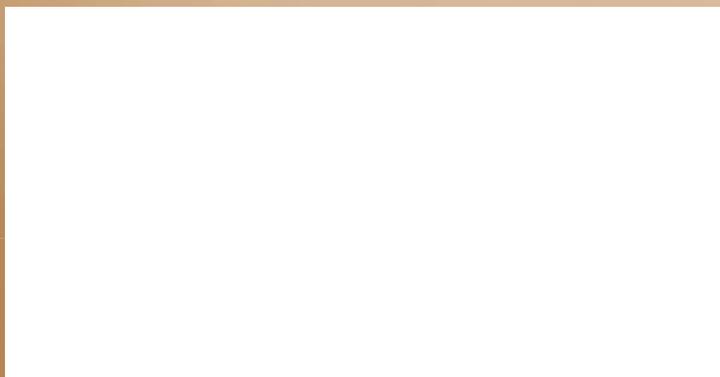


August 15-19, 2012  
Boston, Mass.

SUMMER  
ACADEMY MEETING  
AMERICAN ACADEMY OF DERMATOLOGY



# Advance Program



# Raising the Bar for Skin Health.

New Protocols and Solutions for Creating Healthy Skin.

The central graphic is the ZO Skin Health Circle, a circular diagram with four segments: MAINTENANCE (top), DAILY SKINCARE (right), PROTECTION (bottom), and THERAPEUTIC (left). The center contains the text 'ZO Skin Health Circle™ Comprehensive & Continuous Solutions'. Surrounding the circle are the labels 'ZO Medical Solutions' and 'ZO Cosmeceutical Solutions'. To the left is a photo of Dr. Zein Obagi in a white lab coat. To the right is a vertical stack of five diverse people's faces. Further right are two product images: a white tube labeled 'ZO MEDICAL BY ZEIN OBAGI, MD' and a silver bottle labeled 'ZO SKIN HEALTH BY ZEIN OBAGI, MD'.

Dr. Zein Obagi, Medical Director

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World Premiere Video



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ZO SKIN HEALTH, INC.

August 15-19, 2012  
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SUMMER  
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AMERICAN ACADEMY OF DERMATOLOGY

## CONTINUING MEDICAL EDUCATION INFORMATION

### MISSION

The purpose of the American Academy of Dermatology (AAD) CME Program is to provide members with opportunities for life-long learning and assistance in fulfilling their maintenance of certification and licensure requirements, thereby promoting excellence in the provision of dermatologic care.

### DEFINITION OF CONTINUING MEDICAL EDUCATION

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Source: [www.acme.org](http://www.acme.org)

### COMMERCIAL BIAS

A personal judgment in favor of a specific proprietary business interest or commercial interest.

Source: [www.acme.org](http://www.acme.org)

## SCIENTIFIC ASSEMBLY COMMITTEE

*\*As of the September 30 – October 1, 2011 planning meeting*

Joan Guitart, MD, FAAD; *Chair*

Janet A. Fairley, MD, FAAD

Ilona J. Frieden, MD, FAAD

Henry W. Lim, MD, FAAD

Ronald L. Moy, MD, FAAD; *President*

Daniel M. Siegel, MD, FAAD; *President-Elect*

Robert D. Greenberg, MD, FAAD; *Secretary-Treasurer*

Suzanne Olbricht, MD, FAAD, *Assistant Secretary-Treasurer*

Robert S. Kirsner, MD, PhD, FAAD; *Chair,*

*Council On Education and Maintenance of Certification*

Edward W. Cowen, MD, FAAD; *Chair, Annual Meeting Evaluation Task Force*

M. Christine Lee, MD, FAAD; *Chair, Needs Assessment Task Force*

## LEARNER BILL OF RIGHTS

AAD recognizes that you are a life-long learner who has chosen to engage in continuing medical education to identify or fill a gap in knowledge or skill and to attain or enhance a desired competency. As part of AAD's duty to you as a learner, you have the right to expect that your continuing medical education experience with AAD includes the following.

Content that:

- Promotes improvements or quality in health care
- Is current, valid, reliable, accurate and evidence-based
- Addresses the stated objectives or purpose
- Is driven by and based on independent survey and analysis of learner needs, not commercial interests
- Has been reviewed for bias and scientific rigor
- Offers balanced presentations that are free of commercial bias
- Is vetted through a process that resolves any conflicts of interest of planners and faculty
- Is evaluated for its effectiveness in meeting the identified educational need

A learning environment that:

- Is based on adult learning principles that support the use of various modalities
- Supports learners' abilities to meet their individual needs
- Respects and attends to any special needs of the learners
- Respects the diversity of groups of learners
- Is free of promotional, commercial, and/or sales activities

Disclosure of:

- Relevant financial relationships that planners, teachers, and authors have with commercial interests related to the content of the activity
- Commercial support (funding or in-kind resources) of this activity

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930 East Woodfield Road, Schaumburg, Illinois 60173  
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REGISTER FOR THE MEETING AND MAKE HOTEL RESERVATIONS ONLINE AT  
**WWW.AAD.ORG**



## President's Message

There are countless reasons to visit Boston this summer, but this year it is most assuredly to attend the Summer Academy Meeting 2012. What amazes me as I look at the diverse and comprehensive educational program – ably crafted by the Scientific Assembly Committee – is just how much excellent CME is here, and particularly the chance to hear new and exciting lectures from the best and brightest.

I'm also excited to see the many educational offerings that are devoted to EMR and coding, to provide attendees with information they can use in their practice after the meeting, including an EHR demonstration symposium, a coding and documentation symposium, and a forum on "Using Technology to Improve Dermatology Access."

We have an obligation to ourselves and our patients to stay up to date on the latest in dermatology and there is no better place to do that than at the Summer Academy Meeting. And I can think of no city more beautiful and interesting in the summer than Boston, home of the "shot heard round the world" and the Boston Red Sox.

Boston is an amazing urban hub, both a port and center of learning. There are many great museums here, such as the Boston Museum of Fine Arts and the Isabelle Stewart Gardner Museum. And as a technology devotee, I particularly like the many science and computer museums in the area. But my personal favorite gem is the Harvard Museum of Natural history with its amazing famous glass flower exhibit. I have also always loved going to the Haymarket – a historic open air market a short walk from Faneuil Hall. I have fond memories of buying sea urchins and a lemon in the 1980s that I would crack open and enjoy, long before sushi became a household word.

It's within this culturally rich and historically significant context that the Academy will provide you with the finest CME, the latest research findings, pearls for your practice management, and the rare opportunity to gather en masse with your peers in the profession.

Last summer at the plenary session, our guest speaker talked about the phenomenon of murmuration – which related mass collaboration to the fascinating swarming of starlings that occurs in nature. Our expert speakers this summer are not starlings, but stars, to be sure; bright stars of research and education. And the Summer Academy Meeting is truly a mass collaboration – one that you are now a part of, here in Boston.

Sincerely,

A handwritten signature in black ink, reading "Dan Siegel". The signature is stylized and cursive.

Daniel M. Siegel, MD, FAAD  
President, American Academy of Dermatology

August 15-19, 2012  
Boston, Mass.

SUMMER  
ACADEMY MEETING  
AMERICAN ACADEMY OF DERMATOLOGY



# AMERICAN ACADEMY *of* DERMATOLOGY

*wishes to thank our Corporate Partners  
for providing in-kind contributions  
of product and medical supplies  
in support of Summer Academy Meeting 2012  
Live Demonstrations*



*Please see our Leaders in Giving Recognition Module  
in Lobby C and in the On-site Program Book*



## Chair's Message

On behalf of the Scientific Assembly Committee, I welcome you to the Summer Academy Meeting in Boston. This year's program highlights the many exciting advances and new trends in our specialty. The outline of courses within these pages can help you navigate the program and make the most of this meeting.

One of the most appealing highlights of this Summer Academy Meeting is the introduction of new "Update Platform" sessions, designed to help the practicing dermatologist effectively learn about new advances across the wide range of areas within our speciality. Throughout the course of the meeting, the Academy will offer these practical and sequential reviews of new advances in the fields of general dermatology, surgical dermatology, dermatopathology, pediatric dermatology, and cutaneous oncology. The moderators and presenters of the Update Platform sessions have been selected among the most respected in their fields.

The Academy has also scheduled a course to help dermatologists prepare for their board recertification examination as well as sessions that will help attendees meet the requirements for Maintenance of Certification.

Not to be missed are the guidelines sessions, which will give you an opportunity to become familiarized in the comprehensive, evidence-based treatment guidance in the areas of psoriasis, melanoma, and acne. Attendees will be provided the very latest information guidelines of care, and the sessions will help attendees formulate appropriate evidence-based treatment plans using AAD Guidelines.

At this year's Plenary Session, Henry W. Lim, MD, will present the Everett C. Fox, MD, Memorial Lectureship on "What is the Future of Photodermatology?" Beth Ann Drolet, MD, will present on the topic of Hemangiomas and Propranolol, and Rachael Clark, MD, will speak about "The Skin Immune System." Hensin Tsao, MD, will present on the "Role of Molecular Analysis in Melanoma." Jack S. Resneck, Jr., MD, will speak about the rapidly-changing nature of health care system in "Health System Reform for Dermatologists." I'm excited that the guest speaker, Kevin M. Fickenscher, MD, CPE, will continue this important health care discussion with a presentation titled, "Health Care Reform and Its Implications for Dermatology."

I am particularly pleased to welcome you to Boston. There is nothing more exciting than New England in the summer. The Boston area offers an unparalleled concentration of attractions, including cultural heritage sites, urban cultural jewels, remarkable museums, fine dining, and plenty of theater and music. Beautiful coastlines and mountain getaways are all within a few hours drive. Hike the mountains of Vermont, bike the lanes of Acadia National Park, or visit the ocean resorts of Martha's Vineyard. We invite you all to join us in Boston for a wonderful educational experience — and so much more!

Sincerely,

A handwritten signature in black ink that reads "Joan Guitart". The signature is written in a cursive, flowing style.

Joan Guitart, MD, FAAD  
Chair, Scientific Assembly Committee

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\*Data on file. Third party dermatologist survey. December 2011.

In exchange for allowing us to share her story, Marion received a gift basket including AmLactin® products.

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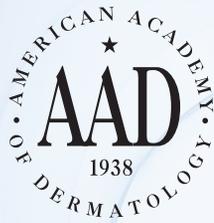
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My daughter, Jaime, spent time in the sun and frequently used tanning beds. I didn't know how dangerous they were.

One person on hour dies from melanoma.

Jaime's hour was at 1:00 p.m., Friday, March 16, 2007.

I hope no one else has to mark his or her hour."  
-Donna Regen



*Thank you for  
Furthering Excellence in Dermatology ... Today and Tomorrow!*

**Visit the Leaders in Giving Recognition  
Module in the Convention Center.**

# CME Information

## SUMMER ACADEMY MEETING 2012 DIRECTLY SPONSORED BY The American Academy Of Dermatology

### STATEMENT OF NEED

The American Academy of Dermatology's Summer Academy Meeting is planned to comprehensively address the nine content areas within the Dermatologic Core Curriculum and provide dermatologists and other dermatology health care professionals with high quality educational opportunities for the optimization of dermatologic knowledge, competence and performance.

### TARGET AUDIENCE

The primary target audience of the American Academy of Dermatology's Summer Academy Meeting is its members. Secondary audiences for the Summer Academy Meeting include dermatology residents and other dermatology health care professionals.

## GLOBAL LEARNING OBJECTIVES

This comprehensive meeting provides learners with opportunities to:

- Review and apply basic knowledge and skills in medical dermatology, dermatologic surgery, pediatric dermatology, and dermatopathology.
- Update their knowledge about recent advances in the diagnosis, management and treatment of diseases of the skin, hair, nails, and mucous membranes.
- Assess the relationship of evidence-based diagnostic approaches and therapies with new dermatologic treatment developments.
- Self-assess current practice management skills and develop strategies for improving these skills.
- Develop new skills to improve their everyday practice of dermatology.

NOTE: Each session has its own specific learning objectives that are included within the scientific sessions.

## DISCLOSURES

### PLANNER DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIP(S)

The following Scientific Assembly Committee members reported they have no relationship(s) with commercial interest(s) to disclose relevant to the content of this CME activity:

- Edward W. Cowen, MD
- Janet A. Fairley, MD
- Robert D. Greenberg, MD
- Suzanne Olbricht, MD

The following Scientific Assembly Committee members reported having relationship(s) with commercial interest(s) to be disclosed to learners:

Planner	Role	Commercial Interest
Ilona J. Frieden, MD	Honoraria - Consultant	Pierre Fabre Dermo-Cosmétique US
	Honoraria - Advisory Board	TOPAZ Pharmaceuticals, Inc.
Joan Guitart, MD	Honoraria - Consultant	Bristol-Myers Squibb, Excaliard Pharmaceuticals, Inc., Genzyme
	Honoraria - Advisory Board	Astellas
	Grants - Investigator	Eisai, Yaupon
Robert S. Kirsner, MD, PhD	Grants - Investigator	Advanced Biohealing, Healthpoint, Tissue Repair Company
	Honoraria - Advisory Board	Molynecke, National Healing Board, Organogenesis
	Honoraria - Other	GlaxoSmithKline
	Advisory Board - No Compensation Received	Mosaic
M. Christine Lee, MD	Equipment - Investigator	Alma, Cutera
	Honoraria - Investigator	Laserscope/Iridex
	Grants - Investigator	Lumenis
Henry W. Lim, MD	Honoraria - Consultant	Clinuvel, La Roche-Posay, Procter and Gamble
Ronald L. Moy, MD	Honoraria - Speaker	Lumenis, Medicis
	Investigator - No Compensation Received	Inamed
	Grants - Investigator	Suneva
	Stockholder - Investigator	CLRS Technology
Daniel M. Siegel, MD	Stockholder - Other	DermFirst
	Honoraria - Consultant	Dusa Pharmaceuticals, Inc., Leerink Swan, Meda Pharmaceuticals Inc., Melasciences,
	Other - Royalty	Elsevier
	No Compensation Received - Consultant	Encite, MDSolarSciences Corporation
	Grants - Investigator	The Estée Lauder Companies, Inc.
	Stock Options - Consultant	Logical Images
	Investigator - No Compensation Received	Michelson Diagnostics Ltd,
	Advisory Board - No Compensation Received	Click Diagnostics, Michelson Diagnostics Ltd, Vivacare
	Advisory Board - Honoraria	Genentech, Inc., MIM Labs
	Advisory Board - Stock	Photomedex
	Advisory Board - Stock Options	Michelson Diagnostics Ltd, Modernizing Medicine, Quinova Pharmaceuticals, Inc., Remote Derm

The following Leadership Development Steering Committee members reported they have no relationship(s) with commercial interest(s) to disclose relevant to the content of this CME activity:

- Erin G. Adams, MD
- Tammie Ferring, MD
- Jennifer Lucas, MD
- Mary E. Maloney, MD
- Victor J. Marks, MD
- Isaac M. Neuhaus, MD
- Margaret E. Parsons, MD
- Jack S. Resneck Jr., MD
- Sabra Sullivan, MD, PhD
- Marta J. VanBeek, MD

The following Leadership Development Steering Committee members reported they do have a relationship with a commercial interest(s) to be disclosed to learners:

Planner	Role	Commercial Interest
Ilona J. Frieden, MD	Honoraria - Consultant	Pierre Fabre Dermatology
	Honoraria - Advisory Board	TOPAZ Pharmaceuticals, Inc.
Elizabeth S. Martin, MD	Honoraria - Speaker	Medicis Pharmaceutical Corporation
	Honoraria - Speaker	Promius Pharma, LLC
Barbara M. Mathes, MD	Consultant - Fees	Astellas Pharma US, Inc., Johnson & Johnson Consumer Products Company

The staff involved with this CME activity and all content validation/peer reviewers of this CME activity have reported no relevant financial relationships with commercial interest(s).

<sup>1</sup>**Relevant Financial Relationships:** The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past twelve months that create a conflict of interest. *Source: www.accme.org.*

<sup>2</sup>**Conflict of Interest:** When an individual’s interests are aligned with those of a commercial interest the interests of the individual are in “conflict” with the interests of the public. *Source: www.accme.org*

## FACULTY DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIP(S)

It is the policy of AAD that all faculty participating in a CME-certified activity are required to disclose to AAD and to learners relevant financial relationships with any commercial interest(s) that they or their first – degree relative (spouse, parent, sibling, or child). “Relevant financial relationships” include financial relationships in any amount occurring within the past 12 months that create a conflict of interest. Typically, such relationships would be with companies that sell health care products or services that are consumed by or used in the treatment of patients. The intent of this disclosure is not to prevent participation in CME-certified educational activities by individuals with a relevant financial relationship with commercial interest(s), but rather to provide learners with information on which they can make their own determination whether or not said relationship(s) influenced the content of the educational activity.

Session Director and faculty disclosure information is located within the On-site Program Book after the scientific schedule. Faculty have been asked to also make a verbal disclosure at the start of their presentations supplemented by a disclosure slide in order to verify the accuracy of the disclosure information printed in the On-site Program Book and ensure their disclosure information is shared with the learners PRIOR to the presentation taking place.

## RESOLUTION OF CONFLICTS OF INTEREST

In accordance with the ACCME Standards for Commercial Support of CME, the American Academy of Dermatology has implemented mechanisms, prior to the planning and implementation of this CME activity, to identify and mitigate conflicts of interest for all individuals in a position to control the content of this CME activity.

## UNAPPROVED USE DISCLOSURE

The American Academy of Dermatology requires CME faculty (speakers) to disclose to attendees when products or procedures being discussed are off-label (not approved for the indications being discussed), unlabeled (not approved for any indications), experimental, and/or investigational (not FDA approved); and any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion. This information is intended solely for continuing medical education and is not intended to promote off-label use of these products/procedures. If you have questions, contact the medical affairs department of the manufacturer for the most recent approval information. Faculty at this meeting will be discussing information about pharmaceutical agents that is outside of U.S. Food and Drug Administration approved labeling.

# CME Information

## INDEPENDENCE IN CME

The mission of the Academy's continuing medical education program is to improve patient care and health care outcomes by maintaining, developing and enhancing medical knowledge, patient care, interpersonal and communication skills, and professionalism. As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME) and in support of this mission, the Academy is dedicated to providing continuing medical education that is independent, fair, balanced, objective, and free of commercial bias.

The Academy employs several strategies to ensure these standards will be met. The planning committee members submit and consider their own disclosure information and recuse themselves from planning educational activities should they have conflicts related to the subject area presented. When developing an educational program, the planning committee reviews applications and disclosure of interest forms along with needs assessment and evaluative data from past activities in order to develop programming. Potential participants are sent detailed guidelines that provide direction on necessary components to ensure independence in continuing medical education activities and to resolve conflict, as itemized below.

## CONTENT VALIDATION

Academy-sponsored educational activities are designed to promote improvements or quality in health care and not promote a specific proprietary business interest or a commercial interest. Presentations and related materials must be based on scientific methods generally accepted by the medical community.

Presentations should be evidence-based and discuss the validity of the evidence upon which they base the opinion(s). (See Sackett et al, *BMJ* 1996;312:71-2.) This ensures the audience that the recommendations are supported by the evidence and contributes to management of any potential conflicts of interest. Further, if the presentation includes discussion of unlabeled or investigational use of a commercial product, this also must be disclosed to the participants. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.

If CME educational material or content includes trade names, trade names from several companies should be used where available, as opposed to using trade names from just a single company. Educational materials such as slides, abstracts, and handouts cannot contain any advertising or product-group messages.

## OUTCOMES MEASUREMENT

Several methods of evaluation are utilized in assessing the educational program. Session directors, speakers, attendees, and formal observers are all given the opportunity to evaluate the educational content and speaker performance. Included in this process are measures to rate the success of the Academy's policies regarding independence in continuing medical education activities with particular focus on the absence of commercial bias.

In addition, the Academy may review speaker presentations stored on the meeting servers to collect aggregate data regarding disclosure. These data are only used to determine effectiveness of the Academy's policies and procedures regarding disclosure. Should it be determined that a member of the Academy's educational program violated the Academy's "Policy to Ensure Independence in Continuing Medical Education," the individual may not be asked to participate in future educational programs.

## COMMERCIAL SUPPORT DISCLOSURE

The following commercial interests provided educational grants for Summer Academy Meeting 2012:

Merz Aesthetics, Inc.

*Summer Academy Meeting 2012 Educational Handouts and Poster Abstracts*

## DISCLAIMER

The American Academy of Dermatology is not responsible for statements made by faculty. Statements or opinions expressed in this program reflect the views of the faculty and do not reflect the official policy of the American Academy of Dermatology. The information provided at this CME activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a health care provider relative to the diagnostic, management, and treatment options of a specific patient's medical condition.

## ACCREDITATION

The American Academy of Dermatology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

## AMA PRA CATEGORY 1 CREDIT™ DESIGNATION

The American Academy of Dermatology designates this live activity for a maximum of **26.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## AAD RECOGNIZED CREDIT

The American Academy of Dermatology's Summer Academy Meeting is recognized by the American Academy of Dermatology for **26.5 AAD Recognized Credits** and may be used toward the American Academy of Dermatology's Continuing Medical Education Award.

All Summer Academy Meeting activities, unless otherwise specified, are approved for direct-sponsored **AAD Recognized Credit**.

## WHAT YOU NEED TO DO TO RECEIVE CME CREDIT

CME Credit is awarded based on actual participation in the learning activities. An overall evaluation form and CME credit claim form will be provided in the registration bag distributed on-site at registration. Learners should complete the session evaluation forms and drop them into the boxes labeled "CME Evaluations" throughout the duration of the meeting.

Prior to departure, learners should complete the CME credit claim form and drop it into the "CME Evaluations" boxes for processing. CME credits can also be claimed online at [www.aad.org/cme/claim](http://www.aad.org/cme/claim). The online claim system is available for 2 weeks post meeting. Credit is calculated on a 1/4-hour basis and will be reflected on member transcripts within four to six weeks after the meeting.

## NON-MEMBER PHYSICIAN CME CREDIT CERTIFICATE

Non-member physicians who attend the meeting can receive a CME Credit certificate which includes documentation of the total CME credits claimed. If you are a physician and would like to receive a CME Credit certificate, please submit a copy of the CME Claim Form and check "yes" where asked if you would like to receive the CME Certificate.

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## American Academy of Dermatology

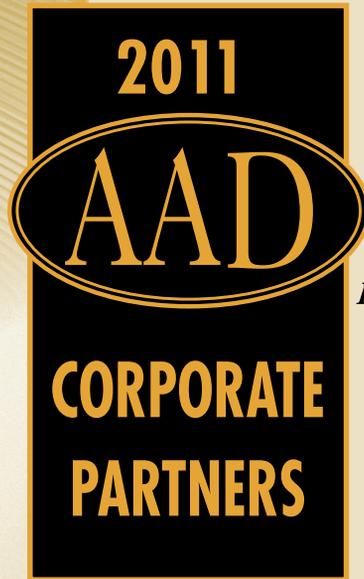
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# Personal Program Schedule

## WEDNESDAY, AUGUST 15

*Registration only 12:00 p.m. to 6:00 p.m.*

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## THURSDAY, AUGUST 16

*8:00 a.m. to 9:30 a.m.*

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*9:00 a.m. to 12:00 p.m.*

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*10:00 a.m. to 12:00 p.m.*

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*1:00 p.m. to 2:30 p.m.*

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*2:00 p.m. to 5:00 p.m.*

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*3:00 p.m. to 5:00 p.m.*

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## FRIDAY, AUGUST 17

*8:00 a.m. to 9:00 a.m.*

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*9:00 a.m. to 12:00 p.m.*

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*1:00 p.m. to 2:30 p.m.*

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*2:00 p.m. to 4:00 p.m.*

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*2:00 p.m. to 5:00 p.m.*

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*3:00 p.m. to 5:00 p.m.*

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*4:00 p.m. to 5:00 p.m.*

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## NOTES

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## SATURDAY, AUGUST 18

*8:00 a.m. to 9:30 a.m.*

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*9:00 a.m. to 12:00 p.m.*

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*10:00 a.m. to 12:00 p.m.*

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*1:00 p.m. to 2:30 p.m.*

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*2:00 p.m. to 4:00 p.m.*

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*2:00 p.m. to 5:00 p.m.*

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*3:00 p.m. to 5:00 p.m.*

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*4:00 p.m. to 5:00 p.m.*

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## SUNDAY, AUGUST 19

*8:00 a.m. to 9:30 a.m.*

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*9:00 a.m. to 12:00 p.m.*

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*10:00 a.m. to 12:00 p.m.*

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 **Restricted Session open to dermatologist and adjunct (researcher, corporate) members. A ticket is required for admittance**

 **Practice Management Session open to eligible office staff/registered nurses**

 **Patient Safety Session**

 **Audience Response System Session**

 **This activity has been approved by the ABD to satisfy component 2 of MOC-D**

 **Leadership Institute — addresses leadership competencies specific to dermatologists**

 **Health Information Technology Sessions**

 **Evidence-Based Practice Sessions**

## Thursday, August 16

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

U001	Exploring Evidence-Based Cosmeceuticals . . . . .	36
U002	Optimizing Management of Melanoma: Recognizing and Responding to Common Dilemmas in Patient Care . . .	36
U003	The Interface of Skin and Psyche . . . . .	36
■ U004	Laser Update. . . . .	36
▲ U005	Procedural Safety in Dermatology. . . . .	36

### Symposia, 9:00 a.m. to 12:00 p.m.

S001	EADV/AAD Joint Symposium . . . . .	37
■ S002	Coding and Documentation . . . . .	38
S003	Dermoscopy . . . . .	38

### Course, 9:00 a.m. to 12:00 p.m.

■ C001	Media Training: Developing and Delivering Key Messages . . . . .	38
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### Workshops, 10:00 a.m. to 12:00 p.m.

■ ■ W001	MOC Self-Assessment: Pediatric Dermatology . . . . .	39
■ W002	Primary Cutaneous Melanoma Guidelines: Translating Evidence into Practice. . . . .	39

### Forums, 10:00 a.m. to 12:00 p.m.

F001	Case-Based Controversies in Blistering Diseases . . . . .	40
■ F002	Dermatoethics Consultations: Cases and Controversies . . . . .	40
■ F003	Pathology and Procedures of the Aging Hand. . . . .	40
■ F004	Assessing My Own Leadership Strengths and Vulnerabilities, Part 1 . . . . .	40

### Focus Sessions, 1:00 p.m. to 2:30 p.m.

U006	General Genodermatoses Update . . . . .	41
U007	Infectious Disease Update: What I Wouldn't Have Known Without Evidence-Based Medicine. . . . .	41
U008	The Many Mimickers of Lymphoma. . . . .	41
U009	Beyond Spaghetti and Meatballs: What's New on the Malassezia Menu . . . . .	41
▲ U010	A Primer of Pharmaceutical Advertising: Sometimes It's Just Wrong . . . . .	41

### Symposia, 2:00 p.m. to 5:00 p.m.

S004	Update Platform: Medical Dermatology . . . . .	42
S005	What's Hot in Pediatric Dermatology. . . . .	42
S006	Minimizing Errors in the Detection, Diagnosis, and Treatment of Melanoma . . . . .	42

### Course, 2:00 p.m. to 5:00 p.m.

■ C002	Live Demonstration: Botulinum Toxin and Fillers. . . . .	43
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### Workshop, 3:00 p.m. to 5:00 p.m.

■ W003	Acne Guidelines: Translating Evidence into Practice . . . . .	43
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### Forums, 3:00 p.m. to 5:00 p.m.

■ F005	Case-Based Challenges for PA/NP's . . . . .	44
■ F006	Case-Based Controversies: Dermatopathology . . . . .	44
F007	Life-Altering Skin Disease from the Patient's Perspective . . . . .	44
F008	Vulvar Diseases . . . . .	44
■ F009	Assessing My Own Leadership Strengths and Vulnerabilities, Part 2 . . . . .	44

## Friday, August 17

### Focus Sessions, 8:00 a.m. to 9:00 a.m.

U011	Neonatal Dermatology . . . . .	46
■ U012	Patient Satisfaction: Measurement and Improvement . . . . .	46
U013	From the Dermatology-Rheumatology Clinic: Practical Tips and Advances in Management. . . . .	46
U014	Update in Molecular Diagnostic Tests in Dermatology and Dermatopathology . . . . .	46
■ U015	Photodynamic Therapy. . . . .	46
U016	Asian American Skin. . . . .	46

### P151: Plenary Session — 9:00 a.m. to 12:00 p.m.

9:00 a.m.	Chair's Welcome / <i>Joan Guitart, MD</i> . . . . .	47
9:05 a.m.	President's Address / <i>Daniel M. Siegel, MD</i> . . . . .	47
9:20 a.m.	Everett C. Fox, MD, Memorial Lectureship: What is the Future of Photodermatology? / <i>Henry W. Lim, MD</i> . . . . .	47
9:50 a.m.	Infantile Hemangioma and Propanonol / <i>Beth Ann Drolet, MD</i> . . . . .	47
10:10 a.m.	Skin Immune System / <i>Rachael Clark, MD, PhD</i> . . . . .	48
10:30 a.m.	Role of Molecular Analysis in Melanoma / <i>Hensin Tsao, MD, PhD</i> . . . . .	48
10:50 a.m.	Health System Reform for Dermatologists / <i>Jack S. Resneck, Jr., MD</i> . . . . .	48
11:10 a.m.	Guest Speaker: Health Care Reform and Its Implications for Dermatology / <i>Kevin M. Fickenscher, MD</i> . . . . .	48
11:50 a.m.	Questions and Answers . . . . .	48

# Program Overview

## Focus Sessions, 1:00 p.m. to 2:30 p.m.

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U018	Clinical Pearls in Dermatology . . . . .	49
U019	Non-Infectious Granulomas: An Update on Cutaneous Granulomatous Diseases . . . . .	49
U020	Pitfalls in Dermatopathology . . . . .	49
U021	Hidradenitis Suppurative: An Update . . . . .	49

## Symposium, 2:00 p.m. to 4:00 p.m.

S007	Update Platform: Cosmetics and Dermatologic Surgery . . . . .	50
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## Symposia, 2:00 p.m. to 5:00 p.m.

▲ S008	Common Controversies in Dermatologic Drug Therapy . . . . .	50
S009	What's Hot In Dermatopathology . . . . .	50

## Course, 2:00 p.m. to 5:00 p.m.

■ C003	Live Demonstration: Neurotoxins and Soft Tissue Augmentation . . . . .	51
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## Workshops, 3:00 p.m. to 5:00 p.m.

■ W004	MOC Self-Assessment: Skin Cancer . . . . .	51
▲ W005	Psoriasis Guidelines: Translating Evidence into Practice . . . . .	52

## Forums, 3:00 p.m. to 5:00 p.m.

■ F010	Case-Based Controversies: Procedural . . . . .	52
F011	Infectious Disease and Infestation Update . . . . .	52
F012	Medical Management of Actinic Keratoses and Non-Melanoma Skin Cancer . . . . .	53
F013	Nails . . . . .	53

## Symposium, 4:00 p.m. to 5:00 p.m.

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## Saturday, August 18

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

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U023	Dermoscopy for the Non-Dermoscopist . . . . .	55
U024	From Bench to Bedside: Important Clinical Advances . . . . .	55
■ U025	Quality and Customer Service for a Better Practice . . . . .	55
U026	What's New in Non-Melanoma Skin Cancer . . . . .	55
U027	Leprosy . . . . .	55

### Symposia, 9:00 a.m. to 12:00 p.m.

S011	Dermatology Grand Rounds: Case-Based Dilemmas . . . . .	56
■ S012	Finessing Surgical Technique . . . . .	56

### Course, 9:00 a.m. to 5:00 p.m. (break 12:00 p.m. to 2:00 p.m.)

■ C004	Derm Exam Prep Course: Refresher . . . . .	56
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### Forums, 10:00 a.m. to 12:00 p.m.

F014	Protecting America's Youth: Responding to Tanning Industry Arguments and Advancing Effective Policies . . . . .	57
■ ▲ F015	Legal Dilemmas in Dermatology . . . . .	57
F016	A Case-Based Approach to Common Cutaneous Lymphoma Problems . . . . .	57
F017	Tumor Board . . . . .	57
■ F018	From Problem to Performance: Developing People in Your Practice, Part 1 . . . . .	57

## Workshop, 10:00 a.m. to 12:00 p.m.

■ W006	MOC Self-Assessment: Acne, Psoriasis, Eczema, and Inflammatory Dermatitis . . . . .	58
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U029	Top Tips to be Tip Top with Your MOC . . . . .	58
U030	Up and Coming Fillers: Experience from Across the Atlantic . . . . .	58
U031	Skin of Color . . . . .	59
U032	Smoking and the Skin . . . . .	59

## Symposium, 2:00 p.m. to 4:00 p.m.

S013	Update Platform: Cutaneous Oncology . . . . .	59
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## Symposia, 2:00 p.m. to 5:00 p.m.

S014	What's Hot in Women's Dermatology . . . . .	60
■ S015	Negotiating Your Way to Great Leadership . . . . .	60

## Workshop, 3:00 p.m. to 5:00 p.m.

■ W007	MOC Self-Assessment: Office-Based Safety . . . . .	60
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## Forums, 3:00 p.m. to 5:00 p.m.

■ F019	Using Technology to Improve Dermatology Access . . . . .	61
■ F020	Review and Update of Regional Reconstruction . . . . .	61
F021	What's Boiling Over: Atopic Dermatitis and Other Eczematous Conditions . . . . .	61
F022	Developing Speaker Skills - Faculty Development . . . . .	61
■ F023	From Problem to Performance: Developing People in Your Practice, Part 2 . . . . .	61

## Symposium, 4:00 p.m. to 5:00 p.m.

S016	Update Platform: Dermatopathology . . . . .	62
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## Sunday, August 19

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

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U034	Patch Test Allergens 101: A Detective's Toolkit . . . . .	63
U035	Controversies in "Dysplastic" Nevi . . . . .	63
U036	Impact of Nanotechnology and Dermatology . . . . .	63
U037	Putting the Power of Phototherapy to Work for Patients and Providers . . . . .	63
U038	Can Homeopathic Medicine be of help to Today's Clinical Dermatologist? . . . . .	63

### Symposia, 9:00 a.m. to 12:00 p.m.

■ S017	E.H.R. Physician Demonstration . . . . .	64
■ S018	Cutting Edge Surgery and Oncology . . . . .	64
S019	What's Breaking Out: Acne and Rosacea . . . . .	64
■ S020	Psoriasis Guidelines and Beyond . . . . .	64

### Forums, 10:00 a.m. to 12:00 p.m.

■ F024	Case-Based Challenges in Consultative Dermatology . . . . .	65
■ F025	Case-Based Controversies: Medical . . . . .	65
F026	Nail Surgery . . . . .	65
F027	Oral Disease . . . . .	65
F028	Alopecia and Hair Loss . . . . .	65
F029	Face to Face: Management of Facial Dermatoses . . . . .	65

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#### IMPORTANT SAFETY INFORMATION

Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients, including children. Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity. Occlusive dressings substantially increase the absorption of topical corticosteroids. Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen.

Local adverse reactions infrequently reported with topical corticosteroids include burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, striae and miliaria. If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted.

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### PRECAUTIONS

#### General

Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients.

Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Therefore, patients receiving a large dose of a potent topical steroid applied to a large surface area or under an occlusive dressing should be evaluated periodically for evidence of HPA axis suppression by using the urinary free cortisol and ACTH stimulation tests. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid.

Recovery of HPA axis function is generally prompt and complete upon discontinuation of the drug. Infrequently, signs and symptoms of steroid withdrawal may occur, requiring supplemental systemic corticosteroids.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity (see PRECAUTIONS-Pediatric Use).

If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted.

In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

#### Information for the Patient

Patients using topical corticosteroids should receive the following information and instructions:

1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.
2. Patients should be advised not to use this medication for any disorder other than that for which it was prescribed.
3. The treated skin area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician.
4. Patients should report any signs of local adverse reactions especially under occlusive dressing.
5. Parents of pediatric patients should be advised not to use tight-fitting diapers or plastic pants on a child being treated in the diaper area, as these garments may constitute occlusive dressings.

#### Laboratory Tests

The following tests may be helpful in evaluating the HPA axis suppression:

Urinary free cortisol test  
ACTH stimulation test

#### Carcinogenesis and Mutagenesis and Impairment of Fertility

Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of topical corticosteroids.

Studies to determine mutagenicity with prednisolone and hydrocortisone have revealed negative results.

#### Pregnancy Category C

Corticosteroids are generally teratogenic in laboratory animals when administered systemically at relatively low dosage levels. The more potent corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well-controlled studies in pregnant women on teratogenic effects from topically applied corticosteroids. Therefore, topical corticosteroids should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

#### Nursing Mothers

It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids are secreted into breast milk in quantities not likely to have a deleterious effect on the infant. Nevertheless, caution should be exercised when topical corticosteroids are administered to a nursing woman.

#### Pediatric Use

**Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing's syndrome than mature patients because of a larger skin surface area to body weight ratio.**

Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include linear growth retardation, delayed weight gain, low plasma cortisol levels, and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema.

Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of children.

#### ADVERSE REACTIONS

The following local adverse reactions are reported infrequently with topical corticosteroids, but may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence:

Burning, Itching, Irritation, Dryness, Folliculitis, Hypertrichosis, Acneiform eruptions, Hypopigmentation, Perioral dermatitis, Allergic contact dermatitis, Maceration of the skin, Secondary infection, Skin atrophy, Striae, Milium.

#### OVERDOSAGE

Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects (see PRECAUTIONS).

#### DOSAGE AND ADMINISTRATION

Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) is generally applied to the affected area as a thin film from two to four times daily depending on the severity of the condition.

Occlusive dressings may be used for the management of psoriasis or recalcitrant conditions.

If an infection develops, the use of occlusive dressings should be discontinued and appropriate antimicrobial therapy instituted.

#### CAUTION:

For external use only. Not for ophthalmic use.

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# General Information

## MEETING LOCATION

Summer Academy Meeting 2012 will take place August 15-19 in Boston, Mass. On-site offices, exhibits, services, and all educational sessions will be located at:

Hynes Convention Center  
900 Boylston St  
Boston, MA 02115  
[www.mccahome.com](http://www.mccahome.com)

## REGISTRATION INFORMATION

### Registration

*New this year, registration and housing for the Summer Academy Meeting 2012 will only be accepted via the online registration and housing system.*

Online Registration and Housing for the Summer Academy Meeting 2012 begins at 12:00 p.m. (CT), Wednesday, May 16, 2012, according to the schedule listed below.

- Starting at 12:01 p.m. (CT) on Friday, July 20, 2012, late registration fees will apply.
- Between August 8 at 12 p.m. (CT) – August 15 at 12 p.m. (CT) all registration systems will be closed. On-site registration will begin at 12 p.m. (EST) on Wednesday, August 15, 2012.

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Physician, life,  
and honorary members ..... Wednesday, May 16

Residents, Medical fellows,  
AAD Graduate members,  
and medical students..... Wednesday, May 23

Adjunct members, physician assistants,  
nurse practitioners, office  
staff, registered nurses,  
and non-members ..... Wednesday, May 30

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### NON-MEMBER REGISTRATION

*The following registration categories will have automatic access to the online registration and housing system beginning Wednesday, May 30, 2012, at 12 p.m. (CT):*

- Non-member physicians (*treating patients in an office-like setting*).
- Non-member non-physicians (*Non-member corporate individuals, pharmacists, and industry representatives or scientists / researchers working in the field of dermatology*).

### NON-MEMBER REGISTRATION

The following non-member registration categories must submit an online request form for registration approval and an Access ID #. See the chart on pages 22 and 23 for a list of non-member registration categories and fees.

- Medical students.
- Non-dermatology residents.
- Residents and Medical fellows (not in a current U.S. or Canadian approved dermatology residency or fellowship program).
- Physician assistant/nurse practitioners – *New for this category only – credentials will only be required every three years. Individuals in this category who credentialed and received an access ID # for the AAD 70th Annual Meeting will not need to credential for this meeting and will automatically be emailed a current access ID # prior to the opening of the online registration system.*

Non-member requests and required documentation will only be accepted via the online submission site at the following:

1. Visit [www.aad.org](http://www.aad.org).
2. Click Meeting Details under the Summer Meeting logo at the bottom of the home page.
3. Click on non-member registration information under the Attendee section.

Access ID numbers will be sent to the e-mail supplied during the submission process. **The deadline for submission and approval is July 20, 2012, at 12:00 p.m. (CT).** Allow 10 to 12 business days for approval, processing, and receipt of access ID #.

Note: In an effort to make the meeting more environmentally friendly, the complete program book can be accessed online. Program books will also be available on-site for reference.

### Questions:

Email: [mrc@aad.org](mailto:mrc@aad.org) or [registration@aad.org](mailto:registration@aad.org)

Toll-free phone: (866) 503-SKIN (7546)

### SPOUSE / GUEST REGISTRATION

Spouse/Guest registration includes spouses, family members (children 16 years or older), and guests accompanying registrants. A “guest” is defined as a significant other, friend, or a child 16 years or older. Photo ID and proof of age (driver’s license, student ID, birth certificate) will be required. A co-worker or an associate within the industry does not qualify for the guest registration category.

Spouse/Guest registration is available for one person per physician registrant.

Registrants in this category may attend non-restricted symposia, plenary sessions, electronic posters and technical exhibits. This category will not be issued an ExpoCard or a Certificate of Attendance.

## Registration instructions

Registration and housing for the Summer Academy Meeting 2012 must be completed online. Registration, including enrollment in specific sessions, is on a first-come, first-served basis.

REGISTRATION TYPE	REGISTRATION INSTRUCTIONS	PAYMENT METHOD	PROCESSING TIME
<b>ONLINE REGISTRATION</b>	To register and book housing online for Summer Academy Meeting 2012, go to: <i><a href="http://www.aad.org/meetings-and-events/summer-meeting">www.aad.org/meetings-and-events/summer-meeting</a></i> Click on Attendee Registration and Housing and follow the instructions. You will need to input the ID number that is preprinted above your name included in this mailing.	Credit card only ( <i>Visa, Mastercard, or American Express</i> )	Instant

### CUSTOMER SERVICE

For additional assistance in completing your registration call the AAD Registration Office at **(847) 996-5876** or **(800) 974-3084** or call the AAD Meetings and Conventions Department at **(847) 330-0230**.



### ADA / SPECIAL ASSISTANCE

Academy staff will be available to help individuals with any special needs (i.e., physical). Please complete the special requirements section of the online registration system and a staff member will contact you.

### TICKETED EVENTS

Registrants should identify sessions for which they are requesting tickets when they complete general registration (see chart on page 23 for information on session categories, including ticket requirements and tuition fees). Enrollment in ticketed sessions is on a first-come, first-served basis. Enrollment in multiple sessions during the same time slot is not permitted.

## CONFIRMATIONS AND CHANGES

Confirmation letters will be sent to all registrants via email who register prior to the start of on-site registration. Once you have received a confirmation letter, you may review and print registration information online. To do so, take the following steps:

1. Visit *[www.aad.org/meetings-and-events/summer-meeting](http://www.aad.org/meetings-and-events/summer-meeting)*.
2. Click on Attendee Registration and Housing.
3. Click on View/Edit under the Already Registered title.
4. Enter registration confirmation number and last name, then click Find Me.

Once in your personal record, you may print a copy of your receipt, pay a balance due, modify ticket selections, or make changes to your housing. An updated confirmation will be sent after changes are processed.



# General Information

## REGISTRATION CATEGORIES, ACCESS, AND FEES

The chart below details fees and session access for all categories eligible to register for the Summer Academy Meeting 2012. For further information on membership eligibility, please refer to [www.aad.org/members/join/index.html](http://www.aad.org/members/join/index.html) or email [mrc@aad.org](mailto:mrc@aad.org)

**Early** registration fees apply - Wednesday, 5/16/12 at 12 p.m. (CT) - Friday, 7/20/12 at 12 p.m. (CT).

**Late** registration fees apply - Friday, 7/20/12 at 12:01p.m. (CT) - Wednesday, 8/8/12 at 12 p.m. (CT) and on-site.

**Session Type Key:** *C* = Course *F* = Forum *P* = Plenary *S* = Symposium *W* = Workshop *U* = Focus Session  
Derm Exam Prep Course: Refresher is only available to Member Dermatologists and Dermatology Residents/ Medical Fellows.

## Member categories

REGISTRATION CATEGORY	EARLY	LATE	SESSIONS	RESTRICTED
Physician member	\$375	\$450	C, F, P, S, W, U	Y
Adjunct member** # (research, corporate) (approved through membership process)	\$375	\$450	C, F, P, S, W, U	Y
Adjunct member** # (other) (approved through membership process)	\$375	\$450	C, F, P, S, W, U	N
Life member	\$120	\$160	C, F, P, S, W, U	Y
Honorary member	no fee	no fee	C, F, P, S, W, U	Y
Resident/Medical Fellow/AAD Graduate member**	\$115	\$150	C, F, P, S, W, U	Y – dermatologist N – non-dermatologist

## Non-Member categories

(See page 20 for information on submitting a non-member access ID # request.) The following non-member categories will be required to request an Access ID number via the online submission site. Refer to page 27 for on-site and additional information.

**Early** registration fees apply - Wednesday, 5/16/12 at 12 p.m. (CT) - Friday, 7/20/12 at 12 p.m. (CT).

**Late** registration fees apply - Friday, 7/20/12 at 12:01p.m. (CT) - Wednesday, 8/8/12 at 12 p.m. (CT)

REGISTRATION CATEGORY	EARLY	LATE	SESSIONS	RESTRICTED
Medical Students* ** #	\$35	\$75	C, F, P, S, W, U	N
Non-dermatology resident** #	\$115	\$150	C, F, P, S, W, U	N
Physician Assistant/Nurse Practitioner* **# (working in an AAD dermatologist member's office) The PA/NP category of registration will only need to credential every 3 years. Individuals in this category who credentialed and received an access ID number for the AAD 70th Annual Meeting will not need to credential for this meeting. You will automatically be emailed a current access ID # prior to the opening of the online registration system.	\$375	\$450	C, F, P, S, W, U	N
Resident/Medical Fellow** (outside a US or Canadian program) Only Dermatology Residents/Medical Fellows in this category are eligible to attend the Derm Exam Prep Course: Refresher.	\$115	\$150	C, F, P, S, W, U	Y – dermatologist N – non-dermatologist

\* This category is not eligible to register a spouse/guest along with registration.

\*\* This category is not eligible to register office staff/RN along with registration.

+ Only dermatologists in this category may register office staff/RN along with registration.

++ This category of registration will not be issued an ExpoCard with registration.

# This category is not eligible to register for the Derm Exam Prep Course: Refresher.

## Non-Member categories (continued)

The following non-member categories will have automatic access to the online registration system beginning, Wednesday, May 30, 2012, at 12 p.m. (CT).

REGISTRATION CATEGORY	EARLY	LATE	SESSIONS	RESTRICTED
<b>Non-member physician+ #</b> (treating patients in an office like setting)	\$1125	\$1350	C, F, P, S, W, U	Y – dermatologist N – non-dermatologist
<b>Non-member non-physician* ** ++ #</b> (non-member corporate individuals, pharmacists, and industry representatives, or scientists/researchers working in the field of dermatology)	\$1200	\$1425	C, F, P, S, W, U	N
<b>Office staff/registered nurse * #</b> (working in a dermatologists office) Employing dermatologist must be registered first.	\$250	\$325	P, S	N
<b>Spouse/Guest</b> (1 per physician registrant) (No access ID required)	\$50	\$75	P, S	N

- \* This category is not eligible to register a spouse/guest along with registration.
- \*\* This category is not eligible to register office staff/RN along with registration.
- + Only dermatologists in this category may register office staff/RN along with registration.
- ++ This category of registration will not be issued an ExpoCard with registration.
- # This category is not eligible to register for the Derm Exam Prep Course: Refresher.

## SESSION CATEGORIES, ACCESS, AND FEES

The chart below details session types at Summer Academy Meeting 2012 as well as session fees where applicable. Meeting attendees should register for specific sessions requiring tickets when completing online registration. See page 24 for details on distribution of tickets and other meeting materials. Please refer to categories for session access.

SESSION TYPE	SESSION DESCRIPTION	TICKET REQUIRED	TUITION FEE		
			Members and PAs/NPs	Non-Members and Office Staff/RNs	Medical Students and Residents
<b>Half-day courses</b>		Y	\$40	\$120	\$30
<b>Derm Exam Prep Course: Refresher**</b>	This course is targeted at the Board Certified Dermatologist preparing for the American Board of Dermatology (ABD) Maintenance of Certification in Dermatology (MOC) exam.  Dermatology residents preparing for their Board exam may also benefit, but this course is not designed as a Prep for initial board certification.	Y	\$300	N/A	\$150
<b>Live demonstration**</b>	Interactive session presenting live demonstrations of botulinum toxin and soft tissue filler injections; open to dermatologists and adjunct (research, corporate) members only.	Y	\$100	\$400	\$60
<b>Restricted symposia++</b>	Sessions comprised of individual presentations focused on a specific subject; open to dermatologists and adjunct (research, corporate) members only.	N	No fee	No fee	No fee
<b>Non-restricted symposia++</b>	Sessions comprised of individual presentations focused on a specific subject.	N	No fee	No fee	No fee
<b>Workshops**</b>	Sessions emphasizing clinical care, and technical skills.	Y	\$35	\$95	\$25
<b>Forums++</b>	Sessions exploring a single subject.	N	No fee	No fee	No fee
<b>Focus sessions++</b>	Sessions with an emphasis on discussion and participant interaction.	N	No fee	No fee	No fee

- ++ Seats for sessions that do not require a ticket or a fee will be available on a first-come first-served basis for eligible categories.
- \*\* Individuals attending sessions with a fee must have a ticket for admittance.

# General Information

## REGISTRATION INSTRUCTIONS

*Registration and Housing for the Summer Academy Meeting may only be completed online.* Registration, including enrollment in specific sessions, is on a first-come, first-served basis.

## CANCELLATIONS

### General registration

Registrants who wish to cancel all of their general registration should send a letter of cancellation via one of the following methods:

Email: [aad@experient-inc.com](mailto:aad@experient-inc.com)  
Fax: (847) 996-5401 or (800) 521-6017

The following policies apply to cancellations:

- Deadline:** 12 p.m. (CT), Wednesday, August 8, 2012; no refund will be given for cancellations received after this date. No exceptions will be made.
- Fee:** \$75 (fee will be deducted from refund amount); \$25 (fee will be deducted from all spouse/guest and medical student refunds)
- Processing:** Cancellations received by 12 p.m. (CT), Wednesday, August 8 will be processed and refunds issued prior to the meeting.

Tickets returned on-site will be processed and refunds issued four to six weeks after the meeting.

- No-shows:** No-shows are considered to have missed the Wednesday, August 8, 2012, deadline and are not eligible for a refund.
- Onsite:** No refunds will be issued for on-site registration.
- Name change:** Registration is non-transferable. If you cannot attend the meeting, you must submit a cancellation; you may not change the name on your registration.

For hotel reservation cancellation, please see hotel and travel information section on page 26.

## Session ticket cancellations

To modify/cancel your session ticket selections, refer to the Confirmations and Changes section on page 21.

Individuals registered during the early registration period will be mailed their materials prior to the meeting. Ticketed event changes/cancellations for these individuals will only be accepted until Friday, July 20, 2012, at 12 p.m. (CT). After this date and time, ticket cancellations/changes will need to be made on site at the meeting.

Session tickets must be returned prior to the start time of the session in order to obtain a refund.

Session tickets may be returned at the On-site Registration Counter. Refunds will not be issued for late arrival or for non-attendance.

## MEETING MATERIALS

### Badges, tickets, vouchers

#### EARLY REGISTRANTS [BY JULY 20, 2012, AT 12 P.M. (CT)]

Registrants who complete registration by 12 p.m. (CT), on Friday, July 20, 2012, will have their badges, tickets, and attendance verification/meeting bag voucher sent by U.S. mail to U.S. registrants, and via special courier service to Canadian and International registrants between July 23 and July 27, 2012. Materials will be mailed to the address listed on your registration record, which will also be listed on your ExpoCard.

In the event that you do not receive your materials prior to the meeting, a new set can be picked up at the on-site registration counters.

#### INDIVIDUALS WHO REGISTER AFTER FRIDAY, JULY 20, 2012 AT

**12 P.M. (CT)** will need to pick up badges, tickets, and vouchers at the on site Registration Counters. See page 27 for locations.

#### CORRECTIONS

Upon receipt, please review materials for accuracy.

If a discrepancy or error is found, send an email to [aad@experient-inc.com](mailto:aad@experient-inc.com) by 12 p.m. (CT), Wednesday,

August 8, 2012, with the following information:

- Full name
- Registration confirmation number
- Error or discrepancy found

The AAD will make every attempt to make corrections received by the deadline prior to the start of the meeting. Corrected tickets must be picked up at the On-site Registration Counter. Corrections received after the deadline must be made On-site.

## BADGE IDENTIFICATION

Registration categories will be indicated by badge color as described below. Specific categories will appear in bold at the bottom of each badge.

BADGE TYPE	
<b>BLUE</b> <i>Medical personnel</i>	Physician members, life members, honorary members, graduate members, residents, medical fellows, physician assistants/nurse practitioners, non-dermatology residents, medical students, non-member physicians
<b>YELLOW</b> <i>Allied health personnel</i>	Adjunct members and non-member non-physicians
<b>PURPLE</b> <i>Allied health personnel</i>	Office staff/RN
<b>GREEN</b>	Spouses/guests (note: no badge will be issued to children under 16 years)
<b>RED</b>	Exhibitors
<b>BEIGE</b>	Press
<b>ORANGE</b>	AAD staff

Separate registration counters will be set up according to registration categories listed above. Please utilize the appropriate designated counters based on your registration type.

## Letters of Invitation

For international registrants that require a Letter of Invitation, you will need to first complete your registration. Upon completion of your registration, the online registration system will automatically generate and email your Letter of Invitation for printing. Letters of Invitation for spouse/guest registrants will only be provided if the accompanying individual has a completed meeting registration.

Due to security concerns, letters will only be issued to registrants who have completed their registration by August 8, 2012, at 12 p.m. (CT).

## Certificate of Attendance

All registrants may print out a Certificate of Attendance onsite. To do so please go to the onsite registration area in the level 2 Lobby.

Certificate of Attendance Stations will be available beginning Friday, August 17.

If you require a print out of your Certificate after the meeting has ended, please go to [www.aad.org](http://www.aad.org), click on *meeting details* located on the bottom half of the screen of the home page. Then select the link for *Certificate of Attendance*.

You will need to enter your registration confirmation number, or the email address utilized on your registration record.

***Certificates will not be issued for spouse/guest & exhibitors.***

## CHARITABLE CONTRIBUTIONS

You can make a tax-deductible contribution when you register for Summer Academy Meeting 2012 or at the AAD Resource Center located in the Technical Exhibit Hall.

### AAD CAMP DISCOVERY ENDOWMENT

Children with chronic skin conditions enjoy AAD Camp Discovery, a summer camp where they can meet others with similar conditions. You can help support this unique summer camp opportunity! Six-week-long sessions serve nearly 350 children each year.

### AAD SHADE STRUCTURE PROGRAM

You can be a part of the Academy's efforts to reduce skin cancer occurrences. More than 246 protective shade structures have been built through this program, sheltering more than 558,000 people from harmful UV rays each day. Your help is needed to expand this important component of our skin cancer prevention efforts.

*Thank you for*

*Furthering Excellence in Dermatology... Today and Tomorrow*

## HOTEL AND TRAVEL INFORMATION

### Hotel accommodations and reservations

Guest rooms are being held for Summer Academy Meeting 2012 registrants at the Sheraton Boston, Hilton Back Bay, The Colonnade Hotel and the Mandarin Oriental Boston at AAD discounted meeting rates for those booking through the AAD Housing Office. For more information on the official AAD hotels and a map of their locations, see the AAD website at [www.aad.org/meetings-and-events/summer-meeting](http://www.aad.org/meetings-and-events/summer-meeting).

Hotel reservations must be made in conjunction with registration for the meeting.

Availability cannot be guaranteed for reservations received after the housing deadline of July 20, 2012, at 12 p.m. (CT).

Depending on demand, additional hotels may be added and information is subject to change at any time.

# General Information

## HOTEL RESERVATION CANCELLATION

**Deposit Refund Deadline Friday, July 20, 2012, at 12 p.m. (CT)**

Send a letter of cancellation to:

- Email: [aad@experient-inc.com](mailto:aad@experient-inc.com) or
- Fax to AAD Housing Office: (800) 521-6017 or (847) 996-5401

A full refund of your deposit will be issued.

**After Friday, July 20, 2012, at 12 p.m. (CT)**

Housing deposits will become non-refundable regardless of method of cancellation.

**Between Friday, July 20, 2012, and Wednesday, July 25, 2012**

Reservations are being transmitted to the hotels. No changes or cancellation to hotel reservations will be accepted during this time.

**Starting Thursday, July 26, 2012**

Contact the hotel directly to cancel or change a reservation. Refunds of deposits will NOT be issued for cancellations received after 12 p.m. (CT), Friday, July 20, 2012, regardless of method of cancellation. Phone numbers for the main host hotels will be posted on the AAD website, [www.aad.org](http://www.aad.org), beginning Thursday, July 26, 2012.

### No late check-in

Failure to check in on the scheduled date of arrival will result in the loss of deposit and cancellation of the room.

## TRAVEL INFORMATION

### Air Travel

The following discounts and services have been negotiated for registrants traveling to the Summer Academy Meeting 2012 in Boston, Mass. through the Academy's official travel agency, Association Travel Concepts (ATC), on United Airlines and American Airlines:

- Up to 5 percent off applicable classes of service for United Airlines tickets purchased more than 30 days prior to the meeting. Restrictions apply.
- 5 percent off applicable classes of service for American Airlines tickets purchased prior to the meeting.
- Personalized services.
- Low fare options.
- Advanced seat assignment and special meal requests.
- Frequent flyer program updates.

The above discounts apply for flights between August 12-August 22, 2012, to or from Boston Logan International Airport. Additional services are available through Association Travel Concepts when booking online, including airport parking, event tickets, dining reservations, mobile device alerts, personal profile, 24/7 online access, powerful search options, hold trips, and low fares search options.

## Association Travel Concepts

Registrants may book online, by phone or email with the AAD's official travel agency, Association Travel Concepts.

Online: [www.atcmeetings.com/aad](http://www.atcmeetings.com/aad)  
New Users click "Create a New Account" to get started.

Email: [reservations@atcmeetings.com](mailto:reservations@atcmeetings.com)

Phone: (800) 458-9383

Hours: Monday – Friday,  
7:30 a.m. to 6 p.m. (CT)

Booking fees: Online: \$7  
email: \$35  
phone: \$35  
(Fees apply to ticketed reservations)

## United and American

You may also book through your own agency or contact the airlines directly. Refer to the ID numbers indicated below to receive applicable discounts.

United Airlines: 800) 521-4041  
ID: 510CK

American Airlines: (800) 433-1790  
ID: 5882BH

## CAR RENTAL

Discounts on vehicle rentals with Avis and Hertz are available to meeting registrants.

### Avis

Contact Avis directly and provide the Avis World Wide discount number A723900 when making your reservation. Reservations may be made on the Web or by phone.

Website: [www.avis.com](http://www.avis.com)

Phone: (800) 831-8000 (U.S.)  
(800) 879-2847 (Canada)

*(Those outside U.S. and Canada should contact their local Avis office.)*

### Hertz

Contact Hertz directly and provide the discount code 0010533 when making your reservation or submit a coupon or promotional coupon number. Reservations may be made on the Web or by phone.

Website: [www.hertz.com](http://www.hertz.com)

Phone: (800) 654-2210 (U.S.)  
(800) 263-0600 (Canada)

*(Those outside U.S. and Canada should contact their local Hertz office.)*

## ON-SITE SERVICES AND EXHIBITS

### ACADEMY OFFICES/EXHIBITS

All locations are in the Hynes Convention Center (CC) or the Sheraton Boston (SB) unless otherwise indicated. Additional information, including hours of operation for these and other offices, exhibits, and services on-site at Summer Academy Meeting 2012 follows:

AAD Resource Center.....	Booth 619 - CC
Board of Directors' Office .....	Exeter - SB
Business Center.....	Main Lobby, Level 1 CC
Convention Office .....	Room 200 - CC
Development Office.....	Room 205 - CC
Mingle Zone/Cyber Center.....	Hall C and Lobby, Level 2 - CC
Poster Exhibits .....	Hall C - CC
Registration .....	Lobby, Level 2 - CC
Press Registration .....	Lobby, Level 2 - CC
Speaker Ready Room .....	Room 201 - CC
Technical Exhibits.....	Auditorium Hall C - CC

### Registration services

#### ON-SITE REGISTRATION COUNTER: LEVEL 2 LOBBY - CC

On-site Registration will open on Wednesday, August 15 at 12 p.m. For those who have not registered prior to this date, tickets for available sessions may be purchased here.

***A photo ID must be presented. Each individual can pick up ONLY his or her own materials, with the exception of the spouse/guest badge.***

The On-site Registration Counter will be open during the following hours:

Wednesday, August 15 .....	12 p.m. – 6 p.m.
Thursday, August 16.....	7:30 a.m. – 5 p.m.
Friday, August 17 .....	7:30 a.m. – 6 p.m.
Saturday, August 18 .....	7:30 a.m. – 5 p.m.
Sunday, August 19 .....	7:30 a.m. – 12 p.m.

On-site registration fees may be paid by credit card (Visa, Mastercard, or American Express), cash, or by a check drawn on a US bank in US dollars. Checks should be made payable to AAD Housing and Registration.

#### ATTENDANCE VERIFICATION/MEETING BAG PICKUP COUNTER: LEVEL 2 LOBBY - CC

The attendance verification/meeting bag voucher, which is printed along with your badge, must be redeemed so that attendance can be verified and CME credit claimed. Vouchers will not be issued for the spouse/guest & exhibitor categories. Counters will be open during the on-site registration hours listed above.

### Exhibits

#### TECHNICAL EXHIBITS: AUDITORIUM HALL C - CC

The Technical Exhibit Hall will be open during the following hours:

Friday, August 17 .....	10 a.m. – 6 p.m.
Reception .....	5 p.m. – 6 p.m.
Saturday, August 18 .....	10 a.m. – 5 p.m.
Unopposed Exhibit Hours .....	12 p.m. – 1 p.m.

Infants and children under age 16 will not be admitted to the Technical Exhibit Hall. This policy was created for the safety of the children of Academy members and guests. Your compliance is appreciated.

#### AAD RESOURCE CENTER: BOOTH #619 - CC

The AAD Resource Center contains information on Academy membership as well as applications and information on Academy services and products. Staff will be available during regular exhibit hours to answer questions.



# General Information

## ELECTRONIC POSTER EXHIBITS/POSTER PRESENTATIONS: HALL C - CC

Electronic Poster Exhibits viewing stations will be open during the following hours:

Thursday, August 16.....	7 a.m. – 6 p.m.
Friday, August 17 .....	7 a.m. – 6 p.m.
Saturday, August 18 .....	7 a.m. – 5 p.m.

Poster authors will conduct brief presentations of their electronic posters at the Poster Presentation Centers in the Hall C during the meeting. A full schedule of presentations will be available on the Summer Academy Meeting 2012 website at [www.aad.org](http://www.aad.org) in June, and posted on site at the meeting.

## Other Services

### EVALUATION AND CME VERIFICATION

The overall evaluation form and CME credit reporting form will be provided in the registration bag distributed on site.

Only those who have redeemed their Attendance Verification/ Meeting Bag voucher are eligible to claim CME credit.

### SPEAKER READY ROOM: ROOM 201 - CC

The Speaker Ready Room will be open during the following hours:

Wednesday, August 15 .....	12 p.m. – 6 p.m.
Thursday, August 16.....	6:30 a.m. – 5:30 p.m.
Friday, August 17 .....	6:30 a.m. – 5:30 p.m.
Saturday, August 18 .....	6:30 a.m. – 5:30 p.m.
Sunday, August 19 .....	6:30 a.m. – 12 p.m.

### BUSINESS SERVICE CENTER: 1ST FLOOR - CC

The Business Service Center is available to all meeting registrants. Available services include photocopying, transparencies, fax transmissions and receipts, and FedEx and U.S. mail drop-off. Payment is required at time of service; major credit cards are accepted. The Business Center will be open during the following hours:

Wednesday, August 15 .....	12 p.m. – 6 p.m.
Thursday, August 16.....	8 a.m. – 5 p.m.
Friday, August 17 .....	8 a.m. – 5 p.m.
Saturday, August 18 .....	8 a.m. – 5 p.m.
Sunday, August 19 .....	8 a.m. – 12 p.m.

## MINGLE ZONE/CYBER CENTER: IN THE LEVEL 2 LOBBY AND LEVEL 2 LOBBY HALL C - CC

The Cyber Center will be open during the following hours:

Wednesday, August 15 .....	12 p.m. – 6 p.m.
Thursday, August 16.....	7 a.m. – 6 p.m.
Friday, August 17 .....	7 a.m. – 6 p.m.
Saturday, August 18 .....	7 a.m. – 5 p.m.
Sunday, August 19 .....	7 a.m. – 12 p.m.

The Mingle Zone in Hall C will be open during the following hours:

Friday, August 17 .....	10 a.m. – 6 p.m.
Reception .....	5 p.m. – 6 p.m.
Saturday, August 18 .....	10 a.m. – 5 p.m.
Unopposed Exhibit Hours .....	12 p.m. – 1 p.m.

### PRESS REGISTRATION: LEVEL 2 LOBBY - CC

Journalists who are working for and representing recognized news organizations are encouraged to register to attend the meeting as Press. Press may register to attend Summer Academy Meeting 2012 in advance or at the On-site Press Registration Desk. To register, journalists must provide a business card and samples of their work. All freelancers must present a letter of assignment. Please note, the Academy will not be hosting a Press Office at Summer Academy Meeting 2012.

### MOBILITY SERVICE

Twenty-four hour mobility service is available by contacting ScootAround, Inc.

Toll-free phone:	(888) 441-7575
Email:	<a href="mailto:info@scootaround.com">info@scootaround.com</a>
Fax:	(204) 478-1172

***Mobility service during Summer Academy Meeting 2012 official meeting hours is available.***

Should your needs require mobility service strictly during official meeting hours, you may reserve a scooter through the Academy, free of charge. To do so, check the “ADA Mobile” box under the Personal Information page of your online registration. ***You will be required to pick up and drop off your scooter in the AAD Convention Office, Room 200 - CC each meeting day.***

### TOURS

The concierge at your hotel can assist with arrangements for sightseeing tours. Should you require tour information after you have arrived at the hotel, the Concierge Desk can be reached from any house phone or sleeping room. The Academy has no control over and assumes no responsibility for the tours that are provided by independent tour operators. This information is provided solely to assist Summer Academy Meeting 2012 participants.

## CHILD CARE SERVICES

Contact the Concierge Desk at your hotel to arrange for child care services. Arrangements should be made as early as possible prior to your anticipated arrival. The Academy has no control over and assumes no responsibility for the care provided through the hotels. This information is provided solely as a service to help registrants identify possible resources for child care services.

## MEETING HANDOUTS

Meeting handouts will be available on the Academy's Website at [www.aad.org/meetings-and-events/summer-meeting](http://www.aad.org/meetings-and-events/summer-meeting). Handouts will no longer be distributed on site via DVD for Summer Academy Meeting 2012.

## AAD MEETING POLICIES

### AGE LIMITS

Infants and children under the age of 16 are not allowed into educational sessions or the Technical Exhibit Hall. This policy is due to the nature of some presentations and to ensure the safety of registrants' children. Your support and compliance are appreciated.

### CAMERA/VIDEO RECORDING

Use of cameras, camera phones, and video cameras is prohibited in all educational sessions. Violations of this policy will result in removal from the session and confiscation of equipment. Directors and room monitors will be closely monitoring adherence to this policy.

### CELL PHONES

Cell phone usage during education sessions is disruptive and is therefore prohibited. Session attendees are asked to turn off cell phones or place them on vibrate prior to entering a session room. Violations of the policy will result in removal from the session room. Session directors and room monitors will be closely monitoring adherence to this policy.

### SMOKING

All AAD educational programs within meeting rooms and seated functions occurring during the meeting are smoke free. Please also comply with the smoking policy of each individual facility.

### ALCOHOLIC BEVERAGES

The Academy's official policy regarding the minimum age for alcohol consumption is the age applicable to the jurisdiction of the event venue.

## OFFICIAL LANGUAGE

The official language of Summer Academy Meeting 2012 is English.

## AAD Staff

### MEETINGS AND CONVENTIONS DEPARTMENT

The Meetings and Conventions Department administers Summer Academy Meeting 2012.

For further information, please contact the following staff members by phone at (847) 330-0230, fax (847) 330-1090 or email [mrc@aad.org](mailto:mrc@aad.org).

Timothy Moses, CMP ..... Director, Meetings and Conventions  
Debra Barrett, CMP ..... Senior Manager, Meetings  
Robin Downey ..... Senior Manager, Registration  
Sara Peterson, CEM ..... Senior Manager, Exhibits  
Amanda Sage, CMP ..... Senior Manager, Meetings  
Tamara Pundsack ..... Senior Meetings Specialist  
Joni Taylor ..... Exhibits Specialist  
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### EDUCATION DEPARTMENT

The Education Department develops and administers the educational program for Summer Academy Meeting 2012.

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### CREATIVE AND PUBLISHING DEPARTMENT

The Creative and Publishing Department designs, edits, and produces the Summer Academy Meeting 2012 Program Book.

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## You asked...we've listened!

Here are some of the changes to improve the meeting attendee experience:

### New Program Book Format (Advance and Onsite)

Updated format for the Advance and Onsite Program Books that will improve the meeting and the registration process

### Non-Ticketed Sessions

Fewer ticketed sessions will allow for simplified registration and easier attendee access.

### New Update Platform Sessions

Hot new topics from various subspecialty areas

### New Session Formats and Times

Allows for increased number of scientific sessions and unopposed technical exhibit hours

### REGISTRATION

Registration for Summer Academy Meeting 2012 will only be accepted via the online registration system.

### SCIENTIFIC SESSIONS

Focus Sessions, Forums, and Restricted Symposia will no longer be ticketed, seats will be available to eligible attendees on a first-come, first-served basis.

### Platform Update Sessions

Come see the top leaders in the field direct sessions on the following topics: Medical Dermatology, Pediatric Dermatology, Dermatopathology, Cutaneous Oncology, and Surgical/Cosmetic. The Update Platform Sessions are more general in nature and geared toward the general dermatology practitioner. They are designed so that attendees could enter and exit the symposia based on their interests, learn about the newest advancements in that specialty, or choose to stay in this one session for the full time. The Update Platform Sessions will also be shared with the Plenary Session, the Joint EADV/AAD Symposium, Dermatology Grand Rounds: Case-Based Dilemmas. For complete descriptions, faculty, and schedules, please see pages 37, 42, 50, 53, 56, 59, 62.

### Evidence-Based Practice Track

Sessions with content based on evidence-based medicine, such as guidelines, will be noted in the program book with the following

icon: . Sessions are scheduled in consecutive and non-conflicting order so that if a registrant chose to attend all the sessions as a track they would be able to plan accordingly.

### Leadership Institute Sessions

#### TWO-PART IN-DEPTH LEADERSHIP INSTITUTE SESSIONS OFFERED.

Take part in these new interactive Leadership Institute sessions being presented in Boston. Attend Part 1 and 2 to maximize your learning experience!

#### ASSESSING MY OWN LEADERSHIP STRENGTHS AND VULNERABILITIES – PART 1 & 2

In Part 1 you will take a brief personality assessment where you will discover your own leadership temperament. Results will be discussed in Part 2 and participants will also learn how to manage the different personality styles of staff and volunteers to build an effective, productive team.

Part 1: F004 – Thursday, August 16, 2012..... 10 a.m. to 12 p.m.

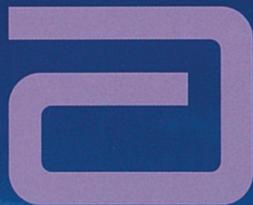
Part 2: F009 – Thursday, August 16, 2012..... 3 p.m. to 5 p.m.

#### FROM PROBLEM TO PERFORMANCE: DEVELOPING PEOPLE IN YOUR PRACTICE – PART 1 & 2

In Part 1 you will learn how to provide focus for your team and create an environment that is conducive to success. In Part 2 you will discover what it takes to inspire and motivate your team in a variety of practice settings.

Part 1: F018 – Saturday, August 18, 2012..... 10 a.m. to 12 p.m.

Part 2: F023 – Saturday, August 18, 2012..... 3 p.m. to 5 p.m.



# Focus on results... Strike deep with HUMIRA

## Indications<sup>1</sup>

**Plaque Psoriasis:** HUMIRA is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.

**Psoriatic Arthritis:** HUMIRA is indicated, alone or in combination with non-biologic DMARDs, for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis.

## Safety Considerations<sup>1</sup>

### Serious Infections

Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. These infections include active tuberculosis (TB), reactivation of latent TB, invasive fungal infections, and bacterial, viral, and other infections due to opportunistic pathogens. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

### Malignancies

Lymphoma, including a rare type of T-cell lymphoma, and other malignancies, some fatal, have been reported in patients treated with TNF blockers, including HUMIRA.

### Other Serious Adverse Reactions

Patients treated with HUMIRA also may be at risk for other serious adverse reactions, including anaphylaxis, hepatitis B virus reactivation, demyelinating disease, cytopenias, pancytopenia, heart failure, and a lupus-like syndrome.

Please see additional Important Safety Information, including **BOXED WARNINGS** on Serious Infections and Malignancy, on the fourth page of this advertisement.

Please see Brief Summary of full Prescribing Information on the last pages of this advertisement.

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# Focus on results... **Strike deep**

## Indication<sup>1</sup>

**Plaque Psoriasis:** HUMIRA is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.

## Results in plaque psoriasis: REVEAL data at 16 weeks<sup>1-3</sup>

**62%**

of HUMIRA-treated patients achieved a PGA of clear or minimal\* vs 4% of placebo-treated patients<sup>†</sup>

### Study design

REVEAL was a randomized, double-blind, placebo-controlled study that evaluated 1212 patients with chronic plaque psoriasis and  $\geq 10\%$  BSA involvement, a PGA of at least moderate disease severity, and PASI score  $\geq 12$ ; evaluations were performed over 3 treatment periods. For the first 16 weeks, patients received HUMIRA (n=814) at an initial dose of 80 mg subcutaneously at week 0 followed by 40 mg EOW starting at week 1 or placebo (n=398).

**71%**

of HUMIRA-treated patients achieved a PASI 75 improvement vs 7% of placebo-treated patients<sup>†</sup>

## Safety Considerations<sup>1</sup>

### Serious Infections

**Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. These infections include active tuberculosis (TB), reactivation of latent TB, invasive fungal infections, and bacterial, viral, and other infections due to opportunistic pathogens. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.**

\*Clear: no plaque elevation, no scale, plus or minus hyperpigmentation or diffuse pink or red coloration. Minimal: possible but difficult to ascertain whether there is slight elevation of plaque above normal skin, plus or minus surface dryness with some white coloration, plus or minus up to red coloration.

<sup>†</sup> $P < 0.001$  vs placebo, co-primary endpoint.

BSA=body surface area; EOW=every other week; PASI=Psoriasis Area and Severity Index; PGA=Physician's Global Assessment.

**Please see Brief Summary of full Prescribing Information on the last pages of this advertisement.**

# with HUMIRA

## Indication<sup>1</sup>

**Psoriatic Arthritis:** HUMIRA is indicated, alone or in combination with non-biologic DMARDs, for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis.

## Results in psoriatic arthritis: ADEPT data<sup>1,4,5</sup>

**58%**

of HUMIRA-treated patients achieved ACR 20 improvement at week 12 vs 14% of placebo-treated patients<sup>‡</sup>

**-0.2**

mean change in mTSS score at week 48 in HUMIRA-treated patients vs +0.9 at week 24 in placebo-treated patients<sup>‡</sup>

### Study design

ADEPT was a 24-week, randomized, double-blind, placebo-controlled study of 313 adults with moderately to severely active PsA ( $\geq 3$  swollen joints and  $\geq 3$  tender joints) who had an inadequate response to NSAIDs. Treatment consisted of HUMIRA 40 mg or placebo EOW given subcutaneously. Patients on methotrexate at enrollment (158/313) and taking a stable dose of  $\leq 30$  mg/week for  $>1$  month could remain on the same dose. After week 12, patients who failed to have at least a 20% decrease in both swollen and tender joint counts on 2 consecutive visits could receive rescue therapy with corticosteroids or DMARDs. All patients who completed the 24-week study were eligible for long-term treatment with HUMIRA in an open-label extension study.

### Change in mTSS at weeks 24 and 48<sup>1,3</sup>

	Placebo EOW (n=141)		HUMIRA 40 mg EOW (n=133)	
	Week 24	Week 24	Week 24	Week 48
Baseline mean	22.1	23.4	23.4	23.4
Mean change $\pm$ SD	0.9 $\pm$ 3.1	-0.1 $\pm$ 1.7	-0.2 $\pm$ 4.9 <sup>†</sup>	-0.2 $\pm$ 4.9 <sup>†</sup>

<sup>†</sup> $P < 0.001$  for the difference between HUMIRA at week 48 vs placebo at week 24 (primary analysis).

An mTSS, which included distal interphalangeal joints (i.e., not identical to the TSS used for rheumatoid arthritis), was used by the readers blinded to the treatment group to assess the radiographs.

For HUMIRA patients who did not have an mTSS at week 48, mTSS was imputed by linear extrapolation using the baseline and week 24 scores.

## Safety Considerations (cont'd)<sup>1</sup>

### Malignancies

Lymphoma, including a rare type of T-cell lymphoma, and other malignancies, some fatal, have been reported in patients treated with TNF blockers, including HUMIRA.

### Other Serious Adverse Reactions

Patients treated with HUMIRA also may be at risk for other serious adverse reactions, including anaphylaxis, hepatitis B virus reactivation, demyelinating disease, cytopenias, pancytopenia, heart failure, and a lupus-like syndrome.

**Please see additional Important Safety Information, including BOXED WARNINGS on Serious Infections and Malignancy, on the next page of this advertisement.**

<sup>‡</sup> $P < 0.001$  vs placebo, co-primary analysis.

ACR=American College of Rheumatology; DMARDs=disease-modifying antirheumatic drugs; mTSS=modified total Sharp score; NSAIDs=nonsteroidal anti-inflammatory drugs; PsA=psoriatic arthritis.

**References:** 1. HUMIRA Injection [package insert]. North Chicago, IL: Abbott Laboratories. 2. Menter A, Tyring SK, Gordon K, et al. Adalimumab therapy for moderate to severe psoriasis: a randomized, controlled phase III trial. *J Am Acad Dermatol*. 2008;58(1):106-115. 3. Data on file, Abbott Laboratories. 4. Gladman DD, Mease PJ, Ritchlin CT, et al. Adalimumab for long-term treatment of psoriatic arthritis: forty-eight week data from the adalimumab effectiveness in psoriatic arthritis trial. *Arthritis Rheum*. 2007;56(2):476-488. 5. Mease PJ, Gladman DD, Ritchlin CT, et al, for the Adalimumab Effectiveness in Psoriatic Arthritis Trial Study Group. Adalimumab for the treatment of patients with moderately to severely active psoriatic arthritis: results of a double-blind, randomized, placebo-controlled trial. *Arthritis Rheum*. 2005;52(10):3279-3289.

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## IMPORTANT SAFETY INFORMATION<sup>1</sup>

### SERIOUS INFECTIONS

Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

HUMIRA should be discontinued if a patient develops a serious infection or sepsis.

Reported infections include:

- Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent TB before HUMIRA use and during therapy. Treatment for latent TB should be initiated prior to HUMIRA use.
- Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral, and other infections due to opportunistic pathogens, including Legionella and Listeria.

The risks and benefits of treatment with HUMIRA should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection. Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with HUMIRA, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

- Do not start HUMIRA in patients with an active infection, including localized infections.
- Patients older than 65 years, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants may be at greater risk of infection.
- Exercise caution in patients with chronic or recurrent infection or with underlying conditions which may predispose them to infection, patients who have been exposed to TB, patients with a history of opportunistic infection, or patients who have resided or traveled in regions where TB or mycoses are endemic.
- Patients who develop a new infection should undergo a prompt and complete diagnostic workup, and appropriate antimicrobial therapy should be initiated.
- Drug interactions with biologic products: Concurrent use of anakinra or abatacept with HUMIRA is not recommended, as the combination of anakinra or abatacept with TNF blockers has been associated with an increased risk of serious infections. This risk has also been observed with rheumatoid arthritis patients treated with rituximab who received subsequent treatment with a TNF blocker.

### MALIGNANCY

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which HUMIRA is a member. Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers including HUMIRA. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases has occurred in patients with Crohn's disease or ulcerative colitis and the majority were in adolescent and young adult males. Almost all these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. It is uncertain whether the occurrence of HSTCL is related to use of a TNF blocker or a TNF blocker in combination with these other immunosuppressants.

- The risks and benefits of HUMIRA treatment should be considered prior to initiating or continuing therapy in a patient with known malignancy.
- More cases of malignancies were observed among HUMIRA-treated patients compared to control patients in clinical trials.
- Non-melanoma skin cancer (NMSC) has been reported during clinical trials for HUMIRA-treated patients. All patients, particularly those with history of prolonged immunosuppressant or PUVA therapy, should be examined for the presence of NMSC prior to and during treatment with HUMIRA.

- In HUMIRA clinical trials, there was an approximate 3-fold higher rate of lymphoma than expected in the general U.S. population. Patients with chronic inflammatory diseases, particularly with highly active disease and/or chronic exposure to immunosuppressant therapies, may be at higher risk of lymphoma than the general population, even in the absence of TNF blockers.
- Postmarketing cases of acute and chronic leukemia were reported with TNF blocker use.
- Approximately half of the postmarketing cases of malignancies in children, adolescents, and young adults receiving TNF blockers were lymphomas; other cases included rare malignancies associated with immunosuppression and malignancies not usually observed in children and adolescents.

### HYPERSENSITIVITY

- Anaphylaxis and angioneurotic edema have been reported rarely following HUMIRA administration.
- If a serious allergic reaction occurs, stop HUMIRA and institute appropriate therapy.

### HEPATITIS B VIRUS REACTIVATION

- Use of TNF blockers, including HUMIRA, may increase the risk of reactivation of hepatitis B virus (HBV) in patients who are chronic carriers. Some cases have been fatal.
- Patients at risk for HBV infection should be evaluated for prior evidence of HBV infection before initiating TNF blocker therapy.
- Exercise caution in patients who are carriers of HBV and monitor them during and after treatment with HUMIRA.
- Discontinue HUMIRA and begin antiviral therapy in patients who develop HBV reactivation.
- Exercise caution when considering resumption of HUMIRA therapy after appropriate treatment for HBV.

### NEUROLOGIC REACTIONS

- TNF blockers, including HUMIRA, have been associated in rare cases with new onset or exacerbation of central nervous system and peripheral demyelinating diseases, including multiple sclerosis, optic neuritis, and Guillain-Barré syndrome.
- Exercise caution when considering HUMIRA for patients with these disorders.

### HEMATOLOGIC REACTIONS

- Rare reports of pancytopenia, including aplastic anemia, have been reported with TNF blockers. Medically significant cytopenia (e.g. thrombocytopenia, leukopenia) has been infrequently reported with HUMIRA.
- Consider stopping HUMIRA in patients with significant hematologic abnormalities.

### CONGESTIVE HEART FAILURE

- Worsening or new onset congestive heart failure (CHF) may occur.
- Exercise caution in patients with CHF and monitor them carefully.

### AUTOIMMUNITY

- Treatment with HUMIRA may result in the formation of autoantibodies and, rarely, in development of a lupus-like syndrome.
- Discontinue treatment if symptoms of a lupus-like syndrome develop.

### IMMUNIZATIONS

- Patients on HUMIRA should not receive live vaccines.
- It is recommended that juvenile idiopathic arthritis patients, if possible, be brought up to date with all immunizations in agreement with current immunization guidelines prior to initiating HUMIRA therapy.

### ADVERSE REACTIONS

- The most common adverse reactions in HUMIRA clinical trials (incidence >10%) were: infections (e.g. upper respiratory, sinusitis), injection site reactions, headache, and rash.

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**WARNINGS: SERIOUS INFECTIONS AND MALIGNANCY  
SERIOUS INFECTIONS**

Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death [see *Warnings and Precautions*]. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

HUMIRA should be discontinued if a patient develops a serious infection or sepsis.

**Reported infections include:**

- **Active tuberculosis (TB), including reactivation of latent TB.** Patients with TB have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent TB before HUMIRA use and during therapy. Treatment for latent TB should be initiated prior to HUMIRA use.
- **Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis.** Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.
- **Bacterial, viral and other infections due to opportunistic pathogens, including Legionella and Listeria.**

The risks and benefits of treatment with HUMIRA should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection.

Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with HUMIRA, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy. [See *Warnings and Precautions and Adverse Reactions*]

**MALIGNANCY**

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which HUMIRA is a member. [See *Warnings and Precautions*] Post-marketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers including HUMIRA. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases has occurred in patients with Crohn's disease or ulcerative colitis and the majority were in adolescent and young adult males. Almost all these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. It is uncertain whether the occurrence of HSTCL is related to use of a TNF blocker or a TNF blocker in combination with these other immunosuppressants.

**INDICATIONS AND USAGE**

**Rheumatoid Arthritis**

HUMIRA is indicated for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis. HUMIRA can be used alone or in combination with methotrexate or other non-biologic disease-modifying anti-rheumatic drugs (DMARDs).

**Juvenile Idiopathic Arthritis**

HUMIRA is indicated for reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in pediatric patients 4 years of age and older. HUMIRA can be used alone or in combination with methotrexate.

**Psoriatric Arthritis**

HUMIRA is indicated for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis. HUMIRA can be used alone or in combination with non-biologic DMARDs.

**Ankylosing Spondylitis**

HUMIRA is indicated for reducing signs and symptoms in adult patients with active ankylosing spondylitis.

**Crohn's Disease**

HUMIRA is indicated for reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy. HUMIRA is indicated for reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab.

**Plaque Psoriasis**

HUMIRA is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician [see *Boxed Warnings and Warnings and Precautions*].

**CONTRAINDICATIONS**

None.

**WARNINGS AND PRECAUTIONS**

(see also *Boxed Warnings*)

**Serious Infections**

Patients treated with HUMIRA are at increased risk for developing serious infections involving various organ systems and sites that may lead to hospitalization or death. Opportunistic infections due to bacterial, mycobacterial, invasive fungal, viral, parasitic, or other opportunistic pathogens including aspergillosis, blastomycosis, candidiasis, coccidioidomycosis, histoplasmosis, legionellosis, listeriosis, pneumocystosis and tuberculosis have been reported with TNF blockers. Patients have frequently presented with disseminated rather than localized disease.

The concomitant use of a TNF blocker and abatacept or anakinra was associated with a higher risk of serious infections in patients with rheumatoid arthritis (RA); therefore, the concomitant use of HUMIRA and these biologic products is not recommended in the treatment of patients with RA [see *Warnings and Precautions and Drug Interactions*].

Treatment with HUMIRA should not be initiated in patients with an active infection, including localized infections. Patients greater than 65 years of age, patients with co-morbid conditions and/or patients taking concomitant immunosuppressants (such as corticosteroids or methotrexate), may be

at greater risk of infection. The risks and benefits of treatment should be considered prior to initiating therapy in patients:

- with chronic or recurrent infection;
- who have been exposed to tuberculosis;
- with a history of an opportunistic infection;
- who have resided or traveled in areas of endemic tuberculosis or endemic mycoses, such as histoplasmosis, coccidioidomycosis, or blastomycosis; or
- with underlying conditions that may predispose them to infection.

**Tuberculosis**

Cases of reactivation of tuberculosis or new tuberculosis infections have been observed in patients receiving HUMIRA, including patients who have previously received treatment for latent or active tuberculosis. Patients should be evaluated for tuberculosis risk factors and tested for latent infection prior to initiating HUMIRA and periodically during therapy.

Treatment of latent tuberculosis infection prior to therapy with TNF blocking agents has been shown to reduce the risk of tuberculosis reactivation during therapy.

Anti-tuberculosis therapy should also be considered prior to initiation of HUMIRA in patients with a past history of latent or active tuberculosis in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent tuberculosis but having risk factors for tuberculosis infection. Consultation with a physician with expertise in the treatment of tuberculosis is recommended to aid in the decision whether initiating anti-tuberculosis therapy is appropriate for an individual patient.

Tuberculosis should be strongly considered in patients who develop a new infection during HUMIRA treatment, especially in patients who have previously or recently traveled to countries with a high prevalence of tuberculosis, or who have had close contact with a person with active tuberculosis.

**Monitoring**

Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with HUMIRA, including the development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy. Tests for latent tuberculosis infection may also be falsely negative while on therapy with HUMIRA.

HUMIRA should be discontinued if a patient develops a serious infection or sepsis. A patient who develops a new infection during treatment with HUMIRA should be closely monitored, undergo a prompt and complete diagnostic workup appropriate for an immunocompromised patient, and appropriate antimicrobial therapy should be initiated.

**Invasive Fungal Infections**

For patients who reside or travel in regions where mycoses are endemic, invasive fungal infection should be suspected if they develop a serious systemic illness. Appropriate empiric antifungal therapy should be considered while a diagnostic workup is being performed. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. When feasible, the decision to administer empiric antifungal therapy in these patients should be made in consultation with a physician with expertise in the diagnosis and treatment of invasive fungal infections and should take into account both the risk for severe fungal infection and the risks of antifungal therapy.

**Malignancies**

The risks and benefits of TNF-blocker treatment including HUMIRA should be considered prior to initiating therapy in patients with a known malignancy other than a successfully treated non-melanoma skin cancer (NMSC) or when considering continuing a TNF blocker in patients who develop a malignancy.

**Malignancies in Adults**

In the controlled portions of clinical trials of some TNF-blockers, including HUMIRA, more cases of malignancies have been observed among TNF-blocker-treated adult patients compared to control-treated adult patients. During the controlled portions of 32 global HUMIRA clinical trials in adult patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis (AS), Crohn's disease (CD), and plaque psoriasis (Ps), malignancies, other than non-melanoma (basal cell and squamous cell) skin cancer, were observed at a rate (95% confidence interval) of 0.6 (0.38, 0.93) per 100 patient-years among 6694 HUMIRA-treated patients versus a rate of 0.5 (0.28, 1.05) per 100 patient-years among 3749 control-treated patients (median duration of treatment of 4 months for HUMIRA-treated patients and 4 months for control-treated patients). In 45 global controlled and uncontrolled clinical trials of HUMIRA in adult patients with RA, PsA, AS, CD and Ps, the most frequently observed malignancies, other than lymphoma and NMSC, were breast, colon, prostate, lung, and melanoma. The malignancies in HUMIRA-treated patients in the controlled and uncontrolled portions of the studies were similar in type and number to what would be expected in the general U.S. population according to the SEER database (adjusted for age, gender, and race).

In controlled trials of other TNF blockers in adult patients at higher risk for malignancies (i.e., patients with COPD with a significant smoking history and cyclophosphamide-treated patients with Wegener's granulomatosis), a greater portion of malignancies occurred in the TNF blocker group compared to the control group.

**Non-Melanoma Skin Cancer**

During the controlled portions of 32 global HUMIRA clinical trials in adult patients with RA, PsA, AS, CD, and Ps, the rate (95% confidence interval) of NMSC was 0.7 (0.50, 1.11) per 100 patient-years among HUMIRA-treated patients and 0.2 (0.06, 0.50) per 100 patient-years among control-treated patients. All patients, and in particular patients with a medical history of prior prolonged immunosuppressant therapy or psoriasis patients with a history of PUVA treatment should be examined for the presence of NMSC prior to and during treatment with HUMIRA.

**Lymphoma and Leukemia**

In the controlled portions of clinical trials of all the TNF-blockers in adults, more cases of lymphoma have been observed among TNF blocker-treated patients compared to control-treated patients. In the controlled portions of 32 global HUMIRA clinical trials in adult patients with RA, PsA, AS, CD, and Ps, 3 lymphomas occurred among 6694 HUMIRA-treated patients versus 1 among 3749 control-treated patients. In 45 global controlled and uncontrolled clinical trials of HUMIRA in adult patients with RA, PsA, AS, CD and Ps with a median duration of approximately 0.6 years, including 22,026 patients and over 32,000 patient-years of HUMIRA, the observed rate of lymphomas was approximately 0.11 per 100 patient-years. This is approximately 3-fold higher than expected in the general U.S. population according to the SEER database (adjusted for age, gender, and race). Rates of lymphoma in clinical trials of HUMIRA cannot be compared to rates of lymphoma in clinical trials of other TNF blockers and may not predict the rates observed in a broader patient population. Patients with RA and other chronic inflammatory diseases, particularly those with highly active disease and/or chronic exposure to immunosuppressant therapies, may be at a higher risk (up to several fold) than the general population for the development

of lymphoma, even in the absence of TNF blockers. Post-marketing cases of acute and chronic leukemia have been reported in association with TNF-blocker use in RA and other indications. Even in the absence of TNF-blocker therapy, patients with RA may be at a higher risk (approximately 2-fold) than the general population for the development of leukemia.

**Malignancies in Pediatric Patients and Young Adults**

Malignancies, some fatal, have been reported among children, adolescents, and young adults who received treatment with TNF-blockers (initiation of therapy ≤ 18 years of age), of which HUMIRA is a member. Approximately half the cases were lymphomas, including Hodgkin's and non-Hodgkin's lymphoma. The other cases represented a variety of different malignancies and included rare malignancies usually associated with immunosuppression and malignancies that are not usually observed in children and adolescents. The malignancies occurred after a median of 30 months of therapy (range 1 to 84 months). Most of the patients were receiving concomitant immunosuppressants. These cases were reported post-marketing and are derived from a variety of sources including registries and spontaneous postmarketing reports.

Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers including HUMIRA. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases has occurred in patients with Crohn's disease or ulcerative colitis and the majority were in adolescent and young adult males. Almost all of these patients had received treatment with the immunosuppressants azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. It is uncertain whether the occurrence of HSTCL is related to use of a TNF blocker or a TNF blocker in combination with these other immunosuppressants.

**Hypersensitivity Reactions**

In postmarketing experience, anaphylaxis and angioneurotic edema have been reported rarely following HUMIRA administration. If an anaphylactic or other serious allergic reaction occurs, administration of HUMIRA should be discontinued immediately and appropriate therapy instituted. In clinical trials of HUMIRA in adults, allergic reactions overall (e.g., allergic rash, anaphylactoid reaction, fixed drug reaction, non-specified drug reaction, urticaria) have been observed in approximately 1% of patients.

**Hepatitis B Virus Reactivation**

Use of TNF blockers, including HUMIRA, may increase the risk of reactivation of hepatitis B virus (HBV) in patients who are chronic carriers of this virus. In some instances, HBV reactivation occurring in conjunction with TNF blocker therapy has been fatal. The majority of these reports have occurred in patients concomitantly receiving other medications that suppress the immune system, which may also contribute to HBV reactivation. Patients at risk for HBV infection should be evaluated for prior evidence of HBV infection before initiating TNF blocker therapy. Prescribers should exercise caution in prescribing TNF blockers for patients identified as carriers of HBV. Adequate data are not available on the safety or efficacy of treating patients who are carriers of HBV with anti-viral therapy in conjunction with TNF blocker therapy to prevent HBV reactivation. In patients who develop HBV reactivation, HUMIRA should be stopped and effective anti-viral therapy with appropriate supportive treatment should be initiated. The safety of resuming TNF blocker therapy after HBV reactivation is controlled is not known.

**Neurologic Reactions**

Use of TNF blocking agents, including HUMIRA, has been associated with rare cases of new onset or exacerbation of clinical symptoms and/or radiographic evidence of central nervous system demyelinating disease, including multiple sclerosis (MS) and optic neuritis, and peripheral demyelinating disease, including Guillain-Barré syndrome. Prescribers should exercise caution in considering the use of HUMIRA in patients with preexisting or recent-onset central or peripheral nervous system demyelinating disorders.

**Hematological Reactions**

Rare reports of pancytopenia including aplastic anemia have been reported with TNF blocking agents. Adverse reactions of the hematologic system, including medically significant cytopenia (e.g., thrombocytopenia, leukopenia) have been infrequently reported with HUMIRA. The causal relationship of these reports to HUMIRA remains unclear. All patients should be advised to seek immediate medical attention if they develop signs and symptoms suggestive of blood dyscrasias or infection (e.g., persistent fever, bruising, bleeding, pallor) while on HUMIRA. Discontinuation of HUMIRA therapy should be considered in patients with confirmed significant hematologic abnormalities.

**Use with Anakinra**

Concurrent use of anakinra (an interleukin-1 antagonist) and another TNF-blocker, was associated with a greater proportion of serious infections and neutropenia and no added benefit compared with the TNF-blocker alone in patients with RA. Therefore, the combination of HUMIRA and anakinra is not recommended [see *Drug Interactions*].

**Heart Failure**

Cases of worsening congestive heart failure (CHF) and new onset CHF have been reported with TNF blockers. Cases of worsening CHF have also been observed with HUMIRA. Physicians should exercise caution when using HUMIRA in patients who have heart failure and monitor them carefully.

**Autoimmunity**

Treatment with HUMIRA may result in the formation of autoantibodies and, rarely, in the development of a lupus-like syndrome. If a patient develops symptoms suggestive of a lupus-like syndrome following treatment with HUMIRA, treatment should be discontinued [see *Adverse Reactions*].

**Immunizations**

In a placebo-controlled clinical trial of patients with rheumatoid arthritis, no difference was detected in anti-pneumococcal antibody response between HUMIRA and placebo treatment groups when the pneumococcal polysaccharide vaccine and influenza vaccine were administered concurrently with HUMIRA. Patients on HUMIRA may receive concurrent vaccinations, except for live vaccines. No data are available on the secondary transmission of infection by live vaccines in patients receiving HUMIRA.

It is recommended that juvenile idiopathic arthritis patients, if possible, be brought up to date with all immunizations in agreement with current immunization guidelines prior to initiating HUMIRA therapy. Patients on HUMIRA may receive concurrent vaccinations, except for live vaccines.

**Use with Abatacept**

In controlled trials, the concurrent administration of TNF-blockers and abatacept was associated with a greater proportion of serious infections than the use of a TNF-blocker alone; the combination therapy, compared to the use of a TNF-blocker alone, has not demonstrated improved clinical benefit in the treatment of RA. Therefore, the combination of abatacept with TNF-blockers including HUMIRA is not recommended [see *Drug Interactions*].

## ADVERSE REACTIONS

### Clinical Studies Experience

The most serious adverse reactions were:

- Serious Infections [see *Warnings and Precautions*]
- Malignancies [see *Warnings and Precautions*]

The most common adverse reaction with HUMIRA was injection site reactions. In placebo-controlled trials, 20% of patients treated with HUMIRA developed injection site reactions (erythema and/or itching, hemorrhage, pain or swelling), compared to 14% of patients receiving placebo. Most injection site reactions were described as mild and generally did not necessitate drug discontinuation.

The proportion of patients who discontinued treatment due to adverse reactions during the double-blind, placebo-controlled portion of Studies RA-I, RA-II, RA-III and RA-IV was 7% for patients taking HUMIRA and 4% for placebo-treated patients. The most common adverse reactions leading to discontinuation of HUMIRA were clinical flare reaction (0.7%), rash (0.3%) and pneumonia (0.3%).

### Infections

In the controlled portions of the 32 global HUMIRA clinical trials in adult patients with RA, PsA, AS, CD and Ps, the rate of serious infections was 4.7 per 100 patient-years in 6694 HUMIRA-treated patients versus a rate of 2.7 per 100 patient-years in 3749 control-treated patients. Serious infections observed included pneumonia, septic arthritis, prosthetic and post-surgical infections, erysipelas, cellulitis, diverticulitis, and pyelonephritis [see *Warnings and Precautions*].

### Tuberculosis and Opportunistic Infections

In 45 global controlled and uncontrolled clinical trials in RA, PsA, AS, CD and Ps that included 22,026 HUMIRA-treated patients, the rate of reported active tuberculosis was 0.22 per 100 patient-years and the rate of positive PPD conversion was 0.07 per 100 patient-years. In a subgroup of 8940 U.S. and Canadian HUMIRA-treated patients, the rate of reported active TB was 0.07 per 100 patient-years and the rate of positive PPD conversion was 0.06 per 100 patient-years. These trials included reports of milinary, lymphatic, peritoneal, and pulmonary TB. Most of the TB cases occurred within the first eight months after initiation of therapy and may reflect recrudescence of latent disease. In these global clinical trials, cases of serious opportunistic infections have been reported at an overall rate of 0.07 per 100 patient-years. Some cases of serious opportunistic infections and TB have been fatal [see *Warnings and Precautions*].

### Autoantibodies

In the rheumatoid arthritis controlled trials, 12% of patients treated with HUMIRA and 7% of placebo-treated patients had negative baseline ANA titers developed positive titers at week 24. Two patients out of 3046 treated with HUMIRA developed clinical signs suggestive of new-onset lupus-like syndrome. The patients improved following discontinuation of therapy. No patients developed lupus nephritis or central nervous system symptoms. The impact of long-term treatment with HUMIRA on the development of autoimmune diseases is unknown.

### Liver Enzyme Elevations

There have been reports of severe hepatic reactions including acute liver failure in patients receiving TNF-blockers. In controlled Phase 3 trials of HUMIRA (40 mg SC every other week) in patients with RA, PsA, and AS with control period duration ranging from 4 to 104 weeks, ALT elevations  $\geq 3 \times$  ULN occurred in 3.5% of HUMIRA-treated patients and 1.5% of control-treated patients. Since many of these patients in these trials were also taking medications that cause liver enzyme elevations (e.g., NSAIDs, MTX), the relationship between HUMIRA and the liver enzyme elevations is not clear. In controlled Phase 3 trials of HUMIRA (initial doses of 160 mg and 80 mg, or 80 mg and 40 mg on Days 1 and 15, respectively, followed by 40 mg every other week) in patients with Crohn's disease with control period duration ranging from 4 to 52 weeks, ALT elevations  $\geq 3 \times$  ULN occurred in 0.9% of HUMIRA-treated patients and 0.9% of control-treated patients. In controlled Phase 3 trials of HUMIRA (initial dose of 80 mg then 40 mg every other week) in patients with plaque psoriasis with control period duration ranging from 12 to 24 weeks, ALT elevations  $\geq 3 \times$  ULN occurred in 1.8% of HUMIRA-treated patients and 1.8% of control-treated patients.

### Immunogenicity

Patients in Studies RA-I, RA-II, and RA-III were tested at multiple time points for antibodies to adalimumab during the 6- to 12-month period. Approximately 5% (58 of 1062) of adult rheumatoid arthritis patients receiving HUMIRA developed low-titer antibodies to adalimumab at least once during treatment, which were neutralizing *in vitro*. Patients treated with concomitant methotrexate had a lower rate of antibody development than patients on HUMIRA monotherapy (1% versus 12%). No apparent correlation of antibody development to adverse reactions was observed. With monotherapy, patients receiving every other weekly dosing may develop antibodies more frequently than those receiving weekly dosing. In patients receiving the recommended dosage of 40 mg every other week as monotherapy, the ACR 20 response was lower among antibody-positive patients than among antibody-negative patients. The long-term immunogenicity of HUMIRA is unknown. In patients with juvenile idiopathic arthritis, adalimumab antibodies were identified in 16% of HUMIRA-treated patients. In patients receiving concomitant methotrexate, the incidence was 6% compared to 26% with HUMIRA monotherapy.

In patients with ankylosing spondylitis, the rate of development of antibodies to adalimumab in HUMIRA-treated patients was comparable to patients with rheumatoid arthritis. In patients with psoriatic arthritis, the rate of antibody development in patients receiving HUMIRA monotherapy was comparable to patients with rheumatoid arthritis; however, in patients receiving concomitant methotrexate the rate was 7% compared to 1% in rheumatoid arthritis. In patients with Crohn's disease, the rate of antibody development was 3%. In patients with plaque psoriasis, the rate of antibody development with HUMIRA monotherapy was 8%. However, due to the limitation of the assay conditions, antibodies to adalimumab could be detected only when serum adalimumab levels were  $< 2$  ug/ml. Among the patients whose serum adalimumab levels were  $< 2$  ug/ml (approximately 40% of total patients studied), the immunogenicity rate was 20.7%. In plaque psoriasis patients who were on HUMIRA monotherapy and subsequently withdrawn from the treatment, the rate of antibodies to adalimumab after retreatment was similar to the rate observed prior to withdrawal.

### Other Adverse Reactions

The data described below reflect exposure to HUMIRA in 2468 patients, including 2073 exposed for 6 months, 1497 exposed for greater than one year and 1380 in adequate and well-controlled studies (Studies RA-I, RA-II, RA-III, and RA-IV). HUMIRA was studied primarily in placebo-controlled trials and in long-term follow up studies for up to 36 months duration. The population had a mean age of 54 years, 77% were female, 91% were Caucasian and had moderately to severely active rheumatoid arthritis. Most patients received 40 mg HUMIRA every other week. Table 1 summarizes reactions reported at a rate of at least 5% in patients treated with HUMIRA 40 mg every other week compared to placebo and with an incidence higher than placebo. In Study RA-III, the types and frequencies of adverse reactions in the second year open-label extension were similar to those observed in the one-year double-blind portion.

**Table 1. Adverse Reactions Reported by  $\geq 5\%$  of Patients Treated with HUMIRA During Placebo-Controlled Period of Rheumatoid Arthritis Studies**

	HUMIRA 40 mg subcutaneous Every Other Week (N=705)	Placebo (N=690)
Adverse Reaction (Preferred Term)		
<b>Respiratory</b>		
Upper respiratory infection	17%	13%
Sinusitis	11%	9%
Flu syndrome	7%	6%
<b>Gastrointestinal</b>		
Nausea	9%	8%
Abdominal pain	7%	4%
<b>Laboratory Tests*</b>		
Laboratory test abnormal	8%	7%
Hypercholesterolemia	6%	4%
Hyperlipidemia	7%	5%
Hematuria	5%	4%
Alkaline phosphatase increased	5%	3%
<b>Other</b>		
Headache	12%	8%
Rash	12%	6%
Accidental injury	10%	8%
Injection site reaction **	8%	1%
Back pain	6%	4%
Urinary tract infection	8%	5%
Hypertension	5%	3%

\* Laboratory test abnormalities were reported as adverse reactions in European trials

\*\* Does not include injection site erythema, itching, hemorrhage, pain or swelling

### Juvenile Idiopathic Arthritis Clinical Studies

In general, the adverse reactions in the HUMIRA-treated pediatric patients in the juvenile idiopathic arthritis (JIA) trial were similar in frequency and type to those seen in adult patients [see *Warnings and Precautions, Adverse Reactions*]. Important findings and differences from adults are discussed in the following paragraphs.

HUMIRA was studied in 171 pediatric patients, 4 to 17 years of age, with polyarticular JIA. Severe adverse reactions reported in the study included neutropenia, streptococcal pharyngitis, increased aminotransferases, herpes zoster, myositis, metrorrhagia, appendicitis. Serious infections were observed in 4% of patients within approximately 2 years of initiation of treatment with HUMIRA and included cases of herpes simplex, pneumonia, urinary tract infection, pharyngitis, and herpes zoster.

A total of 45% of children experienced an infection while receiving HUMIRA with or without concomitant MTX in the first 16 weeks of treatment. The types of infections reported in HUMIRA-treated patients were generally similar to those commonly seen in JIA patients who are not treated with TNF blockers. Upon initiation of treatment, the most common adverse reactions occurring in the pediatric population treated with HUMIRA were injection site pain and injection site reaction (19% and 16%, respectively). A less commonly reported adverse event in children receiving HUMIRA was granuloma annulare which did not lead to discontinuation of HUMIRA treatment.

In the first 48 weeks of treatment, non-serious hypersensitivity reactions were seen in approximately 6% of children and included primarily localized allergic hypersensitivity reactions and allergic rash.

Isolated mild to moderate elevations of liver aminotransferases (ALT more common than AST) were observed in children with JIA exposed to HUMIRA alone; liver enzyme test elevations were more frequent among those treated with the combination of HUMIRA and MTX than those treated with HUMIRA alone. In general, these elevations did not lead to discontinuation of HUMIRA treatment. In the JIA trial, 10% of patients treated with HUMIRA had negative baseline anti-dsDNA antibodies developed positive titers after 48 weeks of treatment. No patient developed clinical signs of autoimmunity during the clinical trial.

Approximately 15% of children treated with HUMIRA developed mild-to-moderate elevations of creatine phosphokinase (CPK). Elevations exceeding 5 times the upper limit of normal were seen in several patients. CPK levels decreased or returned to normal in all patients. Most patients were able to continue HUMIRA without interruption.

### Psoriatic Arthritis and Ankylosing Spondylitis Clinical Studies

HUMIRA has been studied in 395 patients with psoriatic arthritis (PsA) in two placebo-controlled trials and in an open label study and in 393 patients with ankylosing spondylitis (AS) in two placebo-controlled studies. The safety profile for patients with PsA and AS treated with HUMIRA 40 mg every other week was similar to the safety profile seen in patients with RA, HUMIRA Studies RA-I through IV.

### Crohn's Disease Clinical Studies

HUMIRA has been studied in 1478 patients with Crohn's disease in four placebo-controlled and two open-label extension studies. The safety profile for patients with Crohn's disease treated with HUMIRA was similar to the safety profile seen in patients with RA.

### Plaque Psoriasis Clinical Studies

HUMIRA has been studied in 1696 patients with plaque psoriasis in placebo-controlled and open-label extension studies. The safety profile for patients with plaque psoriasis treated with HUMIRA was similar to the safety profile seen in patients with RA with the following exceptions. In the placebo-controlled portions of the clinical trials in plaque psoriasis patients, HUMIRA-treated patients had a higher incidence of arthralgia when compared to controls (3% vs. 1%).

### Postmarketing Experience

Adverse reactions have been reported during post-approval use of HUMIRA. Because 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 HUMIRA exposure.

Gastrointestinal disorders: Diverticulitis, large bowel perforations including perforations associated with diverticulitis and appendiceal perforations associated with diverticulitis, pancreatitis

Respiratory disorders: Interstitial lung disease, including pulmonary fibrosis

Skin reactions: Stevens Johnson Syndrome, cutaneous vasculitis, erythema multiforme, new or worsening psoriasis (all sub-types including pustular and palmoplantar)

Vascular disorders: Systemic vasculitis

## DRUG INTERACTIONS

### Methotrexate

Although methotrexate (MTX) reduces the apparent adalimumab clearance, the data do not suggest the need for dose adjustment of either HUMIRA or MTX.

### Biologic Products

In clinical studies in patients with RA, an increased risk of serious infections has been seen with the combination of TNF blockers with anakinra or abatacept, with no added benefit; therefore, use of HUMIRA with abatacept or anakinra is not recommended in patients with RA [see *Warnings and Precautions*]. A higher rate of serious infections has also been observed in patients with RA treated with rituximab who received subsequent treatment with a TNF blocker. There is insufficient information to provide recommendations regarding the concomitant use of HUMIRA and other biologic products for the treatment of RA, PsA, AS, Crohn's Disease, and plaque psoriasis.

### Live Vaccines

Live vaccines should not be given concurrently with HUMIRA [see *Warnings and Precautions*].

### USE IN SPECIFIC POPULATIONS

#### Pregnancy

Pregnancy Category B - There are no adequate and well-controlled studies in pregnant women. Because animal reproduction and developmental studies are not always predictive of human response, HUMIRA should be used during pregnancy only if clearly needed.

**Pregnancy Registry:** To monitor outcomes of pregnant women exposed to HUMIRA, a pregnancy registry has been established. Physicians are encouraged to register patients by calling 1-877-311-8972.

#### Nursing Mothers

It is not known whether adalimumab is excreted in human milk or absorbed systemically after ingestion. Because many drugs and immunoglobulins are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from HUMIRA, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

#### Pediatric Use

Safety and efficacy of HUMIRA in pediatric patients for uses other than juvenile idiopathic arthritis (JIA) have not been established.

**Juvenile Idiopathic Arthritis** In the JIA trial, HUMIRA was shown to reduce signs and symptoms of active polyarticular JIA in patients 4 to 17 years of age. HUMIRA has not been studied in children less than 4 years of age, and there are limited data on HUMIRA treatment in children with weight  $< 15$  kg.

The safety of HUMIRA in pediatric patients in the JIA trial was generally similar to that observed in adults with certain exceptions [see *Adverse Reactions*]. Post-marketing cases of malignancies, some fatal, have been reported among children, adolescents, and young adults who received treatment with TNF-blockers including HUMIRA [see *Warnings and Precautions*].

#### Geriatric Use

A total of 519 rheumatoid arthritis patients 65 years of age and older, including 107 patients 75 years of age and older, received HUMIRA in clinical studies RA-I through IV. No overall difference in effectiveness was observed between these subjects and younger subjects. The frequency of serious infection and malignancy among HUMIRA treated subjects over 65 years of age was higher than for those under 65 years of age. Because there is a higher incidence of infections and malignancies in the elderly population in general, caution should be used when treating the elderly.

#### OVERDOSAGE

Doses up to 10 mg/kg have been administered to patients in clinical trials without evidence of dose-limiting toxicities. In case of overdosage, it is recommended that the patient be monitored for any signs or symptoms of adverse reactions or effects and appropriate symptomatic treatment instituted immediately.

#### NONCLINICAL TOXICOLOGY

##### Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies of HUMIRA have not been conducted to evaluate the carcinogenic potential or its effect on fertility. No clastogenic or mutagenic effects of HUMIRA were observed in the *in vivo* mouse micronucleus test or the *Salmonella-Escherichia coli* (Ames) assay, respectively.

#### PATIENT COUNSELING INFORMATION

Patients or their caregivers should be provided the HUMIRA "Medication Guide" and provided an opportunity to read it and ask questions prior to initiation of therapy. The healthcare provider should ask the patient questions to determine any risk factors for treatment. Patients developing signs and symptoms of infection should seek medical evaluation immediately.

#### Patient Counseling

Patients should be advised of the potential benefits and risks of HUMIRA. Physicians should instruct their patients to read the Medication Guide before starting HUMIRA therapy and to reread each time the prescription is renewed.

##### • Infections

Inform patients that HUMIRA may lower the ability of their immune system to fight infections. Instruct patients of the importance of contacting their doctor if they develop any symptoms of infection, including tuberculosis, invasive fungal infections, and reactivation of hepatitis B virus infections.

##### • Malignancies

Patients should be counseled about the risk of malignancies while receiving HUMIRA.

##### • Allergic Reactions

Patients should be advised to seek immediate medical attention if they experience any symptoms of severe allergic reactions. Advise latex-sensitive patients that the needle cap of the prefilled syringe contains latex.

##### • Other Medical Conditions

Advise patients to report any signs of new or worsening medical conditions such as congestive heart failure, neurological disease, autoimmune disorders, or cytopenias. Advise patients to report any symptoms suggestive of a cytopenia such as bruising, bleeding, or persistent fever.

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# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

 <b>Restricted Session</b> open to dermatologist and adjunct (researcher, corporate) members. A ticket is required for admittance	 This activity has been approved by the ABD to satisfy component 2 of MOC-D
 <b>Practice Management Session</b> open to eligible office staff/registered nurses	 <b>Leadership Institute</b> — addresses leadership competencies specific to dermatologists
 <b>Patient Safety Session</b>	 <b>Health Information Technology Sessions</b>
 <b>Audience Response System Session</b>	 <b>Evidence Based Practice Sessions</b>

## Thursday, August 16

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

U001	Exploring Evidence-Based Cosmeceuticals . . . . .	36
U002	Optimizing Management of Melanoma: Recognizing and Responding to Common Dilemmas in Patient Care . . . . .	36
U003	The Interface of Skin and Psyche . . . . .	36
■ U004	Laser Update . . . . .	36
▲ U005	Procedural Safety in Dermatology . . . . .	36

### Symposia, 9:00 a.m. to 12:00 p.m.

S001	EADV/AAD Joint Symposium . . . . .	37
■ S002	Coding and Documentation . . . . .	38
S003	Dermoscopy . . . . .	38

### Course, 9:00 a.m. to 12:00 p.m.

■ C001	Media Training: Developing and Delivering Key Messages . . . . .	38
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### Workshops, 10:00 a.m. to 12:00 p.m.

■ ■ W001	MOC Self-Assessment: Pediatric Dermatology . . . . .	39
■ W002	Primary Cutaneous Melanoma Guidelines: Translating Evidence into Practice . . . . .	39

### Forums, 10:00 a.m. to 12:00 p.m.

F001	Case-Based Controversies in Blistering Diseases . . . . .	40
■ F002	Dermatoethics Consultations: Cases and Controversies . . . . .	40
■ F003	Pathology and Procedures of the Aging Hand . . . . .	40
■ F004	Assessing My Own Leadership Strengths and Vulnerabilities, Part 1 . . . . .	40

### Focus Sessions, 1:00 p.m. to 2:30 p.m.

U006	General Genodermatoses Update . . . . .	41
U007	Infectious Disease Update: What I Wouldn't Have Known Without Evidence-Based Medicine . . . . .	41
U008	The Many Mimickers of Lymphoma . . . . .	41
U009	Beyond Spaghetti and Meatballs: What's New on the Malassezia Menu . . . . .	41
▲ U010	A Primer of Pharmaceutical Advertising: Sometimes It's Just Wrong . . . . .	41

### Symposia, 2:00 p.m. to 5:00 p.m.

S004	Update Platform: Medical Dermatology . . . . .	42
S005	What's Hot in Pediatric Dermatology . . . . .	42
S006	Minimizing Errors in the Detection, Diagnosis, and Treatment of Melanoma . . . . .	42

### Course, 2:00 p.m. to 5:00 p.m.

■ C002	Live Demonstration: Botulinum Toxin and Fillers . . . . .	43
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### Workshop, 3:00 p.m. to 5:00 p.m.

■ W003	Acne Guidelines: Translating Evidence into Practice . . . . .	43
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### Forums, 3:00 p.m. to 5:00 p.m.

■ F005	Case Based Challenges for PA/NP's . . . . .	44
■ F006	Case Based Controversies: Dermatopathology . . . . .	44
F007	Life Altering Skin Disease from the Patient's Perspective . . . . .	44
F008	Vulvar Diseases . . . . .	44
■ F009	Assessing My Own Leadership Strengths and Vulnerabilities, Part 2 . . . . .	44

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## FOCUS SESSIONS

8:00 a.m. to 9:30 a.m.

Open admission, no tuition or ticket

### U001 Exploring Evidence-Based Cosmeceuticals

**DIRECTOR** *Zoe Diana Draelos, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Analyze the current cosmeceutical market place for new trends important to dermatology.
2. Demonstrate an understanding of the evidence behind cosmeceutical development.
3. Examine how to effectively incorporate cosmeceuticals into dermatologic practice.

1.50 Category 1 CME Credits

### U002 Optimizing Management of Melanoma: Recognizing and Responding to Common Dilemmas in Patient Care

**DIRECTOR** *Caroline C. Kim, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Summarize current information about medical professional liability claims related to errors in diagnosis of melanoma.
2. Recognize challenging clinical scenarios in diagnosing melanoma and options for providing optimal patient care.
3. Implement strategies in clinical practice to enhance the care of patients at risk for melanoma.

1.50 Category 1 CME Credits

### U003 The Interface of Skin and Psyche

**DIRECTOR** *John Y. M. Koo, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Learn to optimally handle delusional patients such as delusions of parasitosis both pharmacologically and interpersonally.
2. Learn ways to minimize the negative impact of stress on the skin.
3. Learn to minimize the negative impact of skin disease on one's psychological equilibrium.

1.50 Category 1 CME Credits

### U004 Laser Update



**DIRECTOR** *Mathew M. Avram, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Describe the recent advances in laser and light source therapies.
2. Honestly assess the state of the art laser and light source treatments.
3. Predict emerging trends within the field of lasers and light sources.

1.50 Category 1 CME Credits

### U005 Procedural Safety in Dermatology



**DIRECTOR** *Joseph Sobanko, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize the problem of occupational exposures within the field of medicine and those employees most susceptible to percutaneous injuries and mucocutaneous splashes.
2. Identify the procedures and behaviors that place dermatologists at highest risk for occupational exposures.
3. Apply strategies to implement in daily practice that will help eliminate the risk of occupational exposures.

1.50 Category 1 CME Credits

## SYMPOSIA

9:00 a.m. to 12:00 p.m.

Open admission, no tuition or ticket

### S001 EADV/AAD Joint Symposium

**DIRECTOR** Jean L. Bolognia, MD

**CO-DIRECTOR** Erwin Tschachler, MD

#### INVITED SPEAKERS

Christina M. Ambros-Rudolph, MD    Jean-Claude Roujeau  
 Olivier M. Chosidow, MD            Hensin Tsao, MD, PhD  
 Ilona J. Frieden, MD  
 Martin Rocken, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Recognize the early clues to serious drug reactions involving the skin.
2. Outline an approach to the diagnosis and treatment of pregnancy eruptions.
3. Manage a range of cutaneous infestations.

#### DESCRIPTION

In 2011, the EADV and the AAD first joined forces in an effort to complement one another and provide the audience with an expanded perspective of topics of interest to dermatologists. Speakers representing the EADV will offer insights into the treatment of cutaneous infestations and will review recent discoveries in the field of cutaneous parasitic infections.

In addition, an approach to the diagnosis and treatment of pregnancy eruptions will be provided as will clues to the early diagnosis of serious drug reactions. Advances in the areas of infantile hemangiomas and pigmented lesions that are relevant to all practicing dermatologists will be presented.

3.0 Category 1 CME Credits

#### REFERENCES

1. Hogeling M, Adams S, Wargon O. A randomized controlled trial of propranolol for infantile hemangiomas. *Pediatrics*. 2011;128:e259.
2. Ambros-Rudolph CM, Müllegger RR, Vaughan-Jones SA, et al. The specific dermatoses of pregnancy revisited and reclassified: results of a retrospective two-center study on 505 pregnant patients. *J Am Acad Dermatol*. 2006;54:395-404.
3. Kaye P, Scott P. Leishmaniasis: complexity at the host-pathogen interface. *Nature Rev Microbiol*. 2011;9:604-615.

#### SCHEDULE

- 9:00 a.m. Introduction / *Dr. Bolognia*  
 9:01 a.m. Treatment of Infestations - From Scabies to Lice / *Dr. Chosidow*  
 9:25 a.m. Questions and Answers / *Dr. Chosidow*  
 9:30 a.m. What's New In Leishmaniasis and other Parasitic Infections? / *Dr. Rocken*  
 9:55 a.m. Questions and Answers / *Dr. Rocken*  
 10:00 a.m. Postcards From the Melanoma Clinic - Recent Lessons From Lesions / *Dr. Tsao*  
 10:25 a.m. Questions and Answers / *Dr. Tsao*  
 10:30 a.m. An Initial Approach to Infantile Hemangiomas and Vascular Malformations / *Dr. Frieden*  
 10:55 a.m. Questions and Answers / *Dr. Frieden*  
 11:00 a.m. The Spectrum of Pregnancy Eruptions - an Approach to Diagnosis and Treatment / *Dr. Ambros-Rudolph*  
 11:25 a.m. Questions and Answers / *Dr. Ambros-Rudolph*  
 11:30 a.m. Serious Drug Reactions - Clues to Early Diagnosis and Practical Management / *Dr. Roujeau*  
 11:55 a.m. Questions and Answers / *Dr. Roujeau*

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## SYMPOSIA

9:00 a.m. to 12:00 p.m.

*Open admission, no tuition or ticket*

## COURSE

9:00 a.m. to 12:00 p.m.

*Tuition fee and ticket required for admission*

### S002 Coding and Documentation



**DIRECTOR** *Allan S. Wirtzer, MD*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Demonstrate knowledge of evaluation and management, and surgical coding.
2. Demonstrate an understanding of the proper use of modifiers.
3. Formulate plans to improve documentation in the office setting.

*3.00 Category 1 CME Credits*

### S003 Dermoscopy

**DIRECTOR** *Mary Martini, MD*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Identify melanocytic patterns and non-melanocytic patterns on dermoscopy.
2. Recognize and identify major dermoscopic findings in melanoma.
3. Differentiate between benign melanocytic nevi and melanoma.

*3.00 Category 1 CME Credits*

### C001 Media Training: Developing and Delivering Key Messages



**DIRECTOR** *Patricia Farris, MD*

#### LEARNING OBJECTIVES

Following this course, the attendee should be able to:

1. Prepare compelling and relatable key messages.
2. Communicate key messages clearly, concisely and effectively.
3. Develop strategies for staying focused on key messages in challenging situations, such as media interviews.

#### DESCRIPTION

The Academy has identified effective communication as a core competency for leadership in dermatology. Learning how to successfully craft and deliver key messages will help you communicate effectively in any situation. Attendees will have the opportunity to practice what they've learned about message development in mock media interviews designed to challenge participants to stay focused while delivering their message.

The course director is a previous chair of the AAD Council on Communications. She will be assisted by a communications consultant. *\*This session is open to board-certified dermatologists, graduate members, residents and research fellows only.*

*3.00 Category 1 CME Credits*

## WORKSHOPS

10:00 a.m. to 12:00 p.m.

*Tuition fee and ticket required for admission*

### W001 MOC Self-Assessment: Pediatric Dermatology



**DIRECTOR** *Katherine B. Puttgen, MD*

#### INVITED SPEAKERS

Bernard Cohen, MD  
Moise L. Levy, MD  
Teresa S. Wright, MD

#### LEARNING OBJECTIVES

Following this workshop, the attendee should be able to:

1. Recognize important information about several of the genodermatoses.
2. Formulate better pediatric dermatology differential diagnoses.
3. Describe updates in management of infantile hemangiomas.

#### DESCRIPTION

This session will review important basic and advanced pediatric dermatology diagnoses and management strategies to help the attendee prepare for MOC. Discussion will include infections, infestations, infantile hemangiomas, general pediatric dermatology and genodermatoses.

*2.00 Category 1 CME Credits*



*This live self-assessment activity has been approved by the American Board of Dermatology for 25 MOC Self-Assessment Points. For more information about the MOC requirements, please visit the American Board of Dermatology website at [www.abderm.org](http://www.abderm.org).*

*Self-assessment questions utilized in this session are the same from previous years. Physicians should not claim CME/MOC credit for attending this session if they have attended this session before.*

### W002 Primary Cutaneous Melanoma Guidelines: Translating Evidence into Practice



**DIRECTOR** *Arthur Joel Sober, MD*

#### INVITED SPEAKERS

Joi B. Carter, MD  
Lilit Garibyan, MD, PhD  
Antoinette Foote Hood, MD  
Hensin Tsao, MD, PhD

#### LEARNING OBJECTIVES

Following this workshop, the attendee should be able to:

1. Discuss the recent changes in the AJCC melanoma staging system and their application to clinical practice.
2. Apply the current evaluation and treatment guidelines for early stage melanoma to current practice.

#### DESCRIPTION

This session will provide an overview of current recommendations for evaluation and therapy of early stage (0-II) melanoma with specific attention to the recent AAD Guidelines and melanoma updated staging from the *AJCC*, 7th edition.

*2.00 Category 1 CME Credits*

#### SCHEDULE

10:00 a.m. Introduction / *Dr. Sober*  
10:10 a.m. Pathology/Staging / *Dr. Hood*  
10:30 a.m. Work Up/Follow-Up / *Dr. Carter*  
10:50 a.m. Biopsy Techniques And Primary Surgery / *Dr. Sober*  
11:10 a.m. SLNB / *Dr. Garibyan*  
11:30 a.m. Alternative Therapies / *Dr. Tsao*  
11:50 a.m. Panel Discussion / *All faculty*



# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## FORUMS

10:00 a.m. to 12:00 p.m.

*Open admission, no tuition or ticket*

### F001 Case-Based Controversies in Blistering Diseases

**DIRECTOR** *Dedee F. Murrell, MD*

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Determine which tests need to be ordered to diagnose blistering diseases correctly.
2. Develop algorithms for how to treat AIBD patients.
3. Explain safety measures to patients to minimize complications.

*2.00 Category 1 CME Credits*

### F002 Dermatoethics Consultations: Cases and Controversies



**DIRECTOR** *Lionel Gordon Bercovitch, MD*

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Recognize the existence of ethical dilemmas or problems in everyday situations.
2. Analyze ethical and professional dilemmas in a critical way to lead to satisfactory resolution.
3. Apply basic ethical principles to dealing with ethical dilemmas that arise in practice and training.

*2.00 Category 1 CME Credits*

### F003 Pathology and Procedures of the Aging Hand



**DIRECTOR** *Emily J. Fisher, MD*

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Describe the most common benign and malignant tumors of the hand.
2. Compare different surgical techniques of the hand and choose the most appropriate.
3. Analyze the signs of aging of the hand and summarize techniques for improvement.

*2.00 Category 1 CME Credits*

### F004 Assessing My Own Leadership Strengths and Vulnerabilities, Part 1



**DIRECTOR** *Elizabeth Shannon Martin, MD*

**CO-DIRECTOR** *Marta Jane VanBeek, MD, MPH*

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Identify his/her own leadership temperament including strengths and weaknesses.
2. Analyze traits and determine the temperament of others.
3. Demonstrate how to effectively work with others with different temperament styles.

*2.00 Category 1 CME Credits*

#### FO04 ASSESSING MY OWN LEADERSHIP STRENGTHS AND VULNERABILITIES, PART 1

*Please Note: This is a two part session. In this course you will take a brief personality assessment, and in Part 2 (See page 44) you will expand your knowledge and learn how to leverage your leadership strengths in a variety of practice settings. Part 2 is session F009, scheduled from 3:00 p.m. to 5:00 p.m. on Thursday, August 16th.*

## FOCUS SESSIONS

1:00 p.m. to 2:30 p.m.

*Open admission, no tuition or ticket*

### U006 General Genodermatoses Update

**DIRECTOR** *Jonathan A. Dyer, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Describe new inherited skin diseases with relevance to the dermatologist.
2. Recognize recent advances in the treatment of important inherited skin diseases.
3. Discuss new molecular genetic testing methods revolutionizing the investigation of inherited skin diseases.

*1.50 Category 1 CME Credits*

### U007 Infectious Disease Update: What I Wouldn't Have Known Without Evidence-Based Medicine

**DIRECTOR** *Miguel R. Sanchez, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Identify advances in the current knowledge of cutaneous infectious diseases.
2. Order evaluation and effective treatment of skin infections based on evidence-based medicine.
3. Select appropriate vaccination regimens to prevent infectious diseases in adults.

*1.50 Category 1 CME Credits*

### U008 The Many Mimickers of Lymphoma

**DIRECTOR** *Antonio Subtil, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Distinguish among the skin diseases that may simulate lymphoma.
2. Review a wide assortment of cutaneous pseudolymphomas.
3. Reconcile conflicting clinical, histopathologic and/or molecular findings.

*1.50 Category 1 CME Credits*

### U009 Beyond Spaghetti and Meatballs: What's New on the Malassezia Menu

**DIRECTOR** *Nikki A. Levin, MD, PhD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Diagnose skin conditions caused by fungi of the *Malassezia* (*Pityrosporum*) genus.
2. Discuss pathogenic strategies employed by *Malassezia* yeasts and host responses to them.
3. Choose appropriate treatments for *Malassezia*-related skin conditions, including tinea versicolor and *Pityrosporum* folliculitis.

*1.50 Category 1 CME Credits*

### U010 A Primer of Pharmaceutical Advertising: Sometimes It's Just Wrong



**DIRECTOR** *Jeffrey J. Meffert, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Compare the different types of pharmaceutical advertising according to FDA standards.
2. Describe the process for reporting suspected marketing violations.
3. Distinguish “proper” from “improper” advertisements.

*1.50 Category 1 CME Credits*



# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## SYMPOSIA

2:00 p.m. to 5:00 p.m.

**Open admission, no tuition or ticket**

### S004 Update Platform: Medical Dermatology

**DIRECTOR** Jeffrey Phillip Callen, MD

#### INVITED SPEAKERS

Jennie T. Clarke, MD	Sarbjit Saini, MD
Janet A. Fairley, MD	Courtney Reynolds Schadt, MD
Alexandra Boer	Erik Joseph Stratman, MD
Kimball, MD, MPH	Bruce Elliot Strober, MD, PhD
Cindy Owen, MD	Ruth Ann Vleugels, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Recognize and diagnose some skin conditions that are associated with systemic disease.
2. Design an evaluation schema for such patients.
3. List the options for management of such patients.

#### DESCRIPTION

Update Platform: Medical Dermatology is designed to provide practical medical dermatology information. Topics include treatment and care of patients with psoriasis, blistering diseases, and collagen vascular diseases. Particular attention will be paid to the safe use of drugs in the setting a practice in medical dermatology.

3.00 Category 1 CME Credits

#### REFERENCES

1. Callen JP, Jorizzo JL, Bologna JL, Piette WW, Zone JJ: Dermatologic Signs of Internal Disease. 4th edition. 2009, Elsevier Inc. Philadelphia.

#### SCHEDULE

2:00 p.m. Introduction / *Dr. Callen*  
2:05 p.m. New Aspects Regarding The Management of Pemphigus And Pemphigoid / *Dr. Fairley*  
2:25 p.m. Cutaneous Lupus Erythematosus – Management of Skin Disease / *Dr. Clarke*  
2:45 p.m. Cutaneous Dermatomyositis – Assessment for Cancer, Pulmonary Disease, New Serologic Tests, Management of Skin Disease / *Dr. Vleugels*  
3:05 p.m. Psoriasis – Identifying and Managing Co-Morbidities / *Dr. Kimball*  
3:25 p.m. Systemic Therapies – Isotretinoin – Safety Management / *Dr. Owen*  
3:40 p.m. Systemic Therapies – Biologic Agents – Safety and Management / *Dr. Strober*  
4:00 p.m. Chronic Urticaria – Evaluation And Management / *Dr. Saini*  
4:20 p.m. Pyoderma Gangrenosum – Diagnosis, Evaluation and Management / *Dr. Schadt*  
4:40 p.m. General Literature Update – Review Of New Aspects Of Medical Dermatology / *Dr. Stratman*

### S005 What's Hot in Pediatric Dermatology

**DIRECTOR** Nanette Blythe Silverberg, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Identify new concepts in vascular birthmarks and learn new therapeutic regimens.
  2. Incorporate current epidemiologic information and treatment strategies into clinical practice.
  3. Recognize newer skin diseases and improve therapeutic regimens children of color.
- 3.00 Category 1 CME Credits

### S006 Minimizing Errors in the Detection, Diagnosis, and Treatment of Melanoma

**DIRECTOR** Christopher James Miller, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Develop patient education and screening strategies that increase the likelihood of early detection of melanoma.
  2. Minimize errors in the diagnosis of melanoma as a result of suboptimal biopsy methods and pathologic pitfalls.
  3. Describe the advantages and disadvantages of various strategies for the staging and treatment of melanoma.
- 3.00 Category 1 CME Credits

## COURSE

2:00 p.m. to 5:00 p.m.

*Tuition fee and ticket required for admission*

### **C002** Live Demonstration: Botulinum Toxin and Fillers



**DIRECTOR** *Thomas E. Rohrer, MD*

#### INVITED SPEAKERS

Raffi DerSarkissian, MD                      Seth G. Kates, MD  
Jeremy Phillip Finkle, MD                 Madeline C. Krauss, MD  
Michael S. Kaminer, MD

#### LEARNING OBJECTIVES

Following this course, the attendee should be able to:

1. Assess the aging face and choose the most appropriate injection procedure.
2. Identify the differences and similarities between various soft tissue fillers and neuromodulators.
3. Utilize new injection techniques.

#### DESCRIPTION

This live, interactive session will feature expert injectors demonstrating their treatment techniques and tips with neuromodulators and soft tissue fillers. Attendees will observe in a live setting precisely how the faculty assess the aging face and make decisions as to how and what they will inject. The injections will be done in a regional manner starting with the forehead and eyebrows, and then moving on to the periorbital area, the temples, mid-face volumization, lip enhancement and lower face rejuvenation. This is a chance to virtually be in the office with some of the most experienced injectors in the country.

*3.00 Category 1 CME Credits*

#### SCHEDULE

2:00 p.m. Introduction / *Dr. Rohrer*  
2:05 p.m. Upper Face Rejuvenation / *Dr. DerSarkissian*  
2:35 p.m. Tear Trough and Crow's Feet / *Dr. Kaminer*  
3:10 p.m. Discussion / *All faculty*  
3:15 p.m. Midface Volumization / *Dr. Finkle*  
3:50 p.m. Lip Rejuvenation / *Dr. Krauss*  
4:15 p.m. Discussion / *All faculty*  
4:20 p.m. Lower Face Rejuvenation / *Dr. Kates*  
4:55 p.m. Discussion / *All faculty*  
5:00 p.m. Conclusion

## WORKSHOP

3:00 p.m. to 5:00 p.m.

*Tuition fee and ticket required for admission*

### **W003** Acne Guidelines: Translating Evidence into Practice



**DIRECTOR** *Bethanee Jean Schlosser, MD, PhD*

#### LEARNING OBJECTIVES

Following this workshop, the attendee should be able to:

1. Discuss recent advances in knowledge relative to the pathogenesis and pathophysiology of acne.
2. Formulate appropriate evidence-based treatment plans using the AAD Acne Guidelines.
3. Delineate strategies for the assessment, management and effective treatment of challenging acne cases.

#### DESCRIPTION

Studies have shown that evidence-based guidelines can make important contributions to improving the quality of patient care. This session will address gaps in clinical knowledge and care of acne patients relative not only to the current guidelines but to research findings delineated in the many systematic reviews that have been published in the past few years on acne on the following subjects: dietary factors, increasing bacterial resistance to antibiotics, topical retinoids, oral isotretinoin use and controversies, oral contraceptive uses, spironolactone, cyproterone, and photodynamic therapy. This session will be helpful in not only expanding physicians' knowledge base but in improving clinician confidence and effectiveness in treating patients with acne. The session will consist of four presentations with time for questions and answers as well as interactive case discussions which will permit the learners to apply the knowledge gained. A short survey will be conducted before and after the session, and follow-up surveys will be sent at six months and one year post session to gauge and evaluate if the guidelines were easy to translate into daily clinical practice.

*2.00 Category 1 CME Credits*

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## FORUMS

3:00 p.m. to 5:00 p.m.

Open admission, no tuition or ticket

### F005 Case-Based Challenges for PA/NP's



**DIRECTOR** April W. Armstrong, MD, MPH

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Manage patients with moderate-to-severe psoriasis successfully.
2. Manage children with moderate-to-severe atopic dermatitis effectively.
3. Improve medication adherence in patients with chronic dermatologic conditions.

2.00 Category 1 CME Credits

### F006 Case-Based Controversies: Dermatopathology



**DIRECTOR** Jennifer Madison McNiff, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Identify controversial topics encountered in dermatopathology.
2. Recognize limitations in the histopathologic assessment of certain entities.
3. Identify techniques to resolve quandaries in histopathologic diagnoses.

2.00 Category 1 CME Credits

### F007 Life Altering Skin Disease from the Patient's Perspective

**DIRECTOR** Amit G. Pandya, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Differentiate between the doctor's perspective of life threatening skin disease and the patient perspective.
2. Discuss issues important to the patient more effectively, with both patient and loved ones.
3. List the aspects of life threatening skin diseases that are important to a patient.

2.00 Category 1 CME Credits

### F008 Vulvar Diseases

**DIRECTOR** Lynette J. Margesson, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Identify the normal vulva.
2. Develop an approach to differentiate the 3 vulvar lichen-lichen sclerosis, lichen plans, lichen simplex chronicus.
3. Identify the clinical features and management of the most common itchy and erosive/ulcerated vulvar conditions.

2.00 Category 1 CME Credits

### F009 Assessing My Own Leadership Strengths and Vulnerabilities, Part 2



**DIRECTOR** Marta Jane VanBeek, MD, MPH

**CO-DIRECTOR** Elizabeth Shannon Martin, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Use awareness of self and others in the work setting.
2. Demonstrate strategies to managing conflict among people with different styles.
3. Utilize different personality styles to build an effective, productive team.

2.00 Category 1 CME Credits

#### FO09 ASSESSING MY OWN LEADERSHIP STRENGTHS AND VULNERABILITIES, PART 2

*Please Note: This is a two-part session. In Part 1 (See page 40), you will participate in an interactive personality assessment and discover your own leadership style. Your assessment results are essential to help you get the most out of this course. Part 1 is session F004, scheduled from 10:00 a.m. to 12:00 p.m. on Thursday, August 16.*

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

 <b>Restricted Session</b> open to dermatologist and adjunct (researcher, corporate) members. A ticket is required for admittance	 This activity has been approved by the ABD to satisfy component 2 of MOC-D
 <b>Practice Management Session</b> open to eligible office staff/registered nurses	 <b>Leadership Institute</b> — addresses leadership competencies specific to dermatologists
 <b>Patient Safety Session</b>	 <b>Health Information Technology Session</b>
 <b>Audience Response System Session</b>	 <b>Evidence Based Practice Session</b>

## Friday, August 17

### Focus Sessions, 8:00 a.m. to 9:00 a.m.

U011	Neonatal Dermatology	46
■ U012	Patient Satisfaction: Measurement and Improvement	46
U013	From the Dermatology-Rheumatology Clinic: Practical Tips and Advances in Management	46
U014	Update in Molecular Diagnostic Tests in Dermatology and Dermatopathology	46
■ U015	Photodynamic Therapy	46
U016	Asian American Skin	46

### P151: Plenary Session — 9:00 a.m. to 12:00 p.m.

9:00 a.m.	Chair's Welcome / <i>Joan Guitart, MD</i>	47
9:05 a.m.	President's Address / <i>Daniel M. Siegel, MD</i>	47
9:20 a.m.	Everett C. Fox, M.D., Memorial Lectureship: What is the Future of Photodermatology? / <i>Henry W. Lim, MD</i>	47
9:50 a.m.	Infantile Hemangioma and Propanonol / <i>Beth Ann Drolet, MD</i>	47
10:10 a.m.	Skin Immune System / <i>Rachael Clark, MD, PhD</i>	48
10:30 a.m.	Role of Molecular Analysis in Melanoma / <i>Hensin Tsao, MD, PhD</i>	48
10:50 a.m.	Health System Reform for Dermatologists / <i>Jack S. Resneck, Jr., MD</i>	48
11:10 a.m.	Guest Speaker: Healthcare Reform and Its Implications for Dermatology / <i>Kevin M. Fickenscher, MD</i>	48
11:50 a.m.	Questions and Answers	48

### Focus Sessions, 1:00 p.m. to 2:30 p.m.

U017	Actinic Keratosis: Beyond Liquid Nitrogen	49
U018	Clinical Pearls in Dermatology	49
U019	Non-Infectious Granulomas: An Update on Cutaneous Granulomatous Diseases	49
U020	Pitfalls in Dermatopathology	49
U021	Hidradenitis Suppurative: An Update	49

### Symposium, 2:00 p.m. to 4:00 p.m.

S007	Update Platform: Cosmetic and Dermatologic Surgery	50
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### Symposia, 2:00 p.m. to 5:00 p.m.

▲ S008	Common Controversies in Dermatologic Drug Therapy	50
S009	What's Hot In Dermatopathology	50

### Course, 2:00 p.m. to 5:00 p.m.

■ C003	Live Demonstration: Neurotoxins and Soft Tissue Augmentation	51
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### Workshops, 3:00 p.m. to 5:00 p.m.

■ W004	MOC Self-Assessment: Skin Cancer	51
▲ W005	Psoriasis Guidelines: Translating Evidence into Practice	52

### Forums, 3:00 p.m. to 5:00 p.m.

■ F010	Case Based Controversies: Procedural	52
F011	Infectious Disease and Infestation Update	52
F012	Medical Management of Actinic Keratoses and Non-Melanoma Skin Cancer	53
F013	Nails	53

### Symposium, 4:00 p.m. to 5:00 p.m.

S010	Update Platform: Pediatrics	53
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Scientific Sessions, Friday, August 17

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## FOCUS SESSIONS

8:00 a.m. to 9:00 a.m.

Open admission, no tuition or ticket

### U011 Neonatal Dermatology

**DIRECTOR** *Tor A. Shwayder, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Identify normal newborn variants.
2. Distinguish worrisome from benign birthmarks.
3. Recognize which newborn findings require further workup.

1.00 Category 1 CME Credit

### U012 Patient Satisfaction: Measurement and Improvement



**DIRECTOR** *Steven R. Feldman, MD, PhD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Describe how patient satisfaction can affect treatment outcomes.
2. Measure patient satisfaction.
3. Enhance patient satisfaction.

1.00 Category 1 CME Credit

### U013 From the Dermatology-Rheumatology Clinic: Practical Tips and Advances in Management

**DIRECTOR** *Ruth Ann Vleugels, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Identify clues on cutaneous exam for autoimmune connective tissue diseases.
2. Recognize the unique considerations for managing patients with amyopathic dermatomyositis.
3. Describe existing and emerging ideas in therapy for cutaneous disease.

1.00 Category 1 CME Credit

### U014 Update in Molecular Diagnostic Tests in Dermatology and Dermatopathology

**DIRECTOR** *Pedram Gerami, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Discuss newly described low and high penetrant familial melanoma syndromes and their associations.
2. Identify key somatic mutations in melanoma and their therapeutic and prognostic significance.
3. Recognize new molecular diagnostic tests for dermatologists such as the tape stripping method.

1.00 Category 1 CME Credit

### U015 Photodynamic Therapy



**DIRECTOR** *Nellie Konnikov, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Define the action and basic principles of photodynamic therapy.
2. Demonstrate step-by-step utilization of ALA-PDT within a busy Dermatological practice.
3. Discuss aesthetic advances and management of adverse reactions of ALA-PDT.

1.00 Category 1 CME Credit

### U016 Asian American Skin

**DIRECTOR** *Ki-Young Sub, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize the unique characteristics of Asian American skin.
2. Describe the presentation of particular dermatologic conditions as they present in Asian Americans.
3. Discuss special considerations when treating Asian American skin.

1.00 Category 1 CME Credit

## P151 PLENARY SESSION

9:00 a.m. to 12:00 p.m.

**Open admission, no tuition or ticket**

*Up to 1.5 Category 1 CME Credits*

9:00 a.m.



### Welcome

*Joan Guitart, MD*  
Chair, Scientific Assembly Committee

*No CME Credit*

9:05 a.m.



### President's Address

*Daniel M. Siegel, MD*

*No CME Credit*

9:20 a.m.



### Everett C. Fox, MD, Memorial Lectureship: What is the Future of Photodermatology?

*Henry W. Lim, MD*

Understanding the interaction of UV and visible light with the skin has led to the appreciation of cutaneous effects of sunlight, from acute erythema and pigmentary alterations to photoaging and photocarcinogenesis. Dermatologists are among the only group of physicians who are trained to comprehensively evaluate and manage photodermatoses, some affecting up to 10 percent of population. The use of UV-based therapy, from narrowband UVB to PUVA to UVA1 to targeted phototherapy to photodynamic therapy has measurably improved the quality of life of many of our patients. We are in the unique position to fully appreciate the deleterious effect of UV exposure on the skin; working with patient groups and others, we can and should continue to lead public education on photoprotection and on advocacy for a ban on the use of tanning booths by minors. Photodermatology is an integral part of our specialty, at present and in the future.

*0.50 Category 1 CME Credit*

9:50 a.m.



### Infantile Hemangioma and Propranolol

*Beth Ann Drolet, MD*

Since the first report of propranolol use for treatment of infantile hemangiomas in 2008, there has been an unprecedented flurry of publications describing the efficacy and potential side effects. These publications were not subject to the usual stringency of Phase I/II clinical trials. While propranolol has rapidly been adopted and has now become first line therapy for many providers, there is significant uncertainty and divergence of opinion regarding safety monitoring, dose escalation, and its use in PHACE syndrome. This presentation will review existing data on the pharmacologic properties of propranolol, summarize published reports pertaining to its use in IH, and report on the conclusions of a multidisciplinary, multi-institutional expert panel which met in December, 2011 to try to create a standardized, consensus-derived monitoring plan for the use of propranolol in infants for treatment.

*0.25 Category 1 CME Credit*

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## P151 PLENARY SESSION

9:00 a.m. to 12:00 p.m.

**Open admission, no tuition or ticket**

Up to 1.5 Category 1 CME Credits

10:10 a.m.



### The Skin Immune System

Rachael Clark, MD, PhD

In addition to its role as a mechanical barrier tissue, the skin is a highly active immune organ where pro- and anti-inflammatory responses battle it out on a daily basis for supremacy. Virtually all the components of the immune system are present in skin, from small antimicrobial peptides to complex populations of antigen specific T cells. Each of these immune components play critical roles in protecting against infection but their aberrant activation can cause autoimmune and inflammatory diseases including contact dermatitis, rosacea, and psoriasis. We will discuss the innate and adaptive components of the immune system found in the skin, how they protect the skin from infection and how they malfunction in inflammatory diseases. Lastly, we will focus on how close observation of our patients can teach us critical and unexpected lessons about human immune responses.

0.25 Category 1 CME Credit

10:30 a.m.



### Role of Molecular Analysis in Melanoma

Hensin Tsao, MD, PhD

Within the rapidly evolving space of cancer genetics, technological advances have accelerated the pace of gene discovery. Over the past ten years, the melanoma apparatus has been critically disassembled and reassembled to reveal many intricate elements that could serve as therapeutic targets. Although oncogenic BRAF remains within the cross-hairs of pharmaceutical development, other molecules such as KIT, NRAS, MEK and ERK have also emerged as crucial, and potentially vulnerable, components of the melanoma engine. The functional circuitry of melanoma cells is being genetically schematized, functionally credentialed and therapeutically tested with unprecedented speed.

0.25 Category 1 CME Credit

10:50 a.m.



### Health System Reform for Dermatologists

Jack S. Resneck, Jr., MD

By this Summer AAD meeting, the Supreme Court may have ruled on the constitutionality of the Affordable Care Act. Whatever the law's fate, our health care system will likely remain in a state of rapid flux for the foreseeable future. With public budgets strained and private insurance premiums reaching new heights, the health care payment system continues to face scrutiny from across the political spectrum. Efforts to digitize records, measure quality, and change incentives are swiftly transforming our daily practice of medicine, but the constant threat of payment cuts makes it only more difficult for us to invest in and adapt to change. In this time of uncertainty, our specialty must recognize both opportunities and threats, seek common ground, and provide leadership that enhances our ability to care for our patients.

0.25 Category 1 CME Credit

11:10 a.m.



### Healthcare Reform and Its Implications for Dermatology

Kevin M. Fickenscher, MD

Industries from many diverse areas of the American economy are undergoing dramatic changes as a result of technology, societal connectivity and information integration. Dr. Fickenscher will provide an overview of the societal forces which are serving as forces for change in healthcare regardless of policy changes which may or may not be emanating from Washington, DC. The who, what, where, when, and how of the future healthcare delivery model will be discussed as a central theme of the presentation.

No CME Credit

11:50 a.m.

### Questions and Answers

## FOCUS SESSIONS

1:00 p.m. to 2:30 p.m.

Open admission, no tuition or ticket

### U017 Actinic Keratosis: Beyond Liquid Nitrogen

**DIRECTOR** *Siegrid S. Yu, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Outline therapeutic considerations when confronted with actinic keratoses.
2. Discuss various modalities for field treatment of precancerous lesions.
3. Design a therapeutic ladder and formulate combination treatment for more challenging cases.

1.50 Category 1 CME Credits

### U018 Clinical Pearls in Dermatology

**DIRECTOR** *Mark D. P. Davis, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Identify selected dermatologic conditions that mimic each other and the pitfalls that can lead to misdiagnosis and initiation of incorrect treatment.
2. Distinguish selected dermatological conditions from disorders that may mimic them in the differential diagnosis.
3. Manage of selected dermatologic conditions.

1.50 Category 1 CME Credits

### U019 Non-Infectious Granulomas: An Update on Cutaneous Granulomatous Diseases

**DIRECTOR** *Misha Rosenbach, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize and distinguish between the non-infectious granulomatous diseases.
2. Evaluate patients with non-infectious granulomatous dermatoses for systemic disease associations.
3. Treat the cutaneous manifestations of non-infectious granulomatous diseases.

1.50 Category 1 CME Credits

### U020 Pitfalls in Dermatopathology

**DIRECTOR** *Aleodor A. Andea, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize a variety of dermatopathology cases that are prone to be misdiagnosed.
2. Identify histological features that are useful in preventing pitfalls in diagnosis.
3. Determine appropriate ancillary studies that help arrive at the correct diagnosis.

1.50 Category 1 CME Credits

### U021 Hidradenitis Suppurative: An Update

**DIRECTOR** *Ginette Hinds, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Discuss the pathogenesis, clinical presentation, and epidemiology of hidradenitis suppurativa.
2. Summarize current medical and surgical therapeutic options.
3. Formulate and prescribe a treatment plan based on the current medical literature.

2.00 Category 1 CME Credits



# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## SYMPOSIUM

2:00 p.m. to 4:00 p.m.

Open admission, no tuition or ticket

### S007 Update Platform: Cosmetic and Dermatologic Surgery

**DIRECTOR** Murad Alam, MD

#### INVITED SPEAKERS

Mathew M. Avram, MD  
David J. Goldberg, MD, JD  
Ronald L. Moy, MD

Neil S. Sadick, MD  
Rebecca Clare Tung, MD  
Susan H. Weinkle, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Recognize the indications for minimally invasive cosmetic dermatologic interventions, including energy devices and injectables, as well as indications for more invasive procedures, like laser resurfacing and rhytidectomy.
2. Detect and manage common complications and adverse events arising from cosmetic dermatologic procedures.
3. Identify new cosmetic dermatologic procedures, and novel devices and drugs in this realm.

#### DESCRIPTION

This session is designed to provide a broad, topic-based review and update of key cosmetic interventions in dermatologic surgery. Clinically relevant summaries will focus on key indications, patient selection, devices and drugs, techniques, and the management of adverse events. Novel therapeutics and techniques will be described in detail, and each topic area will be reviewed by a faculty member who is a clinical and research leader in the area.

3.00 Category 1 CME Credits

#### SCHEDULE

- 2:00 p.m. Lasers And Energy Devices For Resurfacing / Dr. Goldberg
- 2:20 p.m. Nonablative Skin Tightening / Dr. Sadick
- 2:40 p.m. Treatment Of Fat And Cellulite / Dr. Alam
- 3:00 p.m. Novel Fillers And Injection Techniques / Dr. Weinkle
- 3:20 p.m. Selecting And Tailoring Neurotoxins / Dr. Tung
- 3:40 p.m. Advances In Surgical Lifting / Dr. Moy

## SYMPOSIA

2:00 p.m. to 5:00 p.m.

Open admission, no tuition or ticket

### S008 Common Controversies in Dermatologic Drug Therapy



**DIRECTOR** Stephen E. Wolverton, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Make informed decisions concerning common controversies in dermatologic drug therapy.
2. Evaluate controversies in future practice determining the pros, cons, and rationale for the most optimal clinical decisions.

3.00 Category 1 CME Credits

### S009 What's Hot In Dermatopathology

**DIRECTOR** Christine Ko, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Discuss new developments in dermatopathology.
2. Identify new diagnostic techniques available in dermatopathology.
3. Review new literature with important implications in the practice of dermatopathology.

3.00 Category 1 CME Credits

## COURSE

2:00 p.m. to 5:00 p.m.

*Tuition fee and ticket required for admission*

### CO03 **Live Demonstration: Neurotoxins and Soft Tissue Augmentation**



**DIRECTOR** Heidi A. Waldorf, MD

#### LEARNING OBJECTIVES

Following this course, the attendee should be able to:

1. Evaluate the aging face.
2. Develop a therapeutic rejuvenation plan utilizing a combination of neurotoxin and soft tissue fillers and collagen stimulators.
3. Avoid and manage complications.

#### DESCRIPTION

This session consists of live demonstrations of injectables for facial rejuvenation including neuromodulators and soft tissue fillers and collagen stimulators. During the demonstrations, the faculty will review patient evaluation, anatomic considerations, treatment selection, injection techniques and complications. Combination therapies to enhance outcomes will be discussed.

3.00 Category 1 CME Credits

## WORKSHOP

3:00 p.m. to 5:00 p.m.

*Tuition fee and ticket required for admission*

### W004 **MOC Self-Assessment: Skin Cancer**



**DIRECTOR** Jerry D. Brewer, MD

#### INVITED SPEAKERS

Sarah T. Arron, MD, PhD      Oscar Colegio, MD, PhD  
Jeremy S. Bordeaux, MD, MPH      Suraj S. Venna, MD  
Mark A. Cappel, MD

#### LEARNING OBJECTIVES

Following this workshop, the attendee should be able to:

1. Diagnose common forms of skin cancer more effectively, clinically, histologically, and dermoscopically.
2. Define aggressive characteristics of common forms of skin cancer.
3. Select the best treatment for common forms of skin cancer.

#### DESCRIPTION

Using the automated response system, by the end of this session participants should have a better understanding of the clinical characteristics, pathology, and dermatoscopic findings of the common forms of skin cancer. The audience should also understand key aggressive features of common forms of skin cancer, as well as appropriate treatments for different forms of skin cancer.

2.00 Category 1 CME Credits

#### SCHEDULE

- 3:00 p.m. W002 - MOC Self-Assessment Skin Cancer  
/ Dr. Arron
- 3:20 p.m. W002 - MOC Self-Assessment: Skin Cancer  
/ Dr. Colegio
- 3:40 p.m. W002 - MOC Self-Assessment: Skin Cancer  
/ Dr. Venna
- 4:00 p.m. W002 - MOC Self-Assessment: Skin Cancer  
/ Dr. Brewer
- 4:20 p.m. W002 - MOC Self-Assessment: Skin Cancer  
/ Dr. Bordeaux
- 4:40 p.m. W002 - MOC Self-Assessment: Skin Cancer  
/ Dr. Cappel



*This live self-assessment activity has been approved by the American Board of Dermatology for 25 MOC Self-Assessment Points. For more information about the MOC requirements, please visit the American Board of Dermatology website at [www.abderm.org](http://www.abderm.org).*

*Self-assessment questions utilized in this session are the same from previous years. Physicians should not claim CME/MOC credit for attending this session if they attended this session before.*

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## WORKSHOP

3:00 p.m. to 5:00 p.m.

*Tuition fee and ticket required for admission*

### W005 Psoriasis Guidelines: Translating Evidence into Practice



**DIRECTOR** *Mark Lebwohl, MD*

#### INVITED SPEAKERS

Alice B. Gottlieb, MD, PhD

Henry W. Lim, MD

Bruce Elliot Strober, MD, PhD

#### LEARNING OBJECTIVES

Following this workshop, the attendee should be able to:

1. Develop skills to manage patients with psoriasis and psoriatic arthritis with an emphasis on decision making criteria that will enable the clinician to individualize therapy based upon disease type, extent.
2. Recognize and diagnose challenging clinical cases and select evidence-based treatment using the recently published AAD psoriasis evidence-based guidelines, which includes best practices.
3. Address gaps in clinical knowledge and care.

#### DESCRIPTION

The session will be helpful in expanding physician knowledge base and improving clinical confidence and effectiveness in treating psoriasis patients with a wide range of clinical presentations including psoriatic arthritis. The session will consist of four presentations with time available after each talk for interaction with the attendees. It will be structured in a question-and-answer format when case studies are discussed. A short survey will be conducted before and after the session, and follow-up survey will follow six months later to gauge and evaluate if guidelines/implementation products and presentations were easy to translate into daily clinical practice. Studies have shown that high-quality guidelines can make important contribution to improving medical care.

*2.00 Category 1 CME Credits*

#### SCHEDULE

- 3:00 p.m. Introduction and Overview with Survey  
*/ Dr. Lebwohl*
- 3:10 p.m. Psoriatic Arthritis with Case Study  
*/ Dr. Gottlieb*
- 3:35 p.m. Phototherapy for Psoriasis with Case Study  
*/ Dr. Lim*
- 4:00 p.m. Systemic Therapy with Case Study */ Dr. Lebwohl*
- 4:25 p.m. Biologic Therapy with Case Study */ Dr. Strober*
- 4:50 p.m. Panel Discussion with Survey */ All faculty*

## FORUMS

3:00 p.m. to 5:00 p.m.

*Open admission, no tuition or ticket*

### F010 Case-Based Controversies: Procedural



**DIRECTOR** *Victor Allen Neel, MD, PhD*

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Develop treatment strategies for challenging skin cancers.
  2. Manage reconstructive conundrums.
  3. Assess new technologies in dermatologic surgery.
- 2.00 Category 1 CME Credits*

### F011 Infectious Disease and Infestation Update

**DIRECTOR** *Kenneth J. Tomecki, MD*

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Recognize recent trends and developments in infectious diseases and infestations.
  2. Evaluate and treat affected patients more knowledgeably and effectively.
- 2.00 Category 1 CME Credits*

## FORUMS

3:00 p.m. to 5:00 p.m.

*Open admission, no tuition or ticket*

### **F012 Medical Management of Actinic Keratoses and Non-Melanoma Skin Cancer**

**DIRECTOR** *Neal D. Bhatia, MD*

#### **LEARNING OBJECTIVES**

Following this forum, the attendee should be able to:

1. Categorize and compare the mechanisms of action of therapeutics as they apply to the mechanisms of photodamage and carcinogenesis.
2. Summarize data from recent clinical trials and studies comparing efficacy and potential applications for medical management as adjuncts or alternatives to surgery for skin cancer.
3. Identify new and emergent therapies for the treatment of advanced skin cancer and chemoprevention of skin cancer.

*2.00 Category 1 CME Credits*

### **F013 Nails**

**DIRECTOR** *Nathaniel J. Jellinek, MD*

#### **LEARNING OBJECTIVES**

Following this forum, the attendee should be able to:

1. Diagnose and manage nail psoriasis, nail fungal infections and other nail conditions.
2. Identify new and challenging nail conditions.
3. Perform intralesional injection for inflammatory nail conditions.

*2.00 Category 1 CME Credits*

## SYMPOSIUM

4:00 p.m. to 5:00 p.m.

*Open admission, no tuition or ticket*

### **S010 Update Platform: Pediatrics**

**DIRECTOR** *Lawrence F. Eichenfield, MD*

#### **INVITED SPEAKERS**

Ilona J. Frieden, MD

Sheila Fallon Friedlander, MD

Andrew C. Krakowski, MD

#### **LEARNING OBJECTIVES**

Following this symposium, the attendee should be able to:

1. Prescribe the appropriate evaluation for an infant at risk for PHACE syndrome.
2. Assess pediatric atopic dermatitis and psoriasis patients for comorbidities.

#### **DESCRIPTION**

This session will present updated information on the most clinically relevant advances in the field of pediatric dermatology. Topic areas to be discussed include hemangiomas and vascular malformations and associated syndromes, infectious diseases in children, procedural pediatric dermatology (including the latest information on laser therapy), and inflammatory skin diseases, including atopic dermatitis and psoriasis.

*1.00 Category 1 CME Credit*

#### **REFERENCES**

1. Frieden IJ. Infantile hemangioma research: looking backward and forward. *J Invest Dermatol.* 2011 Dec;131(12):2345-8

#### **SCHEDULE**

4:00 p.m. What's New in Vascular Lesions / *Dr. Frieden*

4:13 p.m. What's New in Procedural Pediatric Dermatology / *Dr. Krakowski*

4:26 p.m. What's New in Pediatric Inflammatory Skin Disease / *Dr. Eichenfield*

4:40 p.m. So What Else is New? / *Dr. Friedlander*

4:53 p.m. Questions and Answers / *All faculty*



# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

 <b>Restricted Session</b> open to dermatologist and adjunct (researcher, corporate) members. A ticket is required for admittance	 This activity has been approved by the ABD to satisfy component 2 of MOC-D
 <b>Practice Management Session</b> open to eligible office staff/registered nurses	 <b>Leadership Institute</b> — addresses leadership competencies specific to dermatologists
 <b>Patient Safety Session</b>	 <b>Health Information Technology Session</b>
 <b>Audience Response System Session</b>	 <b>Evidence Based Practice Session</b>

## Saturday, August 18

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

U022	Pediatric Dermatology Jeopardy . . . . .	55
U023	Dermoscopy for the Non-Dermoscopist . . . . .	55
U024	From Bench to Bedside: Important Clinical Advances . . . . .	55
 U025	Quality and Customer Service for a Better Practice . . . . .	55
U026	What's New in Non-Melanoma Skin Cancer . . . . .	55
U027	Leprosy . . . . .	55

### Symposia, 9:00 a.m. to 12:00 p.m.

S011	Dermatology Grand Rounds: Case Based Dilemmas . . . . .	56
 S012	Finessing Surgical Technique . . . . .	56

### Course, 9:00 a.m. to 5:00 p.m.

 C004	Derm Exam Prep Course: Refresher . . . . .	56
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### Forums, 10:00 a.m. to 12:00 p.m.

F014	Protecting America's Youth: Responding to Tanning Industry Arguments and Advancing Effective Policies	
 F015	Legal Dilemmas in Dermatology . . . . .	57
F016	A Cased-Based Approach to Common Cutaneous Lymphoma Problems . . . . .	57
F017	Tumor Board . . . . .	57
 F018	From Problem to Performance: Developing People in Your Practice, Part 1 . . . . .	57

### Workshop, 10:00 a.m. to 12:00 p.m.

 W006	MOC Self-Assessment: Acne, Psoriasis, Eczema and Inflammatory Dermatitis . . . . .	58
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### Focus Sessions, 1:00 p.m. to 2:30 p.m.

U028	Mastering Moles in Pediatric Patients . . . . .	58
U029	Top Tips to be Tip Top with Your MOC . . . . .	58
U030	Up and Coming Fillers: Experience from Across the Atlantic . . . . .	58
U031	Skin of Color . . . . .	59
U032	Smoking and the Skin . . . . .	59

### Symposium, 2:00 p.m. to 4:00 p.m.

S013	Update Platform: Cutaneous Oncology . . . . .	59
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### Symposia, 2:00 p.m. to 5:00 p.m.

S014	What's Hot in Women's Dermatology . . . . .	60
 S015	Negotiating Your Way to Great Leadership . . . . .	60

### Workshop, 3:00 p.m. to 5:00 p.m.

 W007	MOC Self-Assessment: Office-Based Safety . . . . .	60
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### Forums, 3:00 p.m. to 5:00 p.m.

 F019	Using Technology to Improve Dermatology Access . . . . .	61
 F020	Review and Update of Regional Reconstruction . . . . .	61
F021	What's Boiling Over: Atopic Dermatitis and Other Eczematous Conditions . . . . .	61
F022	Developing Speaker Skills - Faculty Development . . . . .	61
 F023	From Problem to Performance: Developing People in Your Practice, Part 2 . . . . .	61

### Symposium, 4:00 p.m. to 5:00 p.m.

S016	Update Platform: Dermatopathology . . . . .	62
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## FOCUS SESSIONS

8:00 a.m. to 9:30 a.m.

Open admission, no tuition or ticket

### U022 Pediatric Dermatology Jeopardy

**DIRECTOR** Victoria R. Barrio, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Test your knowledge of current practices in pediatric dermatology.
2. Formulate treatment plans for some common and uncommon diseases in pediatric dermatology.

1.50 Category 1 CME Credits

### U023 Dermoscopy for the Non-Dermoscopist

**DIRECTOR** Jennifer A. Stein, MD, PhD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize characteristic dermoscopic structures of benign and malignant lesions.
2. Use dermoscopy to distinguish benign from suspicious lesions that require biopsy.
3. Formulate a simple pattern recognition system that can be used in general dermatologic practice to minimize unnecessary biopsies and improve detection of malignant lesions.

1.50 Category 1 CME Credits

### U024 From Bench to Bedside: Important Clinical Advances

**DIRECTOR** Oscar Colegio, MD, PhD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Describe molecular pathways recently discovered to be effective targets for treating melanoma, basal cell carcinoma and dermatofibrosarcoma protuberans.
2. Summarize the efficacy of recently approved therapies or therapies currently in trials for the treatment of skin cancers.

1.50 Category 1 CME Credits

### U025 Quality and Customer Service for a Better Practice



**DIRECTOR** Charles N. Ellis, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize why Service Excellence is important and how it represents quality in medicine.
2. Evaluate great service in the office setting.
3. Implement Service Excellence in dermatology offices.

1.50 Category 1 CME Credits

### U026 What's New in Non-Melanoma Skin Cancer

**DIRECTOR** Gary Goldenberg, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Identify and analyze new and important studies in non-melanoma skin cancer.
2. Describe new finding in dermatopathology in relationship to non-melanoma skin cancer.
3. Describe new treatment approaches to non-melanoma skin cancer.

1.50 Category 1 CME Credits

### U027 Leprosy

**DIRECTOR** Maria Teresa Ochoa, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize the different clinical presentations of Hansen's disease.
2. Evaluate and treat Hansen's disease and reactions.
3. Discuss prevention of disability.

1.50 Category 1 CME Credits

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## SYMPOSIA

9:00 a.m. to 12:00 p.m.

Open admission, no tuition or ticket

### S011 Dermatology Grand Rounds: Case-Based Dilemmas

**DIRECTOR** Amit Garg, MD

#### INVITED SPEAKERS

Jeffrey Phillip Callen, MD

Lindy Peta Fox, MD

Michael P. Heffernan, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Develop skills in differential diagnosis and evaluation of complex dermatologic diseases, many with interdisciplinary considerations.
2. Discuss the use of advanced systemic therapies for the management of refractory dermatologic conditions.

#### DESCRIPTION

This session will offer a Grand Rounds style discussion in which evidence- and experience-based commentary among panelists and audience members will offer practical considerations in the diagnosis, specific evaluation, and advanced therapeutic management of cases presented with challenging clinical dilemmas and representing a breadth of complex diseases affecting the integument. An interactive case-based approach will be utilized to highlight relevance for the experienced clinician. Attendees are also invited to submit cases (to [agarg@bu.edu](mailto:agarg@bu.edu)) posing challenging clinical queries.

3.00 Category 1 CME Credits

### S012 Finessing Surgical Technique



**DIRECTOR** David M. Ozog, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Demonstrate simple yet essential surgical techniques to achieve optimal cosmetic and functional outcomes.
2. Utilize proper surgical instruments and materials to enhance healing and repair outcomes.
3. Assess common mistakes made when coding for surgical procedures and how to avoid them.

3.00 Category 1 CME Credits

## COURSE

9:00 a.m. to 5:00 p.m. (breaks from 12-2)

Tuition fee and ticket required for admission

### C004 Derm Exam Prep Course: Refresher



**DIRECTOR** Bryan Erik Anderson, MD

#### INVITED SPEAKERS

Joslyn S. Kirby, MD

Ninad C. Pendharkar, MD

#### LEARNING OBJECTIVES

Following this course, the attendee should be able to:

1. Review as many of the 150 dermatologic diseases and conditions listed by the American Board of Dermatology (ABD) as required for the General Dermatology module of the Maintenance of Certification in Dermatology.
2. Identify areas needing additional study in preparation for the General Dermatology Section of the MOC-D exam.
3. Recognize the format used on the General Dermatology Section of the MOC-D exam.

#### DESCRIPTION

This course is targeted to dermatologists preparing for the American Board of Dermatology Maintenance of Certification in Dermatology (MOC-D) examination. The course will review many but (not all) of the diagnoses listed in the General section of the MOC-D exam. The format will be similar, not identical, to the one used on the examination. A representative photograph will be presented with a list of choices to choose from. Residents preparing for their Board exam may also benefit. We will not review the Subspecialty sections of the examination.

6.00 Category 1 CME Credits

#### REFERENCES

1. Improvement of competence after preparation for board certification examination. *Am J Health Syst Pharm* 2012 Feb 1;69(3):186-90.

#### SCHEDULE

9:00 a.m. General Dermatology Questions / Dr. Pendharkar

10:00 a.m. General Dermatology Questions / Dr. Kirby

11:00 a.m. General Dermatology Questions / Dr. Anderson

2:00 p.m. General Dermatology Questions / Dr. Anderson

3:00 p.m. General Dermatology Questions / Dr. Pendharkar

4:00 p.m. General Dermatology Questions / Dr. Anderson

## FORUMS

10:00 a.m. to 12:00 p.m.

Open admission, no tuition or ticket

### F014 Protecting America's Youth: Responding to Tanning Industry Arguments and Advancing Effective Policies

**DIRECTOR** Bruce A. Brod, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Discuss the latest scientific evidence linking use of indoor tanning devices to the development of non-melanoma skin cancers and melanoma and recognize gaps in our knowledge on the subject.
2. Predict and respond to arguments made by the tanning industry to further their own agenda.
3. Develop strategies to implement and/or engage in effective advocacy campaigns to advance policies at the state and federal levels to improve regulation of the indoor tanning industry and protect youth, in particular, from the health risks associated with this behavior.

2.00 Category 1 CME Credits

### F015 Legal Dilemmas in Dermatology



**DIRECTOR** Clifford Warren Lober, MD, JD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Analyze legal dilemmas to facilitate appropriate patient care.
2. Recognize legal implications of treatment alternatives.

2.00 Category 1 CME Credits

### F016 A Case-Based Approach to Common Cutaneous Lymphoma Problems

**DIRECTOR** Peter W. Heald, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Distinguish inflammatory mimickers from mycosis fungoides.
2. Analyze blood to recognize erythrodermic CTCL.
3. Utilize special studies to separate pseudolymphoma from CBCL.

2.00 Category 1 CME Credits

### F017 Tumor Board

**DIRECTOR** Sarah T. Arron, MD, PhD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Summarize available evidence that impacts management of cutaneous cancers.
2. Apply current treatment recommendations to patient care as appropriate.
3. Develop appropriate management strategies when scientific evidence is lacking.

2.00 Category 1 CME Credits

### F018 From Problem to Performance: Developing People in Your Practice, Part 1



**DIRECTOR** Margaret E. Parsons, MD

**CO-DIRECTOR** Sabra Sullivan, MD, PhD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Assess your team members' competencies to ensure their skills match their job requirements.
2. Recognize and assess different work styles and develop strategies for engaging people with different styles and personalities.
3. Assess your environment.

2.00 Category 1 CME Credits

#### F018 FROM PROBLEM TO PERFORMANCE: DEVELOPING PEOPLE IN YOUR PRACTICE PART 1

Please Note: This is a two part session. In this course you will learn how build your team and assess your environment. In Part 2 (See page 61) you will learn how to take your team to the next level. Part 2 is session F023, scheduled from 3:00 p.m. to 5:00 p.m. on Saturday, August 18.

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## WORKSHOP

10:00 a.m. to 12:00 p.m.

*Tuition fee and ticket required for admission*

### W006 MOC Self-Assessment: Acne, Psoriasis, Eczema and Inflammatory Dermatitis



**DIRECTOR** *Joslyn S. Kirby, MD*

#### INVITED SPEAKERS

Mark Lebwohl, MD                      Misha Rosenbach, MD  
Christen M. Mowad, MD                Joshua Zeichner, MD

#### LEARNING OBJECTIVES

Following this workshop, the attendee should be able to:

1. Identify the strengths and weaknesses in one's dermatology knowledge as it pertains to acne, psoriasis, eczema, and inflammatory dermatoses and to make improvements as needed.
2. Demonstrate a lifelong learning and self-assessment via completion of 25 questions and answers.

#### DESCRIPTION

This session will be structured as a question-and-answer format using an automated audience response system. The faculty will present 25 questions that will cover several subjects including acne, psoriasis, eczema, and various inflammatory dermatoses. The attendee will be able to assess his/her level of understanding and have immediate feedback in order to identify any areas for further self-directed study.

*2.00 Category 1 CME Credits*



*This live self-assessment activity has been approved by the American Board of Dermatology for 25 MOC Self-Assessment Points. For more information about the MOC requirements, please visit the American Board of Dermatology website at [www.abderm.org](http://www.abderm.org).*

*Self-assessment questions utilized in this session are the same from previous years. Physicians should not claim CME/MOC credit for attending this session if they attended this session before.*

## FOCUS SESSIONS

1:00 p.m. to 2:30 p.m.

*Open admission, no tuition or ticket*

### U028 Mastering Moles in Pediatric Patients

**DIRECTOR** *Julie V. Schaffer, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize clinicopathologic variants of acquired and congenital melanocytic nevi in children and their typical patterns of evolution.
2. Identify and monitor children at risk for the development of melanoma or neurocutaneous melanocytosis.
3. Formulate an individualized approach to management of melanocytic nevi in children.

*1.50 Category 1 CME Credits*

### U029 Top Tips to be Tip Top with Your MOC

**DIRECTOR** *Erik Joseph Stratman, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Describe recent updates to and opportunities to meet requirements of Dermatology Maintenance of Certification.
2. Describe an approach to achieving your personal MOC requirements.
3. Identify ties between MOC and Maintenance of Licensure, and discuss potential motivations for lifetime board certificate holders to participate in MOC.

*1.50 Category 1 CME Credits*

### U030 Up and Coming Fillers: Experience from Across the Atlantic

**DIRECTOR** *Hassan I. Galadari, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize the different fillers used internationally and what they mean when they become available in the United States.
2. Identify the areas where such fillers may be injected, and also identify potential pitfalls.

*1.50 Category 1 CME Credits*

## FOCUS SESSIONS

1:00 p.m. to 2:30 p.m.

Open admission, no tuition or ticket

### U031 Skin of Color

**DIRECTOR** *Roopal Vasbi Kundu, MD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize common and unique skin and hair conditions in skin of color patients.
2. Manage skin of color patients using safe and effective treatments.
3. Demonstrate cultural competence when encountering skin of color patients.

1.50 Category 1 CME Credits

### U032 Smoking and the Skin

**DIRECTOR** *Sergei A. Grando, MD, PhD*

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Predict the effect of smoking on a specific dermatologic condition.
2. Recognize skin diseases caused and aggravated by smoking.
3. Identify the mechanism of action of tobacco products on the skin.

1.50 Category 1 CME Credits

## SYMPOSIUM

2:00 p.m. to 4:00 p.m.

Open admission, no tuition or ticket

### S013 Update Platform: Cutaneous Oncology

**DIRECTOR** *Michael Girardi, MD*

#### INVITED SPEAKERS

Oscar Colegio, MD, PhD

Joan Guitart, MD

Lyn M. Duncan, MD

Paul Nghiem, MD, PhD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Identify the relevant molecular and cellular interactions that affect the pathogenesis of malignant melanoma, non-melanoma skin cancer, Merkel cell carcinoma and cutaneous lymphoma.
2. Describe the changing role of the pathologist and potential utilization of biomarker assessment in the staging and management of patients with malignant melanoma.
3. Recognize the advantages and disadvantages of the most recent therapeutic advances in the medical management of cutaneous malignancies.

#### DESCRIPTION

The purpose of this platform session is to provide attendees with updates on important news and research in cutaneous oncology that increase their understanding of disease mechanisms and their implications for therapy.

2.00 Category 1 CME Credits

#### SCHEDULE

2:00 p.m. Introduction / *Dr. Girardi and Guitart*

2:10 p.m. Immunotherapy for the Cutaneous Oncologist / *Dr. Girardi*

2:30 p.m. Melanoma: The Changing Role of Pathology in the Diagnosis and Management of Melanomas / *Dr. Duncan*

2:50 p.m. Merkel Cell Carcinoma: Pathogenesis and Targeted Therapies / *Dr. Nghiem*

3:20 p.m. Non-Melanoma Skin Cancer: New Insights Into Pathomechanisms and Therapeutic Implications / *Dr. Colegio*

3:40 p.m. Cutaneous Lymphomas: WHO/EORTC Classification Update and Emerging Therapies / *Dr. Guitart*



# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## SYMPOSIA

2:00 p.m. to 5:00 p.m.

Open admission, no tuition or ticket

### S014 What's Hot in Women's Dermatology

**DIRECTOR** *Boni E. Elewski, MD*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Manage melanoma vulvodynia and vulvar dermatoses in women. Recognize collagen vascular disease in women.
2. Effectively diagnose and treat women with skin pigmentation and nail disorders. Recognize pregnancy related dermatoses.
3. Diagnose and select the best management for women with female pattern alopecia.

3.00 Category 1 CME Credits

### S015 Negotiating Your Way to Great Leadership



**DIRECTOR** *Jennifer Lucas, MD*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Demonstrate effective negotiation skills.
2. Recognize the perspective of others involved in the negotiation process; use alternative approaches to reach an optimal outcome.
3. Identify skills that can maximize meeting participation effectiveness.

## WORKSHOP

3:00 p.m. to 5:00 p.m.

Tuition fee and ticket required for admission

### W007



### MOC Self-Assessment: Office-Based Safety

**DIRECTOR**

*Hillary Johnson-Jahangir, MD, PhD*

#### LEARNING OBJECTIVES

Following this workshop, the attendee should be able to:

1. Identify strengths and weaknesses in one's knowledge of issues in patient safety that are relevant to dermatology.
2. Integrate and apply current concepts in patient safety to improve patient care.

#### DESCRIPTION

This session will be structured as a question-and-answer format using an automated response system. Current concepts in patient safety that are relevant for dermatologists will be highlighted. Safety issues important in procedural and medical dermatologic practice will be addressed in order to better care for our patients. This session does not qualify as a Patient Safety Module for MOC Component 2: Commitment to Lifelong-Learning and Periodic Self-Assessment.

2.00 Category 1 CME Credits



*This live self-assessment activity has been approved by the American Board of Dermatology for 25 MOC Self-Assessment Points. For more information about the MOC requirements, please visit the American Board of Dermatology website at [www.abderm.org](http://www.abderm.org).*

*Self-assessment questions utilized in this session are the same from previous years. Physicians should not claim CME/MOC credit for attending this session if they attended this session before.*

## FORUMS

3:00 p.m. to 5:00 p.m.

Open admission, no tuition or ticket

### F019 Using Technology to Improve Dermatology Access

**DIRECTOR** Jeffrey A. Benabio, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Recognize technologies that can enable us to improve patient access to dermatology.
2. Choose innovations that you can apply in your practice to help patients access you.
3. Discuss technologies that leverage dermatology services to make us more efficient and affordable.

2.00 Category 1 CME Credits

### F020 Review and Update of Regional Reconstruction

**DIRECTOR** Shang I. Brian Jiang, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Recognize the best reconstruction options for difficult anatomic areas.
2. Identify different reconstruction options for various anatomic locations.
3. Identify important recent literature related to regional reconstruction.

2.00 Category 1 CME Credits

### F021 What's Boiling Over: Atopic Dermatitis and Other Eczematous Conditions

**DIRECTOR** Peter A. Lio, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Review the new NIAID food allergy guidelines and their relevance to AD care.
2. Discuss the differential diagnosis and appropriate management of severe eczema.
3. Recognize the appropriate use of systemic therapy and some alternative therapies in atopic dermatitis.

2.00 Category 1 CME Credits

### F022 Developing Speaker Skills - Faculty Development

**DIRECTOR** Kelly M. Cordoro, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Conceptually plan a talk using current and effective educational concepts and approaches.
2. Create slides that maximally enhance your presentation.
3. Deliver an effective talk to a medical audience by optimally presenting yourself and your content.

2.00 Category 1 CME Credits

### F023 From Problem to Performance: Developing People in Your Practice, Part 2

**DIRECTOR** Sabra Sullivan, MD, PhD

**CO-DIRECTOR** Margaret E. Parsons, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Demonstrate effective methods to delegate, provide feedback and to constructively offer opportunities for improvement and growth.
2. Identify your required resources.
3. Describe ways to provide recognition (non-monetary as well as monetary) that motivate individuals.

2.00 Category 1 CME Credits

#### F023 FROM PROBLEM TO PERFORMANCE: DEVELOPING PEOPLE IN YOUR PRACTICE PART 2

*Please Note: This is a two part session! Start with Part 1 (see page 57) you will learn how to build your team and assess your environment.*

*In Part 2 you will learn how to take your team to the next level.*

*Part 1 is session F018, scheduled from 10:00 a.m. – 12:00 p.m.*

*on Saturday, August 18.*

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## SYMPOSIUM

4:00 p.m. to 5:00 p.m.

Open admission, no tuition or ticket

### S016 Update Platform: Dermatopathology

**DIRECTOR** *Thomas D. Horn, MD*

#### INVITED SPEAKERS

Lisa M. Cohen, MD                      Mai Hoang, MD  
Lyn M. Duncan, MD                    Lisa H. Lerner, MD

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Summarize new developments in the field of dermatopathology.
2. Apply knowledge of new immunohistochemical markers to your practice.
3. Determine the histopathologic differences among cutaneous lymphomas.

1.00 Category 1 CME Credit

#### SCHEDULE

- 4:00 p.m. Update In Diagnostic Immunohistochemical Stains / *Dr. Hoang*  
4:15 p.m. Beyond Neoplasia: Recent Developments in Other Areas of Dermatopathology / *Dr. Lerner*  
4:30 p.m. 2012 - Cutaneous Lymphoma Update / *Dr. Duncan*  
4:45 p.m. De Novo Dysplasia: Another Melanoma Precursor? / *Dr. Cohen*



Restricted Session open to dermatologist and adjunct (researcher, corporate) members. A ticket is required for admittance



This activity has been approved by the ABD to satisfy component 2 of MOC-D



Practice Management Session open to eligible office staff/registered nurses



Leadership Institute — addresses leadership competencies specific to dermatologists



Patient Safety Session



Health Information Technology Session



Audience Response System Session



Evidence Based Practice Session

## Sunday, August 19

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

U033	Morphea: Not Just for Adults Anymore . . . . .	63
U034	Patch Test Allergens 101: A Detective's Toolkit . . . . .	63
U035	Controversies in "Dysplastic" Nevi . . . . .	63
U036	Impact of Nanotechnology and Dermatology . . . . .	63
U037	Putting the Power of Phototherapy to Work for Patients and Providers . . . . .	63
U038	Can Homeopathic Medicine be of Help to Today's Clinical Dermatologist? . . . . .	63

### Symposia, 9:00 a.m. to 12:00 p.m.

■	S017 E.H.R. Physician Demonstration . . . . .	64
■	S018 Cutting Edge Surgery and Oncology . . . . .	64
■	S019 What's Breaking Out: Acne and Rosacea . . . . .	64
■	S020 Psoriasis Guidelines and Beyond . . . . .	64

### Forums, 10:00 a.m. to 12:00 p.m.

■	F024 Case-Based Challenges in Consultative Dermatology. . . . .	65
■	F025 Cased-Based Controversies: Medical . . . . .	65
■	F026 Nail Surgery. . . . .	65
■	F027 Oral Disease. . . . .	65
■	F028 Alopecia and Hair Loss . . . . .	65
■	F029 Face to Face: Management of Facial Dermatoses . . . . .	65

## FOCUS SESSIONS

8:00 a.m. to 9:30 a.m.

*Open admission, no tuition or ticket*

### U033 Morphea: Not Just for Adults Anymore

**DIRECTOR** Dawn M. R. Davis, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Recognize the clinical variants of morphea in the pediatric patient.
2. Formulate a multidisciplinary approach to patient evaluation and management.
3. Select appropriate treatment methods.

*1.50 Category 1 CME Credits*

### U034 Patch Test Allergens 101: A Detective's Toolkit

**DIRECTOR** Christen M. Mowad, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Identify and evaluate patients who will benefit from patch testing.
2. Develop a management plan for the patient suspected of contact allergy.
3. Recognize potential allergens in your patient's environment.

*1.50 Category 1 CME Credits*

### U035 Controversies in “Dysplastic” Nevi

**DIRECTOR** Payam Abrishami, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Develop a clear system for classification and treatment of melanocytic nevi.
2. Recognize clues for the diagnosis of subtle melanomas.
3. Summarize the criteria for “congenital” and “lentiginous” pattern nevi.

*1.50 Category 1 CME Credits*

### U036 Impact of Nanotechnology and Dermatology

**DIRECTOR** Adnan Nasir, MD, PhD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Identify the benefits of nanotechnology in the consumer marketplace.
2. Outline the advantages of nanotechnology in the diagnosis of skin disease.
3. Describe the role of nanotechnology in the management of skin disease.

*1.50 Category 1 CME Credits*

### U037 Putting the Power of Phototherapy to Work for Patients and Providers

**DIRECTOR** Iltefat H. Hamzavi, MD

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Formulate a basic understanding of the impact of UV light on the immunology of the skin.
2. Differentiate the therapeutic modalities of UV light from each other.
3. Recognize the role of phototherapy as an adjuvant therapy.

*1.50 Category 1 CME Credits*

### U038 Can Homeopathic Medicine Be of Help to Today's Clinical Dermatologist?

**DIRECTOR** Robert J. Signore, DO

#### LEARNING OBJECTIVES

Following this focus session, the attendee should be able to:

1. Apply classical homeopathic medical principles in the treatment of dermatology patients.
2. Identify common dermatological disorders which may be amenable to treatment with homeopathic medicine.
3. Utilize one or more homeopathic clinical tips and pearls in your dermatology practice.

*1.50 Category 1 CME Credits*

# Scientific Sessions

For a description of session categories, access and fees, see pages 22 and 23.

## SYMPOSIA

9:00 a.m. to 12:00 p.m.

Open admission, no tuition or ticket

### S017 E.H.R. Physician Demonstration



**DIRECTOR** *Mark D. Kaufmann, MD*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Assess how other dermatologists in various practice settings successfully adopted EHR systems.
2. Implement an EHR utilizing best practices.
3. Discuss how to enhance patient safety, strengthen care coordination, and participate in quality improvements through EHR systems.

*No CME Credit*

### S018 Cutting Edge Surgery and Oncology



**DIRECTOR** *Jeremy S. Bordeaux, MD, MPH*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Diagnose and treat skin cancer more effectively.
2. Differentiate and utilize newer techniques and therapies in surgical dermatology.

*3.00 Category 1 CME Credits*

### S019 What's Breaking Out: Acne and Rosacea

**DIRECTOR** *Jonette Elizabeth Keri, MD, PhD*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Apply latest evidence to treat acne and rosacea patients.
2. Formulate plans for treating clinically difficult patients including those with complex acneiform eruptions.

*3.00 Category 1 CME Credits*

### S020 Psoriasis Guidelines and Beyond



**DIRECTOR** *Kenneth B. Gordon, MD*

#### LEARNING OBJECTIVES

Following this symposium, the attendee should be able to:

1. Distinguish between the various guidelines available for psoriasis.
2. Assess the treatment options for psoriasis.

*3.00 Category 1 CME Credits*

## FORUMS

10:00 a.m. to 12:00 p.m.

Open admission, no tuition or ticket

### F024 Case-Based Challenges in Consultative Dermatology



**DIRECTOR** Daniela Kroshinsky, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Discuss controversies and challenges in the diagnosis and management of inpatient dermatology cases.
2. Examine updates in the evidence-based approach to these conditions.

2.00 Category 1 CME Credits

### F025 Cased-Based Controversies: Medical



**DIRECTOR** Abrar A. Qureshi, MD, MPH

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Describe controversies in diagnosis of selected dermatologic conditions.
2. Discuss controversies in the management of selected dermatologic conditions.

2.00 Category 1 CME Credits

### F026 Nail Surgery

**DIRECTOR** Phoebe Rich, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Demonstrate knowledge of the surgical anatomy of the nail as applied to basic principles and procedures of nail surgery.
2. Manage melanonchia and learn to avoid complications in nail surgery.
3. Choose the correct basic or advanced nail surgical procedure and summarize recent advances in nail surgery literature.

2.00 Category 1 CME Credits

### F027 Oral Disease

**DIRECTOR** Ginat W. Mirowski, MD, DMD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Evaluate the various presentations of common erosive/ulcerative oral conditions.
2. Evaluate and treat conditions of the tongue.
3. Evaluate the various presentations of challenging mucosal conditions.

2.00 Category 1 CME Credits

### F028 Alopecia and Hair Loss

**DIRECTOR** Dirk Michael Elston, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Diagnose non-scarring alopecia.
2. Diagnose scarring alopecia.
3. Treat alopecia more effectively.

2.00 Category 1 CME Credits

### F029 Face to Face: Management of Facial Dermatoses

**DIRECTOR** Amber R. Atwater, MD

#### LEARNING OBJECTIVES

Following this forum, the attendee should be able to:

1. Recognize unique and common presentations of facial dermatoses.
2. Develop management strategies for diverse facial dermatoses.

2.00 Category 1 CME Credits

# Poster Exhibits

## POSTER EXHIBITS

### *Electronic Poster Exhibits/Poster Presentations: Auditorium*

Electronic Poster Exhibits viewing stations will be open during the following hours:

*Thursday, August 16 . . . . . 7:00 a.m. – 6:00 p.m.*

*Friday, August 17 . . . . . 7:00 a.m. – 6:00 p.m.*

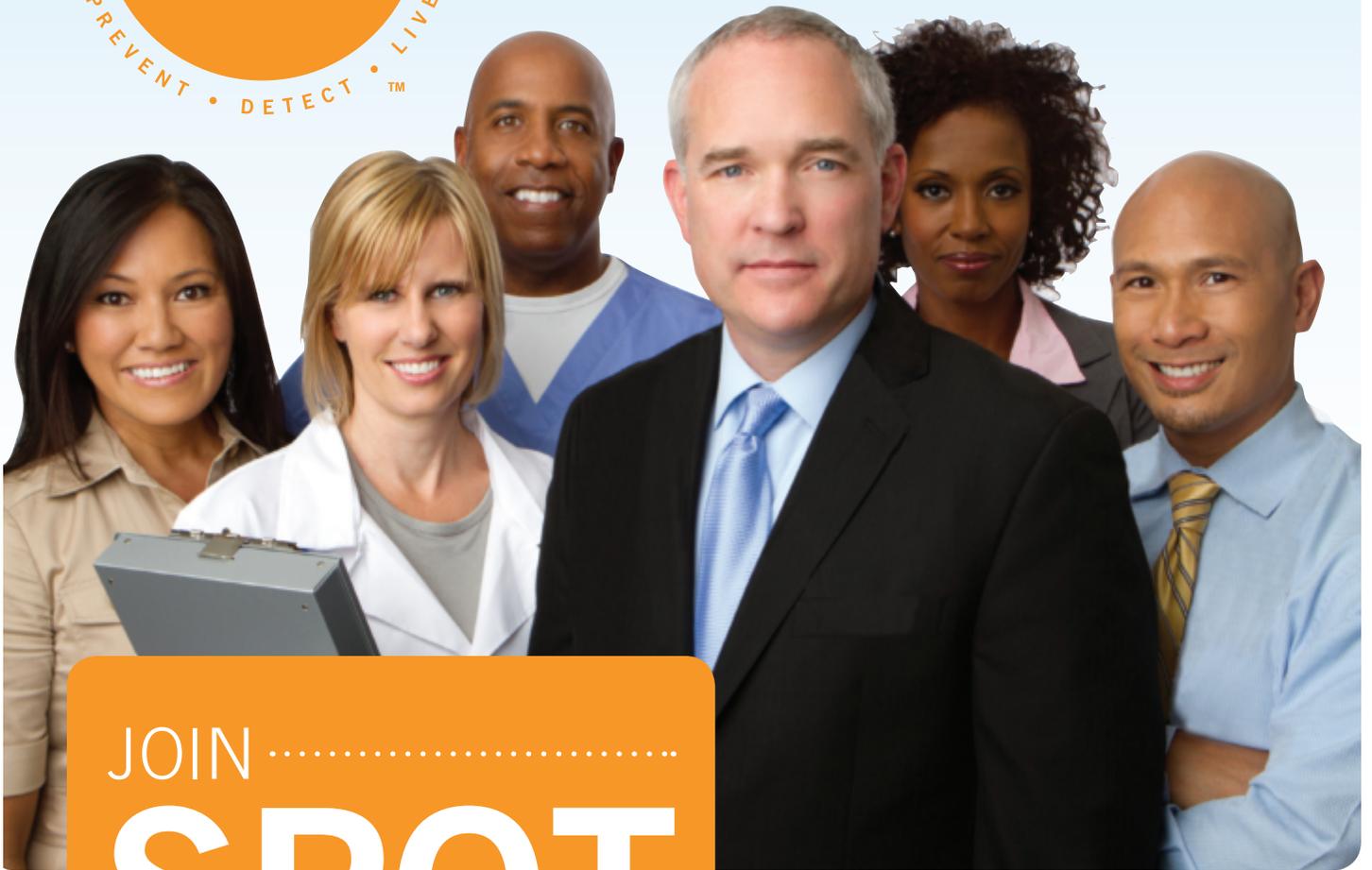
*Saturday, August 18 . . . . . 7:00 a.m. – 5:00 p.m.*

Electronic Poster exhibits will be searchable in the following categories:

- |   |   |
|---|---|
| <b>Acne</b>   | <b>Infection — Bacterial &amp; Parasitic</b>                      |
| <b>Aesthetic Dermatology</b>                                | <b>Infection — Fungal</b>   |
| <b>Aging/Geriatrics</b>                                     | <b>Infection — Viral</b>  |
| <b>Arts, History, &amp; Humanities of Dermatology</b>       | <b>Internal Medicine Dermatology</b>                              |
| <b>Basic Science</b>  | <b>Lymphoma, Cutaneous/Mycosis Fungoides</b>                      |
| <b>Clinical Dermatology &amp; Other Cutaneous Disorders</b> | <b>Melanoma &amp; Pigmented Lesions</b>                           |
| <b>Connective Tissue Diseases</b>                           | <b>Non-melanoma Skin Cancer</b>                                   |
| <b>Dermatitis, Contact, Allergic &amp; Irritant</b>         | <b>Pediatric Dermatology</b>                                      |
| <b>Dermatitis, Atopic</b>                                   | <b>Pharmacology</b>   |
| <b>Dermatopathology</b>                                     | <b>Photobiology, Phototherapy &amp; Photosensitivity Diseases</b> |
| <b>Digital/Electronic Technology</b>                        | <b>Pigmentary Disorders &amp; Vitiligo</b>                        |
| <b>Education &amp; Community Service</b>                    | <b>Psoriasis &amp; Other Papulosquamous Disorders</b>             |
| <b>Epidemiology &amp; Health Services Administration</b>    | <b>Surgery — Laser</b>  |
| <b>Genodermatoses</b>                                       | <b>Surgery — Cosmetic</b>   |
| <b>Hair &amp; Nail Disorders</b>                            | <b>Surgery — Dermatologic</b>                                     |
| <b>Immunodermatology &amp; Blistering Disorders</b>         | <b>Wound Healing &amp; Ulcers</b>                                 |

Poster authors will conduct brief presentations of their electronic posters at the Poster Presentation Centers in the Auditorium during the meeting.

*A full listing of the posters and schedule of presentations will be available on the Annual Meeting website at [www.aad.org](http://www.aad.org) in May and posted on-site at the meeting*



JOIN .....

# SPOT

Skin Cancer™!

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SPREAD THE WORD ABOUT  
PREVENTION AND DETECTION.

It is time to shine a brighter spotlight on skin cancer. Join us as we prepare to launch SPOT Skin Cancer™, the Academy's national, public education initiative to harness the passion of the skin cancer community in the fight against skin cancer.

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CANCER™ A SUCCESS!

Visit [www.SpotSkinCancer.org](http://www.SpotSkinCancer.org)  
to learn more, volunteer,  
and purchase SPOT products!

.....



# Technical Exhibits

## TECHNICAL EXHIBIT HOURS

Friday, August 17.....	10:00 a.m. – 6:00 p.m.
“Meet the Faculty” Reception in the Exhibit Hall .....	5:00 p.m. – 6:00 p.m.
Saturday, August 18.....	10:00 a.m. – 5:00 p.m.

The American Academy of Dermatology invites you to visit the technical exhibits as part of your educational experience at the Summer Academy Meeting 2012. The products displayed in the technical exhibits area and their uses, suggested by the manufacturers, do not represent an endorsement nor imply that the products have been evaluated or approved by the American Academy of Dermatology.

For your convenience, the technical exhibiting companies are listed alphabetically and the products/services they offer are identified as follows:

- Associations, Foundations & Medical Societies
- Clothing
- Computer Software & Hardware
- Cosmetics & Skin Care
- Disposable Medical Supplies
- EMR/EHR Systems
- Laboratory Services
- Laser & Laser Supplies
- Market Research

A listing by product/services can be found beginning on page 69.

## ALPHABETICAL DIRECTORY OF EXHIBITING COMPANIES

*Companies confirmed as of February 13, 2012.*

3Gen, LLC/DermLite .....308

<b>A</b>	
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Allergan.....	400
American Academy of Dermatology.....	619
Amgen .....	700
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Astellas Pharma .....	904
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<b>B</b>	
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Canfield Imaging Systems .....	316
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# Subject Index

## HOW TO USE THE SUBJECT INDEX

The subject index has been updated to help the attendees better plan their educational activities. The index is divided into nine different primary topics with subtopics listed alphabetically under these primary topics.

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- Dermatology
- Interpersonal and Communication Skills
- Medical Dermatology
- Pediatric Dermatology
- Practice-Based Learning and Improvement
- Procedural Dermatology
- Professionalism and Maintenance of Certification
- Systems-Based Practice

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## ABBREVIATIONS

<b>Affil</b> ..... Affiliate	<b>Dept</b> ..... Department	<b>Immunol</b> ..... Immunology	<b>Path</b> ..... Pathology	<b>Sect</b> ..... Section
<b>Anat</b> ..... Anatomy	<b>Derm</b> ..... Dermatology	<b>Infect</b> ..... Infectious	<b>Ped</b> ..... Pediatrics	<b>Sen</b> ..... Senior
<b>Asst</b> ..... Assistant	<b>Dermpath</b> ... Dermatopathology	<b>Info</b> ..... Information	<b>Pharmacol</b> ..... Pharmacology	<b>So</b> ..... South/Southern
<b>Assoc</b> ..... Associate	<b>Dir</b> ..... Director	<b>Inst</b> ..... Institute	<b>Phys</b> ..... Physician(s)	<b>St</b> ..... State
<b>Biochem</b> ..... Biochemistry	<b>Dis</b> ..... Disease(s)	<b>Instr</b> ..... Instructor	<b>Physiol</b> ..... Physiology	<b>Surg</b> ..... Surgery/Surgeon
<b>Biol</b> ..... Biology	<b>Div</b> ..... Division	<b>Int</b> ..... Internal	<b>Plast</b> ..... Plastic	<b>Svc</b> ..... Service
<b>Br</b> ..... Branch	<b>Emer</b> ..... Emeritus	<b>Invest</b> ..... Investigator	<b>Podiat</b> ..... Podiatry	<b>Syphilol</b> ..... Syphilology
<b>Canc</b> ..... Cancer	<b>Environ</b> ..... Environmental	<b>Lect</b> ..... Lecturer	<b>Prev</b> ..... Preventive	<b>Trop</b> ..... Tropical
<b>Chem</b> ..... Chemical/Chemistry	<b>Exper</b> ..... Experimental	<b>Med</b> ..... Medical/Medicine	<b>Prof</b> ..... Professor	<b>U</b> ..... University
<b>Chf</b> ..... Chief	<b>Fac</b> ..... Facility	<b>Microbiol</b> ..... Microbiology	<b>Prog</b> ..... Program	<b>VA</b> ..... Vets Administration
<b>Chmn</b> ..... Chairman	<b>Fel</b> ..... Fellow	<b>Nat'l</b> ..... National	<b>Psych</b> ..... Psychiatry	<b>Vasc</b> ..... Vascular
<b>Clin</b> ..... Clinic/Clinical	<b>Fndtn</b> ..... Foundation	<b>No</b> ..... North/Northern	<b>Radiol</b> ..... Radiology	<b>Venereol</b> ..... Venereology
<b>Col</b> ..... College	<b>Gen</b> ..... General	<b>Occup'l</b> ..... Occupational	<b>Res</b> ..... Resident	<b>Vet</b> ..... Veterinary
<b>Cons</b> ..... Consultant	<b>Hd</b> ..... Head	<b>Ophthalmal</b> ..... Ophthalmology	<b>Rsch</b> ..... Research	
<b>Cosm</b> ..... Cosmetic	<b>Hlth</b> ..... Health	<b>Otolaryngol</b> ..... Otolaryngology	<b>Sch</b> ..... School	
<b>Ctr</b> ..... Center	<b>Hosp</b> ..... Hospital	<b>Parasit</b> ..... Parasitology	<b>Sci</b> ..... Science	

## A

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# *Join the movement.*

## Get involved.

### **Demonstrate compassion. Foster goodwill.**

### **Volunteer your time.**

Be part of the inspiring effort growing among dermatologists dedicated to helping patients, communities and the profession.

Opportunities include patient/public outreach in the United States and abroad, mentoring young physicians, political advocacy, and academy committees.

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*Be sure to submit your volunteer hours through the Volunteer Recognition program. It's quick and easy!*

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**For more information about AAD volunteer and mentor opportunities, and the Volunteer Recognition program, visit [www.aad.org/volunteerandmentor](http://www.aad.org/volunteerandmentor).**

## THIS IS NOT A REGISTRATION FORM

The below listing is provided to help plan your days while at Summer Academy Meeting 2012.

For description of sessions categories, access, and fees, see pages 22 & 23. To assist you in preparing for online registration, please check the Sessions you wish to attend.

### Thursday, August 16

#### Focus Sessions, 8:00 a.m. to 9:30 a.m.

- \_\_\_ U001 Exploring Evidence-Based Cosmeceuticals
- \_\_\_ U002 Optimizing Management of Melanoma: Recognizing and Responding to Common Dilemmas in Patient Care
- \_\_\_ U003 The Interface of Skin and Psyche
- \_\_\_ ■ U004 Laser Update
- \_\_\_ ▲ U005 Procedural Safety in Dermatology

#### Symposia, 9:00 a.m. to 12:00 p.m.

- \_\_\_ S001 EADV/AAD Joint Symposium
- \_\_\_ ■ S002 Coding and Documentation
- \_\_\_ S003 Dermoscopy

#### Course, 9:00 a.m. to 12:00 p.m. (ticket required)

- \_\_\_ ■ C001 Media Training: Developing and Delivering Key Messages

#### Workshops, 10:00 a.m. to 12:00 p.m. (ticket required)

- \_\_\_ ■ W001 MOC Self-Assessment: Pediatric Dermatology
- \_\_\_ ■ W002 Primary Cutaneous Melanoma Guidelines: Translating Evidence into Practice

#### Forums, 10:00 a.m. to 12:00 p.m.

- \_\_\_ F001 Case-Based Controversies in Blistering Diseases
- \_\_\_ ■ F002 Dermatoethics Consultations: Cases and Controversies
- \_\_\_ ■ F003 Pathology and Procedures of the Aging Hand
- \_\_\_ ■ F004 Assessing My Own Leadership Strengths and Vulnerabilities, Part 1

#### Focus Sessions, 1:00 p.m. to 2:30 p.m.

- \_\_\_ U006 General Genodermatoses Update
- \_\_\_ U007 Infectious Disease Update: What I Wouldn't Have Known Without Evidence-Based Medicine
- \_\_\_ U008 The Many Mimickers of Lymphoma
- \_\_\_ U009 Beyond Spaghetti and Meatballs: What's New on the Malassezia Menu
- \_\_\_ ▲ U010 A Primer of Pharmaceutical Advertising: Sometimes It's Just Wrong

#### Symposia, 2:00 p.m. to 5:00 p.m.

- \_\_\_ S004 Update Platform: Medical Dermatology
- \_\_\_ S005 What's Hot in Pediatric Dermatology
- \_\_\_ S006 Minimizing Errors in the Detection, Diagnosis, and Treatment of Melanoma

#### Course, 2:00 p.m. to 5:00 p.m. (ticket required)

- \_\_\_ ■ C002 Live Demonstration: Botulinum Toxin and Fillers

#### Workshop, 3:00 p.m. to 5:00 p.m.

- \_\_\_ ■ W003 Acne Guidelines: Translating Evidence into Practice

#### Forums, 3:00 p.m. to 5:00 p.m.

- \_\_\_ ■ F005 Case-Based Challenges for PA/NP's
- \_\_\_ ■ F006 Case-Based Controversies: Dermatopathology
- \_\_\_ F007 Life-Altering Skin Disease from the Patient's Perspective
- \_\_\_ F008 Vulvar Diseases
- \_\_\_ ■ F009 Assessing My Own Leadership Strengths and Vulnerabilities, Part 2

### Friday, August 17

#### Focus Sessions, 8:00 a.m. to 9:00 a.m.

- \_\_\_ U011 Neonatal Dermatology
- \_\_\_ ■ U012 Patient Satisfaction: Measurement and Improvement
- \_\_\_ U013 From the Dermatology-Rheumatology Clinic: Practical Tips and Advances in Management
- \_\_\_ U014 Update in Molecular Diagnostic Tests in Dermatology and Dermatopathology
- \_\_\_ ■ U015 Photodynamic Therapy
- \_\_\_ U016 Asian American Skin

#### P151: Plenary Session — 9:00 a.m. to 12:00 p.m.

- 9:00 a.m. Chair's Welcome / *Joan Guitart, MD*
- 9:05 a.m. President's Address / *Daniel M. Siegel, MD*
- 9:20 a.m. Everett C. Fox, MD, Memorial Lectureship: What is the Future of Photodermatology? / *Henry W. Lim, MD*
- 9:50 a.m. Infantile Hemangioma and Propanonol / *Beth Ann Drolet, MD*
- 10:10 a.m. Skin Immune System / *Rachael Clark, MD, PhD*
- 10:30 a.m. Role of Molecular Analysis in Melanoma / *Hensin Tsao, MD, PhD*
- 10:50 a.m. Health System Reform for Dermatologists / *Jack S. Resneck, Jr., MD*
- 11:10 a.m. Guest Speaker: Health Care Reform and Its Implications for Dermatology / *Kevin M. Fickenscher, MD*
- 11:50 a.m. Questions and Answers

## Focus Sessions, 1:00 p.m. to 2:30 p.m.

- U017 Actinic Keratosis: Beyond Liquid Nitrogen
- U018 Clinical Pearls in Dermatology
- U019 Non-Infectious Granulomas: An Update on Cutaneous Granulomatous Diseases
- U020 Pitfalls in Dermatopathology
- U021 Hidradenitis Suppurative: An Update

## Symposium, 2:00 p.m. to 4:00 p.m.

- S007 Update Platform: Cosmetics and Dermatologic Surgery

## Symposia, 2:00 p.m. to 5:00 p.m.

- ▲ S009 Common Controversies in Dermatologic Drug Therapy
- S010 What's Hot In Dermatopathology

## Course, 2:00 p.m. to 5:00 p.m. (ticket required)

- ■ C003 Live Demonstration: Neurotoxins and Soft Tissue Augmentation

## Workshops, 3:00 p.m. to 5:00 p.m. (ticket required)

- ■ W004 MOC Self-Assessment: Skin Cancer
- ▲ W005 Psoriasis Guidelines: Translating Evidence into Practice

## Forums, 3:00 p.m. to 5:00 p.m.

- ■ F010 Case-Based Controversies: Procedural
- F011 Infectious Disease and Infestation Update
- F012 Medical Management of Actinic Keratoses and Non-Melanoma Skin Cancer
- F013 Nails

## Symposium, 4:00 p.m. to 5:00 p.m.

- S010 Update Platform: Pediatrics

## Saturday, August 18

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

- U022 Pediatric Dermatology Jeopardy
- U023 Dermoscopy for the Non-Dermoscopist
- U024 From Bench to Bedside: Important Clinical Advances
- ■ U025 Quality and Customer Service for a Better Practice
- U026 What's New in Non-Melanoma Skin Cancer
- U027 Leprosy

### Symposia, 9:00 a.m. to 12:00 p.m.

- S011 Dermatology Grand Rounds: Case-Based Dilemmas
- ■ S012 Finessing Surgical Technique

### Course, 9:00 a.m. to 5:00 p.m. (breaks 12-2) (ticket required)

- ■ C004 Derm Exam Prep Course: Refresher

### Forums, 10:00 a.m. to 12:00 p.m.

- F014 Protecting America's Youth: Responding to Tanning Industry Arguments and Advancing Effective Policies
- ■▲ F015 Legal Dilemmas in Dermatology
- F016 A Case-Based Approach to Common Cutaneous Lymphoma Problems
- F017 Tumor Board

- ■ F018 From Problem to Performance: Developing People in Your Practice, Part 1

### Workshop, 10:00 a.m. to 12:00 p.m. (ticket required)

- ■ W006 MOC Self-Assessment: Acne, Psoriasis, Eczema, and Inflammatory Dermatitis

## Focus Sessions, 1:00 p.m. to 2:30 p.m.

- U028 Mastering Moles in Pediatric Patients
- U029 Top Tips to be Tip Top with Your MOC
- U030 Up and Coming Fillers: Experience from Across the Atlantic
- U031 Skin of Color
- U032 Smoking and the Skin

## Symposium, 2:00 p.m. to 4:00 p.m.

- S013 Update Platform: Cutaneous Oncology

## Symposia, 2:00 p.m. to 5:00 p.m.

- S014 What's Hot in Women's Dermatology
- ■ S015 Negotiating Your Way to Great Leadership

## Workshop, 3:00 p.m. to 5:00 p.m. (ticket required)

- ■▲ W007 MOC Self-Assessment: Office-Based Safety

## Forums, 3:00 p.m. to 5:00 p.m.

- ■ F019 Using Technology to Improve Dermatology Access
- ■ F020 Review and Update of Regional Reconstruction
- F021 What's Boiling Over: Atopic Dermatitis and Other Eczematous Conditions
- F022 Developing Speaker Skills - Faculty Development
- ■ F023 From Problem to Performance: Developing People in Your Practice, Part 2

## Symposium, 4:00 p.m. to 5:00 p.m.

- S014 Update Platform: Dermatopathology

## Sunday, August 19

### Focus Sessions, 8:00 a.m. to 9:30 a.m.

- U033 Morphea: Not Just for Adults Anymore
- U034 Patch Test Allergens 101: A Detective's Toolkit
- U035 Controversies in "Dysplastic" Nevi
- U036 Impact of Nanotechnology and Dermatology
- U037 Putting the Power of Phototherapy to Work for Patients and Providers
- U038 Can Homeopathic Medicine be of Help to Today's Clinical Dermatologist?

### Symposia, 9:00 a.m. to 12:00 p.m.

- ■ S017 E.H.R. Physician Demonstration
- ■ S018 Cutting Edge Surgery and Oncology
- S019 What's Breaking Out: Acne and Rosacea
- ■ S020 Psoriasis Guidelines and Beyond

### Forums, 10:00 a.m. to 12:00 p.m.

- ■ F024 Case-Based Challenges in Consultative Dermatology
- ■ F025 Case-Based Controversies: Medical
- F026 Nail Surgery
- F027 Oral Disease
- F028 Alopecia and Hair Loss
- F029 Face to Face: Management of Facial Dermatoses

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