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

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Upcoming Events
AOCD ANNUAL MEETING 2011
October 30-November 3, 2011
Orlando, FL

AOCD MIDYEAR MEETING 2012
April 19-22, 2012
Branson, MO

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 email 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/membership. Enter your username and password then click the “Login Now” button.

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 John Grogan, resident coordinator.

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Message from the President

Greetings from Iowa,

I’m looking forward to seeing you all in Orlando in just a few short weeks. Dr. Bradley Glick, our incoming President, has put together a great Annual Meeting with a diverse academic program. The Peabody Hotel will be our College’s home base. It’s a great location for accompanying friends and family while we fulfill some of our CME requirements.

I’ve been busy planning the Presidential Banquet slated for Monday night, which is also Halloween. After a wonderful dinner, awards, and outrageous dessert reception, we’ll forgo the usual banquet entertainment so that we can take part in the many festivities available Halloween night in Orlando. This will leave us all plenty of time to enjoy the rest of the evening and get some needed sleep before we greet Drs. Glick and Cindy Hoffman at 7 a.m. Tuesday morning for the Great Cases lecture. Both Disney Theme Parks and Universal Studios have celebrations planned. Walt Disney World will host the Mickey’s Not So Scary Halloween Party; suitable for all ages. Universal Studios will host Halloween Horror Nights; not recommended for children under 13 years of age. The AOA is offering discount tickets to these events on its website (www.osteopathic.org) for the OMED 2011 Meeting. No matter what you choose to do after the Presidential Banquet, if anything, Monday night should be a fun time for all.

Getting back to business....

Our College is growing as is the AOA. We’ve even expanded our home office with the new staff additions of John Grogan and Carmen Stanton. Please extend a warm welcome when you meet them for the first time at the Annual Meeting.

I had the privilege to attend the AOA’s House of Delegates meeting as an alternate for the AOCD. Our profession is growing evidenced by osteopathic medical schools gaining in attendance and the AOA encouraging the specialty colleges to increase the number of their residencies as well to keep up with the increased number of graduates. There is no question that there is a shortage of dermatologists, osteopathic and allopathic alike. We’ve all heard comments that the purpose of having only a small number of dermatology residencies is to keep supply low and demand high, which is monetarily driven. We also know that dermatology is a unique clinical specialty that includes multiple facets of clinical, surgical, and dermatopathologic understanding and knowledge, to name a few. We must keep our eye on the goal as a College by stimulating and expanding knowledge. We also must continue our high standards of training dermatology residents. These requirements can’t be lessened in order to meet the demands for new trainees. We’ve come a long way, thanks to the countless hours of our past and present members who have served on many committees. I thank all of you for continuing to make the AOCD a nationally recognized organization of which we can all be proud.

Thank you, again, for allowing me the honor of serving you this past year.

Leslie Kramer, D.O., FAOCD
AOCD President, 2010-2011
Greetings everyone!

It has indeed been a busy summer in the AOCD office. The office underwent some minor cosmetic changes to make room for our new employees, John and Carmen. Both will attend the Annual Meeting, so please take a moment to introduce yourselves to them in Orlando.

In early June, Dr. David Grice and I met with the staff at the Hilton Hotel in Branson, Mo., and toured the facilities. I have to admit, it is not the Branson I remember from my last trip there. We will have travel information available for you to pick up at the Annual Meeting and we look forward to you joining us in Branson.

July was busy with the AOA’s Annual Board of Trustee and House of Delegates meetings in Chicago. I also attended the Postdoctoral Training Review Committee and the Council on Postdoctoral Training meetings held at the same time.

The AOCD Item Writers met in July in St. Louis where the group received instruction from psychometrician, Dr. Terry Tenbrink.

Site visits for potential meeting locations took place in August with Dr. Robert Schwarze. We will inform you as soon as a decision is made regarding the locations for upcoming Midyear Meetings.

Upcoming Meetings
You should have received information regarding our Annual Meeting in Orlando by now. Mark your calendar and join us at the Peabody and Orlando Meeting Center Oct. 30 - Nov. 2, 2011.

Plan to attend the AOCD General Business meeting at 3 p.m. on Monday, Oct. 31. This will be your opportunity to vote for the new AOCD officers. The Board of Trustees is elected to represent you. To refresh your memory of the individuals running for office, please refer to the article entitled Meet the Nominees for AOCD 2011-2012 Officers published in the summer issue of DermLine. Please attend this meeting, vote, and share your concerns and comments with the members of the Board.

The date has been changed for the 2012 Midyear Meeting to be held in Branson. The meeting is now scheduled April 19-22. Lectures will be held from 1 p.m. until 6 p.m. on Thursday, 7 a.m. to 6 p.m. on Friday, 8 a.m. to 12:30 p.m. on Saturday, and 7:30 a.m. to 11:15 a.m. on Sunday.

I am both blessed and honored to have John and Carmen join me here in the AOCD national office and as fall approaches, I look forward to catching up with everyone in Orlando as well as the addition of two new grandchildren.

This has been a good year for the AOCD!

Good Governance: Due Diligence and Transparency

This is the second in a series of articles about the AOCD’s Good Governance Policies. Per AOA requirements and Internal Revenue Service regulations, the College is required to disclose its policies for the purposes of transparency. This article focuses on due diligence and transparency. In the previous issue of Dermline, the topic of conflict of interest was addressed.

The Internal Revenue Code states that a 501c.3 charitable organization, which the AOCD is considered, is required to make its Form 1023 exemption application, Form 990, and Form 990-T, available for public inspection. The Internal Revenue Service encourages every charity to adopt and monitor procedures to ensure that these aforementioned forms, annual reports, and financial statements are complete and accurate, posted on its public website, and made available to the public upon request. The Code (Part VI, Section C, Lines 18 and 19) specifically asks each organization that files a Form 990 how it makes its forms, governing documents, conflict of interest policy, and financial statements available to the public.

By making full and accurate information about its mission, activities, finance, and governance publicly available, a charity encourages transparency and accountability to its constituents.

To that end, the AOCD states the following in its Administrative Policy:

Due Diligence
The directors of the AOCD must exercise due diligence consistent with a duty of care that requires a director to act:
- In good faith;
- With the care an ordinary prudent person in a like position would exercise under similar circumstances;
- In a manner the director reasonably believes to be in the AOCD’s best interests.
Directors should see to it that policies and procedures are in place to help them meet their duty of care. Such policies and procedures should ensure that each director:

- Is familiar with the activities of the AOCD and knows whether those activities promote the AOCD’s mission and achieve its goals;
- Is fully informed about the AOCD’s financial status; and
- Has full and accurate information to make informed decisions.

Transparency

Filing responsibilities. An organization that normally has $25,000 or more in gross receipts must file an exempt organization information return Form 990, Return of Organization Exempt from Income Tax.

Public disclosure requirements that apply to tax-exempt organizations. In general, exempt organizations must make available for public inspection certain annual returns and applications for exemption, and must provide copies of such returns and applications to individuals who request them. Copies usually must be provided immediately in the case of in-person requests, and within 30 days in the case of written requests. The tax-exempt organization may charge a reasonable copying fee plus actual postage, if any.

Making documents widely available (i.e., posting on a website) satisfies the requirement to provide copies of the documents. This requirement is separate from the requirement to make the documents available for public inspection. There is no exception (similar to the widely available exception) from the requirement to make documents available for public inspection.

Exempt organizations public disclosure—penalties for noncompliance. Responsible persons of a tax-exempt organization who fail to provide the documents as required may be subject to a penalty of $20 per day for as long as the failure continues. There is a maximum penalty of $10,000 for each failure to provide a copy of an annual information return. There is no maximum penalty for the failure to provide a copy of an exemption application.

Compensation practices. Every employer, including an organization exempt from federal income tax, who pays wages to employees is responsible for withholding, depositing, paying, and reporting federal income tax, social security and Medicare (FICA) taxes, and federal unemployment tax (FUTA), unless that employer is specifically excepted by law from those requirements or if the taxes clearly do not apply.

Financial audits. Directors must be good stewards of the AOCD’s financial resources. The AOCD should operate in accordance with an annual budget approved by the Board of Trustees. The Board should ensure that financial resources are used to further the AOCD’s purpose.

To ensure that the AOCD’s financial resources are used to further its educational purposes, requiring receipt and review by the Board on a regular basis of up-to-date financial statements, Forms 990, auditor’s letters, and financial and audit committee reports. If the AOCD has substantial assets or revenue, the Board should (1) ensure that an independent auditor conducts an annual audit, (2) establish an independent audit committee to select and oversee the independent auditors, and (3) possibly cause the auditing firm to be changed periodically (e.g., every five years) to ensure that a fresh look is taken at the organization’s financial statements.

Fundraising policy. The Board of Trustees should adopt and monitor compliance with a fundraising policy to ensure that all solicitations comply with federal and state law requirements and are accurate and candid, and that any paid fundraisers are subject to proper oversight.

In 2011, the AOCD was notified of being in compliance with the AOA’s Healthy and Viable Affiliate Program, which reviews the College’s good governance practices on an annual basis.

In the next issue of Dermline, Document Retention, Confidentiality, and Governance and Administration will be discussed.
New Staff Joins AOCD

Two new staff members have recently joined the AOCD national office.

John Grogan’s title is Resident Coordinator/Member Support. He replaces Marsha Wise who was promoted to Executive Director this past winter.

Grogan’s primary responsibility is to track residents’ training information and reports, such as the Resident’s Annual Report and the Annual Paper Documentation Report, both of which must be submitted within 30 days of completing each training year. Additionally, program directors are required to submit an annual Program Director’s Report and Core Competency Annual Form for each osteopathic physician in the program also due within 30 days of completing the training year. “We have a large amount of paperwork coming through the office each day, and I, in part, ensure that it stays organized and we have everything we need to be in alignment with industry standards and in compliance with the regulations of the various governing bodies,” Grogan said. One of his first major projects after joining the AOCD was electronically archiving the past annual reports for all of the members. Grogan maintains the membership database and works on member updates and mailings. He also assists Wise with office duties and various projects. New responsibilities for the position include serving as the graphic designer for Dermline and other documents, such as meeting brochures.

Grogan earned his Bachelor of Arts degree in English with a dual emphasis in technical communication and literature from Missouri Western State University. He began his career in 2006 as a content developer with Cerner Corporation in Kansas City, Mo. In 2008, Grogan relocated to Kirksville to work as the director of programming and sales coordinator for KTVO, the local ABC affiliate.

When not in the office, he enjoys writing, reading, playing guitar, record collecting, volunteering in the community, and spending time with his wife, Angel, and one-year-old daughter, Gillian.

“I’m very excited to be joining the AOCD. Based on my experiences so far, this is a great organization full of many wonderful and dedicated professionals,” Grogan says. “My highest priority is to provide any assistance I can to the residents and program directors, whether that’s answering questions, making sure they have submitted all the required paperwork for their annual reports, or keeping them informed of new educational requirements and opportunities.”

Grogan can be reached by calling the national office or emailing him at jgrogan@aocd.org.

Joining Grogan is Carmen Stanton, the new Coordinator of Grants and Corporate Support, a part-time position based in the national office. Stanton will work to secure corporate sponsors and funding for the Midyear Meeting and Annual Meeting, as well as recruit and coordinate exhibitors at those meetings.
She will assist with event coordination and post-event reconciliation, as well.

With a marketing degree from the University of Nevada, Las Vegas, Stanton spent more than a decade there working in television production. What started out as a vacation at her family’s fourth-generation Missouri farm in 1998 ended in a permanent move and wedding. Since then, she has worked primarily in non-profit management and real estate. Stanton developed the state and nationally-recognized Northeast Missouri Medical Reserve Corps, one of three grant-funded pilot programs in Missouri, and spent time at the helm of the North Central Chapter of the American Red Cross. She will continue working as a real estate agent and home stager on a part-time basis.

Outside the office, Stanton enjoys travelling, reading, wine tasting, and attending NASCAR races. She lives just outside of Kirksville with her husband, Jim, and their three canine children.

“"I look forward to working with the AOC staff and Board of Trustees to recruit new corporate sponsors,” Stanton says.

Her email is cstanton@aocd.org.

AOA Names 115th President

Martin S. Levine, D.O., an AOA board-certified family physician, will begin serving as the 115th AOA president during OMED 2011.

Dr. Levine has deep roots in the osteopathic medical profession as one of 20 DOs in his family. Additionally, his father, Howard M. Levine, D.O., served as AOA president from 1997 to 1998.

A distinguished Fellow of the American College of Osteopathic Family Physicians, Dr. Levine has a family practice in Bayonne and Jersey City, New Jersey. He serves as Associate Dean for Educational Development at the Touro College of Osteopathic Medicine in the Harlem neighborhood of New York City. Dr. Levine also serves as Discipline Chief of Family Medicine and Clinical Associate Professor at Seton Hall University School of Health and Medical Sciences Clinical Training Center at St. Michael’s Hospital in Newark, New Jersey.

Dr. Levine has served on the AOA’s Board of Trustees since 2000. In addition to his role on the Board, he has served the AOA in a number of capacities, including Chair of the Department of Affiliate Relations and the Department of Professional Affairs as well as Chair of the Bureau of Clinical Education and Research.

Dr. Levine has been the recipient of many honors and awards, including being named on the Best Doctors list by New York magazine every year since 1999, and being honored as a Best Doctor in New Jersey Monthly magazine three times. He also was named Physician of the Year by the New Jersey Association of Osteopathic Physicians and Surgeons.

After earning his osteopathic medical degree from what is now the Kirksville (Mo.) College of Osteopathic Medicine-A.T. Still University, Dr. Levine completed his internship and residency training at Kennedy Memorial Hospital in Stratford, New Jersey, where he served as Chief Resident.

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The first-ever University of Pennsylvania Dermatology Symposium featuring four prominent academicians will kick off this year's AOCD's Annual Meeting to be held Saturday, Oct. 29 through Wednesday, Nov. 2 in Orlando.

Moderated by American Academy of Dermatology President William James, M.D., symposium speakers will address such topics as acne, rosacea, and hidradenitis, as well as unusual cutaneous malignancies and their management.

Tuesday's program will be highlighted by a comprehensive Dermoscopy Symposium led by renowned dermatologist and cutaneous oncologist Harold Rabinovitz, M.D. This three-hour program will include lectures by osteopathic dermatology Fellows.

On Tuesday and Wednesday, prominent nationally recognized dermatologist Eric Billy Baum, M.D., will discuss topical therapy for psoriasis and inflammatory dermatoses, and Jennifer Cather, M.D., will speak about psoriasis by gender. Resident lectures will be presented on both days.

All lectures will take place in Room 314 A/B at the Orlando Meeting Center. All other activities, including the Welcome Reception and Presidential Banquet, will be held at the Peabody Hotel Orlando.

For residents, the meeting will begin on Sunday with the In-Training Examination. The AOBD Exam will also be given that day. While the residents are testing, the AOCD Board of Trustees will convene in a day-long meeting. The Welcome Reception will be held from 6:30 p.m. to 8 p.m.

**Monday Speakers**

Before the speakers begin, Gregory Pappadeas, D.O., will offer the CLIA-Mohs Proficiency Testing. Speakers (listed with their topics) scheduled to present lectures on Monday between 8:30 a.m. and 3 p.m. are as follows:

- **Moderator:** William James, M.D.
- **Panel Members:** Ellen Kim, M.D. 
  Christopher Miller, M.D. 
  Misha Rosenbach, M.D.
- **University of Pennsylvania Health System**
- **First Annual University of Pennsylvania Symposia**

Ellen Kim, M.D.
University of Pennsylvania Health System

**Therapeutic Update on CTCL**

Christopher Miller, M.D.
University of Pennsylvania Health System

**Non-melanoma Skin Cancer and Unusual Tumors Managed Using Mohs Surgery**

Misha Rosenbach, M.D.
University of Pennsylvania Health System

**Inpatient Dermatology: Pearls & Pitfalls**

William James, M.D.
University of Pennsylvania Health System

**Updates on Acne, Rosacea & Hidradenitis Supporativa**

Les Rosen, M.D.
Dermpath Diagnostics

**Cosmetic Dermatopathology**

Richard Rubenstein, M.D.
Skin & Cancer Associates

**Center for Cosmetic Enhancement**

**Pruritus: An Updated look at an Old Problem**

John Minni, D.O.
Water's Edge Dermatology

**Prob Graft vs Host Disease**

Following the last lecture, the AOCD General Business meeting will be held between 3:15 p.m. and 5 p.m. The President's Reception & Banquet, which is a ticketed event, will be held between 6 p.m. and 9 p.m.

**Tuesday Speakers**

Speakers (listed with their topics) scheduled to present lectures on Monday between 7 a.m. and noon are as follows:

- **Moderator:** Cindy Hoffman, D.O.
  **Great Cases from Osteopathic Institutions**

- **Moderator:** Harold Rabinovitz, M.D.
  **Skin & Cancer Associates**
  **Center for Cosmetic Enhancement**
  **Panel Members:** Margaret Oliviero, ARNP
Dermoscopy Symposia

Lise Brown, D.O.
Theresa Cao, D.O.
Shauntell Solomon, D.O.
First Annual Dermoscopy Symposia

Eduardo Weiss, M.D.
Christopher Buckley, D.O.
Dermatologic Surgery Update

Residents will lecture for the remainder of the program. Resident speakers (including their program) and their topics are as follows:

Angela Brimhall, D.O.
Richmond Medical Center
Eruption Associated with Azithromycin in Acute Epstein-Barr Virus Infection

Alyn Hatter, D.O.
Richmond Medical Center
Dermatoses of Pregnancy

Ligaya Park, D.O.
Richmond Medical Center
Aquagenic Wrinkling of the Palms

Robert Levine, D.O.
St. John’s Episcopal Hospital
Acute Hemorrhagic Edema of Infancy

Tara Whelan, D.O.
St. John’s Episcopal Hospital
Elephantiasis Nosstrae Verrucosa

Katherine Chilek, D.O.
O’Bleness Hospital
Post-Radiation Atypical Vascular Proliferation

Frank Morocco, D.O.
O’Bleness Hospital
A Case of Cutaneous Myiasis in Central Ohio

Brent Michaels, D.O.
Valley Hospital Medical Center
Tinea Capitis in an 8-month-old Infant

Arathi Goldsmith, D.O.
Oakwood Southshore Medical Center
Klippel Trenaunay Syndrome

Peter Saitta, D.O.
Oakwood Southshore Medical Center
The Epidemiologic Evidence Relating Hair Dye to Internal Malignancy

Wednesday Speakers
Speakers begin at 8 a.m. on Wednesday.
Guest speakers include the following:

Alan Menter, M.D.
Texas Dermatology Associates, PA
Metabolic Syndrome and Cardiovascular Disease in Psoriasis

Eric Billy Baum, M.D.
Riverview Regional Medical Center, Gadsden, AL
Topical Therapy for Psoriasis

Residents will begin their lectures at 10:15 a.m. Resident speakers (including their program) and their topics are as follows:

Jonathan Richey, D.O.
Pontiac Botsford Osteopathic Hospital
Follow up to AOCD Membership Survey

Michelle Legacy, D.O.
Pontiac Botsford Osteopathic Hospital
Conidiobolomycosis

Jonathan Cleaver, D.O.
NRMC
When to Radiate

Amanda Beehler, D.O.
Alta Dermatology
Primary Cutaneous CD30 and Anaplastic Large Cell Lymphoma Arising in a 13-year-old Girl with Hydroa Vacciniforme

Amy Basile, D.O.
St. Joseph Mercy Health System
Merkel Cell Carcinoma

Ryan Jawitz, D.O.
St. Joseph Mercy Health System
A Vestibulobullous Eruption in a Hospitalized Patient

Christopher Messana, D.O.
St. Joseph Mercy Health System
A Large, Verrucous Suprapubic Plaque

Sevasti Margetas, D.O.
PCOM
Glomangiomas

Lusia Yi, D.O.
PCOM
Cutaneous Flushing

Kate Kleydman, D.O.
St. Barnabas Hospital
Calciphylaxis: Case Report

Helen Kaporis, D.O.
NRMC #2
Leishmaniasis

David Kasper, D.O.
Genesys Regional Medical Center
Contracts: Where Do I Sign?

Angela Bookout, D.O.
Largo Medical Center
Mythical Dermatoses

Lana Mc Kinley, D.O.
Largo Medical Center
Blasch Kids

Khongruk Wongkittiroch, D.O.
Largo Medical Center
Dermatology of the Stars

Betsy Leveritt, D.O.
Wellington Regional Medical Center
Angiosarcoma Case Report

Danielle Manolakos, D.O.
Wellington Regional Medical Center
Sunny Dermatoses

Kurt Greleck, D.O.
Columbia Hospital
Prevalence of Residual Non-Melanoma Skin Cancer in Excisional Specimens after Shave Biopsy

Theresa Cao, D.O.
NSUCOM/BGMC
A Curious Case of Dandruff

Roya Ghorsriz, D.O.
NSUCOM/BGMC
Streaks of Hypopigmentation

Jerome Obed, D.O.
NSUCOM/BGMC
A Pathergic Response to Fraction CO2

The AOCD Annual Meeting convenes at 5 p.m.
Keynote Speakers at OMED 2011

While attending the 2011 AOCOM Annual Meeting, you might want to head over to hear the OMED 2011 keynote speakers Jeb Bush and Connie Mariano, M.D.

Bush was elected the 43rd governor of Florida in 1998 and reelected in 2002. His second term as governor ended in January 2007. With partner Amando Codina, he started a small real estate development company, which grew to become the largest, full-service commercial real estate company in South Florida.

As Florida’s secretary of commerce, serving under Florida’s 40th governor Bob Martinez, Bush promoted Florida’s business climate worldwide. In 1994, he founded the non-profit Foundation for Florida’s Future, which joined forces with the Greater Miami Urban League to establish one of the state’s first charter schools. He also co-authored Profiles in Character, a book profiling 14 of Florida’s civic heroes; people making a difference without claiming a single news headline.

After his election, Bush focused on reforming education. Florida students have made the greatest gains in achievement and Florida is one of a handful of states that have closed the achievement gap. In addition, Bush cut taxes every year during his tenure as governor and Florida led the nation in job growth. He put Florida on the forefront of consumer health care advances by signing Medicaid reform legislation in 2006.

Bush is the son of former President George H.W. Bush and Barbara Bush. He lives in Miami with his wife, Columba, and they have three children.

During her successful career in medicine, Dr. Eleanor Connie Mariano has racked up an impressive list of firsts. Not only was she the first Filipino-American to become a rear admiral in the U.S. Navy, Dr. Mariano also was the first female director of the White House Medical Unit, as well as the first military woman to be appointed as the White House physician.

Born in 1955 in the Philippines, Mariano moved to the United States with her family at the age of two. She graduated cum laude from the University of California, San Diego, earning her undergraduate degree in biology. After joining the U.S. Navy in 1977, Dr. Mariano earned her medical degree from the Uniformed Services University of Medicine in 1981. She later reached the rank of rear admiral in the navy and from there rose to the position of White House physician, where Dr. Mariano provided medical service for George H.W. Bush, Bill Clinton, and George W. Bush.

In 2001, she retired from the navy and joined the Mayo Clinic of Scottsdale. Since then, Dr. Mariano has founded the Center for Executive Medicine, a concierge medical service in North Scottsdale.

Bush is scheduled to speak between 8 a.m. and 9:30 a.m. on Monday. Dr. Mariano will give her keynote address between 8 a.m. and 9 a.m. on Wednesday.

Members Choose OMED Theme

For the first time ever, AOA members were charged with choosing the theme for the Annual Osteopathic Medical Conference and Exposition, OMED 2011, to be held Oct. 30 - Nov. 3 in Orlando. This past March, AOA members were asked to submit their theme ideas on the wall of the AOA Facebook page. After receiving more than 70 submissions, the top four themes were selected as finalists. AOA members voted for their favorites by “liking” them on the Facebook wall. After garnering hundreds of votes, the winning theme was chosen: The Future of Medicine is in Your Hands submitted by Slade Suchecki, D.O.
The Artistic, Cultural Side of Orlando

Orlando is the theme park capital of the world. But it is also a town brimming with performing and visual arts as well as history and heritage.

Nestled between three lakes, Loch Haven Park Cultural Park covers 45 acres and serves as the region's premier cultural park. It is home to the Lowndes Shakespeare Center, Orlando Repertory Theatre, Orlando Museum of Art, Mennello Museum of American Art, Orlando Science Center, and Orlando Fire Museum.

The Lowndes Shakespeare Center is home to the Orlando Shakespeare Theater. *God of Carnage* and *Miss Nelson is Missing* are playing at the theater while the AOCD is in town. PlayFest, described as an engaging, fast-paced weekend packed with world premier plays, distinctive panels, and lively parties, is scheduled Nov. 3-6 at the theatre.

The Orlando Repertory Theatre presents professional theatre based on classic and contemporary children's literature. It is a place where young audiences can come and experience the adventure and creative wonder of watching their favorite characters come to life. *A Wrinkle in Time* will be playing.

The Orlando Museum of Art has an extensive collection of pre-Columbian Meso-American works, 19th century American, African art, and a number of contemporary pieces. Exhibitions include *Life Stories: American Portraits Past and Present*, which features paintings, photographs, and sculptures spanning a period of more than 200 years. *Common Ground: Art of the American Landscape* brings together paintings and sculptures by artists from the mid-19th century to the present and explores themes, such as the use of light and atmosphere to convey ideas about spirituality and the transcendent qualities of nature, that have continued to interest artists over time. *Aztec to Zapotec: Selections from the Ancient Americas Collection* features more than 180 works made prior to the arrival of Christopher Columbus and the Europeans during the late 15th and early 16th centuries.

While museum hopping, be sure to take in the lake views shaded by majestic oak trees in the lawn areas in the center of the park. One of Central Florida's oldest and largest oak trees—known as *The Mayor*—grows near the Mennello Museum.

The Orlando Fire Museum is housed in a two-story, red-brick firehouse built in 1926. The firehouse, which has been renovated and restored, showcases the city's fire department's history dating back to 1885.

The Orlando Science Center has several permanent exhibits and touring exhibits. *NatureWorks* will have you up close and personal with some of nature's most fascinating reptiles. At *DinoDigs*, step back into the prehistoric age. Explore such concepts as electricity and magnetism, lasers, soundwaves, and nature's forces in *Science Park*. No visit to the Science Center is complete without a trip to *KidiTown*, an interactive world dedicated to smaller explorers. Touring exhibits include *Get the Message* and *Charlie and Kiwi's Evolutionary Adventure*. Science Stations located throughout the facility are a cross between exhibits and live programs. The aluminum-domed Crosby Observatory atop the center houses Florida's largest publicly accessible refractor telescope.

Within a few miles of Loch Haven Park Cultural Park in nearby Winter Park are the Harry P. Leu Gardens, the Charles Hosmer Morse Museum of American Art, and the Orange County Regional History Center.

The Harry P. Leu Gardens is 40 acres of formal gardens with stone paths meandering between hedgerows and
beds thick with camellias, azaleas, bougainvillea, trumpet vine, canna lilies, and other tropical plants. The paths pass a gazebo, cottage, and large rose garden. There’s a butterfly garden and museum, as well as educational tours.

The world’s most comprehensive collection of works by Louis Comfort Tiffany (1848–1933) is housed at the Charles Hosmer Morse Museum of American Art. The Tiffany collection includes jewelry, pottery, paintings, art glass, leaded-glass windows and lamps, and the chapel interior the artist designed for the 1893 World’s Columbian Exposition in Chicago. The museum’s holdings also include a major collection of American art pottery and representative collections of late 19th- and early 20th-century American painting, graphics, and decorative art.

The Orange County Regional History Center offers three floors of dynamic permanent exhibits exploring 12,000 years of Central Florida history. Discover the region’s unique flora, fauna, and rock formations, and how Winter Park’s famous sinkhole swallowed a city block in Natural Environment; go back in time and discover Native American life in pre-European Florida in First People; see how the arrival of the Spanish changed the lives of Native Americans forever in First Contact; journey back to 19th century living in Pioneer Cracker Home; explore 100 years of tourism before Disney in Destination Florida; review Central Florida’s flight history from World War II to the Kennedy Space Center in Aviation; witness the grandeur of the original 1927 courtroom where it’s rumored Ted Bundy was arraigned in Courtroom B; and learn about the area’s remarkable growth through population figures, photos, and maps in The Road to Modern Orlando.

For those who want to venture a bit further, a popular day trip is Ybor City, once known as the Cigar Capital of the World. Built by Vicente Martinez Ybor, a Cuban cigar maker, Ybor City is one of just three National Historic Landmark Districts in Florida. Today the historic district’s brick buildings house restaurants and specialty shops. The tile work in some of the buildings alone is worth the trip. View authentic cigar rolling demonstrations, restored cigar workers’ houses, and an ornamental garden at the Ybor City Museum.

Another popular day trip is to St. Augustine, a tasty blend of Spanish Colonial and beach town funk. Founded by the Spanish in 1565, it is the oldest continuously inhabited European settlement in North America. It is home to the oldest fort in America, built in the 1600s, Castillo de San Marcos is a massive stone fort covering 20 acres that remains in pristine condition. Run by the National Park Service, the town gives visitors a glimpse of what life was like for the early settlers. Nearby, several blocks of Spanish buildings have been reconstructed along St. George Street. One of the original hotels built in the 1880s, the Casa Monica, has been restored and reopened. The beach at Anastasia Island, just over the bridge from the Old City, is a favorite with residents.

Branson Travel Packets Available
Travel packets for the upcoming meeting in Branson, Mo., will be available at the Annual Meeting. The packets include information on the meeting, area transportation, attractions, activities, and dining.
Dear Fellows & Fellows of Distinction:

Join us at the AOCD Annual Meeting in Orlando where we will honor all College members who have successfully passed the 2010 AOBD board certification examination.

The honorary degree—Fellow—will be conferred upon those individuals who have successfully passed the exam. This will take place during the AOCD General Meeting at 3 p.m. on Monday, Oct. 31, 2011 in the Orange County Convention Center, Room 314 A/B. Additionally, the prestigious honorary degree of Fellow of Distinction, along with the Fellow of Distinction medallion, will be bestowed upon those individuals qualifying for this highest honor at the Presidential Banquet beginning at 6 p.m., also on Monday, in the Grand Ballroom Q/P at the Peabody Hotel.

Those of you who are Fellows of Distinction, please wear your medallion as we welcome our new Fellow of Distinction inductee(s) that evening. Those of you planning to attend the Presidential Banquet, please remember that this is a black tie event. Ladies and gentlemen, kindly wear your black tie attire.

I hope that all of you will be able to attend the Presidential Banquet and help honor our outgoing President Leslie Kramer, D.O., and welcome our incoming President Brad Glick, D.O.

Fraternally yours in Dermatology,

Stanley Skopit, D.O., FAOCD

AOCD Past President 2003-2004
Chairman, Fellowship Committee

Free CME Symposium on Acne Offered

The Clinical Lessons in Evaluating Acne for Residents and Fellows, also known as CLEAR, CME Dinner Symposium will be presented by Paradigm Medical Communications, LLC, on Tuesday, Nov. 1, 2011 at the Rosen Plaza Hotel in Orlando.

This free educational program is designed to enhance and strengthen understanding of the scientific data on the clinical management of acne vulgaris. Topics to be covered include patient assessment, treatment options and objectives, and strategies to optimize adherence, as well as other practical issues involved with acne therapy. The featured speaker will be Hilary Baldwin, M.D., Associate Professor in the Department of Dermatology at the State University of New York in Brooklyn.

This CME program has been designed to meet the needs of dermatology residents. It also may be of benefit to practicing dermatologists interested in the effective management of acne vulgaris.

Upon completing this CME symposium, participants will be better able to:
• Describe the impact of acne vulgaris on affected patients
• Determine the type and severity of acne in patients
• Compare and contrast available topical and systemic treatments
• Develop an evidence-based, comprehensive treatment approach for patients

The symposium will be held from 6:30 p.m. to 9 p.m. at the hotel located at 9700 International Drive. Seating is limited. For more information or to register, call toll-free 845-398-5108 or visit http://www.aestheticcare.org/events/event055.shtml.
Setting up a paperless office means a lot more than implementing an electronic medical record (EMR). Components of a paperless office include an EMR, practice management software (PMS), electronic funds transfer (EFT), electronic remittance advice (ERA), paper document scanning/archiving database, digital image database, and laboratory interface.

Once established, a paperless office can save you money, leverage your time, make you more money, and improve patient care. Additionally, the federal government is offering incentives for using some of these components because they are supposed to enable you to provide better care.

While installing the hardware requires a certain amount of expertise, having some basic computer knowledge is helpful to properly supervise the installation. Specifically, the server, workstations, and database must be installed and maintained. The workstations include the hard drive and software. The network also has to be configured.

Electronic Medical Records

Probably the most familiar component of a paperless office is an EMR, which can improve efficiency of documentation and access to patient data, as well as minimize practice variation. A significant amount of time and manpower is spent looking for active charts; a task that will be eliminated with an EMR. Additionally, filing lab reports can be difficult when the chart is being used either by other staff members; an EMR enables more than one person to use it concurrently. Having charts readily available can improve quality of patient care, as well.

A paperless office increases accuracy and data retrieval. An EMR has a record of all computer-generated prescriptions, complete with Drug Enforcement Administration number, physician name, medication, and dosage, all of which are legibly written. Data is easily transferred through printouts and emails. Any nursing staff and physician can access the medical record with a few keystrokes for messages or consults.

An EMR reduces costs associated with space, staff, and paper. Paper charts take up a significant amount of office and storage space, not to mention the cost of paper and folders plus staff time to assemble the charts. An EMR eliminates the need for storage space and chart assembly.

On the down side, depending on the software and hardware systems, implementing an EMR can be costly. Plus, there are ongoing costs for software and hardware upgrades. Technical expertise is important to have when using an EMR. Basic on-site expertise is necessary for day-to-day operations, for example, to address what to do when the computer goes down. Training is an issue, as well. Office staff must be properly trained to use the EMR. Depending on the system, some have a steep learning curve that could lead to inefficiency, at least initially. Having backup is essential because unlike with paper charts, you don't lose one chart if the system goes down, you lose years' worth of charting. Moreover, HIPAA rules regarding encryption in data transfer and state laws for EMR regulations must be followed. Data could get corrupted, charts could be altered by other physicians or third

At McAllen, Dr. Lin works with one physician assistant and four medical assistants. He also employs three receptionists, one office manager, and one billing staff. There are nine exam rooms, each with a computer workstation. The databases are stored on the office server kept in a back room. The following paperless office components are used:

- EMR: Soapware 4.95
- PMS: Medisoft 14
- Linkage: X-Link 9
- Lab Interface: HLA-7 DocsExchange
- Electronic Posting: PayMaster
- Scanning: ScanSoft PaperPort 9.0
monies coming into McAllen. All accounts for 80 percent of all the insurance companies’ claims, which for all Medicare, Medicaid, and Payment posting is done electronically an explanation of benefits (EOB). We confirm that the EFT or check has organized by the date received. Once companies are deposited on a daily basis embezzlement. Checks from insurance directly to our bank account; checks. With EFT , money is sent We receive payment via EFT and electron to the Availity website. Availity be created. The file is then uploaded module that allows the claim files to manager, which has an additional direct Dermatology Clinic of McAllen, claims are submitted through the Availity website. We use Medisoft Statement Manager, which has an additional direct module that allows the claim files to be created. The file is then uploaded online to the Availity website. Availity generates a report within 24 hours regarding the status of the submission. If a claim fails, it must be resubmitted.

In the front office at my clinic, Dermatology Clinic of McAllen, claims are submitted through the Availity website. We use Medisoft Statement Manager, which has an additional direct module that allows the claim files to be created. The file is then uploaded online to the Availity website. Availity generates a report within 24 hours regarding the status of the submission. If a claim fails, it must be resubmitted.

We receive payment via EFT and checks. With EFT, money is sent directly to our bank account; eliminating the opportunity for embezzlement. Checks from insurance companies are deposited on a daily basis organized by the date received. Once we confirm that the EFT or check has been received, we post the accompanied ERA, which is an electronic version of an explanation of benefits (EOB).

Payment posting is done electronically for all Medicare, Medicaid, and insurance companies’ claims, which accounts for 80 percent of all the monies coming into McAllen. All superbills are posted, in sequence, daily. I personally review all of the claims and ERAs as well as resubmit all denied claims. On a monthly basis, we send out statements through Medisoft. Once all payments are posted, the remainder balance is sent to the patients. Backups are made on a daily, weekly, and bi-weekly basis. Having a backup system is crucial to a paperless office.

Probably the greatest benefit of a paperless office is that it improves billing proficiency. Not only does it increase the collection rate of billing, but it increases the number of patients seen. It protects against fraud and loss prevention because the EFT and ERA minimize employees’ access to accounts receivable. An employee doesn’t have to embezzle for you to lose money; they can simply make an inadequate effort to collect payments. Not billing primary or secondary insurance, getting behind on billing, or not following up on denied claims and writing the latter off can also lose you money. Employees don’t always know how to interpret modifiers or EOBs and simply write off the denied claim. At McAllen, there are no write-offs unless I authorize them. Without control of write-offs, your employees can collect 50 percent or less of what you are owed, and still generate a report telling you that nearly 100 percent of the accounts receivable is being collected.

Other Components Paper document scanning and archiving allow you to access additional paper work through the click of a button. At McAllen, we scan all superbills and patient encounter sheets each day. If there ever was an incomplete EMR chart for a patient, we can reconstruct it by accessing this paper work. The paper document scanning serves as an electronic paper backup of the entire system. Although we store all paper copies of the superbill, if there was an inquiry regarding patient visits, anyone of us can obtain the scanned copy without leaving the chair. My staff no longer needs to dig through storage to find what they need. We also scan all EOBs and checks. This allows our billing department to access these documents to answer billing questions from the patients. We can easily print them out for insurance purposes with a click of a button. We use a Xerox high speed scanner to scan a large amount of documents in the least amount of time.

A digital image database contains digital photographs of all patients. At McAllen, we have digital photos of nearly all patients for the documentation of lesions and pre-op biopsy cases. The photos are categorized by dates. Each date has a folder. The photos also serve as teaching tools and for clinicopathological correlation on biopsies.

The lab interface allows the clinic to receive pathology and lab reports directly from the lab. There is no need to print out or download reports and then scan them into EMRs. The reports are imported with accuracy and minimal effort. There is no need to chase faxes or look for incoming mail to find a patient’s lab results. This interface saves the equivalent of approximately one full-time employee.

While the reward of a paperless office is great, setting one up can be an expensive and daunting task. Consider carefully the pros and cons before implementing a paperless office. By making your office more efficient and accurate, you can spend more time providing patient care and less time worrying about paperwork and revenue. A carefully designed electronic practice will enable you to provide better care to your patients. And that is the most important reason to consider a paperless office.

Dr. Lin opened the Dermatology Clinic of McAllen in 2006.
Members Co-Author Textbook Chapters

AOCD members Tejas Desai, D.O.; Alpesh Desai, D.O.; and Will Kirby, D.O.; co-authored two chapters with Abel Torres, M.D., JD, in the recently published textbook entitled Lasers in Dermatology and Medicine: Medicolegal Issues.

This book offers a comprehensive review of all the major disciplines in medicine in which lasers are being used. It was written to serve as a cornerstone of laser usage in medicine, ultimately leading to better patient care and treatments.

“This book may serve as a paradigm for others to follow when it comes to laser medical malpractice,” says Dr. Tejas Desai. The use of lasers for cosmetic and medical procedures may not follow the basic ethical and legal guidelines that currently exist, he explains. While the legality of laser medicine varies from state to state, the ethical practice should be maintained by all practicing dermatologists. As an example, dermatologists have a duty to inform their patients about the importance of receiving care from board-certified specialists rather than other types of physicians or non-physicians, he says, adding, “If dermatologists are to determine the standard of care, then this chapter may uphold these standards.”

Dr. Desai is especially proud of the collaboration between osteopathic and allopathic dermatologists in writing this book. “Ethics in medicine is a significant part of the holistic approach that osteopathic dermatologists use to treat our patients,” he says. “This book represents a true meeting of the minds.”

Dr. Torres is the Chair of Dermatology at the Loma Linda University, School of Medicine in California.

The book was published by Springer this past September.

Dr. Nakhla Writes Book about Healthy Skin

Tony Nakhla, D.O., recently published a book entitled The Skin Commandments: 10 Rules to Healthy, Beautiful Skin.

What started out as a manual to answer commonly asked skin care questions and simplify complex dermatologic principles for his patients at OC Skin Institute evolved into a 10-step book.

Among the frequently asked questions it answers are:
- How can I detect and prevent skin cancer?
- What are the best treatments to reduce signs of aging?
- Is Botox™ safe?
- Which foods affect acne?
- Am I drinking enough water?
- How do I pick a sunscreen, moisturizer, or cleanser?

“In a celebrity-charged media where everyone from actresses and models to non-physicians and non-dermatologist physicians offer skin care advice, there is a tremendous amount of misinformation available,” Dr. Nakhla explains. “Patients are naturally confused about who they should turn to. My goal is to provide them with accurate, expert advice and refer them back to their most trusted skin care expert—their dermatologist—and not the non-physician in the neighborhood medical spa, day spa, or hair salon.”

The primary message of the book is that good skin care is good health care and vice versa, he says. “Caring for your skin will protect your health and beauty, and conversely, tending to your health will reward you with beautiful skin.”

Osteopathic Approach

The book reinforces the osteopathic principles of tending to one’s entire well-being when approaching skin care, Dr. Nakhla says. Topics discussed include stress, diet, and lifestyle modification. “Everything we do to our bodies, including behaviors such as smoking, binge drinking, tanning, and making poor dietary choices ultimately have a significant effect on the health and beauty of our skin.”

An osteopathic approach dovetails with the American healthcare system’s move in the direction of wellness and prevention, with holistic medicine at the core, he notes. “Whereas some osteopathic physicians consider themselves at a disadvantage for being a DO, I consider us fortunate. Osteopathic dermatologists are experts in two of the most sought after fields of medicine; holistic medicine and dermatology. At a time when people are hungry for information about these fields, DO dermatologists can stand out in a meaningful way as leaders and innovators.”

Writing for the Public

It took approximately 18 months to write the book; a task that he describes as “polar opposite” of writing for peers.

“When writing for the public you have to be careful not to be too technical.
The AOCD is fortunate to have the support and partnership from companies that are committed to medical excellence. This is the first of a new and regular feature—the Sponsor Spotlight—that will highlight a different sponsor in each issue of DermLine.

Although Biopelle, Inc. is relatively new to the AOCD, the company’s President Elliott Milstein has a long history with the College. His father was good friends with Drs. A.P. Ulbrich and Daniel Koprince, and many other AOCD members. In fact, the Milstein’s company, C&M Pharmacal, had been a sponsor of the Welcome Reception dating back to 1985. Following the sale of their company to Genesis Pharmaceutical and then Pierre Fabre Dermo Cosmetique, Milstein joined Biopelle in 2005.

In early 2005, the executive committee at the Ferndale Pharma Group (FPG), a privately held group of specialty healthcare companies that includes Ferndale Laboratories Inc., decided that the company had several valuable products to share with the medical aesthetic community. And to do it right, they would need a dedicated division and salesforce. In August of the same year, Biopelle became the official aesthetics division of Ferndale Laboratories. Biopelle began with two successful products that came direct from Ferndale’s portfolio; LMX and OC Eight.

At its roots, Biopelle is a reflection of the FPG, an organization that began in 1897 and has served the medical community for more than 100 years, providing medical supplies, equipment, laboratory reagents, and pharmaceutical products.

Biopelle began with the task of developing a unique product portfolio dedicated to improving the health and appearance of the skin that would include peri-procedure products, exfoliators, antioxidants, retinoids, growth factors, peptides, moisturizers, skin lighteners, and sun protection.

You also have to be careful not to dumb it down so much that you lose your reader,” Dr. Nakhla says. “Readers are very savvy and know a great deal about the topic of skin care. The art of writing is to know when your explanations are too complex, too simple, or just right.”

Writing the first draft was the easiest part of the process, he recalls. “Delivering the final product, deciding what needed to go, what needed to stay, and what needed to be added, was the most daunting task.” Dr. Nakhla also was surprised by the number of revisions and edits that were required.

Media Tour
Dr. Nakhla, who is the medical director and founder of OC Skin Institute, Dermatology Centers of Orange County, in Santa Ana, Laguna Niguel, and San Clemente, started a national media tour in conjunction with the book’s publication in September. In addition to being featured in several magazines, such as Self, Fitness, New Beauty, Health, and GQ this fall, Dr. Nakhla will be the featured speaker on radio broadcasts and will make guest appearances on television shows. Among the latter are Time Warner Cable News, PBS, and XM satellite radio as well as The Dr. Oz Show, The Doctors, Daytime, and The View.

The book, which is published by Reedy Press, St. Louis, Mo., is available at Barnes & Noble, Amazon, and other bookstores throughout the United States and Britain. AOC resident and Fellow members who would like a complimentary e-copy for their office can obtain one by sending an email to OCskinManager@gmail.com.

Sponsor Spotlight: Biopelle, Inc.

The AOCD is fortunate to have the support and partnership from companies that are committed to medical excellence. This is the first of a new and regular feature—the Sponsor Spotlight—that will highlight a different sponsor in each issue of DermLine.

The Ulbrich Circle and Koprince Society are named after founding members A.P. Ulbrich, D.O., and Daniel Koprince, D.O., respectively. The first 10 members who commit to the Ulbrich Circle between now and the 2011 Annual Meeting scheduled Oct. 30-Nov. 3 in Orlando will be forever known as the Founding Members of the Ulbrich Circle.

Take your place as a founding member of the Foundation for Osteopathic Dermatology (FOD), which is dedicated to providing grants for education and research in dermatology and related areas.

The FOD’s new levels of support are as follows:

- The Ulbrich Circle: $10,000 over a ten-year period
- Koprince Society: $1,000
- Leaders of Osteopathic Dermatology: $500
- Scholars Circle: $250
- Residents’ Forum: $100

The Ulbrich Circle and Koprince Society are named after founding members A.P. Ulbrich, D.O., and Daniel Koprince, D.O., respectively.

The first 10 members who commit to the Ulbrich Circle between now and the 2011 Annual Meeting scheduled Oct. 30-Nov. 3 in Orlando will be forever known as the Founding Members of the Ulbrich Circle.
Team Biopelle forged ahead and set in motion a rapid and dramatic expansion that included the acquisition of the rights to a number of world-class brands from Europe, such as Auriderm, Ascorderm, Heliocare, and Tensage; the development of new proprietary brands, including Retriderm and Synergies; and the acquisition of AFA and the PRESCRIBEDsolutions [CUSTOMIZED SKINCARE] brand.

Each brand has its special place in Biopelle's Global Spectrum of Skin Care. AFA provides powerful, yet gentle, exfoliation. LMX is a topical anesthetic. Auriderm, with vitamin K oxide, topically tackles hemosiderin. OC Eight, with Acrysorb® technology, eliminates excess sebum. Ascorderm is a vitamin C line that has proven stability and serves as a defense against fine lines and wrinkles. Tensage, a unique snail secretion, regenerates and heals skin that has been damaged by photoaging and dermatologic treatments. Retriderm is an over-the-counter retinol that has proven bioavailability and is delivered in a one-of-a-kind aqueous suspension. PRESCRIBEDsolutions is a comprehensive skin care line custom designed for each patient's specific needs with the addition of multitasking boosters. Heliocare capsules are an oral dietary supplement with antioxidant properties that help protect the skin from sun-related damage and aging. Additionally, Biopelle, with the help of dedicated skincare professionals, has combined products from several of its brands to address specific skin care concerns under the SYNERGIES label.

In addition to its collection of products, Biopelle strives to build strong, long-lasting relationships with its customers. What has evolved is an innovative strategy. The Physician's Partnership Program is a customer loyalty plan that thanks Biopelle customers when their sales reach defined levels. Benefits include pricing, shipping and small order charge discounts, customized marketing opportunities, and discounted or free staff orders.

But, as everyone knows, a good company is not just about its products. As important as it is to build a distinctive line of cosmeceuticals, the leaders at Biopelle know that it is equally important to build a team of individuals who are passionate about aesthetic medicine, that is, people who are committed to helping aesthetic professionals deliver products with cutting-edge technologies that are efficacious and cost effective while providing exceptional customer service.

A key member of this team is Milstein, who joined Biopelle as the Director of Sales when the company was just starting out. After building the sales team, he became the president and chief operating officer. With a passion for product formulations, Milstein has brought many successful technologies to the market including Glytone and Essential Care. Milstein, who turned Glytone into a worldwide brand, continues to develop new products. Along with his father, Milstein holds the patent on a delivery system for tretinoin, the product today marketed as Atralin, and has other patents pending on various skin care products and concepts.

Team Biopelle will continue its pursuit of exciting, cutting-edge technologies in its global spectrum of skin care as it continues to deliver the best possible customer service.

Thanks to Biopelle and Milstein for their long-term support of the AOCD. We look forward to seeing them at the Annual Meeting.

Special thanks to Claudia Sinta for providing the history of Biopelle, which is our sponsor for the Welcome Reception at the 2011 Annual Meeting in Orlando.

Honorable Mention

Patrick Keehan, D.O., was the featured speaker on a radio show called All About Life on KRLD 1080 AM in Dallas on May 28. The Fort Worth dermatologist talked about sun safety, sunscreen use, and the controversy about Vitamin D during the hour-long program.
Dermatology Exemplifies Osteopathic Medicine

Dermatology exemplifies the ideals expressed by Andrew Taylor Still, M.D., D.O., specifically as it relates to osteopathic manipulative treatment (OMT) and the principles of osteopathic medicine, according to an article written in the *JAOA* by AOCD members Shannon Campbell, D.O.; Dawn L. Sammons, D.O.; Ramona M. Sarsama-Nixon, D.O.; J. Michael Holsinger, D.O.; and Sean Stephenson, D.O.*

Some claim that the trend toward specialized medicine has been at the expense of osteopathic principles and practice. Specifically, dermatology has been criticized as a narrowly focused field in which OMT has no place. However, the authors contend that patients with dermatologic diseases can benefit from OMT as adjunctive therapy. For example, primary hyperhidrosis aggravated by autonomic dysfunction may improve from OMT directed at normalizing the sympathetic chain. Patients with dysesthesia syndromes and nalgalgia paresthetica may benefit from spinal manipulation.

The authors elaborate on how the four principles that govern osteopathic medicine align with the treatment of skin diseases.

The first principle—the body is a unit, and the person represents a combination of body, mind, and spirit—emphasizes the role of disease on the patient's mind or psyche, and vice versa. Both a teenage girl with acne vulgaris and a middle-aged man with psoriasis fear ridicule. Many cutaneous diseases, such as delusions of parasitosis, have a psychological component as the primary cause or contributing factor. Anxiety, obsessive-compulsive disorders, and depression can also complicate skin disease, as seen in acne excorie, neurotic excoriations, and trichotillomania.

The second principle—the body is capable of homeostasis, self-healing, and health maintenance—maintains that the body has a powerful ability to contribute to healing and emphasizes the need for prevention to maintain health. A disruption in the immune system is at the foundation of many dermatologic diseases. From autoimmune blistering diseases to connective tissue diseases, dermatologists try to help the body regain its ability to self-regulate and self-heal.

The third principle—structure and function are interrelated—stems from Dr. Still's belief that disruption in function, particularly at the musculoskeletal level, can cause and exacerbate disease. Spinal abnormalities may contribute to the pathogenesis of several dermatologic diseases, such as brachioradialis pruritus and nalgalgia paresthetica. Additionally, several cutaneous diseases, including atopic dermatitis, are the result of a disruption in skin structure that leads to abnormal skin function.

The fourth principle—rational treatment is based on an understanding of these principles—describes the osteopathic approach of evaluating and treating the whole person. Diagnosing dermatologic conditions involves using the patient's history, review of systems, and physical examination. In fact, many skin diseases are diagnosed on clinical appearance alone. Moreover, dermatologists recognize that a cutaneous disease may be a sign of internal disease. As an example, acne vulgaris may be the result of a hyperandrogenic state. Generalized granuloma annulare, recurrent dermatophyte infections, or clear cell syringomas may be a presenting sign of diabetes mellitus. As in the case of paraneoplastic pemphigus, dermatomyositis, and pruritus ani, the first sign of a malignancy may appear with a cutaneous manifestation.

The evolution of the osteopathic profession into dermatology has not been at the expense of the osteopathic philosophy, the authors conclude, but rather to its benefit. Dermatology exemplifies Dr. Still's approach to medicine and provides a unique opportunity to implement osteopathic training into daily practice.

The article entitled *Dermatology: A Specialty that Exemplifies the Osteopathic Medical Profession* appeared in the May 2011 issue of the *JAOA*.

* Stevan Walkowski, D.O., a family practice physician, was also an author.

Dr. Kirby Receives Leadership Award

Will Kirby, D.O., recently received the first annual Leadership in Aesthetic Business Development Award from the Aesthetic Academy.

The award is in recognition of Dr. Kirby's efforts to educate consumers regarding cosmetic procedures.

Dr. Kirby also presented at the Aesthetic Show™, a multidisciplinary educational forum for the medical aesthetic industry hosted by the Aesthetic Academy in Beverly Hills this past April. He spoke to attendees about how to interact with the media and optimize their success in aesthetic medicine.
The sixth and final Psoriasis Guidelines of Care recently published by the American Academy of Dermatology (AAD) uses patient cases to highlight the five prior guidelines.

In addition to reviewing key findings of the five previously published guidelines, the sixth guideline includes case presentations complete with clinical photographs and patient histories. Additionally, it offers new information on available drugs and those no longer on the market as well as addresses gaps in research and care, and suggests further studies to address these limitations.

Eugene Conte, D.O., noted that the case-based format is an advantage of the sixth guideline. “I believe that dermatologists relate more to a case-based guideline because it is more real world and applied to cases that they would see in their daily practices,” he says.

The first five guidelines presented evidence supporting the use of topical treatments, phototherapy, traditional systemic agents, and biological therapies for patients with psoriasis across the entire spectrum of the disease from mild to moderate to severe, with and without psoriatic arthritis.

**Limited Psoriasis**

According to the sixth guideline, topical corticosteroids of varying strengths are a first-line treatment for limited psoriasis. Vitamin D analogs—calcipotriene, calcipotriol, and calcitriol—are additional first-line treatment options in some cases. Retinoids, tacrolimus, and ultraviolet-based therapy, such as the 308-nm monochromatic xenonchloride (excimer) laser, are other effective topical approaches.

While the use of emollients and ointments has limited evidence, the authors note, moisturizers do play a key role in the routine skin care for patients with psoriasis.

Patients with limited disease should be assessed for psoriatic arthritis. More intensive therapy should be considered if it is present or if psoriasis exists in vulnerable areas that either doesn’t respond to topical therapy or interferes with quality of life.

The guidelines also address the topical treatment of inverse/intertriginous, genital, and scalp psoriasis, as well as clinical trials comparing topical agents. Other topics in this section include adherence to topical treatment and short-term use of systemic agents.

**Topical therapies**, either as monotherapy or in combination with phototherapy, systemic therapy, and biologic therapy, are the mainstay of therapy for the vast majority of patients with psoriasis, the authors conclude. The selection of medication options must take into account body site, thickness and scaling of the lesions, patient age, costs, and vehicle preferences of the patient. For the majority of patients with limited disease, topical treatments are safe, effective, and convenient.

**Moderate to Severe Disease**

Ultraviolet therapy remains an important therapeutic option for patients with moderate to severe psoriasis without psoriatic arthritis. Systemic agents, such as methotrexate, cyclosporin, and acitretin, also may be used. When traditional systemic agents fail or are not tolerated, biologic agents can be used. Those approved for the treatment of psoriasis and psoriatic arthritis include alefacept and ustekinumab (psoriasis only); golimumab (psoriatic arthritis only); and infliximab, etanercept, and adalimumab.

Agents currently in clinical trials include an anti-interleukin (IL)-12/23 antibody, anti-IL-17 antibodies, IL-17 receptor blockers, p-selectin inhibitors, and Janus kinase inhibitors.

In the majority of patients with moderate to severe disease, ultraviolet therapy is cost-effective, and lacks the systemic toxicities and immunosuppressive properties of systemic and biologic treatments, according to the authors.

**Psoriatic Arthritis**

Most often, mild psoriatic arthritis is managed with non-steroidal anti-inflammatory drugs alone. However, if the psoriatic arthritis is unresponsive after two to three months of this therapy, treatment with methotrexate should be considered. If no improvement is seen after 12 to 16 weeks of treatment, the patient may be switched to a tumor necrosis factor

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### AOA Opposes Repeal of Indoor Tanning Tax

In June, the AOA signed on to a joint letter opposing HR 2092, which is legislation to repeal the tax on indoor tanning services. Currently, the indoor tanning tax serves as the only policy at the federal level that takes action against the increased risk of skin cancer, including melanoma, which has been linked to the use of tanning beds in a growing number of clinical studies. This letter is an outgrowth of a small collaborative campaign to highlight the dangers of indoor tanning, to which the AOA signed on as a co-sponsor in early May.
The Food and Drug Administration (FDA) recently approved two first-ever treatments for dermatologic conditions; melanoma and hyperhidrosis.

Ipilimumab was approved for the treatment of patients with metastatic melanoma. It is the first FDA-approved therapy to clearly demonstrate a longer life span for patients using this treatment, according to Richard Pazdur, M.D., director of the Office of Oncology Drug Products in the FDA's Center for Drug Evaluation and Research.

Ipilimumab is a monoclonal antibody that blocks a molecule known as cytotoxic T-lymphocyte antigen or CTLA-4, which may play a role in slowing down or turning off the body's immune system, affecting its ability to fight off cancerous cells. Administered intravenously, Ipilimumab may work by allowing the body's immune system to recognize, target, and attack cells in melanoma tumors.

Ipilimumab's safety and effectiveness were established in a single international study of 676 patients with melanoma. All patients in the study had stopped responding to other FDA-approved or commonly used treatments for melanoma. In addition, participants had disease that had spread or that could not be surgically removed. The study was designed to measure overall survival, the length of time from when this treatment started until a patient's death. The randomly assigned patients received Ipilimumab plus an experimental tumor vaccine called gp100, Ipilimumab alone, or the vaccine alone. Those who received the combination therapy or Ipilimumab alone lived an average of approximately 10 months, while patients who received only the experimental vaccine lived an average of 6.5 months.

Common side effects that can result from autoimmune reactions associated with Ipilimumab use include fatigue, diarrhea, skin rash, endocrine deficiencies, and colitis. Severe to fatal autoimmune reactions were seen in 12.9 percent of patients treated with Ipilimumab. When severe side effects occurred, Ipilimumab was stopped and corticosteroid treatment was started. Not all patients responded to this treatment. Patients who did respond in some cases did not see any improvement for several weeks. Due to the unusual and severe side effects associated with Ipilimumab, the therapy is being approved with a Risk Evaluation and Mitigation Strategy to inform healthcare professionals about these serious risks. A medication guide also will be provided to patients to inform them about the therapy's potential side effects.

The FDA approved a new type of treatment, this one for axillary hyperhidrosis.

Called miraDry, the new treatment uses a non-invasive handheld device to deliver electromagnetic energy to the area beneath the underarm skin where the sweat glands reside, resulting in thermolysis of the sweat glands. The effect can be seen almost immediately and results have been shown to be long-lasting after two treatments. In a clinical study following 120 patients, 70 percent of recipients said their sweating no longer bothered them after 18 months.

Outpatient visits typically take one hour during which a dermatologist will administer local anesthesia and then use the device to deliver electromagnetic energy to the underarms. The device cools the outer layer of the dermis and patients usually do not experience discomfort during the procedure. Physician visits are typically scheduled three months apart.

Although this technology is new to dermatology, it has been used in cardiology, cosmetics, general surgery, urology, and oncology. Common side effects include mild to moderate swelling in the armpits that may last up to two weeks. Minor skin irritation is a rare side effect that can last as long as one month. The elimination of these sweat glands has no effect on body thermoregulation and compensatory sweating has not shown itself to be a concern following device use.

miraDry is expected to be available by the end of this year.
The next issue of the *Journal of the American Osteopathic College of Dermatology (JAOCD)* will debut a new cover design.

“The new cover will give our journal a more unique look,” states Editor-in-Chief Jay Gottlieb, D.O., who began working on the redesign this past summer.

In addition, the journal now has 55 AOCD members on staff to serve as associate editors whose primary responsibility is to review manuscripts in a timely fashion, says Dr. Gottlieb. Associate editors are listed in the *JAOCD* masthead along with their photographs. Typically, each associate editor will review between three and four manuscripts a year. The reviews are performed online through Editorial Manager®, a web-based submission program. Although reviewing articles electronically doesn’t take a lot of time, it makes a big difference in keeping the editorial process running smoothly, he adds.

The *JAOCD* has had to increase the number of individuals reviewing manuscripts to handle the growing number of submissions, notes Co-Editor Jon Keeling, D.O. The journal receives 20 articles, on average, a month. More than 90 percent of the authors submitting manuscripts are residents, he says, while approximately 10 percent are medical students and AOCD members.

“As the quantity and the quality of the articles improve, we hope to get the *JAOCD* indexed with Index Medicus,” Dr. Gottlieb says. Being a peer-reviewed journal adds credibility to the journal and increases its chances of becoming listed on Pubmed. The latter will be a big step not only for the authors, but for the *JAOCD*, which is close to being able to publish quarterly, Dr. Keeling notes.

Although the *JAOCD* has undergone some exciting changes this year, what won’t change is its leadership. Dr. Gottlieb will remain the Editor-in-Chief overseeing the operation of the journal, including obtaining sponsor support for the *JAOCD*, which is a separate entity from the AOCD. Dr. Keeling will remain Co-Editor whose primary responsibility will be to recruit, maintain, and work with the expanding associate editor staff.

Board-certified dermatologists interested in becoming an associate editor should email the journal editors at JAOCD@aol.com.

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**JAOC D**

**A CALL FOR PAPERS**

*Journal of the American Osteopathic College of Dermatology-JAOC D.*

We are now accepting manuscripts for publication in the upcoming issue of the *JAOC D*. ‘Information for Authors’ is available on our website at www.aocd.org/jaocd. 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
I would like to take this opportunity to welcome the new 2012-14 residents to the AOCD. You have worked very hard to get here. Keep up the good work, stay focused, and make our profession proud. I highly encourage you to take an active part in the AOCD and its resources. There are many fantastic rotations and educational seminars/conferences that will strengthen your clinical acumen and sharpen your surgical skills. Speak to your fellow residents regarding these activities and use them to guide you during this transition in your life.

Second, I would like to thank the members for the opportunity to be your resident liaison this past year. It has been a fantastic journey, during which we have seen some new transitions take place at the College. At this time, I would like to review some of my campaign promises. At the upcoming AOCD Annual Meeting, the Education Evaluating Committee will discuss the pros and cons of a resident match process. If voted upon, this process is expected to provide both the matching applicant’s preferences with the programs director's choices in a non-partial venue. Your opinions from the resident surveys will be presented at this time. I am hoping that we can streamline this process to make it easier and more enjoyable for both the residents and program directors alike.

Although tedious at times, the Andrews book order was a success. We were able to get a significant discount on this book through Elsevier. Nearly 50 residents and program directors benefited from this deal. We are trying to put together a similar opportunity to purchase the textbook *Dermatology* by Dr. Bolognia that will be published in January/February 2012. If you are interested in purchasing this textbook, email me at davidkas@pcom.edu.

Third, I would like to thank Marsha Wise for all her hard work. Most of you do not realize the amount of work that she is required to do for both the residents and the AOCD overall. So next time you see her, tell her thanks!

Lastly, I would like to congratulate the graduating class of 2011. Your persistence and hard work has paid off. You and your families should be very proud of this endeavor. Once you start your busy careers, remember how you got to this point in your life. I highly recommend you all to take an active part in the AOCD.

As you walk down the road in life, may you carry a sword in your hand, a dream in your eye, a spring in your step, and a song in your heart.

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**Dr. Lin Elected to TOMA Board of Trustees**

Rick Lin, D.O., MPH, has been elected to a one-year term on the Board of Trustees of the Texas Osteopathic Medical Association (TOMA).

“I am honored to be elected to the TOMA Board of Trustees and grateful to be able to represent and serve my colleagues,” says Dr. Lin, who also serves on the AOCD Board of Trustees. As such, he will be able to coordinate with the two boards to bring resolutions to the AOA House of Delegates that will benefit both organizations.

“I believe that my role in both organizations will provide synergistic results for the profession,” he adds.

Dr. Lin formally took office during the Joint Annual Convention & Scientific Seminar of TOMA and the Texas Society of the American College of Osteopathic Family Physicians, held this past June in Dallas.

An active TOMA member, Dr. Lin is Chair of its Information Technology Website Committee, a member of the New Physicians Committee, and President of his divisional society, TOMA District 14. In 2009, he received TOMA’s New Physician of the Year Award recognizing excellence in osteopathic practice and contributions to public health by an osteopathic physician in practice for five or fewer years.

Dr. Lin opened the Dermatology Clinic of McAllen in 2006.

Representing osteopathic physicians in Texas since its founding in 1900, TOMA currently represents approximately 3,000 members, including more than 700 osteopathic medical students at the Texas College of Osteopathic Medicine in Fort Worth and osteopathic medical schools across the country.

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**Many Congratulations**

*by David Kasper, D.O., MBA, Resident Liaison*

I would like to take this opportunity to welcome the new 2012-14 residents to the AOCD. You have worked very hard to get here. Keep up the good work, stay focused, and make our profession proud. I highly encourage you to take an active part in the AOCD and its resources. There are many fantastic rotations and educational seminars/conferences that will strengthen your clinical acumen and sharpen your surgical skills. Speak to your fellow residents regarding these activities and use them to guide you during this transition in your life.

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Hello all,

The first few months in my new role have been eventful. This summer I’ve been busy electronically archiving files, sorting through resident reports, making preparations for the Annual Meeting, working on my first issue of Dermline, and the list goes on. I want to express my most sincere gratitude to everyone for the welcoming atmosphere you’ve provided. Please remember to keep your address and email address current. If you experience problems logging on to www.aocd.org/membership, please let me know.

In-Training Exam Set for Sunday
Both the In-Training Examination (ITE) and the Board Exam are being held on Sunday, Oct. 30, 2011 at the Peabody Hotel in Celebration Rooms 5/6 and 3/4, respectively. The test will commence promptly at 8 a.m. Plan to arrive early, as no one will be admitted after 7:45 a.m., and the exam room doors will be closed at 7:50 a.m. Residents’ dues must be current to sit for both exams.

Policy prohibits any electronic devices from being brought into the testing site. This includes cellular phones, personal digital assistants, and pocket organizers. All of these items should be left in your room prior to testing. Any of these electronic media will be collected. No allowances will be made for those on-site during the testing procedures or during bathroom breaks, etc.

An ITE is administered to dermatology residents each year during the AOCD Annual Meeting. Although the dermatology ITE is a practice test, all residents are required to take it. The intent of the ITE is to identify knowledge-based strengths and weaknesses in both the training programs and the residents in a non-punitive manner. The exam format includes only the types of multiple-choice questions that appear on the certifying exam (i.e., one best answer, matching, and identification of images). The ITE is not meant to be a mirror of the actual Board Exam.

Immediately following the ITE and lunch, there will be a mandatory Resident Workshop. The first workshop session will detail the requirements for papers, posters, and presentations. Other presentations will cover ethics, responsible social media use, and general AOCD requirements. Question and answer sessions will follow each presentation.

Resident Lectures Set for Tuesday, Wednesday
Resident lectures at the 2011 Annual Meeting will be held Tuesday, Nov. 1 and Wednesday, Nov. 2. Lectures are scheduled from 2 p.m. to 5 p.m. on Tuesday and from 10:15 a.m. to 5 p.m. on Wednesday. The lectures, which will cover a broad range of topics, will be held at the Orange County Meeting Center in room 314 A/B.

Information regarding function tickets was mailed in August. Please return the form to the AOCD office so that we can have an accurate count for seating and meals. Residents will be charged a fee of $25, as will any of their guests, for the banquet.

Apply Now for Intent-to-Lecture at Midyear Meeting
Intent-to-Lecture applications for the 2012 Midyear Meeting are now being accepted. There are a limited number of spots, so get your application in as soon as possible. Resident lecture dates will be announced at a later date. Residents slated to graduate in 2012 will be given priority in scheduling. The faculty disclosure statements and Intent-to-Lecture forms also can be downloaded from our website (www.aocd.org/qualify).

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
• Two passport-sized photos
• A current curriculum vitae

Administrative requirements for resident oral presentations are as follows:
• Call For Lectures/Papers: Seven months prior to the first day of the meeting
• Intent-to-Lecture Form: AOCD office notified by resident of intent to lecture six months prior to the first day of the meeting or resident will not be placed on the schedule

Required signed documents must be submitted to the AOCD office eight weeks prior to the first day of the meeting. These documents include:
• Disclosure Statement
• Copyright/Consent
• Program Director’s Statement
• Copy of Complete Powerpoint Presentation

If a resident’s PowerPoint materials, as defined by the AOCD, are not received by the announced deadline, the resident will be unable to present at the meeting and will not be eligible for Koprince Award evaluation.

Receipt of these items two months prior to the meeting will allow ample time for evaluation review, and approval by CME accredited bodies.

Lecture schedule sign-up is closed 12 weeks prior to the first day of the meeting. No last minute additions to the lecture schedule will be allowed.

The lecture schedule is as follows:
• September 19, 2011: Call for papers/lectures with deadline information
• October 19, 2011: Intent-to-Lecture forms due
• January 19, 2012: Lecture sign-up closed
• February 19, 2012: Documentation/presentations due
• April 19, 2012: Meeting start date

AOCD Welcomes New Residents
The AOCD residency programs have continued to grow over the years, and this year is no exception. As of July 2011, our programs are home to 110 residents.

The 37 new residents, listed with their programs, are as follows:

Advanced Desert Dermatology (Dr. Vernon Mackey)
Ray Knisley, D.O.

Columbia Hospital (Dr. Layne Nisenbaum)
Emily Matthews, D.O.

Genesys Regional Medical Center (Dr. Kimball Silverton)
Clayton Schiltz, D.O.

Montgomery Regional Hospital/VCOM (Dr. Daniel Hurd)
Greg Haunson, D.O.
Samuel Wilson, D.O.

NRMC-Kirkville (Dr. Lloyd Cleaver)
Cathy Koger, D.O.

NRMC-Texas (Dr. Bill Way)
Jordan Fabrikant, D.O.

NSU-COM/BGMC (Dr. Angela Combs)
Lise Brown, D.O.
Panagiotis Mitropoulos, D.O.
Justin Rubin, D.O.

NSUCOM/Largo Medical Center (Dr. Richard Miller)
Brooke Walls, D.O.
Jared Heaton, D.O.
Julian Ngo, D.O.

O’Bleness Memorial Hospital (Dr. John Hibler)
Nicholas Benner, D.O.

Oakwood Southshore Medical Center (Dr. Steven Grekin)
Mariel Bird, D.O.
Christina Feser, D.O.

PCOM (Dr. Tanya Ermolovich)
Luis Soro, D.O.
Christian Oram, D.O.

Pontiac Osteopathic Hospital (Dr. Annette LaCasse)
Jesse Jensen, D.O.
Katherine Johnson, D.O.

St. Barnabas Hospital (Dr. Cindy Hoffman)
Holly Kanavy, D.O.

St. John’s Episcopal Hospital, South Shore (Dr. Marvin Watsky)
Winifred Chu, D.O.
Charisse McCall, D.O.

St. Joseph Mercy Health System (Dr. Daniel Stewart)
Nathan Cleaver, D.O.
Anne Hanson, D.O.
Morgan McCarty, D.O.
Megan Morrison, D.O.
Dustin Wilkes, D.O.

South Texas Dermatology Program
(Dr. Alpesh Desai)
Tang Le, D.O.

Summa Western Reserve Hospital
(Dr. Schield Wikas)
Nicholas Rudloff, D.O.

UHHS Case Western University/Richmond
(Dr. Joan Tamburro)
Sital Patel, D.O.
Pezhman Shoureshi, D.O.

UNTHSC/TCOM (Dr. Robert Harla)
Ryan Pham, D.O.

Wellington Regional Medical Center
(Dr. Bradley Glick)
Suzanne Micciantuono, D.O.
Matthew Zaraga, D.O.

Western University/Pacific Hospital
(Dr. David Horowitz)
Michael Kassardjian, D.O.
Teresa Ishak, D.O.
Vitamin D: Promising Treatment for Acne Vulgaris
by Kristin Regan, MS-IV

Vitamin D therapy may be a promising treatment for acne vulgaris based on a growing body of evidence.

In vitro studies with keratinocytes, in vitro murine models, and historical interventional studies link low serum concentrations of vitamin D with higher incidence of inflammatory skin conditions, such as acne vulgaris, atopic dermatitis, psoriasis, and lupus erythematosus. Specifically, numerous in vitro and in vivo studies have demonstrated the effects of vitamin D analogues on the proliferation of keratinocyte growth. Low concentrations of calcitriol stimulate keratinocyte proliferation whereas higher concentrations inhibit proliferation. When calcitriol is applied clinically to hyperproliferative diseases, such as psoriasis, there is profound anti-proliferation and differentiation in vivo. However, the effects of topical vitamin D treatment on deeper, dermal inflammatory conditions are less pronounced, quite possibly due to bioavailability or the lack of vitamin D receptor proteins in the dermis. Another study, which found that the key components of the vitamin D system are strongly expressed in a particular human sebaceous gland cell line, suggests that the local synthesis of vitamin D metabolites may be important for the growth regulation in sebaceous glands and therefore has a possible role in acne.

**Historical Studies**

The use of vitamin D for treating skin conditions can be traced back to the 1930s. In a 1938 review, vitamin D in the form of viosterol was used in oral doses as large as 30,000 units daily for two to eight weeks in the treatment of acne. Patients showed a 20% improvement in their condition. Moreover, Stokes et al noted that as the dose of vitamin D increased so did the percentage of acne clearing in these patients. This improvement was not only observed with oral supplementation, but also was seen in patients who were exposed to ultraviolet (UV) irradiation, suggesting that cutaneous synthesis of vitamin D via sunlight may play a role in local immunosuppression.

An interventional study in 1938 further demonstrated the potential use of vitamin D by comparing patients with and without previous X-ray therapy for acne. Although X-ray therapy yielded excellent cosmetic results for patients with acne vulgaris, a high percentage suffered relapses. By the study’s end, 132 patients were treated with oral viosterol (20-40 drops daily, 5,000-14,000 units/dose), 86 were treated with X-ray therapy, and 123 were treated with other means. Nearly 76% of patients showed some improvement during the three-month viosterol therapy compared with 45% of patients treated with X-ray therapy alone. Vitamin D therapy was beneficial, but 43% of patients experienced varying degrees of nausea, dizziness, and tingling in extremities.

By 1950, it was understood that sunlight was “essential to all parts of life” but to what extent? To answer this question, Strakosch demonstrated a connection between lack of sunlight and lupus vulgaris and bone tuberculosis in sun-deprived countries. When patients were exposed to adequate UV irradiation, their conditions improved. Extrapolating these concepts, Strakosch used the active form of vitamin D—calciferol—to treat patients with various skin conditions in an interventional study. Of note, were three acne conglobata patients who had relapsed from previous X-ray therapy over a two-year period. They had a pronounced improvement within three months of treatment with 50,000 units of oral calciferol given four times daily. At that point, the dosage was reduced to 100,000 units daily without detectable rebound.

It wasn’t until 1980 that Holick et al proved that the active form of vitamin D (calciferol) was synthesized in the skin over the course of three days through UV irradiation. In addition, it was noted that the active form of vitamin D has various other positive effects on the skin. With the additional evidence previously presented by Strakosch, it can be postulated that the careful addition of oral calciferol could act as a catalyst to the already potent healing properties of vitamin D’s natural counterpart.

**Current Studies**

In recent years, topical vitamin D has gained far more popularity than its oral counterpart for the treatment of acne vulgaris and other skin conditions. Other topical applications, such as benzoyl peroxide and retinoids, adequately control acne but are notorious for inducing unwanted side effects such as photosensitivity and skin irritation. In contrast, Hayashi et al demonstrated that the use of topical vitamin D has fewer unwanted side effects. One of the active vitamin D analogues, calcipotriol, induced significant epidermal hyperplasia without any inflammatory response in that study. Remarkably, even light microscopy revealed that there was no accumulation of inflammatory cells or dermal swelling after its topical use. Thus, Hayashi et al not only demonstrated the potential for topical vitamin D therapy, but also the added benefit of minimal side effects.

Animal models, specifically using the rhino mouse, have proven to be formidable for assessing the comedolytic activity of acne medications, including vitamin D and retinoids. The vitamin D analogue, maxacalcitol, is considered the most effective in suppressing hyperkeratinization in psoriasis. As in psoriasis, acne formation is due to aberrant hyperkeratinization of the stratum corneum. Hence, maxacalcitol was postulated to be effective in the treatment of acne vulgaris. Hayashi et al tested this hypothesis by comparing topical maxacalcitol (10 milligrams) with topical 20μl of 0.1% tretinoin dissolved in an ethanol-propylene glycol for two and four weeks, respectively. The topical application of both treatments significantly reduced the size of the utricle as well as increased the inter-utricular region. In addition, both treatments display a degree of epidermal hyperplasia in the rhino mice. This is an important response because it is accompanied by a reduction in the size of the utricle lumen, which facilitated the healing process of acne. Up to this point, there has been limited evidence
that suggests a correlation between the epidermal response and utricle response to maxacalcitol. By conducting utricle biopsies, Hayashi et al. clarified that the epidermal response of topical maxacalcitol induced epidermal hyperplasia without an inflammatory response. Unlike retinoids, maxacalcitol did not rely on irritation for its acne fighting effects, rather orthokeratosis was observed. This result demonstrated both reduction in utricle size and contents, showing its potential for comedolytic activity.

Nieves et al. demonstrated that topical application of different vitamin D analogues to rhino mice increased keratinocyte proliferation, comedolysis, and epidermal hyperplasia. However, when applied at higher doses, one of the analogues produced a significant increase in mice serum calcium levels, which was attributed to the length of the vitamin D side chain. In contrast, a shorter side chain showed the lowest increase in serum calcium while effectively inducing epidermal proliferation and comedolysis. Thus, the use of different analogues could reduce the potential risk of hypercalcemia.

In summary, vitamin D therapy has been shown to adequately reduce morbidity in the skin through direct effects on keratinocyte proliferation and differentiation. Currently, other studies have shown that the use of topical vitamin D has a potential benefit in other conditions, such as leukemia. However, the side effect of hypercalcemia has still been a challenge. Consequently, topical vitamin D should be further explored.

References
1 Stakosch, E., Vitamin D2 in the treatment of nontuberculous chronic skin diseases. Archives of Dermatology and Syphilology, 1950.
5 Hayashi, N., Comedolytic effect of topicaly applied active vitamin D3 analogue on pseudocomedones in the rhino mouse. Cutaneous Biology 2006;155:895-901.
Join us in Orlando for the Annual Meeting, October 29 - November 2, 2011