SDPA 2018 ANNUAL SUMMER DERMATOLOGY CONFERENCE

SEATTLE

Pre-Conference: June 27, 2018
General Conference: June 28 - July 1, 2018
The Westin Seattle
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Everything we do starts with a simple question: “How will this make a difference to the lives of people living with severe diseases?”

To learn more, visit our booth during the SDPA Annual Summer Dermatology Conference 2018.

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WRAPPING UP MY YEAR AS PRESIDENT IN SEATTLE

This publication is dedicated to our upcoming summer conference in Seattle, Washington. Within you’ll find the complete program guide as well as things to do while visiting Seattle, helpful tips, and much more! Conferences are a great opportunity to get to know your fellow dermatology PAs, not to mention get the most up to date clinical information for your practice. I’m looking forward to seeing you all in just a couple of weeks.

It’s hard to believe my year as President of the SDPA is quickly coming to a close. I want to sincerely thank all of you for the hard work and dedication to the dermatology PA profession and this great organization. Whatever you did this year to help advance and advocate for dermatology PAs, be proud.

It was a challenging year; we’ve endured many attacks on our profession coming from unexpected places. Attacks including a misleading and one-sided article in the New York Times, a fundamentally flawed study in JAMA Dermatology, as well as articles from the usual suspects (such as the frequently PA-disparaging Dermatology News columnist). We also faced the cancellation, due to back-to-back hurricanes, of our fall conference that was to be held in San Juan, Puerto Rico. However, through it all, I’m proud and honored to say that, by working together, the Dermatology PA community tackled everything head on.

In spite of the challenges of the past year, there were many good and productive things as well. These included: the launch of the initial phase of the Diplomate Fellowship program last summer (along with two additional phases since); a productive and informative meeting with the AAD board during their annual meeting this past...

Continued on next page...
February, where we also hosted our first reception honoring dermatology PAs; and several legislative wins for PAs as a whole. It all adds up to progress.

Beyond the advancements that were made, I’d like to turn my thoughts to the purpose and focus that will be required of us all in the years ahead.

Given the recent attacks on dermatology PAs and the continued need for Optimal Team Practice (OTP), it will take all of us to make strides to protect our profession. Together, we must work to defend our profession by educating others about what we do and what we stand for. If we don’t, who will?

It has been incredibly rewarding serving as your president. I’ve enjoyed greatly getting to meet dermatology PAs from all over the country and discussing the challenges and the joys we face together. It was also a privilege for me to get to meet with law makers on capitol hill and advocate for PAs. During that process I learned something that was pretty startling to me; PAs give the lowest amount to our Political Action Committee (PAC), the group that advocates for us in the halls of power, in comparison to our physician and NP colleagues. Giving back is now more important than ever. Whether it’s volunteering a few hours a month on one of the SDPA’s committees, or donating to the Dermatology PA Foundation (DPAF), or the AAPA’s PAC, it is these acts that will help propel the profession forward.

Now is not the time to become apathetic or complacent. Now is the time to get involved and give of our talents to ensure our profession continues to be the great profession we all love.

As I transition into my role as Immediate Past President July 1st, I will remain focused on advocating for the dermatology PA profession and I encourage you to join me. Another one of my goals will to be help recruit new SDPA leaders. I’d be happy and honored to help you identify the perfect committee, or other avenue, to get involved.

Sincerely,

Jane Mast, MPAS, PA-C
SDPA President
SUBSCRIBE to the Dermcast podcast on iTunes and take our great content everywhere.

Helpful information on your terms. On your time. From the premier dermatology podcast:

- Complete recordings of SDPA conference sessions
- Interviews with industry leaders
- New content added continually

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Introduction to CME Committee

The SDPA Conference Education Planning Committee consists of our Summer Conference Planning Chair, Eileen Cheever MPAS, PA-C, our Fall Conference Planning Chair, Keri Holyoak MPH, PA-C, as well as our Director of Conferences, Matthew Brunner, MHS, PA-C, DFAAPA. The committee works to develop conference content, using continual feedback from attendees as well as working closely with the conference medical director. Topics and speakers are carefully chosen, with attention to delivering the most up to date content in a high yield, engaging format. The latest advancements in technology are utilized throughout the conference to seamlessly connect the attendees with each other, the conference content, and the speakers.
**Phase 3 Now Available!**
Take the next step in your dermatology career.

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**What’s New**

There are many new additions the SDPA is excited to showcase to our attendees:

- SDPA is excited to offer the new “Meet The Expert” lecture series, which are dynamic 30 minute “hot topic” lectures that are followed by a meet and greet session with the speaker in the Promius Mingle Zone.

- This year’s dual track pre conference program, held the day before the main program, will feature Mastering the Art of Dermoscopy as well as Professional Development.

- Our complimentary head shots are getting a makeover! This year’s complimentary head shots will give attendees access to a number of high quality head shots with professional retouching and some light makeup and hair prior to their shoot, if desired (see page 13).

- Also, we have our “All About Abstracts” session which is a fun, interactive experience that will feature a walking tour of the abstract posters featured at this summer’s conference along with the opportunity to discuss the latest research with your peers and Dr. Ted Rosen, this year’s medical director.

- Lastly, we are excited to announce that, this year, our ticketed breakout sessions are complimentary to all attendees. Topics featured include: “Psoriasis Treatment: What you wanted to know about the basics and beyond”, “Helping Herpes”, and more! Preregistration is required, so register today!
Join Us for a Product Theater

LEARN ABOUT OTEZLA

June 29, 2018 / 12:00 PM - 1:00 PM / The Westin Seattle, WA / Grand Ballroom

This program is independent and is not part of the SDPA Conference. This program does not qualify for Category I Continuing Medical Education (CME) credit.

Pursuant to the PhRMA Code on Interactions with Healthcare Professionals, attendance at this promotional program is restricted to healthcare professionals. Accordingly, spouses and other guests who are not healthcare professionals may not attend this event. Celgene will report transfers of value made to US healthcare professionals to the extent required by federal and state laws, as applicable. To learn about how Celgene Corporation complies with the Physician Payments Sunshine Act visit http://www.celgene.com/about/compliance/sunshine-act/.
The summer conference is being held at the beautiful Westin Seattle right in the heart of the city. Located within walking distance of some of the city’s most iconic attractions, such as the Space Needle and Pike Place Market, the Westin Seattle is the perfect location from which to start exploring the city.

Be sure to check out the conference website, at sdpaconferences.org, for more information about the hotel as well as tips for planning your stay in this amazing picturesque northwest city. Also, be sure to check out page 16 for a Top 10 List of things to do in Seattle!

The weather in Seattle in late-June is typically in the upper 60’s to low-70s with temperatures dipping into the 50s overnight. Of course Seattle is also well known for its rain, so plan accordingly for that possibility as well.

The dress code for the conference is business casual. In addition, keep in mind that meeting rooms tend to be on the colder side for most attendees, so we recommend that you bring a sweater or light jacket just in case.

The conference registration booth is located in Grand Ballroom Foyer on the fourth floor of the Westin Hotel.

If you are attending the Pre-Conference Day, Wednesday June 27th, registration will open at 6:00AM.

Registration for the general conference will start on Thursday, June 28th, at 6:00AM.
For mothers who are nursing, we have a quiet and safe room set aside throughout the conference just for you. Visit the conference registration booth for the location.

One of the best parts of SDPA conferences is the networking, comradery and socializing that takes place. Share with your fellow attendees, and those colleagues who may not be attendance, all the great sessions and events by following us on Facebook, Instagram, LinkedIn and Twitter. Be sure to use the hashtag #SDPAsummer when posting about the conference.

Here's a Pro Tip:
If you want to beat the crowds, early general conference registration will be Wednesday, June 27th between 5:30PM and 7:30PM.

Because skin health is more than what's on the surface. It's why we strive to create innovative solutions formulated for skin, and designed for life.
Speaking of social…

be sure to download the conference mobile app – simply look for “spdasummer2018” in your app store. The app includes all of the information you’ll need leading up to and during the conference including: the complete schedule, session descriptions, speaker bios, floorplans of the conference space, access to the live Q&A, and sponsor and exhibitor information. In addition, you will find a listing of your fellow attendees, important announcements and alerts and you can even post conference photos to the gallery – and see what others are sharing as well!

Also within the app is the Game Center. Every activity you take within the app, from creating your schedule to favoriting a speaker, will earn you points. There will also be QR codes throughout the conference that you can scan to earn additional points. The top ten app users on the Leaderboard will be entered into random drawings for great prizes each day of the main conference.

If you need help, visit the mobile app help desk located at the SDPA Membership booth in the Grand Ballroom Foyer on the fourth floor.

To make the most out of the mobile app, and to assist you in using your phones, tablets and laptops, FREE Wi-Fi connectivity is provided throughout the conference areas – search for the “sdpaconference” network.

Mobile App Pro Tip #1:
The SDPA leadership team, including the Board of Directors, Committee Chairs and the Board of Trustees of the Dermatology PA Foundation, will all have QR codes of their own – ask to scan these for BIG points!

Mobile App Pro Tip #2:
We highly recommend you download the mobile app PRIOR to arriving in Seattle to avoid the rush (i.e. longer download times onsite). Also, it’s great to set-up your profile and get acquainted with the app ahead of time.

Mobile App Pro Tip #3:
Once you download it, you will access the app by entering the email address you registered for the conference with. The password will be sdpasummer2018.

Mobile App Pro Tip #4:
All of the passwords for the conference, including Wi-Fi, mobile app, conference materials is sdpasummer2018 – all lowercase, all one word.
Events, Receptions and Parties oh my!

We’ve planned several great events for this year’s summer conference that provide amazing opportunities for networking and fun with your fellow attendees, including an Arrival Reception on Wednesday, June 27th, from 5:30PM to 7:30PM – the perfect way to kick-off the conference and your evening in Seattle.

The Welcome Event, will be held on Thursday, June 28th, at the beautiful Chihuly Garden and Glass. Be ready to dine, dance and delight in one of the most exceptional venues in Seattle. This is a party you won’t want to miss complete with a DJ! Buses will start departing at 6:00pm from the Westin Seattle Hotel and will be on a continuous shuttle until 10:00pm. Badges must be worn and invitations presented for entry. MUST be 18 years or older to attend.

The by invitation only VIP Reception, to recognize SDPA Diplomates, will be held on Friday, June 29th at the SAFECO Field Ballpark in our own private suites. This event will include an exciting game between the Seattle Mariners and the Kansas City Royals… food and drink, as well as roundtrip shuttle service, will be provided. Please note, all SDPA Diplomates must RSVP via email to conferenceadmin@dermpa.org in order to secure their spot. Buses will start departing at 5:45pm from the Westin Seattle Hotel and will be on a continuous shuttle until 11:00pm. Badges must be worn and invitations presented for entry. MUST be 18 years or older to attend.

This year we’re very excited to be able to provide one additional event – the Farewell Reception. This event will be held Saturday, June 30th, in Grand Ballroom I from 5:30PM to 7:00PM, immediately after the last lecture concludes.

The location and additional details for each event can be found in the mobile app or the conference syllabus.
Remember those surveys we ask you to complete at the end of each conference? Well, we take your feedback seriously, and because of your input we’ve made some improvements and additions we know you’ll like.

To begin with, this year we’re offering five FREE Ticketed Sessions. Registration is required and space is limited, and on a first come first served basis. However, seating is still available for some of the sessions. For more information, visit the sdpaconference.org website. If you would like to register for one of the Ticketed Sessions, email conferences@dermpa.org.

What else? PLENTY!

5 FREE Ticketed Sessions

Meet the Expert

One of the requests we’ve seen many times over the past couple of conferences is the opportunity to have further discussions with the faculty. This summer we’re excited to announce “Meet the Expert.” Presenters from several of the sessions will head on over to the Mingle Zone where you’ll be able to join them to continue the talk from the session.

Speaking of the Mingle Zone. It’s back and better than ever. Not only will the Zone provide light snacks and refreshments throughout the day, it will also host the previously mentioned “Meet the Expert” program AND the supersized FREE headshot studio.

Check the mobile app, on-site signage or syllabus for the hours of the Mingle Zone.
What do we mean by supersized?

To make sure you get the most out of this benefit, we have hired a local Seattle photographer, Jennifer Boyle Photography, specializing in professional headshots. The headshot studio will be open for photos on Thursday June 28th (10am-5pm) & Saturday June 30th (8am-3pm). The photographer will have a stylist on site to provide light hair and makeup for touch up before each shoot if desired. Each participant will receive:

- **7 curated images** which will be provided by the photographer in an online photo gallery within 2-3 weeks of the event.

- **2 of the 7 images will be professionally retouched by the photographer** and provided in your gallery as high resolution images for download & printing.

To ensure everyone has a chance to get their photo taken, you may be limited to 7 photos.

Be sure to coordinate your wardrobe for the day you plan to visit the headshot studio. The SDPA will provide white lab coats in various sizes for both men and women to wear during the shoot. To ensure everyone has a chance to get their photo taken, you may be limited to 7 photos.
Before we go, we also want to remind you about the **DPAF 5K Run/Walk**. Come prepared to take an hour to give back to the dermatology community! The SDPA’s foundation, the Dermatology PA Foundation, will be hosting their annual charitable run/walk, this year, benefitting the Hidradenitis Suppurativa Foundation, on Saturday, June 30th, at 6:00AM. To register, stop by the DPAF booth in the Grand Ballroom Foyer on the fourth floor. As an added AWESOME bonus, all registered participants of the run/walk will receive a commemorative t-shirt and medal.

If you have questions about the conference, or need additional assistance, prior to arriving in Seattle, please call 1-844-DERMPAS, Option 1, or email conferences@dermpa.org.

For assistance on-site, visit the **conference registration booth** or SDPA **Membership** and DPAF booths.

We’ll see you in Seattle!
Get to know EUCRISIA

Learn more at our booth

Visit www.EucrisaHCP.com for more information
As we prepare for the annual summer conference, we would like to let you on what to do while you’re in Seattle! Although the city is known for its rain, June - September is actually the dry season, so expect to see a lot of sun!

**Our Top 10 Picks for What to Do in Seattle!**

1. **Whale Watching**
   Orca whale season is April - September in Seattle. There are numerous boats that can take you around the San Juan island, here are a couple to consider:
   - **Puget Sound Express**
     - Cost: $135 for adults. Duration: 4 hours. Departs: 9:30 am daily
   - **Seattle Orca**
     - Cost: $99 for adults. Duration: 3-4 hours. Departs: 1:30pm or 5:30pm

2. **Space Needle**
   A landmark built in 1962 for the pacific northwest and an icon to Seattle, it seems like a must-do while in town. Check out the view from 650 feet in the air! Cost is $22 for adults.

3. **Mt Rainer**
   A 10 hour tour of the contiguous states tallest mountain. (10 hours is suggested as you cannot forget to account for delays caused by wildlife.) You don’t have to be an experienced hiker for this as most of the trails are flat. They also offer hotel pick up and drop off.
   - Cost: $129 per person.

4. **Seattle Underground Tour**
   This is Seattle’s most unusual attraction and dates back to 1889! This tour takes you, you guessed it, back in time and underground to stores and interconnected tombs and tunnels that Seattle was built on top of which were destroyed by a historic fire in the 1800’s. This is a 75 minute walking tour and costs about $20 per adult.

*This is just a short list, explore more on the [sdpaconferences.org](http://sdpaconferences.org) website and [visitseattle.org](http://visitseattle.org).*
San Juan Islands
There are 172 named reefs and islands in San Juan County; the four major islands, Orca, San Juan, Lopez and Shaw, are accessible by ferry. Once there, you can bike or kayak, and see sea lions, orca’s and sperm whales!
If you are a Sushi lover, Tops’l, found on San Juan Island, is one of the best places in Seattle for fish.
Reserve your ferry or find more information here.

Smith Tower
Visit the city’s first skyscraper, built in 1914, and ride the historic, manually operated elevators to the 35th-floor observatory, where 360-degree views await. Displays tell the tale of characters who made Smith Tower what it is today, while the tower’s Prohibition-themed Temperance bar serves themed cocktails.

Seattle Great Wheel
Although it was just recently built (in 2012), the Seattle Great Wheel has quickly become a fixture of the city’s skyline—plus it adds an entirely new sightseeing perspective, thanks to its location perched at the end of Pier 57. Enjoy three revolutions around in one of the air-conditioned gondolas to see the city, water, and mountains on the horizon.
Cost: Adults: $14
     Children: $9

Seattle Aquarium
At the Seattle Aquarium, on the waterfront’s Pier 59, learn all about salmon, meet a few adorable sea otters, and greet the various sea creatures of the Pacific Ocean, from puffers to giant clams. You’ll also have an opportunity to watch scuba divers feed the fish, gawk at sharks swimming overhead in the underwater dome, and even touch a sea anemone.
Cost:  
     Adult (ages 13 & over): $29.95  
     Youth (ages 4-12): $19.95  
     Child (ages 3 & under): Free

Seattle Mariners
Check out a game at Safeco Park!
Seattle Mariners take on the Kansas City Royals on Friday and Saturday of the conference at 7:10!

Catch A Fish!
No trip to Seattle would be complete without a trip to Pike Place Market to watch the fish throwers. One of the most distinctly “Seattle” places, and also one of the most touristic.
IMPORTANT SAFETY INFORMATION

Warnings and Precautions
Topical corticosteroids, including IMPOYZ Cream can cause reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency. This may occur during treatment or after withdrawal of treatment. This may require that patients be evaluated periodically for evidence of HPA axis suppression. Factors that predispose to HPA axis suppression include, use of high-potency steroids, large treatment surface areas, prolonged use, use of occlusive dressings, altered skin barrier, liver failure, and young age. If HPA axis suppression occurs, gradually withdraw the drug, reduce frequency of application, or substitute with a less potent corticosteroid. If signs and symptoms of withdrawal occur, systemic corticosteroids may be required. Recovery of HPA axis function is generally prompt and complete upon discontinuation of topical corticosteroids. Although rare, systemic effects of topical corticosteroids may manifest as Cushing’s syndrome, hyperglycemia, and glucosuria. Pediatric patients may be more susceptible to systemic toxicity because of their larger skin surface to body mass ratios. Local Adverse Reactions with Topical Corticosteroids - Local adverse reactions from topical corticosteroids may be more likely to occur with occlusion, prolonged use, or use of higher potency corticosteroids. Some local adverse reactions may be irreversible. Concomitant Skin Infections - Use an appropriate antimicrobial agent if a skin infection is present or develops. If appropriate, discontinue use of IMPOYZ Cream. Allergic Contact Dermatitis - Allergic contact dermatitis with corticosteroids is usually diagnosed by observing failure to heal rather than noting a clinical exacerbation. Adverse Events - The adverse reaction that occurred in at least 1% of subjects treated with IMPOYZ Cream and at a higher incidence than in subjects treated with vehicle cream was application site discoloration (2% versus 1%). Less common local adverse events occurring in < 1% of subjects treated with IMPOYZ Cream were application site atrophy, telangiectasia and rash.

IMPOYZ™ (clobetasol propionate) Cream 0.025% is indicated for the treatment of moderate to severe plaque psoriasis in patients 18 years of age and older. 

IMPOYZ™ (clobetasol propionate) Cream 0.025% is indicated for the treatment of moderate to severe plaque psoriasis in patients 18 years of age and older.

Please see Brief Summary of Prescribing Information on the following page.

The Only FDA Approved Clobetasol Propionate 0.025%

IMPOYZ™ (clobetasol propionate) Cream 0.025% is indicated for the treatment of moderate to severe plaque psoriasis in patients 18 years of age and older. 

IMPOYZ™ (clobetasol propionate) Cream 0.025% is indicated for the treatment of moderate to severe plaque psoriasis in patients 18 years of age and older.
orated with appropriate diagnostic patch testing. If irritation develops, discontinue the topical corticosteroid and institute appropriate therapy.

Concomitant Skin Infections:
Infection, hypertrichosis, and miliaria. These may be more likely to occur with occlusive use, prolonged use, or use of higher potency corticosteroids, including IMPOYZ Cream. Some local adverse reactions may be irreversible.

Evaluation for HPA axis suppression may be done by using the adrenocorticotropic hormone (ACTH) stimulation test. In a trial evaluating the effects of IMPOYZ Cream on the HPA axis, subjects with plaque psoriasis applied IMPOYZ Cream twice daily to at least 20% of involved Body Surface Area (BSA) for 15 days. Abnormal ACTH stimulation test suggestive of HPA axis suppression were seen in 3 of 24 (12.5%) subjects on IMPOYZ Cream [see Clinical Pharmacology (12.2)]. In another trial to evaluate the effects of IMPOYZ Cream on the HPA axis, subjects with moderate to severe plaque psoriasis applied IMPOYZ Cream twice daily to at least 25% of involved BSA for 28 consecutive days. Abnormal ACTH stimulation test suggestive of HPA axis suppression was seen in 8 of 26 (30.8%) of subjects on IMPOYZ Cream. If HPA axis suppression is documented, gradually withdraw the drug, reduce the frequency of application, or substitute with a less potent corticosteroid. If signs and symptoms of steroid withdrawal occur, supplemental systemic corticosteroids may be required. Recovery of HPA axis function is generally prompt and complete upon discontinuation of topical corticosteroids. Systemic effects of topical corticosteroids may also manifest as Cushing’s syndrome, hyperglycemia, and glucosuria. These complications are rare and generally occur after prolonged exposure to larger than recommended doses, particularly with high-potency topical corticosteroids. Use of more than one corticosteroid-containing product at the same time may increase the total systemic exposure to topical corticosteroids. Minimize the unwanted risks from endocrine effects by mitigating risk factors favoring systemic bioavailability and using by the product as recommended [see Dosage and Administration (2)]. Pediatric patients may be more susceptible to systemic toxicity because of their larger skin surface to body mass ratios [see Use in Specific Populations (8.4)].

Local Adverse Reactions with Topical Corticosteroids
Local adverse reactions from topical corticosteroids may include atrophy, striae, telangiectasias, burning, itching, irritation, dryness, folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, and miliaria. These may be more likely to occur with occlusive use, prolonged use, or use of higher potency corticosteroids, including IMPOYZ Cream. Some local adverse reactions may be irreversible.

CONTRAINDICATIONS
Local adverse reactions from topical corticosteroids has not identified differences in responses between the elderly and younger patients. Topical corticosteroids has not been performed to evaluate the carcinogenic potential of clobetasol propionate cream. In a 13-week repeat dose toxicity study in rats, topical administration of clobetasol propionate cream, 0.001%, 0.005 and 0.025 % at corresponding doses of 0.004, 0.02 and 0.1 mg/kg/day resulted in clobetasol propionate-class related systemic effects such as reductions in body weight gain, reductions in total leukocytes and individual white cells, decrease in weight of adrenals, thymus, spleen, liver and lung. Histologically, there were decreased hematopoiesis in the bone marrow, thymic atrophy and mast cell infiltration of the mesenteric lymph nodes. All these effects were indicative of severe immune suppression consistent with long-term exposure to corticosteroids. A noticeable adverse effect level (NOAEL) was determined to be clobetasol propionate cream, 0.001% (0.004 mg/kg/day) in male rats where a NOAEL could not be determined in females. The clinical relevance of the findings in animals to humans is not clear, but sustained glucocorticoid-related immune suppression may increase the risk of infection and possibly the risk of carcinogenesis. Clobetasol propionate was not mutagenic in three different test systems: the Ames test, the Saccharomyces cerevisiae gene conversion assay, and the E. coli B WP2 fluctuation test. Fertility studies conducted in the rat following subcutaneous administration of clobetasol propionate at dose levels up to 0.05 mg/kg/day revealed that females exhibited an increase in the number of resorbed embryos and a decrease in the number of living fetuses at the highest dose.

This Brief Summary does not include all the information needed to use IMPOYZ safely and correctly. See full Prescribing Information.

IMPOYZ (clobetasol propionate) Cream, 0.025%, for topical use

INDICATIONS AND USAGE
IMPOYZ Cream 0.025% is indicated for the treatment of moderate to severe plaque psoriasis in patients 18 years of age and older.

DOSE AND ADMINISTRATION
Apply a thin layer of IMPOYZ Cream to the affected skin areas twice daily and rub in gently and completely. Use IMPOYZ Cream for up to 2 consecutive weeks of treatment. Treatment beyond 2 consecutive weeks is not recommended, and the total dosage should not exceed 50 g per week, because of the potential for the drug to suppress the hypothalamo-pituitary-adrenal (HPA) axis [see Warnings and Precautions (5.1)]. Discontinue IMPOYZ Cream when control is achieved. Do not use if atrophy is present at the treatment site. Do not bandage, cover, or wrap the treated skin area unless directed by a physician. Avoid use on the face, scalp, axilla, groin, or other intertriginous areas. IMPOYZ Cream is for topical use only. It is not for oral, ophthalmic, or intravaginal use. Wash hands after each application.

DOSE FORMS AND STRENGTHS
Cream, 0.025%: each gram contains 0.25 mg of clobetasol propionate in a white to off-white cream base.

CONTRAINDICATIONS
None

WARNINGS AND PRECAUTIONS
Factors that predispose a patient to HPA axis suppression include the use of high-potency steroids, large treatment surface areas, prolonged use, use of occlusive dressings, altered skin barrier, liver failure, and young age. Evaluation for HPA axis suppression may be done by using the adrenocorticotropic hormone (ACTH) stimulation test. In a trial evaluating the effects of IMPOYZ Cream on the HPA axis, subjects with plaque psoriasis applied IMPOYZ Cream twice daily at least 20% of involved Body Surface Area (BSA) for 15 days. Abnormal ACTH stimulation tests suggestive of HPA axis suppression were seen in 3 of 24 (12.5%) subjects on IMPOYZ Cream [see Clinical Pharmacology (12.2)]. In another trial to evaluate the effects of IMPOYZ Cream on the HPA axis, subjects with moderate to severe plaque psoriasis applied IMPOYZ Cream twice daily to at least 25% of involved BSA for 28 consecutive days. Abnormal ACTH stimulation test suggestive of HPA axis suppression was seen in 8 of 26 (30.8%) of subjects on IMPOYZ Cream. If HPA axis suppression is documented, gradually withdraw the drug, reduce the frequency of application, or substitute with a less potent corticosteroid. If signs and symptoms of steroid withdrawal occur, supplemental systemic corticosteroids may be required. Recovery of HPA axis function is generally prompt and complete upon discontinuation of topical corticosteroids. Systemic effects of topical corticosteroids may also manifest as Cushing’s syndrome, hyperglycemia, and glucosuria. These complications are rare and generally occur after prolonged exposure to larger than recommended doses, particularly with high-potency topical corticosteroids. Use of more than one corticosteroid-containing product at the same time may increase the total systemic exposure to topical corticosteroids. Minimize the unwanted risks from endocrine effects by mitigating risk factors favoring systemic bioavailability and using by the product as recommended [see Dosage and Administration (2)]. Pediatric patients may be more susceptible to systemic toxicity because of their larger skin surface to body mass ratios [see Use in Specific Populations (8.4)].

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Local adverse reactions from topical corticosteroids may include atrophy, striae, telangiectasias, burning, itching, irritation, dryness, folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, and miliaria. These may be more likely to occur with occlusive use, prolonged use, or use of higher potency corticosteroids, including IMPOYZ Cream. Some local adverse reactions may be irreversible.

CONCOMITANT SKIN INFECTIONS
Infection, hypertrichosis, and miliaria. These reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

USE IN SPECIFIC POPULATIONS
Pediatric Use:
The safety and effectiveness of IMPOYZ Cream in patients younger than 18 years of age have not been established; therefore, use in children younger than 18 years is not recommended. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of systemic toxicity, including HPA axis suppression, when treated with topical drugs [see Warnings and Precautions (5.1)]. Rare systemic toxicity such as Cushing’s syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in pediatric patients, especially those with prolonged exposure to large doses of high potency topical corticosteroids. Local adverse reactions involving skin atrophy and stratum corneum have also been reported with use of topical corticosteroids in pediatric patients. Avoid use of IMPOYZ Cream in the treatment of diaper dermatitis.

Geriatric Use: Clinical studies of IMPOYZ Cream did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience with topical corticosteroids has not identified differences in responses between the elderly and younger patients.

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential of clobetasol propionate cream. In a 13-week repeat dose toxicity study in rats, topical administration of clobetasol propionate cream, 0.001%, 0.005 and 0.025 % at corresponding doses of 0.004, 0.02 and 0.1 mg/kg/day resulted in clobetasol propionate-class related systemic effects such as reductions in body weight gain, reductions in total leukocytes and individual white cells, decrease in weight of adrenals, thymus, spleen, liver and lung. Histologically, there were decreased hematopoiesis in the bone marrow, thymic atrophy and mast cell infiltration of the mesenteric lymph nodes. All these effects were indicative of severe immune suppression consistent with long-term exposure to corticosteroids. A noticeable adverse effect level (NOAEL) was determined to be clobetasol propionate cream, 0.001% (0.004 mg/kg/day) in male rats where a NOAEL could not be determined in females. The clinical relevance of the findings in animals to humans is not clear, but sustained glucocorticoid-related immune suppression may increase the risk of infection and possibly the risk of carcinogenesis. Clobetasol propionate was not mutagenic in three different test systems: the Ames test, the Saccharomyces cerevisiae gene conversion assay, and the E. coli B WP2 fluctuation test. Fertility studies conducted in the rat following subcutaneous administration of clobetasol propionate at dosage levels up to 0.05 mg/kg/day revealed that females exhibited an increase in the number of resorbed embryos and a decrease in the number of living fetuses at the highest dose.

Manufactured by DPT Laboratories Ltd. San Antonio, TX 78215 For Encore Dermatology, Inc. Scottsdale, AZ 85254 © 2018 Encore Dermatology, Inc., Malvern, PA 19355 IMPOYZ is a trademark of Encore Dermatology, Inc. www.encorederm.com
The Importance of Going…

I have attended many SDPA conferences over the years and always wanted to get involved. A few years back, Abby Jacobson introduced herself to me. I talked to her about getting involved and being a bigger part of the SDPA. She told me about her experiences and gave me a “golden” ticket to get into a VIP reception, where I could meet other PAs in leadership. I went to the reception (which was 100% out of my comfort zone) and had the best time engaging with people that loved being dermatology PAs. I immediately wanted to get involved and be a part of this enthusiastic group that works on education, legislative issues, philanthropic projects and all the things that make our profession great! I became a volunteer for the membership committee and helped with small projects. It filled my cup! After a few years, I moved up to membership committee chair and I love it! Leadership is one of the many things that make up our fantastic organization, along with the members and the love for our profession as PAs.
The Importance of Going…

Why do you do it? I hear this question often throughout my week. People frequently ask me why. Why am I so involved? Why do I spend the time and money going to meetings? Why do I voluntarily put in countless hours to participate in leadership? The answer is actually quite simple. I am intricately involved in leadership because I am passionate about my career and truly cannot imagine my life any other way! From the very first SDPA conference that I attended, I instantly knew that I needed to be a part of this amazing organization. I began supporting every single conference, introducing myself at the networking events and expressing my desire to be involved to anyone that would listen to me! As time passed, things began to fall into place and my networking efforts started to pay off. I began working on the Dermcast set, and quickly fell in love with facilitating interviews and learning from the leaders and experts across the nation. This eventually opened up the opportunity for me to acquire the position of “Publication and Communication Committee Chair”, an appointment that I have enjoyed tremendously. I look forward to a long run of continuing to dedicate my life into this amazing field that gives so much back to each life it touches. Getting more involved within our profession can mean many different things, and there is a plethora of unique opportunities in which to do so. The meetings and events not only serve to inform and educate, but also offer an unprecedented platform to network with a wide variety of amazing colleagues across the nation. This can prove to be beneficial for a myriad of reasons to include employment opportunities and gathering anecdotal clinical pearls. Additionally, involvement and support on the state and national level is imperative to the growth of our political organizations which lobby on behalf of our profession for major legislative issues. Organizations such as SDPA also offer a variety of philanthropic opportunities, which is an excellent way to give back without necessarily giving up all of your free time! With such a wide range of options and ways in which to become involved, all of which offer great benefits, there truly is no reason each of us cannot find a perfect fit!
JOIN US NOVEMBER 1 – 4, 2018 FOR THE SDPA 16TH ANNUAL FALL DERMATOLOGY CONFERENCE, THE LEADING CME CONFERENCE FOR DERMATOLOGY PAS! THE EVENT WILL TAKE PLACE IN ORLANDO, FLORIDA, AT THE LOEWS PORTOFINO BAY HOTEL, IN THE HEART OF ALL THIS EXCITING AND FUN CITY HAS TO OFFER.

844-DERM-PAS, Ext. 1  SDPAConferences.org  conferences@dermpa.org
**Mastering the Art of Dermoscopy — New This Year!** The Dermoscopy Pre-Conference is an immersive half day program, led by Dr. Joslyn Kirby and Dr. Jennie Clarke. This track, targeted to both the beginner and advanced clinician, provides an in depth overview of dermoscopy for evaluation and management of melanocytic and nonmelanocytic skin lesions. Diagnostic algorithms and pattern analysis will be presented. In addition, clinical cases and pearls for practical application will be discussed. These lecture based sessions are a must for any practitioner with an interest in diagnostic dermatology and improving their clinical accuracy.

**Professional Development — New This Year!** Ever wonder what it takes to get to the next level? Is there more to being a dermPA than just the clinic? What are some of the key issues affecting dermPAs today? How can I find new ways to engage my patients? Find out the answers to all these questions and more during the Professional Development track. This exciting program, taking place the afternoon of the Pre Conference day, features key thought leaders in both the medical, legal, and business profession, who will cover a wide range of topics that directly affect PAs in practice today. Find out what you can do as a clinician, both personally and professionally, to evolve and advance!

### WEDNESDAY, JUNE 27TH, 2018

**TRACK 1: DERMOSCOPY**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00am to 5:45pm</td>
<td>Pre-Conference Registration</td>
<td></td>
</tr>
<tr>
<td>6:30am to 7:30am</td>
<td>CONTINENTAL BREAKFAST</td>
<td></td>
</tr>
<tr>
<td>7:00am to 8:00am</td>
<td>PC1 Deciphering Dermoscopy: Terminology, Features, &amp; Algorithms</td>
<td>Joslyn Kirby, MD &amp; Jennie Clarke, MD</td>
</tr>
<tr>
<td>8:00am to 9:00am</td>
<td>PC2 Breaking Bad: Dermoscopy of Brown-ish Things</td>
<td>Joslyn Kirby, MD &amp; Jennie Clarke, MD</td>
</tr>
<tr>
<td>9:00am to 9:15am</td>
<td>COFFEE BREAK</td>
<td></td>
</tr>
<tr>
<td>9:15am to 10:15am</td>
<td>PC3 Breaking Bad II: Dermoscopy of Pink-ish Things</td>
<td>Joslyn Kirby, MD &amp; Jennie Clarke, MD</td>
</tr>
<tr>
<td>10:15am to 11:15am</td>
<td>PC4 Head-to-Toes: Dermoscopy for Hair &amp; Nail Conditions</td>
<td>Joslyn Kirby, MD &amp; Jennie Clarke, MD</td>
</tr>
<tr>
<td>11:15am to 12:15pm</td>
<td>PC5 Ultimate Dermoscopy Challenge</td>
<td>Joslyn Kirby, MD &amp; Jennie Clarke, MD</td>
</tr>
<tr>
<td></td>
<td><strong>Lunch</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>CME</strong></td>
<td>Lectures 5 hrs. CAT I</td>
</tr>
</tbody>
</table>

**TRACK 2: PROFESSIONAL DEVELOPMENT**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30pm to 1:30pm</td>
<td>PC6 Elements of a PA Contract</td>
<td>Kasey Drapeau D’Amato, PA-C, MPAP</td>
</tr>
<tr>
<td>1:30pm to 2:30pm</td>
<td>PC7 Regulatory/Legal Principles Affecting PAs in the Workplace</td>
<td>Mr. Randy Gold</td>
</tr>
<tr>
<td>2:30pm to 3:30pm</td>
<td>PC8 Beyond the White Coat: Career Opportunities for DermPAs Outside Clinical Practice</td>
<td>Abby Jacobson, MS, PA-C, Abby Jacobson, MS, PA-C, Kasey Drapeau D’Amato, PA-C, MPAP, Robert Casquejo, PA-C</td>
</tr>
<tr>
<td>3:30pm to 3:45pm</td>
<td>COFFEE BREAK</td>
<td></td>
</tr>
<tr>
<td>3:45pm to 4:45pm</td>
<td>PC9 Reimbursement &amp; Professional Advocacy</td>
<td>Michael Powe, BA</td>
</tr>
<tr>
<td>4:45pm to 5:45pm</td>
<td>PC10 Patient Focused Medicine: A Clinician’s Guide to Thinking Like a Patient</td>
<td>Alan Rockoff, MD</td>
</tr>
<tr>
<td></td>
<td><strong>CME</strong></td>
<td>Lectures 4 hrs. CAT I</td>
</tr>
<tr>
<td></td>
<td>Lecture PC6 1 hr. CAT II</td>
<td></td>
</tr>
</tbody>
</table>

**Lecture sessions will be held in the Grand Ballroom II & III.**

**5:30pm to 7:30pm**

**ARRIVAL RECEPTION** Sponsored by Taro Pharmaceuticals U.S.A. Inc. SDPA Registered Attendees Invited. Event located in 5th Avenue & Grand Ballroom Foyer on the 4th Floor. Badges MUST be worn for entry.
### General Conference Program Day 1

**Thursday, June 28th, 2018**

Lecture sessions will be held in the Grand Ballroom II & III unless otherwise noted.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00am to 5:45pm</td>
<td>Registration Services</td>
</tr>
<tr>
<td>10:00am to 5:30pm</td>
<td>Exhibit Hall Hours - Held in Grand Ballroom I</td>
</tr>
<tr>
<td>6:00am to 8:00am</td>
<td><strong>COFFEE SERVICE ONLY</strong></td>
</tr>
<tr>
<td>7:00am</td>
<td><strong>WELCOME ADDRESS</strong></td>
</tr>
<tr>
<td>7:00am to 8:00am</td>
<td>1 Lessons from the Literature, 2018</td>
</tr>
<tr>
<td></td>
<td>Faculty: Ted Rosen, MD</td>
</tr>
<tr>
<td>8:00am</td>
<td><strong>BREAKFAST SERVED</strong></td>
</tr>
<tr>
<td>8:15am to 9:15am</td>
<td><strong>PRODUCT THEATER Lecture and Meal - Sponsored by Janssen Biotech, Inc.</strong></td>
</tr>
<tr>
<td></td>
<td>TREMFYA®: A Selective IL-23 Inhibitor With Pivotal Studies vs Adalimumab</td>
</tr>
<tr>
<td></td>
<td>Faculty: Cynthia Trickett, MPAS, PA-C</td>
</tr>
<tr>
<td>9:15am to 10:15am</td>
<td>2 Comorbidities in Psoriasis: Fact or Fiction?</td>
</tr>
<tr>
<td></td>
<td>Faculty: Jashin Wu, MD</td>
</tr>
<tr>
<td>10:15am to 10:45am</td>
<td><strong>COFFEE BREAK with Exhibitors</strong></td>
</tr>
<tr>
<td>10:45am to 11:45am</td>
<td>3 Comorbidities in Atopy: Fact or Fiction?</td>
</tr>
<tr>
<td></td>
<td>Faculty: Robert Sidbury, MD</td>
</tr>
<tr>
<td>11:45am to 12:45pm</td>
<td>4 Comorbidities in Rosacea and Acne: Fact or Fiction?</td>
</tr>
<tr>
<td></td>
<td>Faculty: Gina Fragione, MPAS, PA-C</td>
</tr>
<tr>
<td>12:45pm</td>
<td><strong>LUNCH SERVED</strong></td>
</tr>
<tr>
<td>1:00pm to 2:00pm</td>
<td><strong>PRODUCT THEATER Lecture and Meal - Sponsored by Novartis Pharmaceuticals Corporation</strong></td>
</tr>
<tr>
<td></td>
<td>More than Skin Deep with COSENTYX® (secukinumab): Proven Effective for Psoriatic Arthritis</td>
</tr>
<tr>
<td></td>
<td>Faculty: Andrea Nguyen, MS, PA-C</td>
</tr>
<tr>
<td>2:00pm to 3:00pm</td>
<td>5 How I Manage Atopic Dermatitis in 2018</td>
</tr>
<tr>
<td></td>
<td>Faculty: Robert Sidbury, MD</td>
</tr>
<tr>
<td>3:00pm to 3:30pm</td>
<td><strong>COFFEE BREAK with Exhibitors</strong></td>
</tr>
<tr>
<td>3:30pm to 4:30pm</td>
<td>6 Comorbidities in Hidradenitis: Fact or Fiction?</td>
</tr>
<tr>
<td></td>
<td>Faculty: Joslyn Kirby, MD</td>
</tr>
<tr>
<td>4:30pm to 5:30pm</td>
<td>7 How I Treat Hidradenitis in 2018</td>
</tr>
<tr>
<td></td>
<td>Faculty: Joslyn Kirby, MD</td>
</tr>
</tbody>
</table>

**CME** Lecures 7 hrs. CAT I / Product Theaters 2 hrs. CAT II

**WELCOME EVENT** Sponsored in part by AMGEN

Event takes place at Chihuly Garden & Glass.

Buses will start departing at 6:00pm from the Westin Seattle Hotel and will be on a continuous shuttle until 10:00pm.

Badges must be worn and tickets presented for entry. Must be 18 years or older to attend.

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**Committee and Constituent Chapter Meetings**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30pm to 2:30pm</td>
<td>Public Education Committee - Jennifer Winter, MSPAS, PA-C</td>
</tr>
<tr>
<td></td>
<td>(Location: Mezzanine Level - Olympic)</td>
</tr>
<tr>
<td>2:00pm to 3:00pm</td>
<td>Texas Society of Dermatology Physician Assistants (TXSDPA) – Joe Capasso, PA-C</td>
</tr>
<tr>
<td></td>
<td>(Location: San Juan Level – Whidbey)</td>
</tr>
<tr>
<td>3:00pm to 4:00pm</td>
<td>Pennsylvania Dermatology Physician Assistants (PDPA) – Jil Swanson, MPAS, PA-C</td>
</tr>
<tr>
<td></td>
<td>(Location: San Juan Level – Whidbey)</td>
</tr>
</tbody>
</table>
## GENERAL CONFERENCE PROGRAM DAY 2

**FRIDAY, JUNE 29TH, 2018**

Lecture sessions will be held in the Grand Ballroom II & III unless otherwise noted.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30am to 5:30pm</td>
<td>Registration Services</td>
</tr>
<tr>
<td>8:00am to 10:45am</td>
<td>Exhibit Hall Hours - Held in Grand Ballroom I</td>
</tr>
<tr>
<td>7:30am to 8:30am</td>
<td>Past Presidents' Breakfast - By Invitation Only</td>
</tr>
<tr>
<td></td>
<td>Held in Vashon - San Juan Level 3rd Floor</td>
</tr>
<tr>
<td>6:30am to 8:00am</td>
<td><strong>Coffee Service Only</strong></td>
</tr>
<tr>
<td>7:00am to 8:00am</td>
<td>Nephrocutaneous Disease: Review and Update</td>
</tr>
<tr>
<td></td>
<td>Faculty: Jennie Clarke, MD</td>
</tr>
<tr>
<td>8:00am</td>
<td><strong>Breakfast Served</strong></td>
</tr>
<tr>
<td>8:15am to 9:15am</td>
<td>Product Theater Lecture and Meal - Sponsored by Ortho Dermatologics</td>
</tr>
<tr>
<td></td>
<td>Innovations in Dermatology</td>
</tr>
<tr>
<td></td>
<td>Faculty: Neal Bhatia, MD</td>
</tr>
<tr>
<td>9:15am to 10:15am</td>
<td>Oropharyngeal Disease: Review and Update</td>
</tr>
<tr>
<td></td>
<td>Faculty: John Wright, DDS</td>
</tr>
<tr>
<td>10:15am to 10:45am</td>
<td><strong>Coffee Break with Exhibitors</strong></td>
</tr>
<tr>
<td>10:45am to 11:45am</td>
<td>Genitocutaneous Disease: Review and Update</td>
</tr>
<tr>
<td></td>
<td>Faculty: Ted Rosen, MD</td>
</tr>
<tr>
<td>11:45am</td>
<td><strong>Lunch Served</strong></td>
</tr>
<tr>
<td>12:00pm to 1:00pm</td>
<td>Past Presidents' Breakfast - By Invitation Only</td>
</tr>
<tr>
<td></td>
<td>Held in Vashon - San Juan Level 3rd Floor</td>
</tr>
<tr>
<td>1:00pm to 2:00pm</td>
<td>Nail Disease: Diagnosis and Therapy</td>
</tr>
<tr>
<td></td>
<td>Faculty: David Kaplan, MD</td>
</tr>
<tr>
<td>2:00pm to 3:00pm</td>
<td><strong>SDPA Membership Meeting</strong></td>
</tr>
<tr>
<td>3:00pm to 3:15pm</td>
<td><strong>Coffee Break</strong></td>
</tr>
<tr>
<td>3:15pm to 3:45pm</td>
<td><strong>Meet the Expert: How I Treat Acne in 2018</strong></td>
</tr>
<tr>
<td></td>
<td>Faculty: Gina Fragnone, MPAS, PA-C</td>
</tr>
<tr>
<td></td>
<td>Followed by Q&amp;A with Faculty in the Mingle Zone until 4:15pm.</td>
</tr>
<tr>
<td>3:45pm to 4:45pm</td>
<td>Management of Eyelid Malignancies</td>
</tr>
<tr>
<td></td>
<td>Faculty: Michael T. Yen, MD</td>
</tr>
</tbody>
</table>

**CME**

- Lectures 5.5 hrs. CAT I / Ticketed Session 2 hrs. CAT I / Product Theaters 2 hrs. CAT II

**VIP Reception**

By Invitation only.

Event takes place at SAFECO Field. Buses start departing from the Westin Seattle Hotel at 5:45pm on a continuous shuttle until 11:00pm. Badges MUST be worn and Invitations presented for entry. Must be 18 years or older to attend.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00am to 12:00pm</td>
<td>SDPA Membership - Francine Phillips, MPAS, PA-C (Location: Mezzanine Level - Olympic)</td>
</tr>
<tr>
<td>11:45am to 12:45pm</td>
<td>Michigan Dermatology Physician Assistants (MiDPA) - Andrea Rosik, MPAS, PA-C (Location: San Juan Level - Whidbey)</td>
</tr>
<tr>
<td>1:00pm to 2:00pm</td>
<td>House of Delegates (HOD) - Jodi Arnold Burkholtz, MPAS, PA-C (Location: Mezzanine Level - Olympic)</td>
</tr>
</tbody>
</table>

**Committee and Constituent Chapter Meetings**

- General Conference Session
- Product Theater Lecture
- Ticketed Session
- Exhibit Hall
- Coffee Break
- Meal Served
- CME
- Total CME
- Meet the Expert
- Reception
- Committee Meeting
### Saturday, June 30th, 2018

#### General Conference Program Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30am to 5:45pm</td>
<td>Registration Services</td>
</tr>
<tr>
<td>6:30am to 8:00am</td>
<td><strong>COFFEE SERVICE ONLY</strong></td>
</tr>
<tr>
<td>7:00am to 8:00am</td>
<td><strong>What's New with Actinic Keratoses?</strong> Faculty: Neal Bhatia, MD</td>
</tr>
<tr>
<td>8:00am</td>
<td><strong>BREAKFAST SERVED</strong></td>
</tr>
</tbody>
</table>
| 8:15am to 9:15am   | PRODUCT THEATER Lecture and Meal - Sponsored by Lilly USA, LLC  
**Topic Title: A Closer Look at Taltz**  
**Faculty: Andrew Blauvelt, MD** |
| 9:15am to 10:15am  | **What's New with Non-melanoma Skin Cancer?** Faculty: Marc Brown, MD                       |
| 10:15am to 10:30am | **COFFEE AND NETWORKING BREAK**                                                             |
| 10:30am to 11:00am | **MEET THE EXPERT:** Cost of Managing Actinic Keratoses: Can we do better?  
**Faculty: Joslyn Kirby, MD**  
Followed by Q&A with Faculty in the Mingle Zone until 11:30am. |
| 11:30am to 12:30pm | **Early and Thin Melanoma**  
**Faculty: Abel Jarell, MD** |
| 12:30pm            | **LUNCH SERVED**                                                                             |
| 12:45pm to 1:45pm  | PRODUCT THEATER Lecture and Meal - Sponsored by Pfizer Inc.  
**Spotlight on Mild-to-Moderate Atopic Dermatitis: An Update on a Steroid-Free Topical Prescription Therapy**  
**Faculty: Pearl Kwong, MD** |
| 1:45pm to 2:45pm   | **Locally Advanced and Metastatic Melanoma**  
**Faculty: Abel Jarell, MD** |
| 2:45pm to 3:00pm   | **COFFEE AND NETWORKING BREAK**                                                             |
| 3:00pm to 3:30pm   | **MEET THE EXPERT:** How to Handle the Disgruntled Surgical Patient  
**Faculty: Jeffrey Johnson, PA-C**  
Followed by Q&A with Faculty in the Mingle Zone until 4:00pm. |
| 3:30pm to 4:30pm   | **Radiation Therapy: Renaissance in Dermatology**  
**Faculty: Brian Berman, MD, PhD** |
| 4:30pm to 5:30pm   | **Surgical Tips and Pearls**  
**Faculty: Jeffrey Johnson, PA-C** |
| 5:30pm to 7:00pm   | **FAREWELL RECEPTION**  
Sponsored by PruGen Pharmaceuticals  
SDPA Registered Attendees Invited. Event located in Grand Ballroom I.  
Badges MUST be worn for entry. |

### CME

- Lectures 7 hrs. CAT I / Ticketed Sessions 5 hrs. CAT I / Product Theaters 2 hrs. CAT II

### Committee and Constituent Chapter Meetings

- Constituent Relations - Sara Wilchowski, MS, PA-C (Location: Mezzanine Level - Olympic)
- Leadership & Professional Development - Jacki Kment, MPAS, PA-C (Location: Mezzanine Level - Olympic)
- California Dermatology Physician Assistant Society - Anne Lee, MSPAS, MPH, PA-C (Location: San Juan Level - Whidbey)
- Corporate Dermatology Buy Outs - Sara Wilchowski, MS, PA-C, Joleen Voltz, MPAS, PA-C (Location: Mezzanine Level - Olympic)
- Conference Education Planning - Eileen Cheever, MPAS, PA-C (Location: Mezzanine Level - Olympic)
**GENERAL CONFERENCE PROGRAM DAY 4**

**SUNDAY, JULY 1ST, 2018**

Lecture sessions will be held in the Grand Ballroom II & III unless otherwise noted.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am to 12:00pm</td>
<td>Registration Services</td>
</tr>
<tr>
<td>7:00am to 8:30am</td>
<td><strong>BREAKFAST SERVED</strong></td>
</tr>
<tr>
<td>7:30am to 8:30am</td>
<td>22 Essentials of Contact Dermatitis: Basics</td>
</tr>
<tr>
<td></td>
<td>Faculty: Joe Fowler, MD</td>
</tr>
<tr>
<td>8:30am to 9:30am</td>
<td>23 Pediatric Skin Infections</td>
</tr>
<tr>
<td></td>
<td>Faculty: Pearl Kwong, MD</td>
</tr>
<tr>
<td>9:30am to 9:45am</td>
<td><strong>COFFEE AND NETWORKING BREAK</strong></td>
</tr>
<tr>
<td>9:45am to 10:45am</td>
<td>24 Mountain Wilderness Cutaneous Infections</td>
</tr>
<tr>
<td></td>
<td>Faculty: Bill Brandenburg, MD</td>
</tr>
<tr>
<td>10:45am to 11:45am</td>
<td>25 Natural Disasters and the Skin</td>
</tr>
<tr>
<td></td>
<td>Faculty: Ted Rosen, MD</td>
</tr>
<tr>
<td>CME</td>
<td>Lectures 4 hrs. CAT I / Ticketed Session 2 hrs. CAT I</td>
</tr>
</tbody>
</table>

This Conference program has been reviewed and is approved for a maximum of 32.50 AAPA Category I CME credits by the AAPA Review Panel (24.50 maximum earnable by any attendee).

In addition, the optional Wednesday Pre-Conference Day Program has been reviewed and is approved for a maximum of 9.00 AAPA Category I CME credits by the AAPA Review Panel.

PAs should claim only those credits actually spent participating in the CME activity. Activities have been planned in accordance with AAPA CME Standards for Live Programs and for Commercial Support of Live Program.

This Conference program has been reviewed and is approved for a maximum of 32.50 AAPA Category I CME credits by the AAPA Review Panel (24.50 maximum earnable by any attendee).

In addition, the optional Wednesday Pre-Conference Day Program has been reviewed and is approved for a maximum of 9.00 AAPA Category I CME credits by the AAPA Review Panel.

PAs should claim only those credits actually spent participating in the CME activity. Activities have been planned in accordance with AAPA CME Standards for Live Programs and for Commercial Support of Live Program.

<table>
<thead>
<tr>
<th>PRE-CONFERENCE PROGRAM</th>
<th>CAT I CME</th>
<th>CAT II CME</th>
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<tr>
<td><strong>WEDNESDAY, JUNE 27TH</strong></td>
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<td>Track 2</td>
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<td><strong>GENERAL CONFERENCE PROGRAM</strong></td>
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<tr>
<td>Ticketed Sessions</td>
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INDICATIONS AND USAGE
ESKATA™ (hydrogen peroxide) topical solution, 40% (w/w) is indicated for the treatment of seborrheic keratoses that are raised.

IMPORTANT SAFETY INFORMATION
WARNINGS AND PRECAUTIONS
Do not apply ESKATA to the eyes or mucous membranes. Avoid treating seborrheic keratoses within the orbital rim. Direct contact with the eye can cause corneal injury (erosion, ulceration, perforation, and scarring), chemical conjunctivitis, eyelid edema, severe eye pain or permanent eye injury, including blindness. If accidental exposure occurs, flush with water for 15 to 30 minutes, initiate monitoring and further evaluation as appropriate.

Skin reactions occurred in the treatment area after application of ESKATA. Severe local skin reactions included erosion, ulceration, vesiculation and scarring. Do not retreat until the skin has recovered from any reaction caused by the previous treatment.

MOST COMMON ADVERSE REACTIONS
The most common adverse reactions include erythema (99%), stinging (97%), edema (91%), scaling (90%), crusting (81%), and pruritus (58%).

CONTRAINDICATIONS
None.

DOSAGE AND ADMINISTRATION
ESKATA is to be administered by a healthcare provider. For topical use only. Not for oral, ophthalmic, or intravaginal use. Not for open or infected seborrheic keratoses.

Please see brief summary of full Prescribing Information for ESKATA (hydrogen peroxide) topical solution, 40% (w/w).
ADVERSE REACTIONS
with ESKATA until the skin has recovered from any reaction caused by vesiculation and scarring. Do not initiate a second treatment course with ESKATA. Severe local skin reactions included erosion, ulceration, and atrophy (16%), chemical conjunctivitis, eyelid edema, severe eye pain, and permanent eye injury, including blindness.

Skin reactions occurred in the treatment area after application of ESKATA topical solution is a clear, colorless solution containing 40% (w/w) hydrogen peroxide.

CONTRAINDICATIONS
None.

WARNINGS AND PRECAUTIONS
Eye Disorders
Do not apply to the eyes or mucous membranes. Avoid treating seborrheic keratoses within the orbital rim. Direct contact with the eye can cause corneal injury (erosion, ulceration, perforation, and stinging), chemical conjunctivitis, eyelid edema, severe eye pain, or permanent eye injury, including blindness.

If accidental exposure occurs, flush with water for 15 to 30 minutes and initiate monitoring, and further evaluation as appropriate.

Local Skin Reactions
Skin reactions occurred in the treatment area after application of ESKATA. Severe local skin reactions included erosion, ulceration, vesiculation, and atrophy. Do not initiate a second treatment course with ESKATA until the skin has recovered from any reaction caused by the previous treatment.

ADVERSE REACTIONS
Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates observed in clinical trials of another drug and may not reflect the rates observed in practice.

The data described below reflect exposure to ESKATA or vehicle in a total of 937 subjects with seborrheic keratoses that are raised. Overall, 42% of the subjects were male and 58% were female. Ninety-eight (98%) of the subjects were Caucasian and the mean age was 68.7 years.

At each visit, local skin reactions were graded for severity to determine the maximum severity after treatment. Table 1 presents the percentage of subjects with the local adverse reactions by the most severe grade reported during the course of the trials.

Table 1. Percentage of Subjects with Local Skin Reactions by Severity

<table>
<thead>
<tr>
<th></th>
<th>ESKATA N=467</th>
<th>Vehicle N=470</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Erythema</td>
<td>13</td>
<td>67</td>
</tr>
<tr>
<td>Stinging</td>
<td>34</td>
<td>49</td>
</tr>
<tr>
<td>Edema</td>
<td>28</td>
<td>48</td>
</tr>
<tr>
<td>Scaling</td>
<td>49</td>
<td>36</td>
</tr>
<tr>
<td>Crusting</td>
<td>34</td>
<td>38</td>
</tr>
<tr>
<td>Pruritus</td>
<td>34</td>
<td>18</td>
</tr>
<tr>
<td>Hyperpigmentation</td>
<td>32</td>
<td>7</td>
</tr>
<tr>
<td>Vesicles</td>
<td>21</td>
<td>3</td>
</tr>
</tbody>
</table>

Common local skin reactions observed 10 minutes after treatment include: erythema (58%), stinging (93%), edema (85%), pruritus (32%), and vesiculation (18%).

Common local skin reactions observed 1 week after treatment are scaling (72%), erythema (66%), crusting (67%), pruritus (18%), erosion (9%), and ulceration (4%).

Common local skin reactions observed 15 weeks after the initial treatment are erythema (21%), hyperpigmentation (18%), scaling (16%), crusting (12%), and hypopigmentation (7%).

Less common adverse reactions occurring in ≤0.5% of subjects treated with ESKATA include eyelid edema (0.6%) and herpes zoster (0.6%).

USE IN SPECIFIC POPULATIONS
Pregnancy Risk Summary
Hydrogen peroxide is not absorbed systemically following topical administration, and maternal use is not expected to result in fetal exposure to the drug.

Lactation Risk Summary
Hydrogen peroxide is not absorbed systemically by the mother following topical administration, and breastfeeding is not expected to result in exposure of the child to hydrogen peroxide.

Pediatric Use
Seborrheic keratosis is not seen in the pediatric population.

Geriatric Use
Of the 841 subjects treated with ESKATA in the clinical trials, 70% were 65 years of age and older and 26% were 75 years of age and older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects.

OVERDOSE
Topical overdosing of ESKATA could result in an increased incidence and severity of local skin reactions.

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility
Long-term animal studies have not been performed to evaluate the carcinogenic potential of ESKATA or hydrogen peroxide.

Hydrogen peroxide has been found to exhibit positive results in in vitro tests for genotoxicity, but has not exhibited positive results in in vivo tests for genotoxicity, presumably due to the rapid metabolism of hydrogen peroxide.

The effects of hydrogen peroxide on fertility have not been evaluated. Hydrogen peroxide has been associated with effects on sperm function and elevated testicular hydrogen peroxide concentration has been implicated in male infertility, although in vivo, no effect of hydrogen peroxide on sperm function has been demonstrated.

PATIENT COUNSELING INFORMATION
Advise the patient to read the FDA-approved patient labeling (Patient Information).

Ophthalmic Adverse Reactions
Inform patients that severe eye injury can occur with ESKATA application. Advise patients to inform the healthcare provider immediately if ESKATA runs into eyes, mouth, or nose during administration.

Local Skin Reactions
Inform patients that treatment with ESKATA may lead to local skin reactions.

Rx only
This Brief Summary is based on ESKATA Prescribing Information, issued December 2017.

Manufactured by: James Alexander Corp., Blairstown, NJ 07825
Marketed by: Aclaris Therapeutics, Inc., Malvern, PA 19355
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Taro Pharmaceuticals U.S.A., Inc.
UCB, Inc.
Vivacare Inc.
3Gen, Inc.

2018 and 2019
Join us for these...
SDPA UPCOMING EVENTS

SDPA 16th Annual Fall Dermatology Conference
LOEWS PORTOFINO BAY HOTEL
Pre-Conference Day – October 31, 2018
General Conference - November 1-4, 2018
Orlando, FL

SDPA Annual Summer Dermatology Conference
MARRIOTT MARQUIS HOTEL
Pre-Conference Day – June 5, 2019
General Conference – June 6-9, 2019
Washington, DC

SDPA 17th Annual Fall Dermatology Conference
THE WESTIN KIERLAND RESORT & SPA
Pre-Conference Day – November 20, 2019
General Conference - November 21-24, 2019
Scottsdale, AZ

To get more information about our upcoming events go to SDPAConferences.org

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SPECIAL THANK YOU to our Summer Conference Medical Director, Ted Rosen, MD.

Our esteemed Medical Director for the Summer 2018 conference is Dr. Ted Rosen. Dr. Ted Rosen attended Michigan State University as a national merit scholar and then graduated cum laude from the University of Michigan Medical School. He studied internal medicine at the University of Alabama and dermatology at Baylor College of Medicine. He is currently a Professor of Dermatology at Baylor and Chief of Dermatology at the Michael E. DeBakey VA Medical Center in Houston, TX. He has spoken to most state and city dermatology societies and to the national dermatological associations of Canada, Mexico, Korea, Argentina, Hong Kong, Australia, New Zealand, Italy, and has twice been a plenary speaker at the EADV. Dr. Rosen is also a current trustee at large for the Dermatology PA Foundation (DPAF).

The SDPA wants to extend our sincerest gratitude to Dr. Rosen, as he has been our Medical Director for the past 3 years and has been essential in creating outstanding educational experiences and promoting acceptance and respect for PAs by dermatologists.

Conference Medical Director
Ted Rosen, MD