 10
- Shino-bay Aguilera, D.O.
  Fort Lauderdale, FL
  Cutaneous Laser Surgery Symposium
- Jeffrey Weinberg, M.D.
  Dermatology Associates of St. Luke’s–Roosevelt
  New York, NY
  MRSA Updates and Gardasil and Zostavax Vaccines

Guest speakers (with topics) scheduled to present Saturday morning are as follows:

- Janice Lima-Maribona, D.O.
  Miami, FL
  Office Dispensing
- Martin Zaicec, M.D.
  Mt. Sinai Medical Center
  Miami Beach, FL
  Botox Update
- Carlos Nousari, M.D.
  Dermpath Diagnostics
  Pompano Beach, FL
  Vasculitis and Immunobullous Disorders

The President’s Reception and Banquet will be held from 6 to 9 p.m.
The Midyear Meeting in Steamboat Springs, Co., slated January 21-24, 2009, promises to be an exciting event.

Expect phenomenal lectures presented by attending dermatology faculty from the finest osteopathic and allopathic institutions, including a Psoriasis Forum led by the esteemed Francisco A. Kerdel, M.D., of the Florida Academic Dermatology Center at the University of Miami Hospital. As always, there will be an excellent panel of osteopathic dermatology residents providing lectures on a variety of current topics in dermatology and dermatologic surgery.

Of course, the City of Steamboat Springs can’t be beat. With its legendary Champagne Powder® snow, this western town is home to world-class skiing, snowboarding, Nordic skiing, snowmobiling, and snowshoeing. For those of you who prefer viewing the slopes, do so from a private balcony or while relaxing and keeping warm in front of a beautiful fireplace at the Sheraton Steamboat Resort, the city’s only ski in/ski out conference resort.

Access to Steamboat Springs has never been easier with jet service to a larger and more efficient Steamboat Springs Airport.

So join us for a tremendous educational experience and all around great time. For further information, contact Becky or Marsha at the AOCD home office, 660-665-2184, becky_aocd@yahoo.com or marsha_aocd@yahoo.com.

See you in Steamboat!
A revolutionary non-ablative laser is one of the newest minimally invasive treatment options for cicatricial dermal atrophy—or acne scars—that provides significant patient satisfaction.

Until recently, the only treatments that substantially improved acne scars also tended to inflict high levels of pain on patients and require a great deal of recovery time. With the Palomar Lux1540™ Fractional non-ablative laser, dermatologists can offer patients minimal associated pain and little to no down time while achieving profound results.

**Acne Scars**

Acne scars form when the body’s inflammatory response to accumulation of sebum, bacteria, and keratinocyte plug the sebaceous follicle and cause a site of injury in the tissue. Years of untreated acne leaves a lifelong imprint on an individual’s face and can affect the person’s self-image. Acne scars not only transform the patient’s physical appearance, they also affect his or her emotional state. Many patients are self-conscious about the pitted, crater-like scars that form and do not fade. These scars remain as a permanent record of previous severe acne, which can be psychologically distressing.

Using the Palomar Lux1540™ Fractional laser gives the skin a more acceptable physical appearance. Total restoration of the skin to its pre-acne scar appearance is often not possible, but scar treatment will usually improve the appearance of the skin. This alteration of scarred skin can help rebuild the patient’s self-esteem and outlook on life, as well.

**How It Works**

The laser works by delivering an array of high precision microbeams. These microbeams create deep, narrow columns of coagulation in the epidermis and dermis, while sparing the tissues surrounding the columns from damage. This triggers the body’s own natural response to rebuild through the production of new skin including collagen, known as neocollagenesis. Collagen formation helps raise the atrophic, crater-like acne scars to improve the patient’s damaged skin.

An additional benefit is that this treatment does not remove the stratum corneum as did some of the older ablative treatments. Leaving the stratum corneum in place allows for a significant reduction in wound care issues and expedites healing.

The fractional columns are delivered with a stamping technique, thus preventing unnecessary heat accumulation, as opposed to the more painful delivery method of scanning lasers. The minimal down time, minimal discomfort, and increased skin rejuvenation available represents a breakthrough in aesthetic health.

I have been using the laser quite successfully for more than three years. It is very rewarding to have a patient come in with his or her head held low due to embarrassment regarding facial acne scars and watching over time—from three to five sessions with the laser—the resounding improvement in the physical appearance of the patient’s skin and overall self-confidence.
In an effort to develop a stronger medical education continuum, the AOA and the American Association of Colleges of Osteopathic Medicine (AACOM) recently released a joint statement of principles aimed at enhancing collaboration between osteopathic undergraduate and graduate medical education.

The statement was one outcome of the Medical Education Summit, a gathering of osteopathic physicians, medical college leaders, educators, students, and other osteopathic profession representatives, held last fall. The purpose of the summit was to focus on the relationship between osteopathic undergraduate and graduate medical education.

The joint statement includes the following ten principles:

1. Osteopathic medicine is one of two educational pathways of complete health care in the U.S. leading to unrestricted licensure as a “physician and surgeon.” As a distinct branch of medicine it has its own unique perspectives and culture.

2. The mission of osteopathic medical schools is to provide education and training necessary for students to become osteopathic physicians—distinct from allopathic physicians and other health care professionals. As the educators of a distinct branch of the medical profession, the colleges of osteopathic medicine are responsible for ensuring that the learning environment for osteopathic medical students fosters the development of explicit and appropriate professional attitudes, behaviors, and identity among the osteopathic medical students.

3. The quality of education needs to remain the focus of osteopathic medical training across the continuum.

4. Because osteopathic medicine is a distinct branch of the medical profession, entry into the independent practice of this profession is regulated by various medical licensing authorities in the 50 states, Washington, DC, and the U.S. territories. Requirements for licensure include the successful completion of accredited education leading to the Doctor of Osteopathic Medicine degree, followed by graduate medical education and, in more than three-fourths of the states, the maintenance of continuing medical education. Distinctive osteopathic medical education, including the tenets of osteopathic principles and practices, should not be a discrete undergraduate experience. Ideally an osteopathic medical educational continuum should persist throughout a physician’s career, beginning in undergraduate medical education, continuing through osteopathic graduate medical training, and progressing to continuing medical education and certification.

5. State licensing requirements do not allow osteopathic medical students to commence unsupervised practice upon graduation. Consequently, a major goal of undergraduate medical education must be to prepare graduates to enter into postdoctoral training, preferably in an osteopathic graduate medical education program.

6. As physicians-in-training, osteopathic medical students should be exposed to clinical training with their allopathic colleagues as well as interdisciplinary training with other health professionals.

7. Osteopathic medical student education should include exposure to the clinical practice of osteopathic physicians and osteopathic postdoctoral training to demonstrate the application of osteopathic principles and practices.

8. The quality of clinical education is enhanced in some core clerkships by training in health care settings with a graduate medical education infrastructure.

9. Osteopathic medical students should receive experience during their required clerkships in health care settings in which osteopathic resident physicians are training in accredited osteopathic postdoctoral training programs.

10. As a separate and distinct profession, the AACOM and the AOA pledge to encourage the development of quality osteopathic postdoctoral training programs for osteopathic graduates, in the specialty and location of their choice.

“The creation of these principles by the AOA and AACOM clarifies the relationship between predoctoral and postdoctoral osteopathic medical education and aims to ensure the highest level of matriculation for all osteopathic medical students,” John B. Crosby, J.D., AOA executive director, is quoted as saying.

AACOM President Stephen C. Shannon, D.O., MPH, is quoted as saying, “These joint principles offer guidelines that both associations and the osteopathic medical community can use to measure and guide future developments as we work to continually improve the quality of osteopathic medical education and to promote the health and well-being of the American public.”
Hello Everyone,

The In-Training Exam for residents was held on Sunday, October 26. Exam results are expected to be available by mid-December.

If you attended the annual meeting in Las Vegas and did not receive a program syllabus, there is now a link to download the syllabus at www.aocd.org/members/meetings.html.

It is now time to renew AOCD dues for 2009. This can be done through the web site at www.aocd.org/membership. With the recent upgrade of our site, you will need to log in with different information than you previously used. Your username is the e-mail address you gave the AOCD and your password will be "Aocd" followed by your AOA#. The next screen will allow you to change your username and password if you would like. If you have any problems logging in, please contact us and we will help you.

Resident lectures are scheduled to be presented on Wednesday, January 21, 2009 at the 2009 AOCD Midyear Meeting. They are slated to begin at 1 p.m.

The 67th annual meeting of the American Academy of Dermatology is scheduled for March 6-10 in San Francisco.

The AOCD continues to grow in membership. As of November 1, our membership includes 16 life members, 313 fellows, 33 associate members, 97 residents, and 114 student members in 39 states. We will continue to see growth in the coming year.

The holiday season is upon us. Season’s Greetings to all of you from all of us at the AOCD office. Enjoy your time with family members and friends during this busy time of year. This year, my husband and I will be enjoying the addition of two new grandchildren. The most recent grandchild, Travis Eugene, was born on October 13.

“Half our life is spent trying to find something to do with the time we have rushed through life trying to save.”

Will Rogers, New York Times, April 29, 1930

Enjoy!

Residents’ Birthdays
Residents who celebrated their birthdays in December include the following: Drs. Gwyn Frambach, Emily Rubenstein, Sabrina Waqar, Maryam Shahsavari, Krina Chavda, and Chris Buatti.

Residents who will celebrate their birthdays in January are as follows: Drs. Autumn Potaracke, Allison Schwedelson, Zaina Rashid, John Coppola, Elliott Love, Mollie Jan, Heather Higgins, Nicole Bright, Brooke Renner, Elaine Miller, Joe Machuzak, Todd Kreitzer, Angela Brimhall, and Angela Combs.

Residents Update
by Marsha Wise, Resident Coordinator

Reagan Anderson, D.O., MCS, MPH, a second-year resident at Oakwood Southshore Medical Center in Trenton, Mich., was named resident liaison at the 2008 AOCD Annual Meeting.

“My primary goal is to enhance communication between the AOCD residents and board members,” he says. Given that there are 97 resident members out of the total of 621 AOCD members, within the next five years more than half of the AOCD membership will consist of DO dermatologists who have recently graduated.

Some of the DO dermatologists who started the AOCD are still running it, notes Dr. Anderson. “They are doing a great job. But I would like to generate interest among the current residents who will be graduating in the next few years to begin taking on leadership roles now,” he says. “Today’s residents are the future of the College. They need to pick up where the current leadership is naturally going to be leaving off.”

The way to do that is to get the residents involved in the issues and establish a dialogue between the two parties, says Dr. Anderson.

This role is also about solving resident issues, and making sure the residents are happy and informed about all of the opportunities available to them.

“I would like to see the College become as cohesive and cooperative as possible, sharing experiences and concerns as a society and not just a group of individuals,” he says.
Dr. Krishnamurthy Wins Ulbrich Award

Karthik Krishnamurthy, chief resident at the NYCOM/St. Barnabas Hospital Residency Program won the A.P. Ulbrich Research Award for 2008.

The award recognizes his Institutional Review Board-approved research proposal investigating intrallesional dextrose for the treatment of verruca vulgaris.

“I am very honored to receive the award and look forward to a fruitful project. If successful, establishing efficacy of this modality will have several ramifications, including cost-effectiveness and reduction of systemic toxicities,” says Dr. Krishnamurthy, adding, “I am grateful to Dr. Cindy Hoffman, my program director, for her encouragement and guidance, as well as the AOCD for supporting meaningful resident research.”

Dr. Krishnamurthy was presented with the award at the AOCD annual meeting.

Dr. Sica Wins ASDS Writing Competition

Roger Sica, D.O., a third-year resident at the NSUCOM/Largo Medical Center Dermatology Program, recently received the Young Investigators Writing Competition Award from the American Society of Dermatologic Surgery (ASDS).

Dr. Sica received the award for his paper entitled “Prevalence of Methicillin-Resistant Staphylococcus aureus in the Setting of Dermatologic Surgery.” He chose to write about this topic because of its relevant implications to the daily practice of a dermatologic surgeon.

“This award is special to me because of my aspirations to pursue a career in Mohs surgery,” he says.

Dr. Sica also presented the topic at the ASDS annual meeting held in Orlando in November. He presented in the Surgical Complications forum. His paper is scheduled for publication in the March 2009 issue of Dermatologic Surgery.

The competition was open to all dermatology residents striving to make a research-oriented contribution to the field of dermatologic surgery with an original paper.

NSU-COM/BGMC Residency Program to Exhibit Poster at AAD

The Nova Southeastern University- College of Osteopathic Medicine & Broward General Medical Center (NSUCOM/BGMC) dermatology residency training program will be exhibiting a poster at the 67th annual meeting of the American Academy of Dermatology to be held in San Francisco in March, 2009.

The poster topic is “Siblings with X-Linked Recessive Ichthyosis.” The article was chosen for poster presentation due to its unique presentation of a case of X-linked recessive ichthyosis in two brothers, explains Matthew Elias, D.O., second-year resident. “Even though we know X-linked recessive diseases can be expressed in brothers, as in the case of hemophilia, this is an exceedingly rare presentation in ichthyosis.”

“We are excited that our poster will be presented next to all of the other fascinating posters from around the world at the AAD’s annual meeting, the foremost poster presentation in the world,” says Dr. Elias, adding that this is the second time the residency program has had this honor bestowed upon it.

The NSU-COM/BGMC is under the directorship of Stanley Skopit, D.O., FAOCD.
Las Vegas was not only the host for the recent AOCD Annual Meeting, but it is home to the dermatology residency program at Touro University College of Osteopathic Medicine (TUCOM)/Valley Hospital Medical Center.

Directed by James Q. Del Rosso, D.O., FAOCD, the program has three residents in training, taking one new resident each year. The program, which began in the fall of 2006, will graduate its first dermatology resident in 2009.

In addition to Dr. Del Rosso, several other dermatologists contribute regularly to the teaching program. Among them are Assistant Program Director Jaldeep Daulat, D.O.; Michael Bryan, M.D., Medical and Surgical Dermatology; Narciss Mobini, M.D., Dermatopathology; and Jason Michaels, M.D., Surgical and Cosmetic Dermatology. All of these instructors contribute to a broad range of clinical and didactic teaching experiences. In addition, all of the residents receive training in Mohs Micrographic surgery and related repair procedures. By the completion of the program, the residents will be well-trained in all facets of dermatology, says Dr. Del Rosso.

**Reading/Lectures**

The program incorporates a reading and lecture schedule organized by the program director and chief dermatology resident. The reading schedule incorporates assignments from major dermatology textbooks and journals. Interns and students who rotate on the dermatology service also participate in these didactic sessions.

Daily “short lectures” and “case reviews” are also completed, as directed by the attending dermatologist, based on cases encountered that day. Sometimes a resident, student, or intern may be selected to prepare a presentation on a topic of interest, usually related to a case encountered during clinic. A wide variety of cases, including presentations in all age groups, are seen in both the clinic and in-hospital consultations.

**Meetings**

Other didactic experiences include participation at meetings, such as the AOCD Annual Meeting, the American Academy of Dermatology Annual Meeting, the SCOPE Dermatology Core Curriculum Course, Fall Clinical Dermatology, and other selected dermatology meetings as approved by the program director.

A teleconference series consisting of 6 to 10 presentations per year has also been initiated over the past year. As part of the series, slide presentations on a wide range of topics are given by leading dermatologists around the country in their area of expertise. The teleconferences are interactive in nature.

Dr. Bryan also provides a weekly dermatology “Kodachrome” teaching session of clinical cases. As part of a Visiting Faculty Program, visiting professors present and teach the residents, interns, and students onsite twice a year. All residents are equipped with a digital camera to photograph interesting cases and those that allow for illustrative teaching points. “Dermatology is visual,” notes Dr. Del Rosso. “A picture is worth a thousand words.” All such cases are shared and discussed on a regular basis in teaching sessions and kept on file in a teaching collection.

All residents are integrated into a formal dermatology lecture program, in which they present lectures to medical students at TUCOM, and as part of a monthly dermatology lecture series (10 lectures per year) at Valley Hospital Medical Center. The involvement of residents in lecturing allows them to formulate their understanding of the topic and develop verbal skills to relay information to other clinicians, he explains. “In order to successfully present on a topic and put it into words, the resident must digest the information first and really know it,” states Dr. Del Rosso.

**Publishing**

Getting published is a major component of the dermatology residency program. All of the residents participate in a dermatology residency feature edition in the journal, *Cosmetic Dermatology*, each year. The journal issue is dedicated to articles written by dermatology residents at Valley Hospital Medical Center. Thus far, two editions have been completed.

Interns and students who are interested in dermatology and rotate through the program are also integrated into the writing process.

In addition, Dr. Del Rosso serves as editor of Clinical Dermatology for the *Journal of Clinical and Aesthetic Dermatology*. He appoints the third-year resident as editor of the resident forum section.

Residents routinely submit manuscripts to several dermatology journals and also participate in scientific posters at various dermatology meetings. To date, they have published manuscripts in, or have manuscripts accepted for publication, in more than 20 journals, with more pending.

“As the program director, I am extremely proud of what our dermatology residency has accomplished over a short period of time,” says Dr. Del Rosso. “I am thankful to our excellent and dedicated faculty and the support we receive from Valley Hospital Medical Center. The program will continue to improve as I will accept nothing less than the continued development and growth of a great dermatology residency.”
Dr. Kirby Now Spokesperson

Will Kirby, D.O., FAOCD, is the newest spokesperson and consultant for Neutrogena Dermatologics.

In fall, he presented the company’s newest product—Retinol NX Concentrated Retinol Serum—on home shopping network QVC.

“My patients are always looking for aging solutions and not everyone can afford treatments offered by dermatologists and plastic surgeons,” says Dr. Kirby. “I’m excited to partner with Neutrogena because the brand offers trusted results at home.”

He was also featured on www.shape.com, www.instyle.com, and www.glam.com, and quoted in *Star Magazine* discussing Retinol NX.

In addition, Dr. Kirby lectured about laser tattoo removal at the AOCD Annual Meeting on behalf of HOYA ConBio™, a manufacturer of laser systems based in Fremont, Calif.

Keeping his television career on track, Dr. Kirby recently appeared on a few episodes of the daytime talk show “The Doctors” featuring four physicians: a plastic surgeon, an emergency room physician, a pediatrician, and an obstetrician/gynecologist. A spin-off of the “Dr. Phil” show, these medical experts weigh in on compelling guest issues and dispense valuable information about health topics du jour.

After graduating from the Pacific Hospital/Western University Residency Program in 2007, Dr. Kirby opened his own practice in Beverly Hills.

Dr. DiMarco Named New AOA President

Carlo J. DiMarco, D.O., was recently installed the 112th president of the AOA.

“The DiMarco family has roots in professions that nurture the community. My grandmother worked as a nurse in Italy treating wounded soldiers during World War II,” Dr. DiMarco said in his inaugural address. “When I worked as an auto mechanic to pay for medical school, I never would have guessed that one day I would become president of the American Osteopathic Association.”

Dr. DiMarco is a professor and regional dean of clinical medicine at the Lake Erie College of Osteopathic Medicine in Erie, Pa. (LECOM). He also serves as the director of the ophthalmology residency program at LECOM.

Aside from his position at LECOM, Dr. DiMarco is part of Medical Associates of Erie, a network of multi-specialty physicians who practice throughout Erie County and teach in affiliation with LECOM.

As past chair of both the Department of Professional Affairs and Department of Education of the AOA, and former president of the Pennsylvania Osteopathic Medical Association, and former president of the American Osteopathic College of Ophthalmology and Otolaryngology/Head and Neck Surgeons, Dr. DiMarco has long maintained a leadership role within the osteopathic medical profession.

A longtime member of the AOA Board of Trustees, Dr. DiMarco also served as chair of what is now known as the Committee on AOA Governance and Organizational Structure and vice chair of the Bureau of AOA Constitution and Bylaws.

Dr. DiMarco plans on making further progress with the Greatness Campaign, launched by past-president John A. Strosnider, D.O., and carried on by President Peter B. Ajluni, D.O.
The *JAOCD* serves to better the continuing educational needs of the AOCD members, residents, and the dermatology community-at-large.

We asked the JAOCD sponsors why they chose to support the AOCD specifically by sponsoring the journal. Additionally, we asked how valuable a journal is to a medical society such as the AOCD.

Brent Petersen, director of Communications at Galderma Laboratories, responded as follows:

“As a company dedicated to the future of dermatology, Galderma is pleased to help sponsor the *JAOCD*. The journal is a wonderful educational vehicle for the AOCD membership, and is especially relevant in its contribution to the training of dermatology residents. Contributing to dermatology education is a worthwhile investment in the specialty of dermatology.”

Danine Summers, vice president of Medical Affairs at Medicis, responded as follows:

“Medicis, founded as ‘The Dermatology Company,’ has both a rich history and continuing commitment to the specialty of dermatology and its practitioners, and is proud to be a sponsor of the *JAOCD*. The journal boasts a wealth of information—from the basic science of dermatology to advents in research, from fresh clinical data to intriguing case studies, from more formal presentations related to specialties within the specialty to less formal commentary pieces and letters—the sum of which serves to deepen the collective educational well of dermatology practitioners. Medicis looks forward to an ongoing relationship with this journal whose content fits hand-in-glove with our mission of helping patients attain a healthy and youthful appearance and self-image.”

Past issues of DermLine featured what other JAOCD sponsors had to say.

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**Speak Up**

Were you born to lecture?

If so, the College wants you to speak at the 2009 AOCD Annual Meeting to be held November 1-5 in New Orleans.

Please contact Marc Epstein, D.O., FAOCD, president-elect and program director for the annual meeting. He can be reached at 520-471-1388 or prch911gt1@aol.com.
Nobody can accurately predict the future of any business or country. However, this doesn’t mean that reasonable guessing isn’t allowed. So I thought we could try to guess what is occurring and what that may mean for America’s economic future.

In March 2008, the Standard and Poor’s 500 Index of the 500 largest companies closed at 1,527. Only four months later, it closed at 1,388, showing a 9.1 percent decline. The most popular of all market averages, the Dow Jones Industrials is bouncing under 11,000 from its peak of 14,198. Almost everyday the news media reports more companies are declaring bankruptcy. Those that are not going bankrupt are announcing major layoffs. The economic problems faced by automakers—GM, Ford, and Chrysler—are compounding the economic downturn. The subprime mortgage mess and many currencies being devaluated throughout the world have dulled the patina of an investor’s desire to grow economically. America’s equity marketplace is clearly in a recession.

With this background, I often look at history, which shows that after all financial crises there is recovery. Remember the 1987 market crash? It yielded a 15 percent gain approximately six months later.

J. Paul Getty once stated, “Buy when everyone else is selling and hold until everyone else is buying.” This is very sound investment advice. The problem is that he didn’t advise us as to when the market hits the trough. My question is, “Are we in the beginning or middle of the cycle?”

Personally, I think more bankruptcies are in the cards. Times may get a little tougher before they get better. Whatever your philosophy, check your ego at the investment door and Happy Investing!
Members didn’t take any gamble by attending the 2008 AOCD Annual Meeting in Las Vegas. In fact, it was a sure bet that they heard outstanding lectures (not to mention the slot machines in the casinos that had to be negotiated in order to get to those lectures), and enjoyed great food at the Welcome Reception as well as the President’s Banquet and Reception followed by the Dessert Reception.

Monday morning presenters offered a wealth of information about the treatment of actinic keratosis (AK), squamous cell carcinoma (SCC), and basal cell carcinoma (BCC).

**Rename AK**
The debate over classification of AK and SCC, and what it means for patient care was the focus of the lecture presented by Clay J. Cockerell, M.D., clinical professor of Dermatology at the University of Texas Southwestern Medical Center in Dallas. He started the lecture by questioning whether an AK is an incipient SCC.

After reviewing the pathobiology and pathologic features of AK, Dr. Cockerell pointed out the genetic similarities between AK and SCC, such as the p53 gene mutations, which are present in 69% of SCCs and 53% of AKs. Another similarity he noted was that most cutaneous SCCs have features of AK within them. Then he reviewed the progression of AK to SCC, noting the similarities to that of cervical intraepithelial neoplasia. The progression of AK to SCC is directly analogous to the progression of cervical intraepithelial neoplasia to invasive cervical carcinoma, Dr. Cockerell said. As with other neoplasms, removal at the earliest stage of evolution, in this case AK, prevents progress to more serious neoplasia.

As part of a proposal for renaming and classification of AK, he suggested that the name AK is not only an imprecise term, but it is misleading. Potential new names for AK include solar keratosis intraepidermal neoplasm or solar keratotic intraepidermal SCC. Given that AKs are incipient intraepidermal SCCs in situ kept in check by host factors and once those host factors deteriorate, progression occurs, “Why not call a spade a spade?” he concluded.

**Emerging Approaches for BCC**
Darrell S. Rigel, M.D., clinical professor of Dermatology at New York University in New York City, discussed emerging approaches in the current standards of care for BCC. In 2008, there were more skin cancers than all other cancers combined, resulting in 2,800 deaths in this country. In fact, one in five Americans will get skin cancer at the current rate. The lifetime risk of additional primary BCC is greater than 50%.

Dr. Rigel reviewed the various methods for biopsies. Cryosurgery for primary BCCs has a cure rate of 80% at five years. Radiation, which is not used as commonly today, is effective, but cosmesis worsens over time. It may, however, be a better option for patients who cannot tolerate surgical therapy, such as the elderly, he stated. Surgical excision is effective in removing BCCs. The risk of BCC histologic persistence after surgical excision is 8% with an overall recurrence rate of 4.88%. However, the recurrence rate is related to lesion diameter, increasing with the lesion’s size. Dilation and curettage is effective in treating BCC, but cosmesis can be challenging. It is associated with a 5% five-year recurrence rate.

Non-surgical approaches Dr. Rigel discussed include photodynamic therapy (PDT), interlesional interferon, and imiquimod. Blue light is associated with an 80% cure rate, but red light is also effective. Photodynamic therapy is an effective tissue-sparing modality for what are often clinically challenging conditions. Interlesional interferon can be considered an alternative therapy.
with an 81% cure rate. Imiquimod is another effective treatment for primary BCC with a cure rate of 90%.

When reviewing combination therapies, including PDT following curettage, curettage plus cryo, and imiquimod and Mohs Micrographic surgery, Dr. Rigel noted that combination therapies are not always more effective than single therapies. One exception is curettage and imiquimod. Several studies have shown that applying imiquimod following curettage substantially reduces the frequency of residual tumor and improves the cosmetic appearance compared with curettage alone.

“It used to be that medical therapy and surgical therapy were considered different ends of the spectrum,” he concluded. “Advances in combination therapy for BCC treatment will significantly impact our practices in the next five to ten years.”

**Standards of Care in AK, SCC**

James Q. Del Rosso, D.O., FAOCD, program director at the Touro University College of Osteopathic Medicine Valley Hospital Medical Center, reviewed current standards of care in AK and SCC. Among the AK facts he noted, AK was the second most common reason for dermatology office visits in 1999, up from the third most common reason in 1994. It should be treated aggressively as soon as it is detected, Dr. Del Rosso stated.

When reviewing the accepted treatment modalities including cryo, topical 5-fluorouracil (5-FU), topical imiquimod, PDT, and curettage and electrodesiccation, he pointed out that some patients require multiple treatment modalities.

Dr. Del Rosso also distinguished between lesion-targeted therapy and field-directed therapy. Appearance of multiple AKs in a cosmetic unit indicates that the clinician should consider that the entire photodamaged area is sun diseased. Field therapy not only addresses apparent clinical lesions, but also reveals and treats subclinical lesions. Combination therapy may be the most thorough means of approaching severely sun-damaged skin. “Lesion-targeted therapy and field-directed therapy work hand-in-hand,” he said, adding “As a dermatologist, treating only individual lesions is inadequate.”

Actinic keratosis and SCC are one disease on a histological and molecular continuum. Left untreated, the 10-year AK to SCC progression rate is 10%, on average. “You don’t know which AK will progress to SCC,” said Dr. Del Rosso.

Regarding SCC, 200,000 cases a year are reported in the US, with an approximate 1% mortality rate. Typically, metastases appear one to two years after the initial diagnosis and 95% of metastases will occur in five years. The best test for diagnosing extracutaneous SCC is PET scan, which is more sensitive and specific than CT and MRI, he stated.

Treatment modalities Dr. Del Rosso reviewed include cryo, curettage and electrodesiccation, excisional surgery, Mohs, radiotherapy, laser ablation, PDT, topical 5-FU, and topical imiquimod. He distinguished between treatment therapies appropriate for low-risk and high-risk cases. Mohs is the gold standard for high-risk SCC and is associated with a 97% to 98% cure rate. “When considering surgical and medical approaches think about combination therapy and treating the field as well as specific lesions,” he concluded.

**Treatment Trends for AK, SCC**

Eggert Stockfleth, M.D., Ph.D., professor and chief medical director at the University Hospital of Berlin in Germany, as well as the director of the Skin Cancer Center Charite, reviewed three of his recent studies.

One is an open-label study to assess the efficacy and safety of imiquimod 5% cream for the treatment of AKs on the head. With a nearly 69% complete clearance and almost 86% AK lesion
count reduction, imiquimod 5% cream was found to be efficacious and safe.

In a randomized study comparing 5% imiquimod with topical 5-FU and cryo in immunosufficient patients, clinical results showed no statistically significant difference between the groups using imiquimod and 5-FU. However, histological results showed a significant advantage of imiquimod. Sustained field clearance in all patients one year following treatment were as follows: 73% for imiquimod, 33% for 5-FU, and 4% for cryo. Imiquimod also did better with cosmetic results compared with the two other therapies.

The third study—the Skin Care in Organ Transplant Patients (SCOP) Study—involves patients with skin complications after organ transplantation. In the study designed to assess the safety and efficacy of imiquimod 5% cream for the treatment of AKs in immunosuppressed organ transplant recipients, patients experienced 65% complete clearance and 80% partial clearance.

Cosmeceuticals

In “The World of Cosmeceuticals: Exoliators & Anti-Oxidants,” Elliott Milstein, president of Biopelle, Inc., focused on topicals. Although topicals were introduced in the 1970s, they fell out of favor with the introduction of lasers, fillers, and Botox<sup>®</sup>. “There was a decrease in the use of topicals because procedures have more dramatic and immediate results,” he said. Additionally, some topicals were ineffective, causing widespread skepticism of claims for all topicals. The plethora of new products and categories caused confusion, and frankly, procedures provided a greater income potential for practitioners.

Topicals are an important tool in the dermatologist’s arsenal because they provide benefits to the skin that procedures cannot, Milstein stated. He argued that procedures are limited by their income potential because a patient may have one or two performed over time, whereas topicals provide an unlimited annuity potential. Procedures are becoming commoditized with the explosion of home products and the fact that they are increasingly being performed by non-aesthetic specialists. Plus, patients need help evaluating topicals to ensure that they use the right one for their skin type and situation.

Milstein went on to define the three basic categories of topicals: drugs, cosmetics, and cosmeceuticals. Drugs are articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease, and to affect the structure or any function of the body. Cosmetics are articles intended to be rubbed, poured, sprinkled, or sprayed on for the purposes of cleansing, beautifying, promoting attractiveness, or altering appearance. Cosmeceuticals are a topical preparation sold as a cosmetic that have performance characteristics suggesting pharmaceutical action. Although cosmeceuticals do change the structure of the skin, the Food and Drug Administration (FDA) regulates them like cosmetics. In the eyes of the FDA, the main function of cosmeceuticals is rejuvenation. The regulatory consequences are a lack of controlled studies and carefully crafted language for claims to avoid drug regulation and the associated costs.

Cosmeceutical Categories

Corrective cosmeceuticals fall into the following categories: exfoliation, anti-oxidation, stimulation, nourishment, increase moisture retention, melanin suppression, and healing and anti-inflammatory.

Exfoliation is the most common use for cosmeceuticals today. Typically, exfoliants are keratolytics that break the keratin bond, loosen the cells allowing them to slough off, and stimulate the development of new, younger cells. Peels have evolved over the years to today’s “lunch time” peels that remove the top cellular layer of the stratum corneum. The agents used depend on the depth of the peels. Exfoliation increases stratum corneum turnover, improves the texture and feel of skin,
increases penetration of other agents, aids in the reduction of melanin, stimulates collagen production, and improves elastin integrity, although it is typically very irritating.

The granddaddy of exfoliants is alpha hydroxy acids (AHAs). But it is difficult to evaluate AHAs to determine the actual concentration of the acid, the vehicle’s effect on penetration, and the role of pH in penetration and efficacy. The effect of an AHA is based on its concentration. The higher the concentration, the faster it works. “You definitely want to have equal to or greater than eight percent concentration to make a difference in the dermis,” Milstein said. Conversely, the lower the pH of the treatment is, the greater the penetration. Negative side effects commonly associated with AHAs are dryness, irritation, flaking, and a “salty” taste.

Anti-oxidants are designed to balance radical oxygen species, which cause tissue destruction, immunosuppression, gene mutation, and carcinogenesis when they are in excess and negative. Evaluating anti-oxidants is difficult because of being unable to determine the activity of the principle ingredient, stability of the formulation, bioavailability of the principle ingredient, penetration of the stratum corneum and epidermis, penetration of the cell and nucleus, and stability of the performance ingredient in vivo.

Evaluating Cosmeceuticals
To evaluate a cosmeceutical product, Milstein offered the following advice.

Do
• Study the data, but with a tincture of skepticism
• Strongly consider the company’s reputation and policies
• Do a test study with patients
• Try the product yourself
• Talk to colleagues who have carried the product for awhile

Don’t
• Rely on data supplied as if it were a drug
• Rely on before and after pictures
• Rely entirely on your staff’s opinion
• Carry the entire line because 1 or 2 products are good
• Carry the line because patients are asking for it
• Carry the line because it is bundled with another product the company carries

Venous Update
With 40 million people in the US afflicted with varicose veins, chronic venous insufficiency (CVI) is four times more prevalent than arterial disease, according to Daniel Morris, D.O., FACOS, who discussed the use of lasers to treat cutaneous superficial varicosities. Venous symptoms include pain, leg fatigue, cramping, swelling, discoloration, phlebitis, and ulceration.

Venous ulcers have a social and economic impact, as well, he noted. Sixty-eight percent of patients with CVI report an impaired quality of life as well as pain, isolation, and depression. Between $750 million and one billion dollars is spent annually to treat CVI. Two million workdays a year are lost due to this disease. More than one million Americans seek treatment annually.

After reviewing the classification of CVI, Dr. Morris discussed the various venous reflux treatments, including compression boots or stockings, cutaneous laser, sclerotherapy, phlebectomy, endovenous ablation, stripping or high ligation, subfascial endoscopic perforator surgery, and open perforator ligation. Stripping used to be the gold standard and although it is still high on the treatment list, it is associated with the most down time. Phlebectomy is typically reserved for the treatment of secondary clusters. Although he does fewer subfascial endoscopic perforator surgeries each year because of endovenous lasers, Dr. Morris tends to use it for advanced cases of CVI. Lasers can be used for CVI from spider veins and facial telangiectasia to leg veins. When looking at treatments, he suggested treating the
cause (eg, saphenous reflux, reticulars) and not the symptom.

Sclerotherapy is the mainstay treatment, especially for asymptomatic CVI, Dr. Morris noted. When choosing sclerotherapy, it is important to determine the vessel classification in order to decide the sclerosant strength and injection method to be used. “You select the sclerosing agent based on the size and color of the vessel,” he said. “The sclerosant strength is based on the target vessel.” Although there are a few types of injection methods—aspiration, puncture and feel, and air bolus—emptying the vein is very valuable in getting long-term results, stated Dr. Morris.

Typically, a patient will require three to five treatments scheduled three to four weeks apart. They should know that upfront as managing patient expectations helps with their satisfaction levels. It is beneficial to use photography to document before and after results because patients don’t always accurately remember how bad the CVI was.

Dr. Morris also discussed a newer approach: endovenous ablation-RF using the VNUS® ClosureFAST™ catheter. In four clinical trials comparing the VNUS Closure procedure with vein stripping, the former was found to be superior. The procedure resulted in less post-operative pain and bruising, a quicker recovery, and higher quality of life scores. Performed in a similar manner, endovenous laser ablation also had great results. In three trials, endovenous ablation had a 98% to 99% complete occlusion rate.

**Challenging Cases**

Cindy Hoffman, D.O., FAOCD, program director of the NYCOM/St. Barnabas Hospital dermatology residency program, opened the lectures of “Great Cases from Osteopathic Teaching Programs” by discussing a patient who wanted only a diagnosis for the necrotic oozing postules and ulcers on her face and body. The 53-year-old female refused treatment as she was using alternative therapies. Dr. Hoffman’s point in reviewing the case was to suggest that physicians must keep an open mind and learn how to approach patients who use alternative therapies.

Schield Wikas, D.O., FAOCD, program director of the Cuyahoga Falls General Hospital dermatology residency program, reviewed a case of scleromyxedema in a 39-year-old female. This rare disease is chronically disabling and can be fatal. The patient, however, is doing well.

David Horowitz, D.O., FAOCD, program director of the Western University/Pacific Hospital dermatology residency program, presented two cases. A 5-year-old boy with uticaria pigmentosa had asymptomatic flat papules on his face since he was six months old. Uticaria pigmentosa tends to clear up on its own. A 55-year-old male with cutaneous cryptococcosis did not want a biopsy because he lacked health insurance and did not want to pay for it. He simply wanted the lesion removed. The patient was eventually convinced to have a biopsy, and eventually had the lesion removed and was put on antibiotics.

Stanley Skopit, D.O., FAOCD, program director of the NSU-COM/Broward General Medical Center dermatology residency program, discussed a 25-year-old female with lymphangiomas. She had the pink encrusted plaque since childhood that continued to grow over time.

Suzanne Sirota-Rozenberg, D.O., FAOCD, assistant program director at St. Johns Episcopal Hospital dermatology residency program, presented the case of an 11-month-old with erythematous papules on his face. It turned out to be Gianotti-Crosti Syndrome, which is self-limiting, benign, and associated with viral infection.

Tanya Ermolovich, D.O., FAOCD, program director of the Frankford Hospital dermatology residency program, discussed a 25-year-old female with lymphangiomas. She had the pink encrusted plaque since childhood that continued to grow over time.

The “Clever Cleavers” won this year’s DermPath Bowl played at the AOCD Annual Meeting.

Team members are Daniel Marshall, third-year resident, Christopher Weyer, second-year resident, and Bo Rivera, first-year resident, at the Northeast Regional Medical Center under the directorship of Lloyd J. Cleaver, D.O., FAOCD.

The DermPath Bowl, sponsored by DermPath Diagnostics, made its debut at the 2008 meeting in Las Vegas. It was first played at the American Academy of Dermatology’s 2007 annual meeting.

Sixteen resident program teams competed head-to-head in this single elimination dermatopathology competition. Equipped with microscopes and clinical history only, each competing team diagnosed two cases. The declared winners advanced to the next round. The champions took home a $2,500 unrestricted educational grant.
program, discussed the case of a 14-year-old girl with a rash on her legs for the past 10 years. It was Goltz Syndrome, also known as focal dermal hypoplasia, which was treated with pulse dye laser.

Richard Miller, D.O., FAOCD, program director of the NSUCOM/Largo Medical Center dermatology residency program, reviewed the case of a 74-year-old male with lesions on his face and trunk. After several months of treatment with prednisone, this very severe case of recalcitrant bullous pemphigoid improved markedly.

Stephen Kessler, D.O., FAOCD, program director of the COMP/Phoenix Area Dermatology residency program, discussed how he used a wound dressing on a 63-year-old patient with a carcinoma lesion that was excised. This dressing enabled Dr. Kessler to temporarily close the wound while waiting for the biopsy results, rather than having to close and re-open it once he had the results. Dr. Kessler has used this dressing to treat many patients, who even notice how much better the wound looks. In fact, it has become a routine part of his practice.

Layne Nussbaum, D.O., FAOCD, program director of the Columbia Hospital dermatology residency program, reviewed the Krawtchenko study comparing imiquimod, 5-FU, and cryo for the treatment of AK. This trial has major implications for practice as many dermatologists use cryo to treat individual AK lesions, he said. Dr. Nussbaum stressed the importance of using combined therapies to treat individual AKs as well as the entire field to reduce recurrence.

Bradley Glick, D.O., FAOCD, program director of the Wellington Regional Medical Center dermatology residency program, presented the case of a 49-year-old male with epidermolysis bullosa.

Joseph Bikowski, M.D., presented a total of 10 challenging cases in dermatology from chronic anterior vestibulitis to Grover’s Disease.

**New Officers Inducted at Annual Meeting**

The 2008-2009 AOCD officers were inducted at the annual meeting in Las Vegas.

Among them are the following:

President:  
Donald K. Tillman, D.O., FAOCD

President-Elect:  
Marc I. Epstein, D.O., FAOCD

First Vice-President:  
Leslie Kramer, D.O., FAOCD

Second Vice-President:  
Bradley P. Glick, D.O., FAOCD

Third-Vice President:  
James B. Towry, D.O., FAOCD

Secretary-Treasurer:  
Jere J. Mammino, D.O., FAOCD

Trustees:  
David L. Grice, D.O., FAOCD
Mark A. Kuriata, D.O., FAOCD
Karen E. Neubauer, D.O., FAOCD
Rick J. Lin, D.O., FAOCD
Suzanne Sirota-Rozenberg, D.O., FAOCD
The AOCD.org web site saw some revisions and updates in October. Among the changes were a migration of the data to a MySQL database, an upgraded web server and encryption algorithms, and improved search capabilities in the “Find a D.O. Dermatologist” section.

New Search Features
Data migration to the MySQL database allows visitors to AOCD.org to search for dermatologists in new ways including by zip code and city. The ability to search using the dermatologist’s last name was also implemented.

These new searches make it easier for prospective patients to find an osteopathic dermatologist in their area. The “Find a D.O. Dermatologist” feature is only available to practicing members who are current on their dues.

New Shopping Cart
A new shopping cart normalizes the purchase and checkout process. Membership renewals, meeting reservations, and physical products can now be purchased simultaneously.

Members can (and should) select a preferred billing address. This speeds the checkout process and dramatically reduces the number of form fields required to complete checkout.

Faster Web Server
At number 61,636 in the ranking, AOCD.org is ranked as one of the top 75,000 most visited web sites in the United States. Attracting more than 170,000 visitors each month results in more than 300,000 page views.

This amount of traffic requires a web server that is both powerful and stable. In October, the web server was upgraded to the latest version of Linux Enterprise Edition and runs on an IBM server with dual processors and more than 1 GB RAM.

Better Management
Many of the upgrades occurred behind the scenes. The new database system allows tighter integration between the diverse administrative and management functions. AOCD staff now has a single application to manage and update member data, member web pages (eg, Find a D.O. Dermatologist), products, meeting reservations, renewals, residency programs, and dermatologic diseases. The ability to send a single e-mail to all members is now tightly integrated to membership data as is the mailing list for DermLine.

The Internet is an important marketing and public relations tool. Members receive a great benefit by appearing on the AOCD.org web site. If you haven’t done so yet, we invite you to login and update your membership.

Roger Watson is a marketing and e-commerce consultant and owner of Cocoa Beach, FL-based Creative Innovations. He has worked with the AOCD for more than 7 years, designing the web site, logos, and this newsletter. He also has vast experience with brand development, search engine optimization, and web application development.

1 As ranked by Alexa.com on November 13, 2008.
How to Login at AOCD.org

The security upgrades made to the web site required a change to the user-name and password members use to login to the private membership area.

Members can login to update their membership information, purchase renewals, make meeting reservations and create or update their public web page by using the following steps:

1. Click the “Update my Membership” banner on the membership page or enter this URL directly into your browser: www.aocd.org/membership

2. The membership login screen will appear. Enter your username and password in the appropriate fields and click the “Login Now” button.

If this is your first time logging into the membership area since October 1, 2008, your login information is as follows:

Username: [redacted]
Password: [redacted]

Problems: First, try the “I forgot my login information” link below the “Login Now” button. Your username and password will be e-mailed to you. If you still can’t login, contact the AOCD.

AOCD.org is one of the most visited web sites in the United States and the world. To put this in perspective, AOCD.org receives more visitors than 99.4% of all web sites in the world.¹

On November 10, 2008, AOCD.org surpassed AAD.org in overall daily traffic and routinely attracts more Internet traffic than Osteopathic.org.¹

Active Members receive tremendous exposure by appearing within the search results for “Find a D.O. Dermatologist.” To maximize your exposure, login and create your personal web page. This page allows you to highlight your practice as well as your capabilities and credentials. Multiple locations can be entered and you can link interested visitors back to your web site. Plus, gain a powerful backlink to your primary site, a key factor in an overall search engine optimization strategy.

Dr. Cleaver: First American Fellow in Australian Skin Group

Lloyd Cleaver, D.O., FAOCD, was inducted as the first American Fellow of the Australian Skin Cancer Conference.

The ceremony took place as part of the conference held this past August in Australia.

“I was very humbled by this and felt it was quite an honor and privilege,” he says.

Dr. Cleaver was a guest speaker and also served as a judge for cases presented.

Dr. Cleaver first became involved with the Australian Skin Cancer Conference when he won a bid at an American Society of Dermatologic Surgery meeting to do a week rotation with Dr. Anthony Dixon, assistant professor (School of Medicine) at Bond University in Gold Coast, Australia, and fellow of the Australasian College of Skin Cancer Medicine. He did the rotation in March, 2005.

In 2007, Dr. Cleaver was the keynote speaker and on the master group panel for discussions at the conference.

Dr. Dixon was the keynote speaker at the 2007 AOCD Annual Meeting.

Bylaws Vote Scheduled for Midyear Meeting

A bylaws vote will be conducted as part of a business meeting held during the AOCD Midyear Meeting.

The business meeting will be held at 11:30 a.m. on Thursday, January 22, 2009. While business meetings are open to all AOCD members, only Fellow members and Associate members can vote.

Members will vote on the bylaws addition of the Program Directors Committee.

The addition is as follows:

The Program Directors Committee shall consist of the chair or vice chair of each residency training program. This committee shall select a chairperson from among their ranks. This chairperson will report to the Board of Trustees. This committee shall be charged with monitoring issues of importance in the training of our resident members, overseeing the In-Training Examination Committee, monitoring new trends and being proactive in addressing these issues, as well as any other tasks the Board of Trustees charges them with.
Triax Focuses on Bringing Value

Soon after Triax Pharmaceuticals launched its first product, the company became an AOCD corporate sponsor.

“It’s important to partner with organizations, such as the AOCD, so that we can learn what it is we’re doing right and where we can improve,” says Gary F. Talarico, senior vice president.

The Cranford, New Jersey-based company’s mission is to identify and acquire medium range products and then to ensure that their full potential is reached in the medical community and marketplace. Many of the major pharmaceutical companies offer high-end biologics that take years and millions of dollars to bring to market. Additionally, many dermatology companies have ventured into other areas. “We wanted to find a niche,” he says. “We want to acquire meaningful products and build a dermatology-focused company.”

To that end, Triax first launched a five SKU line of Tretin-X®, which includes a tretinoin cream or gel and a cleanser and moisturizer. The kit offers convenience to both patients and dermatologists for the treatment of acne, says Talarico. Another product, Minocin® PAC contains Minocin pellet–filled capsules plus complementary calming wipes, a serum, and masque. “The products in the kit help to relieve the redness and irritation on the skin’s surface while Minocin works on the inflammation from the inside,” he explains.

After having acquired the Locoid® family from Ferndale Laboratories in the fall of 2007, Triax immediately relaunched Locoid Lipocream for the treatment of corticosteroid-responsive dermatoses. To extend the line, Triax launched Locoid Lotion for the treatment of atopic dermatitis this past August. The lotion is unique in that it can be used for patients as young as three months of age, says Talarico.

“It’s important, as a company, that first our products bring value to the patient, and also when our sales force goes into the dermatologist’s office that our reps are meeting the needs of both the practitioner and their staff,” he adds.

Building a relationship with AOCD members is one way to gauge whether Triax is meeting its goals. “I have been made to feel welcome and treated in a very gracious fashion by the AOCD officers. As we continue to grow, we will have greater opportunities to get involved with the AOCD,” Talarico says, adding, “I have found, even on a personal level, that many of the officers and past officers of the AOCD are just nice individuals, along with being good physicians and good business people. They are the kind of people you want to be around and feel good about sponsoring.”

Dr. Osmundson: New Mohs Fellow

Anita Osmundson, D.O., took the long academic road to get to Tulsa, Okla., to become the second Mohs Micrographic surgery fellow, not to mention traveling half way across the country.

But traveling for her education is nothing new for Dr. Osmundson. Originally from Minnesota, she went to medical school for two years in Kansas City, Miss., and then moved to Joplin, for her last two years. Next, Dr. Osmundson moved to Philadelphia where she completed a general internship and family practice residency. “I decided in my fourth year of medical school to pursue dermatology as a specialty,” she says.

Dr. Osmundson was completing her three-year dermatology residency at the Philadelphia College of Osteopathic Medicine when she found out that she was chosen for the full-time fellowship. “I was excited, but also relieved, to know that I was going to get a chance to do what I love,” recalls Dr. Osmundson.

Over the summer, she moved to Tulsa where she started the fellowship this past September at Dermatology Associates of Tulsa, the offices of Edward H. Yob, D.O., FAOCD, who serves as the program director for the fellowship.

Dr. Osmundson is very appreciative of the time and effort that Dr. Yob has put into this fellowship. In fact, Dr. Yob was instrumental in getting the fellowship approved by the AOA in 2007. “He’s an excellent mentor,” she says, adding, “He takes a lot of time out of his busy day to work with me.”

During the fellowship, Dr. Osmundson is looking to sharpen her surgical skills. “I had Mohs training during my residency, but I’m hoping to be more involved in each stage of caring for the patient...from the pre-op consult and surgery to the post-op follow-up.”

She enjoys performing Mohs surgery, in part, because the osteopathic dermatologist likes working with her hands. “I’m very visual. I like to see a problem, fix it, and then see the final results.”

Once Dr. Osmundson completes the fellowship, she would like to focus on practicing Mohs surgery in a community-based setting. Where that practice will be is anybody’s guess.
We are now accepting manuscripts for the publication in the upcoming issue of the *JAOCDD*. ‘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., FAOCD